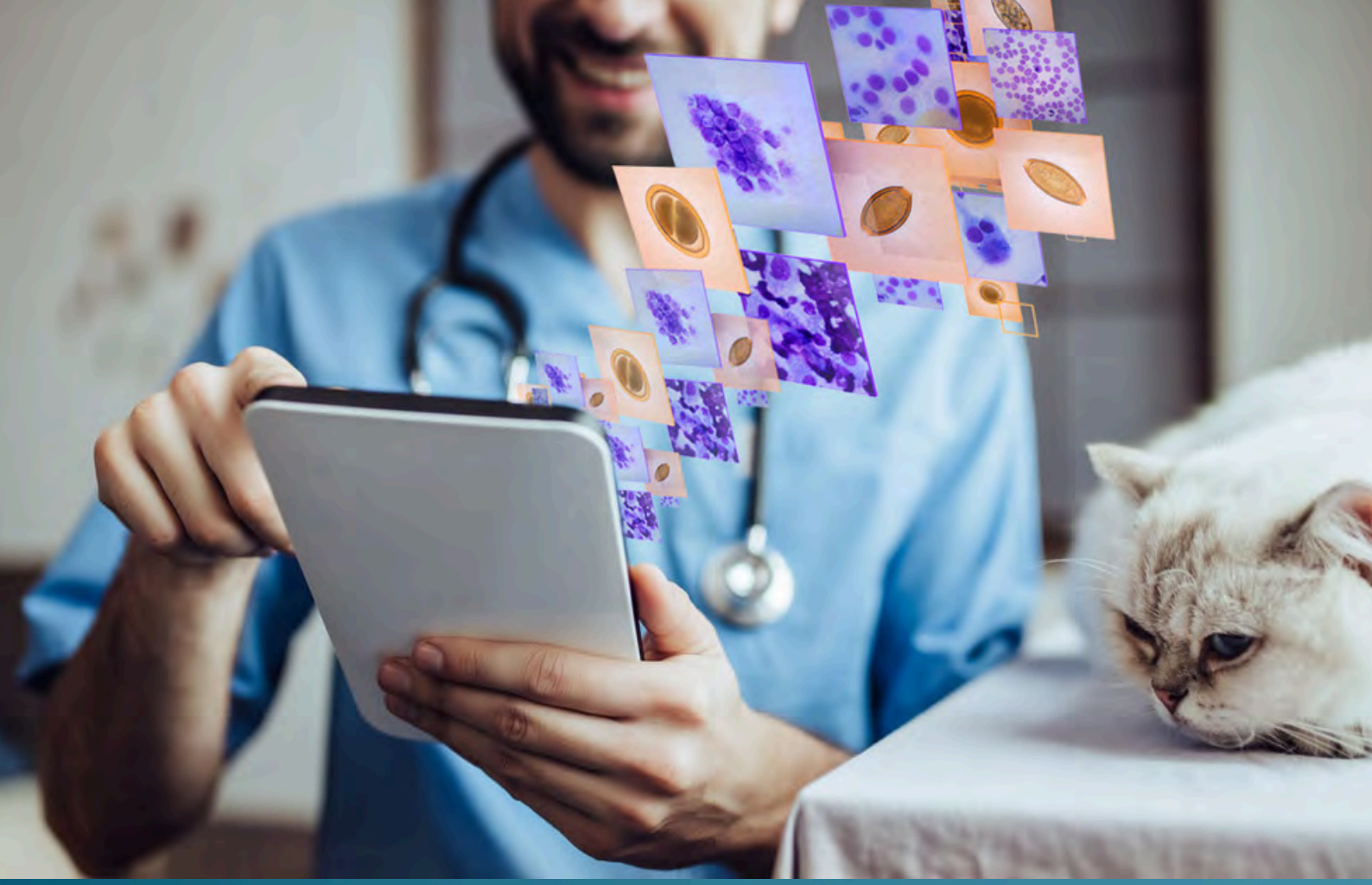

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Digital Cytology Reports

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vetscan Imagyst

Patient ID:	19087	**Clinic/Hospital:**	**Animal Hospital**
Patient Name:	Doc	**Submitted Date:**	**5/24/2024 4:23 PM EDT**
Test ID:	477654	**Finalized Date:**	**5/24/2024 6:59 PM EDT**
Birth Date:			
Age:	**9 years**		
Species:	**Feline**		
Breed:	**Domestic Short Hair**		
Sex:	**Female Spayed**		

Cytologic Evaluation

Clinical History

P was presented for weight loss, otherwise acting normal. Labs showed elevated ALT > 500, slightly low albumin, low platelet number 131. PE was unremarkable except an Abdominal mass was palpated mid-abdomen and confirmed on AUS. Was about 3.5 CM diam. Lobulated with smooth edges. Did not appear to be associated with any organ but lay close to ileum. Only mass noted. No distinct masses were noted in liver. FNA of mass and liver submitted. Any evidence of metastasis on cytology?

---

biopsy Site 1 of 1
Cytology: Lesion Analysis

Lesion Detail	Result
Body Region	Intracavity
Lesion Type	FNA

Specimen
Abdominal mass and liver aspirates

Microscopic Description
Mass: The sample is highly cellular and contains many lysed cells. The intact cellularity consists of a monomorphic population of intermediate- to large-sized lymphocytes that have pale blue cytoplasm, which frequently contains coarse, pink granules. Nuclei are round and have fine, fairly open chromatin patterns. Nucleoli are occasionally prominent. Scattered eosinophils and macrophages are noted.

Liver: The slide contains mostly blood but small areas containing sheets of hepatocytes are noted. The hepatocytes appear normal to mildly vacuolated and are associated with few macrophages.

Interpretation
Mass: Large granular lymphocyte (LGL) lymphoma

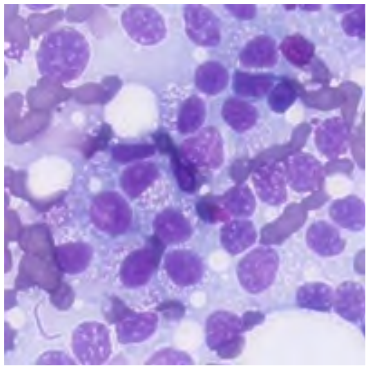
Liver: Mild hepatocellular vacuolation

Additional Comments

Mass: Large granular lymphocyte lymphoma (LGL lymphoma) most commonly occurs in the GI tract of cats and typically has an aggressive clinical course. Other sites (including spleen, liver, and lymph nodes) may also be affected.

If complimentary consultation with a veterinary oncologist would be of interest in this case, please visit ZoetisDX.com to request one.

Liver: The cellularity of the liver slide is somewhat low, so please interpret with caution. There is very mild inflammation noted (macrophagic), but otherwise no significant findings aside from minor cytoplasmic vacuolation of hepatocytes. No neoplastic lymphocytes are observed.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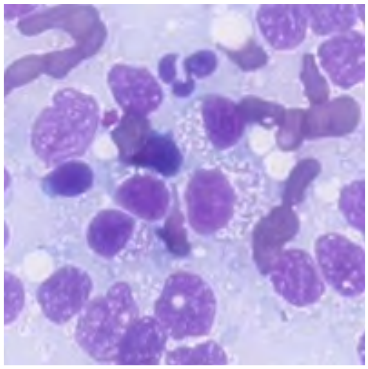
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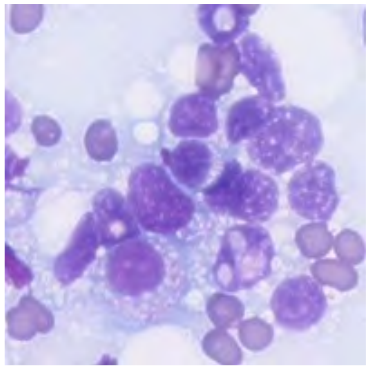
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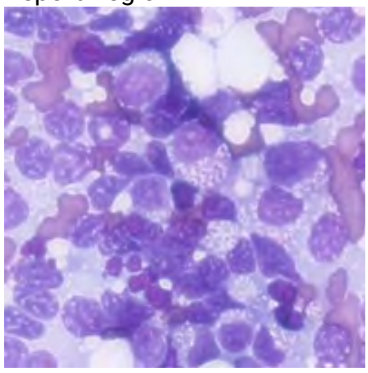
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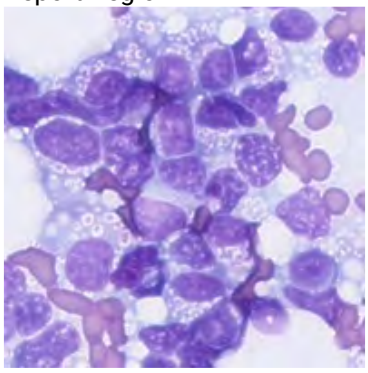
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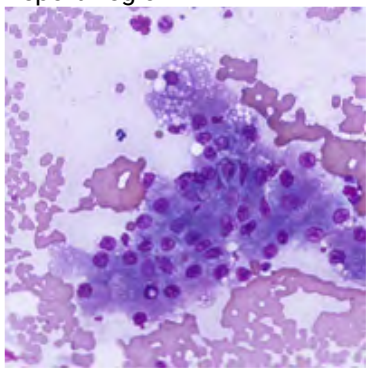

