



cannot be completely excluded.

-Prostatic findings are most consistent with BPH. Prostatitis is considered unlikely.

8. Cytology - mesenteric lymph node

MICROSCOPIC DESCRIPTION

Jejunal: The preparations (4) have similar cell types but vary greatly in cell density. The best preparations have low nucleated cellularity, abundant erythrocytes, occasional platelets, platelet clumps, and large clots, lysed or poorly-preserved cells, and pale to light purple backgrounds that contain protein crescents in some areas. Most nucleated cells are found within the thick clots and typically cannot be evaluated critically or identified. However, scattered nondegenerate neutrophils, plasma cells (including a few small groups), occasional small, medium, or rarely large lymphocytes, few eosinophils (rarely seen in small groups), and other leukocytes in percentages and types consistent with blood are found. No organisms or obvious neoplastic cells are seen.

Medial iliac: Four preparations are examined. The first does not contain identifiable material. The second preparation has rare lysed cells with a small amount of nonspecific debris. The other 2 preparations have low intact nucleated cellularity, many lysed or poorly-preserved cells, no erythrocytes, and pale blue backgrounds that contain few cytoplasmic fragments. A few barely intact small to medium lymphocytes and neutrophils are identified. No organisms are seen.

CYTOLOGICAL INTERPRETATION

Jejunal: Peracute hemorrhage (either iatrogenic or pathologic) with lymphocyte and plasma cell proliferation but otherwise poor preservation and distribution of nucleated cells. Pathologic state not positively identified. Please see comments.

Medial iliac: Evidence of lymph node tissue but poor cell preservation present. Pathologic state not identified.

COMMENTS

Jejunal: I do suspect that part of a lymph node was aspirated, particularly given the plasma cells and variation in lymphocyte size that is present and the frequency of plasma cells could indicate reactive hyperplasia. However, I cannot confirm a lymph node aspirate and furthermore cannot confirm possible mixed inflammation (including eosinophilic component) due to uneven distribution of the cells within clots. You may resubmit additional aspirates from the same site within the next 4 weeks at a reduced charge. Resubmission options include test code 6500 (no description included) or 6507 (description included). The turnaround time is 3-5 days. If resubmission is elected, please reference this accession number, put "Attention Dr. Pennick," and include the original report. Otherwise, excisional biopsy with histopathologic evaluation is required to pursue a definitive diagnosis.

Medial iliac: There is evidence that a lymph node was aspirated and I

am suspicious that mild neutrophilic inflammation may be present, but almost all of the cells are poorly preserved which interferes with critical evaluation of the sample. You may resubmit additional aspirates from the same site within the next 4 weeks at a reduced charge. Resubmission options include test code 6500 (no description included) or 6507 (description included). The turnaround time is 3-5 days. If resubmission is elected, please reference this accession number, put "Attention Dr. Pennick," and include the original report. Otherwise, excisional biopsy with histopathologic evaluation is required to pursue a definitive diagnosis.

PATHOLOGIST
KATE E. PENNICK, MS, DVM
Diplomate, American
College of Veterinary Pathologists
Clinical Pathology

Pending diagnostic test results

1. GI panel (B12 / Folate / TLI / PLI)
2. Resting cortisol

Overnight update:

Appetite: ate multiple times overnight
Water Intake: available
Coughing / Sneezing: none reported
Urination: yes
Defecation: none
Vomiting: none

Physical exam

Wt: 9.9 kgs Temp: 100.5F Pulse: 72 Resp: 32 mm/CRT: pk/moist/1.0s

Pain score: 0/4

Hydration: adequate

Attitude: BAR

Body Condition Score: 4/9

EENT: No ocular or nasal discharge. PERL OU. External ear canals are clean and free of discharge. The conjunctiva/sclera appear grossly normal. No thyroid mass was appreciated.

Oral Exam: Tip of upper right canine is fx'd. Mild dental calculus. No oral masses, ulcerations, bleeding, or petechia/ecchymosis were observed.

C/V: No heart murmur ausculted today. Suspect sinus arrhythmia ausculted today. Pulses strong/synchronous.

Resp: Eupneic. Normal lung sounds were noted in all lung fields. No crackles or wheezes. No coughing. No stertor or stridor.

GI/GU: Soft, no obvious pain or masses noted. No obvious organomegaly. External genitalia appear within normal limits.

Skin: IV catheter right front leg. Normal hair coat. No external parasites observed. No petechia/ecchymosis. No skin lesions. There is an ~2cm dia, soft, SC mass on ventral abdomen that is just to the right of midline cranial to the prepuce

M/S: No muscle atrophy noted. No joint effusion or crepitus noted. No long bone pain identified.

Neuro: Posture: normal, no head tilt/turn observed. Gait: Amb x 4 limbs. Mentation: appropriate. CPs intact. Full neuro exam not performed.

PLNS: Symmetrical shape, smoothly margined, and normal in size.

Rectal: Normal external structures. Incision from anal gland mass removal is unremarkable (sutures



present) - no swelling, bleeding, or discharge noted

Today's diagnostic testing / Procedures performed:

None performed today

Problem List / Assessment:

1. Vomiting - resolved
2. Diarrhea - resolved
3. Decreased appetite - resolved
4. Heartworm positive, coughing
5. Small intestinal wall thickening (submucosa, muscularis)
6. Mesenteric lymphadenopathy - cytology non-diagnostic
7. Prostatomegaly
8. Perianal gland epithelioma (removed 5/4/17) - narrow margins
9. Hyperglobulinemia, mild
10. Hyperkalemia, mild
11. Minimally concentrated urine
12. Proteinuria

Treatment Plan:

1. Fluids: Norm R @ 23mls/hour
2. Medications/Treatments:
 - Cerenia 1mg/kg IV q24h
 - Famotidine 1mg/kg IV q12h
 - ondansetron 0.5mg/kg IV q8h
 - fenbendazole 50mg/kg PO q24h x 5 days
 - vitamin B12 - administered 5/12/17
3. Monitoring: TPR q12h, RR/effort q2h
4. Food/water: ate chicken and Hills i/d this am - Water ad lib

SEE DISCHARGE INSTRUCTIONS

Thank you for giving us the opportunity to work with you and your patient. If you have any questions or concerns, please feel free to call me at (773) 281-7110.

Sincerely,

Michael J. Mazzei, DVM
Diplomate ACVIM (Internal Medicine)