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specialty + emergency
pet hospital

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Laboratory Results
BluePearl Veterinary Partners -Midtown

Patient Record #:
Owner Name:
Owner Phone:

Patient Name: Charlie
DOB: 5/5/2005
Gender: **Breed:** Shorthair, Domestic

Please find attached the lab results for Charlie. If you have any additional questions about Charlie's case do not hesitate to contact me. Thank you again for your referral.

Sincerely,

Timothy A. Rocha, DVM, DACVIM-Oncology

DATE/TIME	TEST	RESULT	REFERENCE RANGE
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Lab Comments: Asc: 1804539203
RE: CYTOS1 CYTOLOGY SOURCE
CYTOLOGY SOURCE
INTESTINES

RE: CYTOHX1 CLINICAL HISTORY
CLINICAL HISTORY

Decreased appetite. Weight loss. Ultrasound at pDVM found colon mass.
Started prednisone. Presents now for FNA after 2 weeks of prednisone.

RE: 65008 PATHOLOGIST REPORT
PATHOLOGIST REPORT

MICROSCOPIC DESCRIPTION:

Eight slides were submitted for cytology. Slides are mildly to moderately hemodiluted with numerous platelet clumps and have moderate to high cellularity. Mild cell rupturing is present with subsequent free nuclei, smudge cells and broken cells with streaming nuclear debris seen in a background of basophilic tissue fluid. Numbers of blood leukocytes appear slightly higher than expected for the amount of blood contamination present. Large mononuclear cells predominate, with lesser numbers of neutrophils, small to intermediate lymphocytes and eosinophils also found. Large mononuclear cells are typically vacuolated and a few of these macrophages contain intracellular erythrocytes and/or hemosiderin (erythrophagocytosis). Scattered mildly to moderately pleomorphic spindloid cells (mesenchymal cells) are also found amongst the inflammatory cells. No infectious organisms are observed.

MICROSCOPIC INTERPRETATION:

Mild mixed cell inflammation with evidence of previous/chronic hemorrhage and mesenchymal cell proliferation (see comments)

COMMENTS:

While the cytologic impression of increased numbers of blood leukocytes could reflect peripheral blood contamination if the patient has a leukocytosis, the relative mix of inflammatory cells could reflect a true inflammatory process. Mixed cell inflammation could reflect a chronic inflammatory process, possibly secondary to a foreign body reaction, atypical infection (e.g. mycobacteriosis, mycosis), an underlying immune-mediated condition, or neoplastic process. An infectious etiology is not apparent. Additionally, the observation of erythrophagocytic activity is supportive of previous or chronic hemorrhage, likely due to compromised vasculature secondary to inflammation, tissue infarction or neoplasia. It is possible that the mesenchymal cell population could represent reactive fibroplasia or hyperplastic stromal elements associated with an underlying nonneoplastic process or neoplastic lesion. Mesenchymal cells may proliferate in response to inflammation or tissue injury and the resultant reactive fibroblasts may exhibit significant cellular and nuclear atypia mimicking neoplastic change under certain circumstances. Given the description of a discrete colonic mass, the mesenchymal cells could reflect aspiration of a nonneoplastic lesion (e.g. granuloma, scirrhous or scar tissue) or a primary tumor. The degree of atypia exhibited by these cells is less than expected for a malignancy, therefore while a benign mesenchymal cell tumor should be considered, the possibility of a low-grade sarcoma cannot be completely ruled out. There are too few of these cells present for a conclusive cytologic diagnosis of mesenchymal neoplasia. Finally, the absence of epithelial elements characteristic of colonic tissue does not preclude the possibility of an underlying carcinoma with secondary inflammation. Also, given the recent administration of prednisone, the possibility of a steroid-responsive neoplasm (e.g. lymphoma) cannot be completely ruled out. Cytologic findings should be correlated with your clinical impression of the patient's clinical presentation, pertinent physical exam findings and results of other diagnostic testing for additional interpretation. Biopsy for histopathologic examination is recommended for further tissue characterization.

PATHOLOGIST:

Maria Vandis, DVM

Diplomate, American College of Veterinary Pathologist

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The patient clinical history provided on the submitted requisition was reported. Veterinarians, please contact the pathologist with any questions. Pet owners need to contact their veterinarian for case advice.