Capture 509355962
Report Region

Sarah Johnson, DVM, MS, DACVP
sample@zoetis.com
5/24/2024 6:59 PM EDT

Contact Information: ZVLdigitalcyto@zoetis.com

vetscan Imagyst

Patient ID:	493647	**Clinic/Hospital:**	Main Street Vet
Patient Name:	Curly	**Submitted Date:**	9/27/2024 2:06 PM EDT
Test ID:	456723	**Finalized Date:**	9/27/2024 3:09 PM EDT
Birth Date:			
Age:	13 years		
Species:	Canine		
Breed:	Goldendoodle		
Sex:	Male Neutered		

Cytologic Evaluation

Clinical History

New mass, just found during routine appointment while expressing AG. Outside anal gland area on L side of rectum.

AG mass Site 1 of 1

Cytology: Fluid Analysis

Fluid Detail	Result
Color	Colorless
Clarity	Flocculent/Chunky
Flocculent Material	Yes
Source	Fluid from Mass

Specimen

Anal gland mass. 1 scan.

Microscopic Description

The evaluated scan is of moderately high cellularity and good quality. The scan contains many epithelial cells with rare vacuolated macrophages on a basophilic background that contains a small amount of blood. Epithelial cells are found individualized and in large clusters with a round, central to eccentrically located nucleus featuring coarse chromatin. Nuclei are occasionally observed in acinar-like arrangements. Basophilic cytoplasm is moderate in volume and cellular borders are indistinct and, frequently, nuclei appear to be floating within a sea of basophilic cytoplasm. Anisocytosis and anisokaryosis are mild to moderate. Multiple free nuclei are present in the background. No microorganisms are observed.

Interpretation

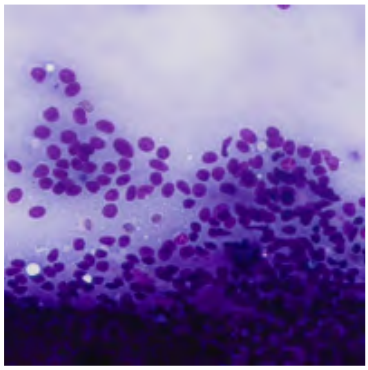
Consistent with anal sac carcinoma. See comments.

Additional Comments

The sheer number of epithelial cells in a neuroendocrine pattern is most compatible with an anal sac carcinoma as these cells do not typically exfoliate in cases of anal sacculitis or with aspiration of the normal anal sac. The rate of growth of anal sac carcinoma is variable but metastasis is common. The sacral and sublumbar lymph nodes are the most common sites of metastasis, with subsequent spread to lungs and other internal organs, including the spleen. Some cases also develop hypercalcemia (pseudohyperparathyroidism). Surgical excision with tissue biopsy is recommended.

I truly wish I had more positive news to report for Willy and his family, they will all be in my thoughts going forward and please do not hesitate to contact me with questions.

If a complimentary consultation with a veterinary oncologist would be of interest, please visit ZoetisDX.com to request a consultation from a clinical specialist. If you are not currently a registered user on ZoetisDX, you can register your clinic on the main login page. If you would like help registering your clinic or have any questions about ZoetisDx and its full functionality, please reach out to your local customer support team. Please feel free to contact ZVLdigitalcyto@zoetis.com with any pathology--related questions.



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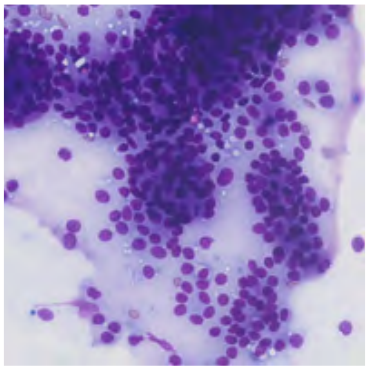

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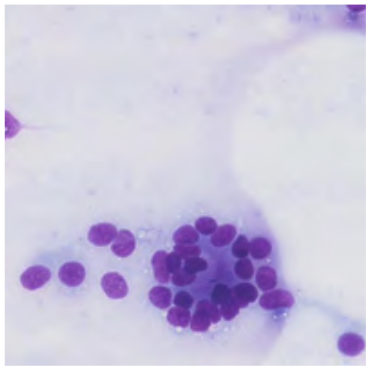

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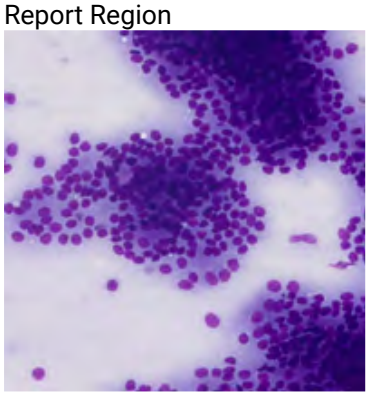

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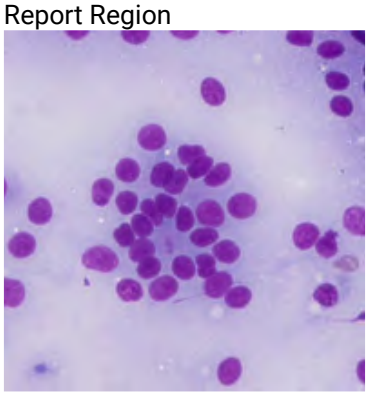

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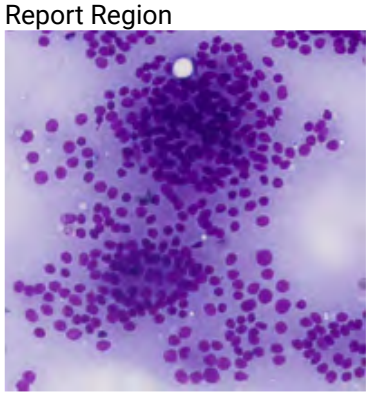


Capture 689879913
Report Region

Corry Yeuroukis, DVM, MS, DACVP(Clinical) | Phone | U.S. (Country Code 1)
sample@zoetis.com
9/27/2024 3:09 PM EDT

Contact Information: ZVLdigitalcyto@zoetis.com

vetscan Imagyst

Patient ID:	690484	**Clinic/Hospital:**	Monroe Vets
Patient Name:	Remington	**Submitted Date:**	5/25/2023 1:03 PM EDT
Test ID:	2645521	**Finalized Date:**	5/25/2023 2:13 PM EDT
Birth Date:			
Age:	10.5 years		
Species:	Canine		
Breed:	German Wirehair Pointer		
Sex:	Male		

Cytologic Evaluation

Clinical History

O think lump been present a few months but feels it has got larger over last week or so. No titchy/-bothering Henry in any way and Henry otherwise fine. O feels a bit arthritic but not systemically unwell. Lump is about 3cm in diameter, firm and raised. Skin coloured and non-alopecic.
FNA yielded very cellular sample, can see round cells under scope so advise imagyst to determine cause, poss lymphoma?

