



VetSource Cytology Support Service

Cytopathology image report

Extended Form

Case Details

Submission date: 2021-10-29

Vet's Name : *****

Practice Name : *****

Animal : chumi

Owner : philis sharon

Submitted :

Tissue: Internal - איבר פנימי

Clinical background : history and physical examination with out abnormal finding. CBC normal. ALP above 1500 U/L in few test in the last year. in liver profile from 11/10/21 ALT normal, GGT normal, ALB normal, BUN normal, CHOL normal, BIL 0.7 (ref 0.1-0.6)
abdominal US:liver with normal size and shape, generalized hyper echogenicity and mottling of the parenchyma with subtle nutmeg appearance. GB was fairly samll and unremarkable

Inquiry specification: liver FNA

hepatopathy? chronic hepatitis? neoplasia?

Additional information: The photos were taken before it was decided to send the sample for consultation so they are not exactly in line with the guidelines

Results :

Image Quality: Variable to good

Cellularity, Staining, and Preservation: Unknown, Variable to Good, Variable to Good

Descriptive features:

Background of fresh dense blood and some hepatocellular groups that are cohesive but variably intact, cell features similar and variably to well demarcated: isokaryotic with abundant amphophilic vesicular cytoplasm, paracentric circular nucleus with stippled to reticular chromatin and prominent nucleolus. Occasional examples have slightly rarefied cytoplasm.

Interpretative comments:

Possible vacuolar hepatopathy - see response query

Response Query:

Hepatopathy?

The minimal and non specific cytoplasmic change would not directly support a severe hepatopathy, such as Cushingoid disease, given the history and no reported exogenous corticosteroids. Given the cell features in these images and similar to the data reported, hyperadrenocorticism though remains the primary differential for further endocrine investigations potentially. Any clinical or urinary signs developing, such as PUPD and mildly proteinuric hyposthenuria), would support this to guide adrenal screening, such as a urinary corticoid ratio or low dose dexamethasone suppression.

Chronic hepatitis?

There is no specific inflammatory population in the images, the reported data also not typical of primary parenchymal inflammation. Peri-portal and more biliary disease (eg. cholangitis) though may not be excluded, especially if arising from post hepatic pathology, such as GI or pancreatic. These are not though reported on the imaging or clinically.

Neoplasia?

The cells seen if representative do not appear pleomorphic to support malignant neoplastic proliferation (eg. diffuse hepatocellular carcinoma). Similarly, the reported ultrasound appearance does not report a distinct mass-like region and well differentiated neoplasia (eg. hepatoma). No ectopic infiltrative population (eg. lymphoma) is seen in the images if they are representative.

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