

PATIENT PRESENTING CLINICAL SIGNS

Zoe Lardieri

FNA Liver mass (found on US 5/7/26) FNA right anal gland- has infection but also a nodule palpated
 ALT 202, ALKP 722, Ca 11.7 (Ca++ has been elevated persistently for a few years) Normal PT and PTT,
 PLT 438K, HCT 54%

SPECIES

Canine

CYTOLOGY SUBMISSION

BREED

Mix

FNA of the anal gland area and liver were submitted.

OBSERVATIONS

SEX

Spayed female

Anal gland area: Submitted are 10 very good videos of excellent collections of cells from the anal gland mass on Zoe. The cellularity throughout the smears has a background of red blood cells with inflammatory cells but there are multiple aggregates of epithelial cells that have minimal cytoplasm and round slightly irregular nuclei. These cells are characteristic of neuroendocrine cells which is a specific tumor process in the anal gland region. There is extensive inflammation which is pyogranulomatous and associated with this proliferative process. There were extremely good packets of these cells included in this set of videos.

AGE

10 years

WEIGHT

63 lbs

Liver: Submitted are 7 very good videos of moderate collections of cells from the liver in Zoe. There is a background of red blood cells with a very few inflammatory cells. Multiple packets of hepatocytes were identified and many of the cells were vacuolated to granulate. In the large video, there are many cells that demonstrate anisokaryosis and many of the cells are piled upon each other in this collection. Many of the hepatocytes appear to be small hepatocytes in these aggregates. This causes concern about hepatocellular proliferation.

INTERPRETED BY

Dr. Lawrence McGill,
 DVM,Ph.D.,Diplomate,
 ACVP

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

Anal gland area - Characteristic of apocrine gland anal sac carcinoma with secondary inflammation.
 Liver - Suggestive of hepatocellular neoplasia such as a hepatoid or carcinoma.

IMAGING PERFORMED BY

Rebecca Hamilton

COMMENTS

HOSPITAL NAME

Allendale VH

The collection of cells from the anal sac region is essentially diagnostic of an apocrine gland anal sac carcinoma. These growths metastasize rather rapidly and I was concerned about that potential in the liver but I could not identify those cells in the liver. These tumors often cause hypercalcemia in affected dogs. The internal iliac lymph node should be evaluated for metastatic sites since these growths metastasize relatively early. Wide excision may be beneficial. Consultation with an oncologist may also be beneficial.

REFERRING VET

Dr. Izar

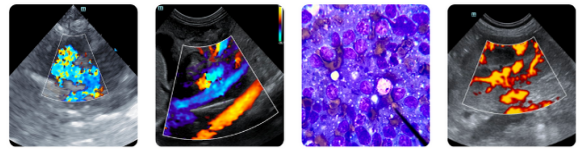
The collection of cells from the liver suggest a proliferative hepatocellular process. Nodular hyperplasia cannot be completely ruled out however the nuclear variability causes concern about the potential of a hepatocellular adenoma or carcinoma. Excision biopsy will be required to confirm that diagnosis. As stated previously, I was concerned about hepatic metastasis from the anal sac apocrine gland carcinoma but I was unable to confirm that observation. A guarded to unfavorable prognosis is warranted until confirmation of the liver lesion and potential for metastasis from the anal sac mass can be ruled in or out.

INVOICE

75529

DATE

5/14/26



PATIENT CYTOLOGY IMAGE

Zoe Lardieri

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ACVP

IMAGING PERFORMED BY

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HOSPITAL NAME

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REFERRING VET

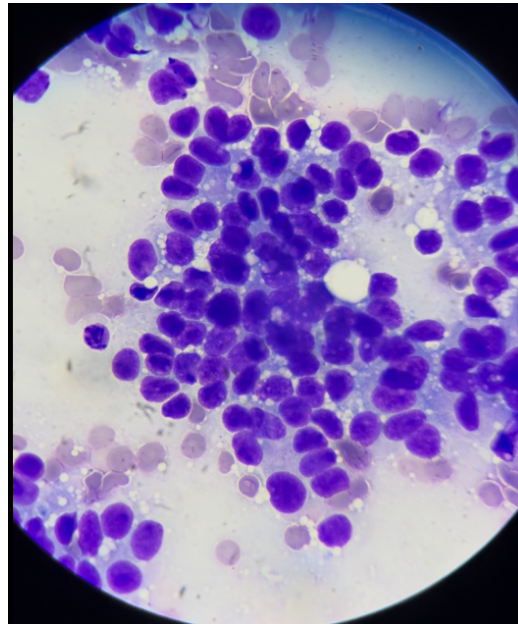
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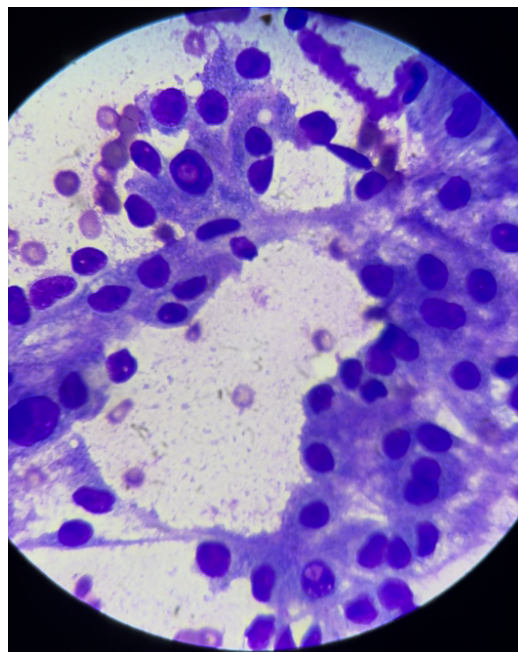
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DATE

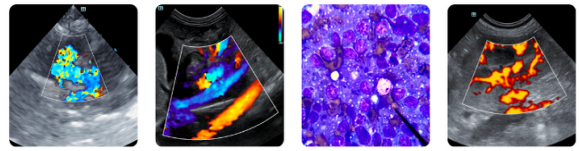
5/14/26



This is a representative cellularity in this image of cells collected from the anal gland area on Zoe. Note the minimal cytoplasm with rounded to slightly elongated nuclei and where cytoplasm is present, it is bluish gray.



This is a representative image of hepatocytes collected from Zoe. Note the prominent anisokaryosis and anisocytosis with slight vacuolization of the smaller hepatocytes.



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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

L.D. McGill, DVM, Ph.D., DACVP

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