R shoulder Site 1 of 1

Cytology: Lesion Analysis

Lesion Detail	Result
Body Region	Chest/Back
Lesion Type	FNA

Specimen
Right shoulder. 2 scans.

Microscopic Description
The two evaluated scans are of moderately high cellularity and excellent quality. The scans contain moderately high numbers of individualized and aggregated spindle cells on a pale background that contains a small amount of blood. Spindle cells are fusiform to plump with mildly to moderately expanded amounts of wispy basophilic cytoplasm that rarely contains distinct, punctate vacuoles. The nuclei are round to oval with coarse chromatin and variably prominent nucleoli. Bi- and multinucleated cells are occasionally seen. Rarely, multiple nuclei are observed in a circular arrangement, consistent with "crown cells". Anisocytosis and anisokaryosis are moderate. Rare micronuclei are seen.- Occasionally, the aggregated cells are admixed with scant, extracellular, magenta matrix-material. Micr-ovasculature is rarely observed coursing through the aggregated spindle cells. No overt microorganisms are identified.

Interpretation

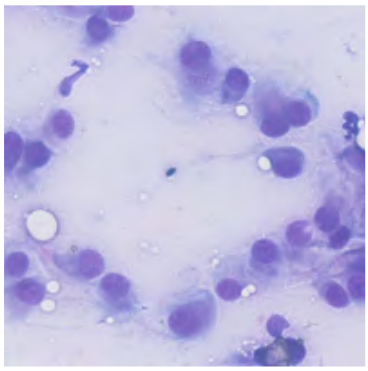
Compatible with soft tissue neoplasm. See comments.

Additional Comments

The overall cellularity and degree of atypia among the spindle cells in the absence of inflammation is most consistent with a soft tissue neoplasm. The term "soft tissue neoplasm" is used to describe a group of tumors of soft tissue origin, including perivascular wall tumors (previously called hemangiopericytomas), nerve sheath tumors, and fibrosarcomas. While historically referred to as “soft tissue sarcomas”, there has been a recent move to rename these tumors "soft tissue neoplasms" to reflect their developmental origin more accurately. These neoplasms are typically locally invasive with a low metastatic rate. Excisional/ tissue biopsy with histopathology is recommended for definitive classification and grading.

I am sending Remington many positive thoughts and please do not hesitate to contact me with questions!

Note: While reactive spindle cells can occasionally mimic a soft tissue neoplasm on cytology, a reactive population is considered far less likely here given the overall morphology of these spindle cells and the reported features of this mass.



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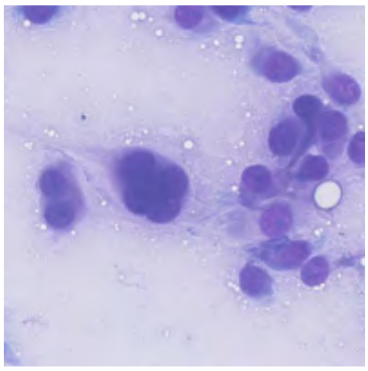

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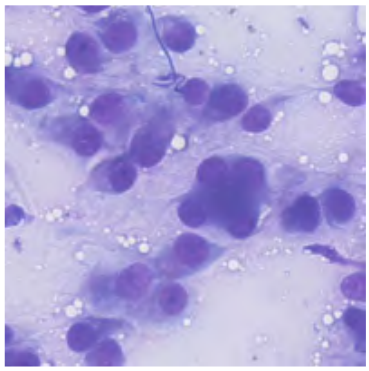

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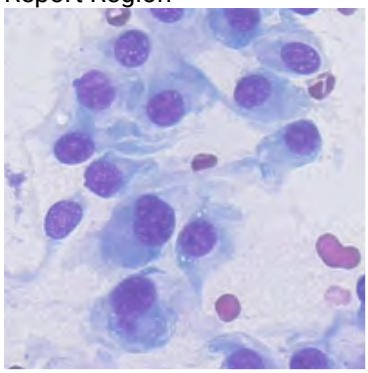

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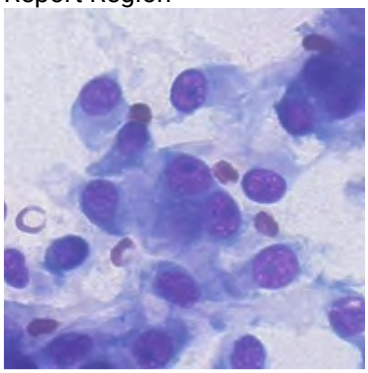

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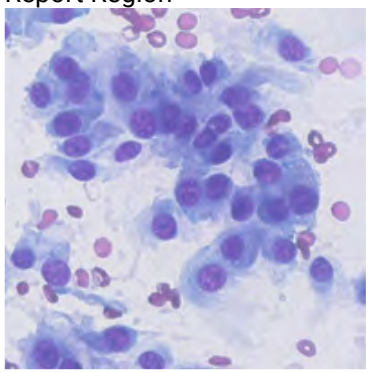


Capture 295591647
Report Region

Corry Yeuroukis, DVM, MS, DACVP(Clinical) | Phone | U.S. (Country Code 1)
sample@zoetis.com
5/25/2023 2:13 PM EDT

Contact Information: ZVLdigitalcyto@zoetis.com

vetscan Imagyst

Patient ID:	10495	**Clinic/Hospital:**	
Patient Name:	Daisy	**Submitted Date:**	**1/9/2022 8:49 AM PST**
Test ID:		**Finalized Date:**	**1/9/2022 9:21 AM PST**
Birth Date:			
Age:	**10 years**		
Species:	**Canine**		
Breed:	**Labrador Retriever**		
Sex:	**Female**		

Cytologic Evaluation

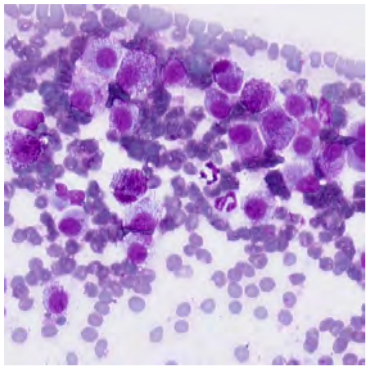
Clinical History

08/2021 hard baseball size mass base of tail, fat, decomposed neutrophils, macrophages, & unidentified cells with multiple nucleoli; tried Pred & antibiotics rx, decreased in size to pt where we tried excision 10/2021 but was difficult w/scar tissue & muscle attachment; looked perfect after sx; 2 mo later acute (within a couple hrs) fluctuant swelling & bruising; again responded to Pred & abs, owner has continued Pred since but even then the swelling comes & goes within hrs; today 3" diameter, raised 1" bruised mass, now solid tissue, not painful, firmer lump within the large mass (2nd site slides) all at base of tail now growing right next to anal sphincter; The acute change in size is very strange to me; Owner is starting Benadryl today.

Tail Base large mass Site 1 of 2

Cytology: Lesion Analysis

Lesion Detail	Result
Body Region (Other)	tail
Lesion Type	FNA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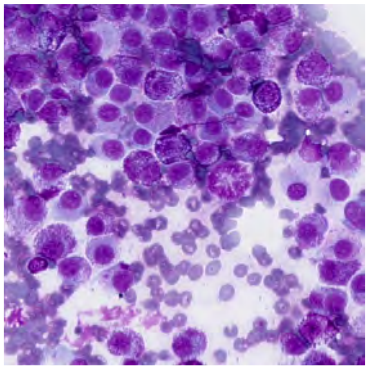
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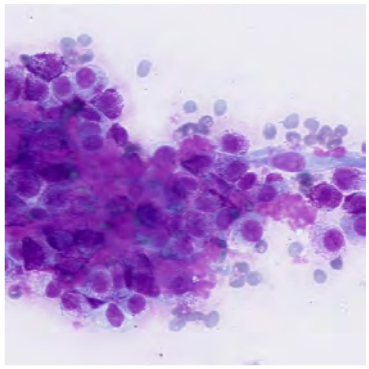
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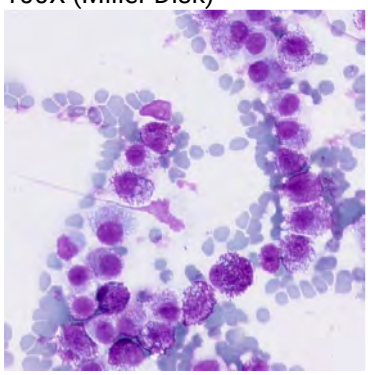
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Specimen
FNA, large tail base mass, two scans.

Microscopic Description
Preparations are highly cellular with scant amounts of blood and cellular debris in clear to pale pink backgrounds. Mast cells predominate, both singly and in variably sized aggregates. Cells have round to oval centrally to paracentrally located nuclei ranging from 1.5-2.5 times the diameter of an erythrocyte with coarsely stippled chromatin and one to multiple small indistinct nucleoli, and small to moderate amounts of pale basophilic cytoplasm that contains scant to large numbers of variably-sized magenta to deep purple granules. Cells display mild to moderate anisocytosis and mild anisokaryosis. Occasional binucleate cells and mitotic figures are noted. Frequent spindloid to stellate mesenchymal cells (reactive fibroblasts) are seen. Small to moderate amounts of pink collagenous extracellular material is present.

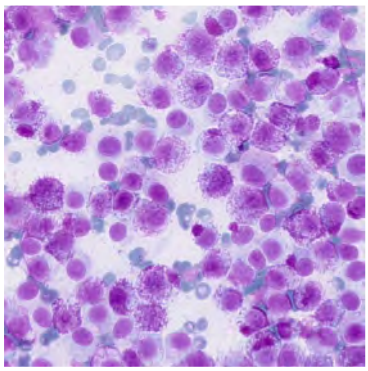
Interpretation
Mast cell neoplasm.

Comments
Histopathology for grading of this mass and staging of the patient, including evaluation of draining regional lymph nodes for metastases and abdominal imaging, are recommended. Do not hesitate to reach out to me directly if you have any questions.

---

tail base mass inside of large tail mass Site 2 of 2
Cytology: Lesion Analysis

Lesion Detail	Result
Body Region (Other)	tail
Lesion Type	FNA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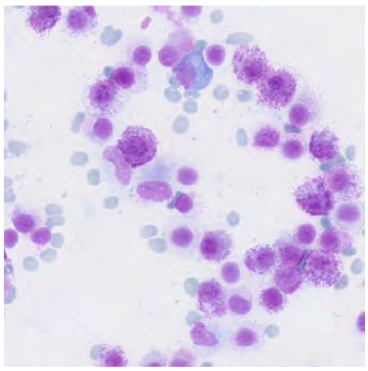
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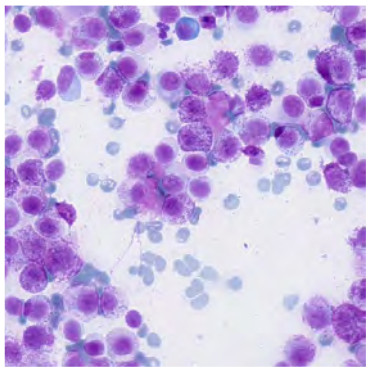
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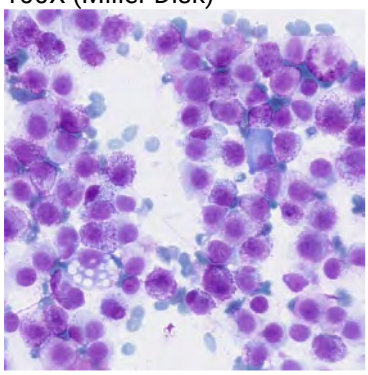
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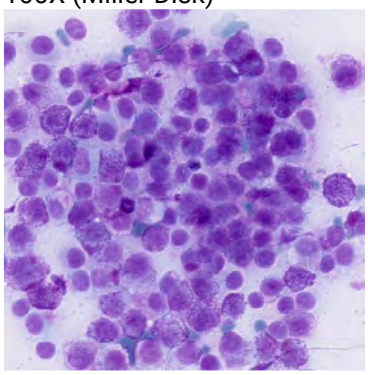
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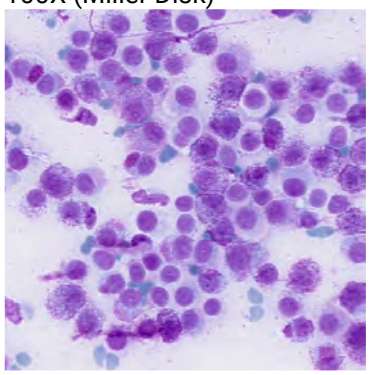
Capture 248744198
100X (Miller Disk)

Specimen
FNA, firm mass within large tail base mass, two scans.

Microscopic Description
Preparations are highly cellular with scant amounts of blood and cellular debris in clear to pale pink backgrounds. Mast cells predominate, both singly and in variably sized aggregates. Cells have round to oval centrally to paracentrally located nuclei ranging from 1.5-2.5 times the diameter of an erythrocyte with coarsely stippled chromatin and one to multiple small indistinct nucleoli, and small to moderate amounts of pale basophilic cytoplasm that contains scant to large numbers of variably-sized magenta to deep purple granules. Cells display mild to moderate anisocytosis and mild anisokaryosis. Occasional binucleate cells and mitotic figures are noted. Frequent spindloid to stellate mesenchymal cells (reactive fibroblasts) are seen. Small to moderate amounts of pink collagenous extracellular material is present.

Interpretation
Mast cell neoplasm.

Comments
Histopathology for grading of this mass and staging of the patient, including evaluation of draining regional lymph nodes for metastases and abdominal imaging, are recommended. Do not hesitate to reach out to me directly if you have any questions.

ZOETIS DIAGNOSTICS

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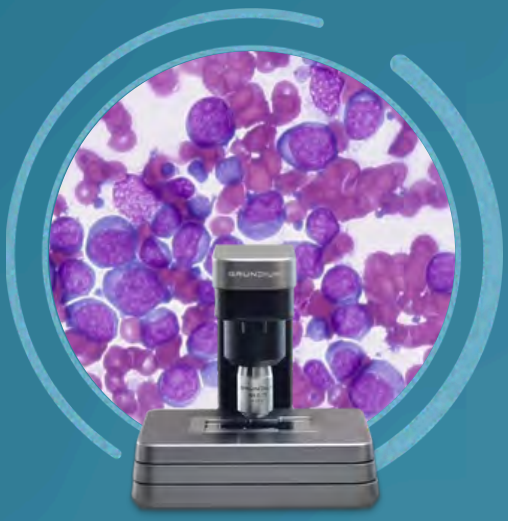
AI Masses Reports



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vetscan Imagyst by zoetis

Patient ID:	17085	Clinic/hospital:	Veterinary Hospital
Patient name:	Dog	Finalized date:	3/15/2025 12:30 PM
Test ID:	3122938		
Species:	Canine		

AI Masses Evaluation

Site Location

Left Cheek

Lesion detail	Result
Body region description	Mass on left cheek
Preparation type	FNA

Microscopic Description

- Level of Cellularity - High
- Level of Hemodilution - Low
- Individual Mast Cells - Marked
- Aggregate Mast Cells - Marked
- Eosinophils - Moderate
- Spindle Cells - Marked

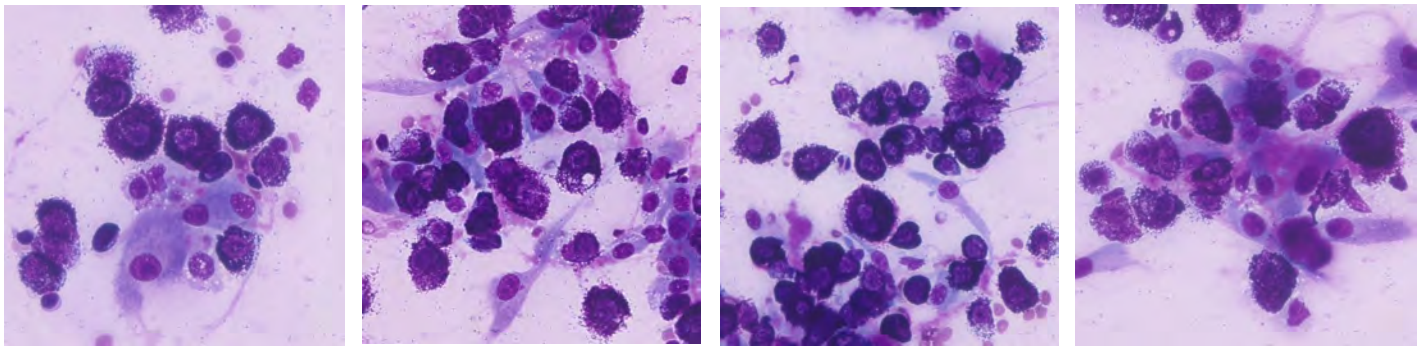
Suggested Findings

Suggestive of mast cell tumor.

Add-on Expert Review is available for confirmation or if clinically warranted.

Comments

Report Region



Disclaimer: This report and the results contained herein relate only to the section(s) of the slide(s) submitted for evaluation as received. Additional material or content present on other sections of the slide(s) or on other slide(s) not submitted for evaluation may compromise the accuracy of the diagnosis.

vetscan Imagyst by zoetis

Patient ID:	17085	Clinic/hospital:	Veterinary Hospital
Patient name:	Cat	Finalized date:	3/15/2025 12:30 PM
Test ID:	3122938		
Species:	Feline		

AI Masses Evaluation

Site Location

Left paw

Lesion detail	Result
Body region description	Mass on left paw
Preparation type	FNA

Microscopic Description

- Level of Cellularity - High
- Level of Hemodilution - Moderate
- Plasma Cells - Marked
- Small Lymphocytes - Rare

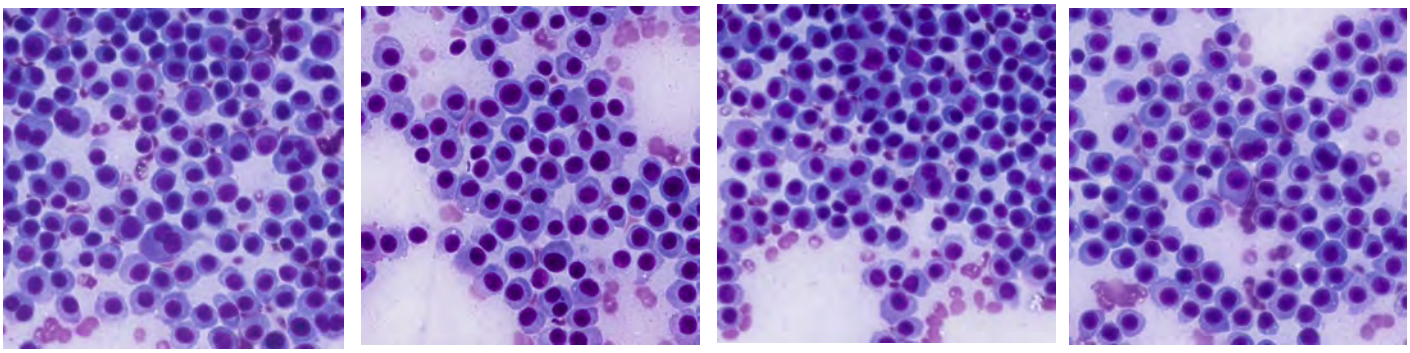
Suggested Findings

Suggestive of plasma cell tumor.

Add-on Expert Review is available for confirmation or if clinically warranted.

Comments

Report Region



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ZOETIS DIAGNOSTICS

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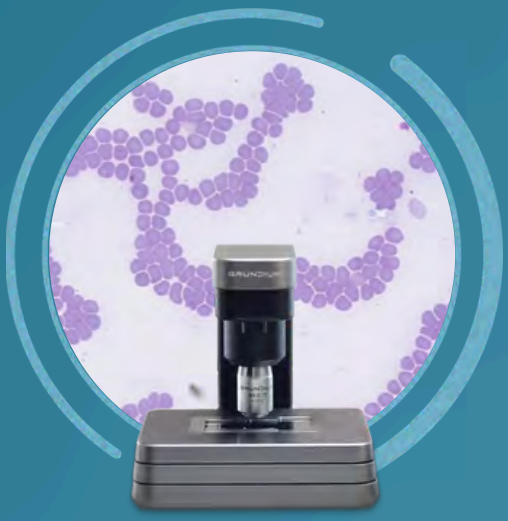
AI Blood Smear Reports



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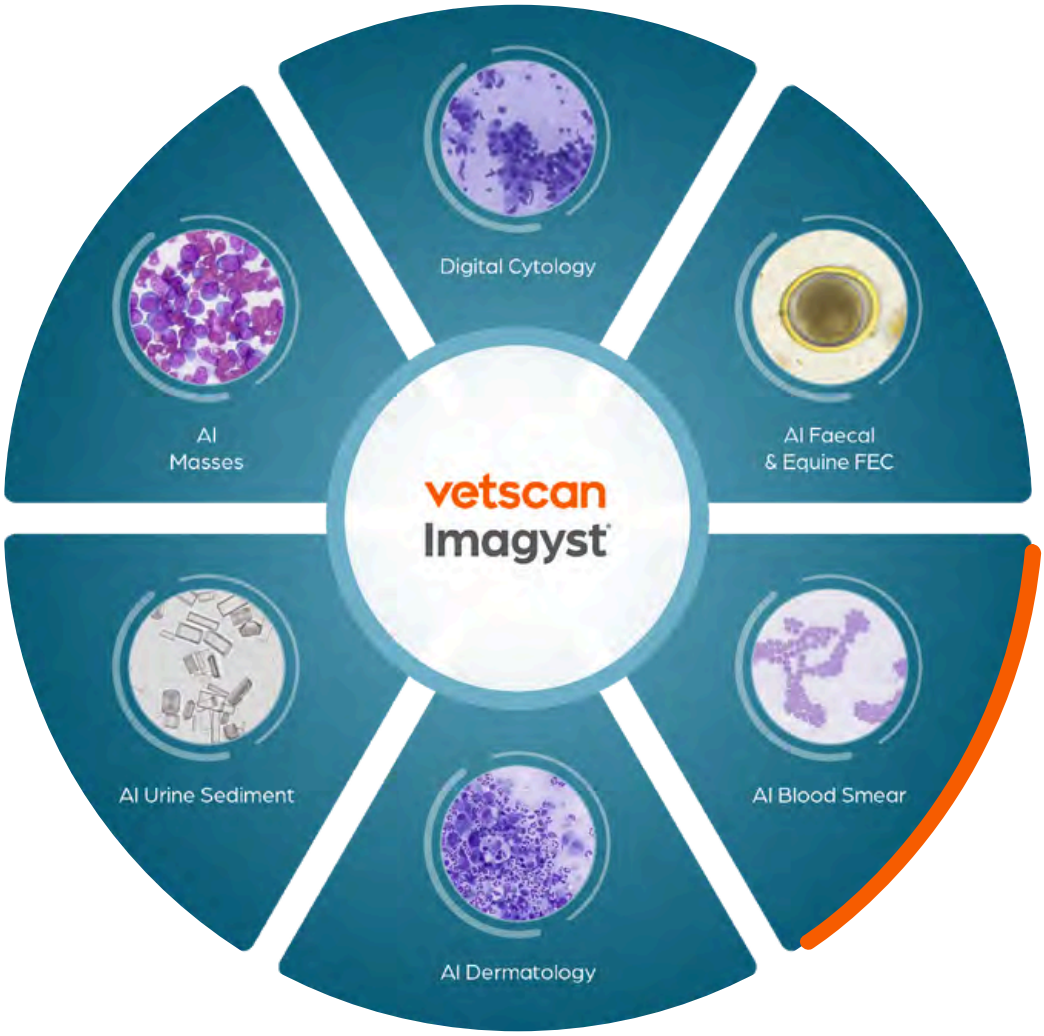

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Patient ID:	**4794**
Name:	**Belle**
Test ID:	**96789**
Birth Date:	**01/17/2014**
Species:	**Feline**
Breed:	**Domestic Long Hair**
Gender:	**Female Spayed**

Clinic/Hospital:	**Veterinary Hospital**
Finalized Date:	**1/17/20222 9:36 AM**

Hematology Evaluation

WBC Differential+

		Low — High
WBC Count (CBC)	14.80 K/uL	
Neutrophil	11.11 K/uL	
Band Neutrophil	0.01 K/uL	
Segmented Neutrophil	11.10 K/uL	
Lymphocyte	2.6 K/uL	
Monocyte	0.20 K/uL	
Eosinophil	0.89 K/uL	
Basophil	0.00 K/uL	

WBC Percent	
Neutrophil	
Band Neutrophil	0.0 %
Segmented Neutrophil	75.0 %
Lymphocyte	17.6 %
Monocyte	1.4 %
Eosinophil	6.0 %
Basophil	0.2 %

Red Blood Cell	
Nucleated RBC / 100 WBC	0.0 / 100 WBC
Polychromatophil (K/uL)	11.50
Acanthocyte	Absent
Eccentrocyte	Absent
Echinocyte	Present
Keratocyte	Absent
Schistocyte	Absent

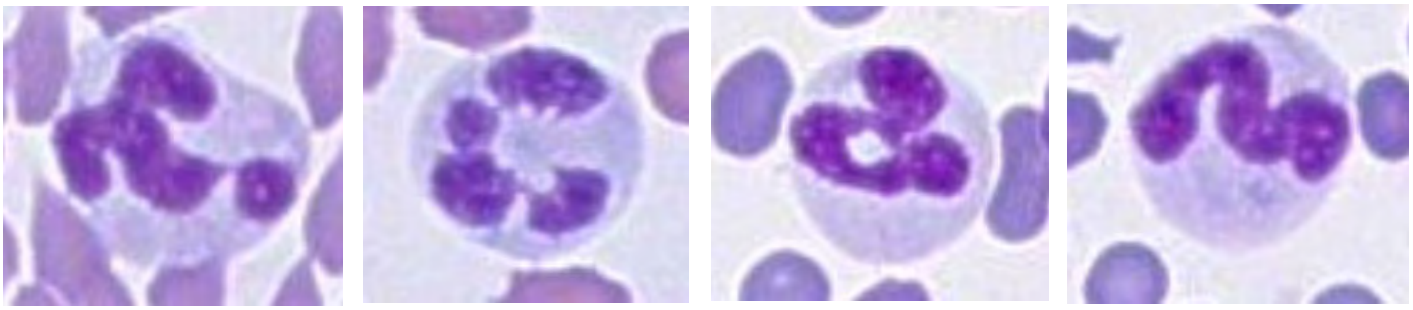
Platelet Count Estimate (K/uL)	167.00 K/uL	
Aggregated Platelet	Present	

Comments

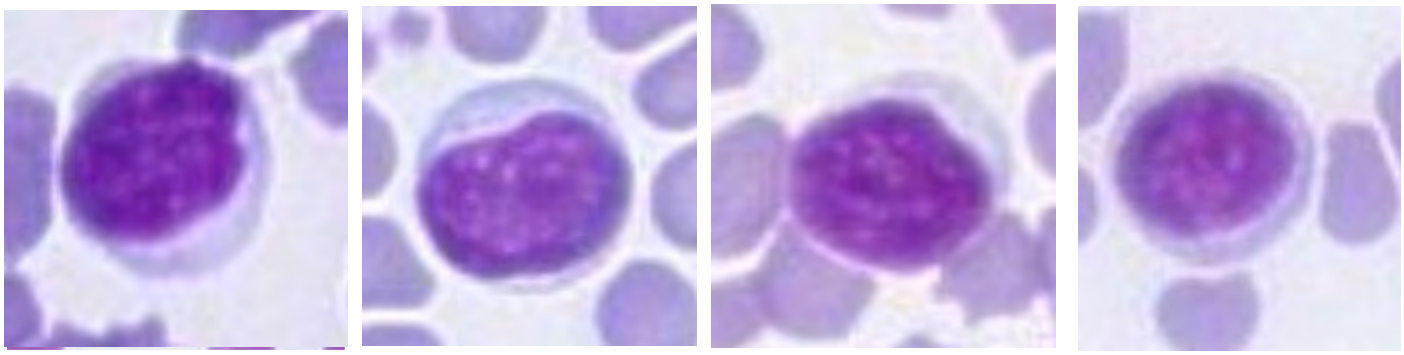
White Blood Cell

Neutrophil

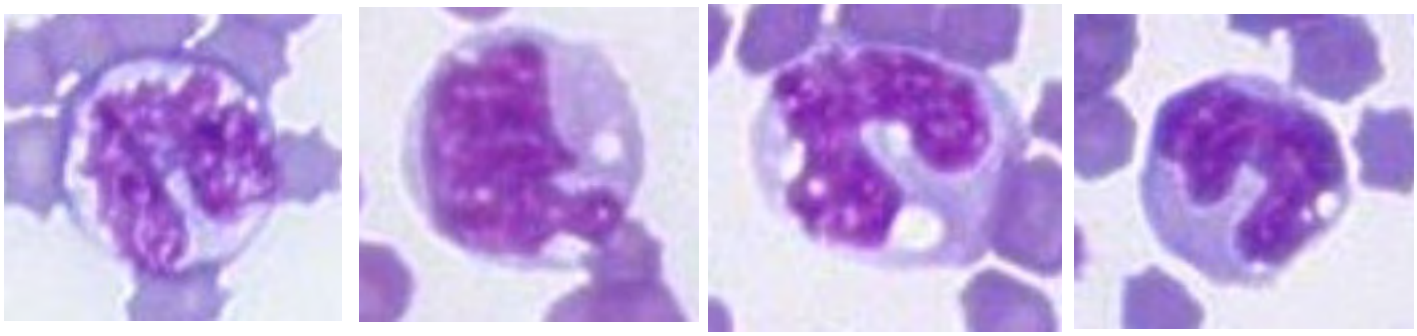
Segmented Neutrophil



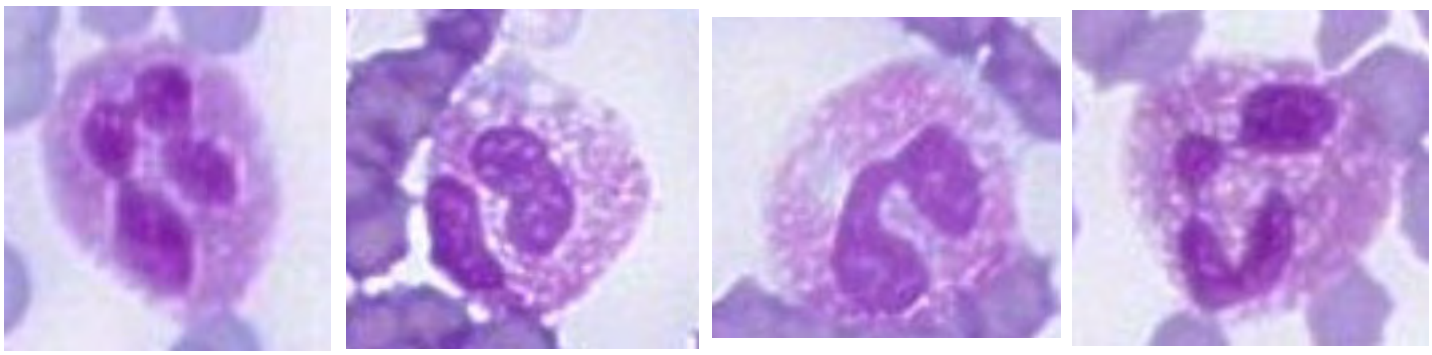
Lymphocyte



Monocyte

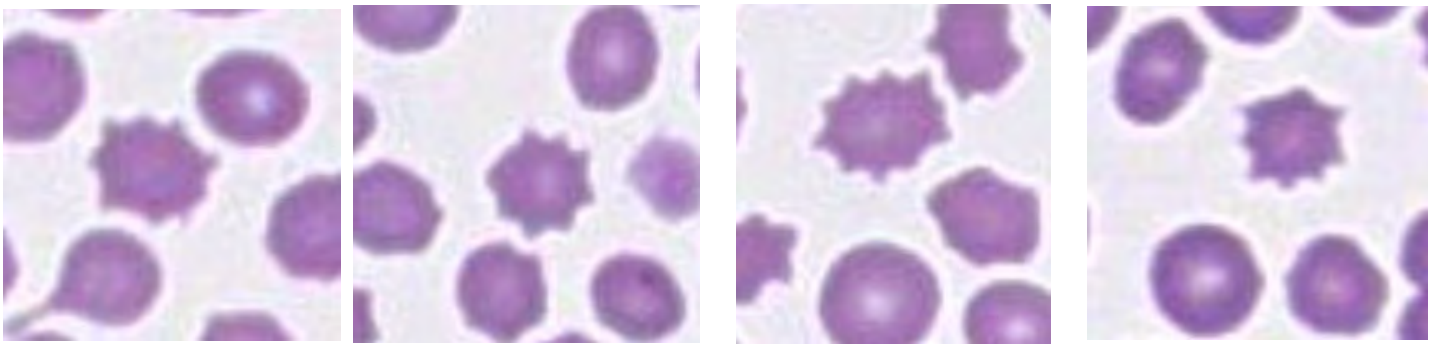


Eosinophil



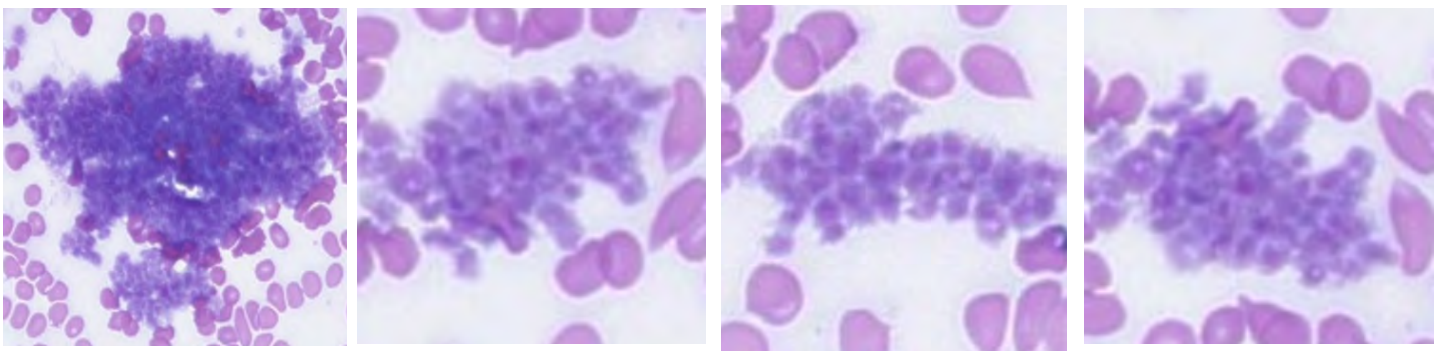
Particular Red Blood Cells

Echinocytes



Platelets

Platelet Clumps



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Reference Ranges: Evaluation of a blood smear generates ESTIMATED blood cell counts. For this reason, actual reference intervals for the included parameters are not listed due to the variability of estimated counts.
For each parameter, the blue band shown within the wider grey band is a generic representation of the estimated CBC counts.

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Patient ID:	**3694**
Name:	**Bob**
Test ID:	**96789**
Birth Date:	**01/17/2018**
Species:	**Canine**
Breed:	**Mixed Breed Dog**
Gender:	**Male neutered**

Clinic/Hospital:	**Veterinary Hospital**
Finalized Date:	**3/17/2024 9:36 AM**

Hematology Evaluation

WBC Differential+

		Low — High
WBC Count (CBC)	17.00 K/uL	
Neutrophil	15.43 K/uL	
Band Neutrophil	0.28 K/uL	
Segmented Neutrophil	15.15 K/uL	
Lymphocyte	0.62 K/uL	
Monocyte	0.30 K/uL	
Eosinophil	0.62 K/uL	
Basophil	0.03 K/uL	

WBC Percent	
Neutrophil	
Band Neutrophil	1.6 %
Segmented Neutrophil	89.1 %
Lymphocyte	3.6 %
Monocyte	1.8 %
Eosinophil	3.6 %
Basophil	0.2 %

Red Blood Cell	
Nucleated RBC / 100 WBC	0.0 / 100 WBC
Polychromatophil (K/uL)	325.50
Acanthocyte	Absent
Eccentrocyte	Absent
Echinocyte	Absent
Keratocyte	Absent
Schistocyte	Present

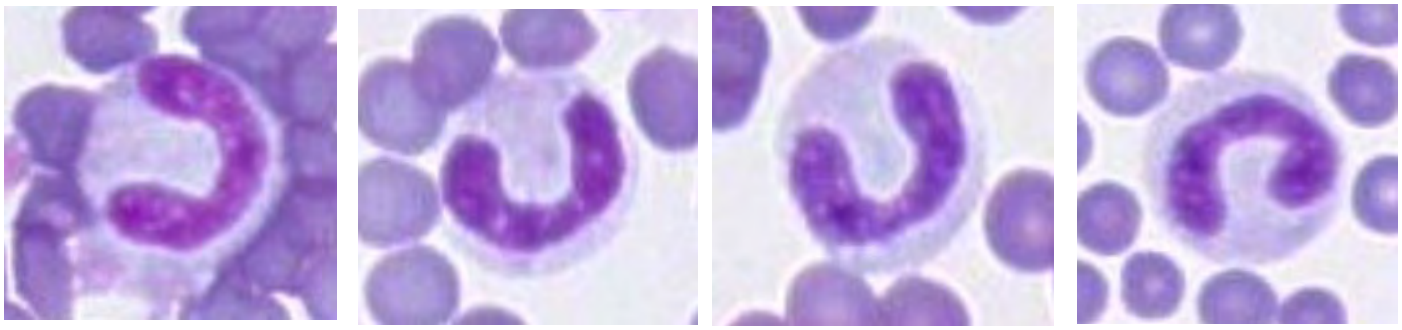
Platelet Count Estimate (K/uL)	120.00 K/uL
Aggregated Platelet	Present

Comments

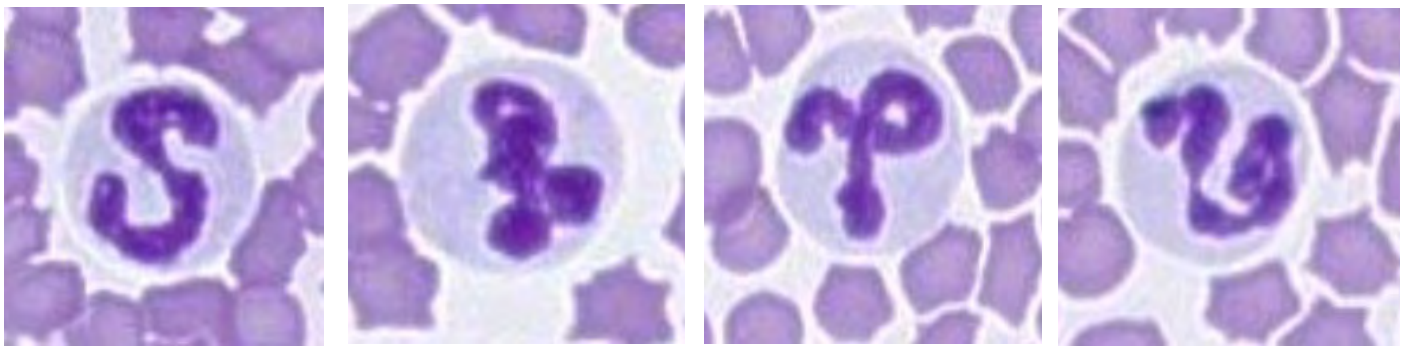
White Blood Cell

Neutrophil

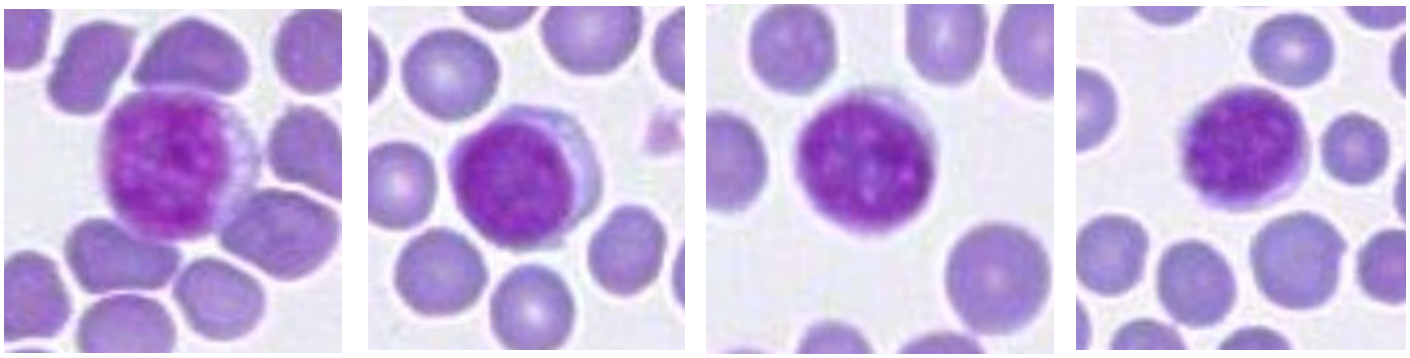
Band Neutrophil



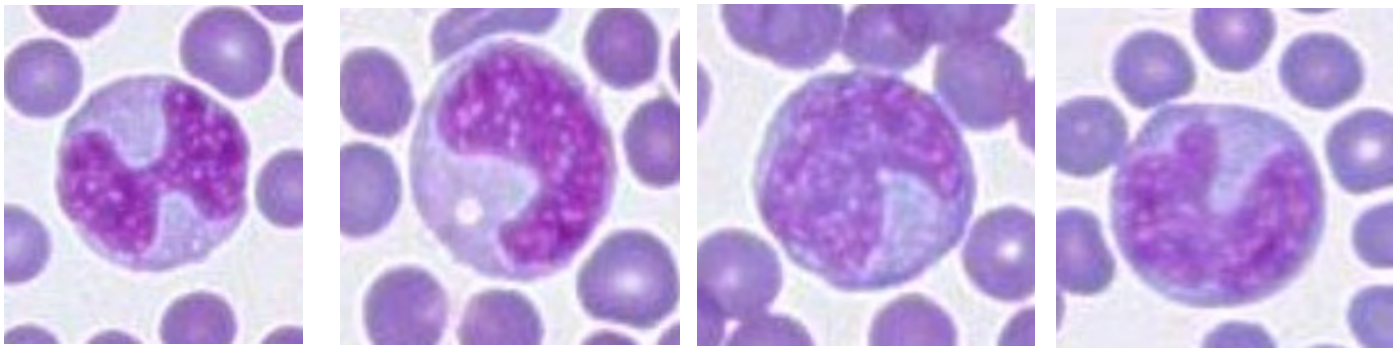
Segmented Neutrophil



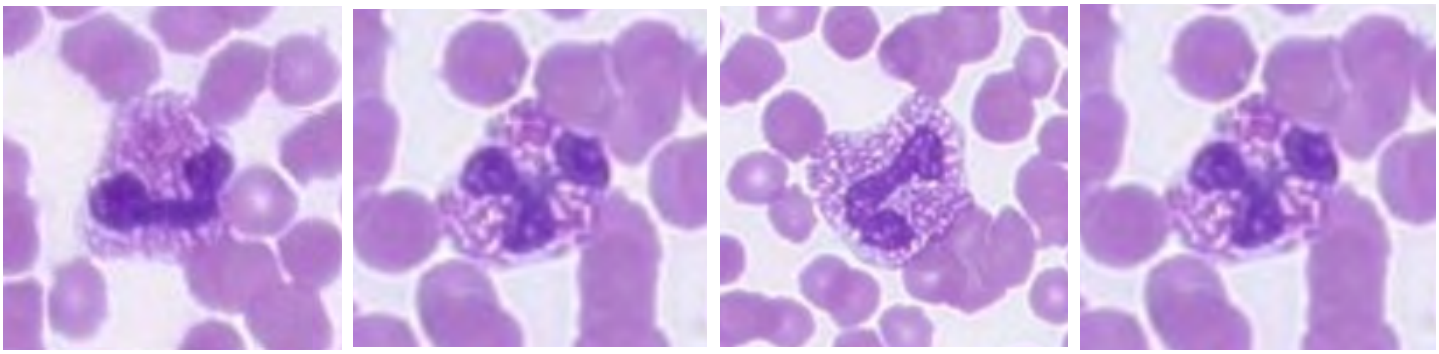
Lymphocyte



Monocyte

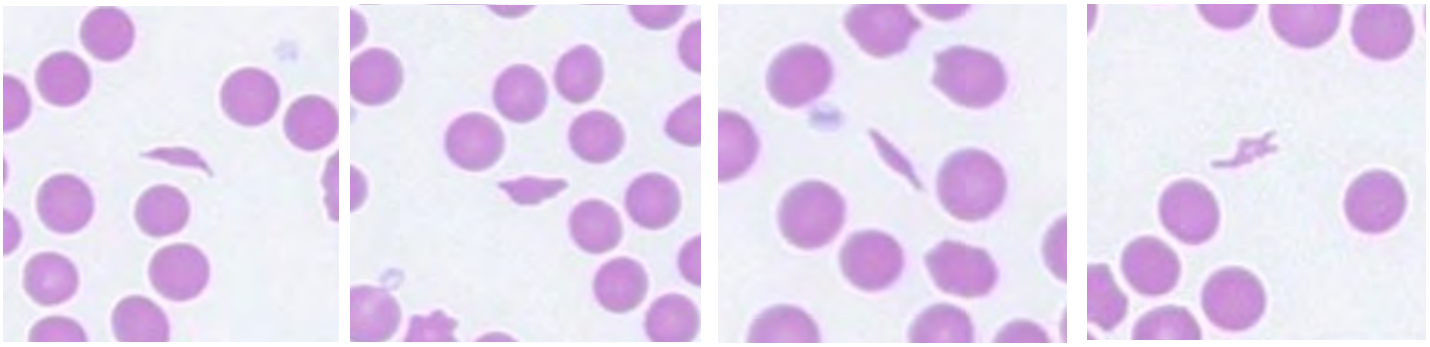


Eosinophil

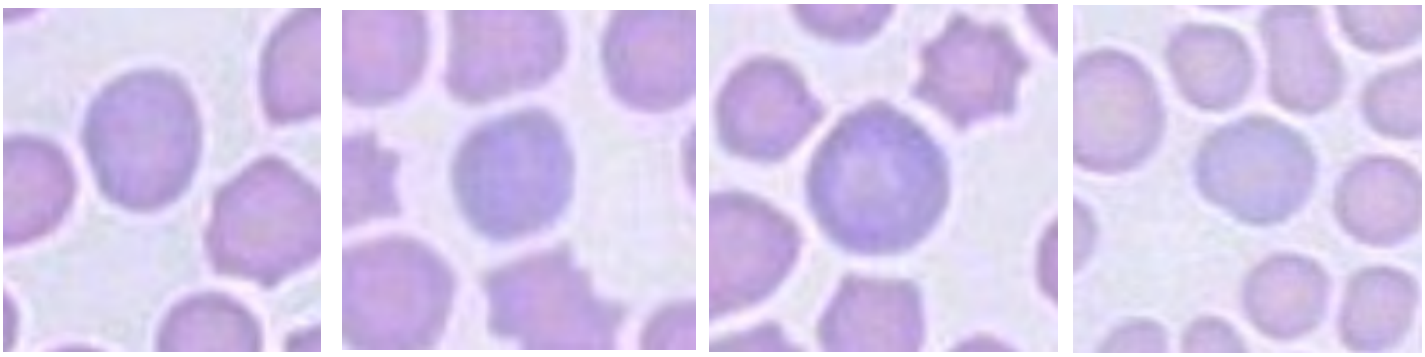


Particular Red Blood Cells

Schistocytes

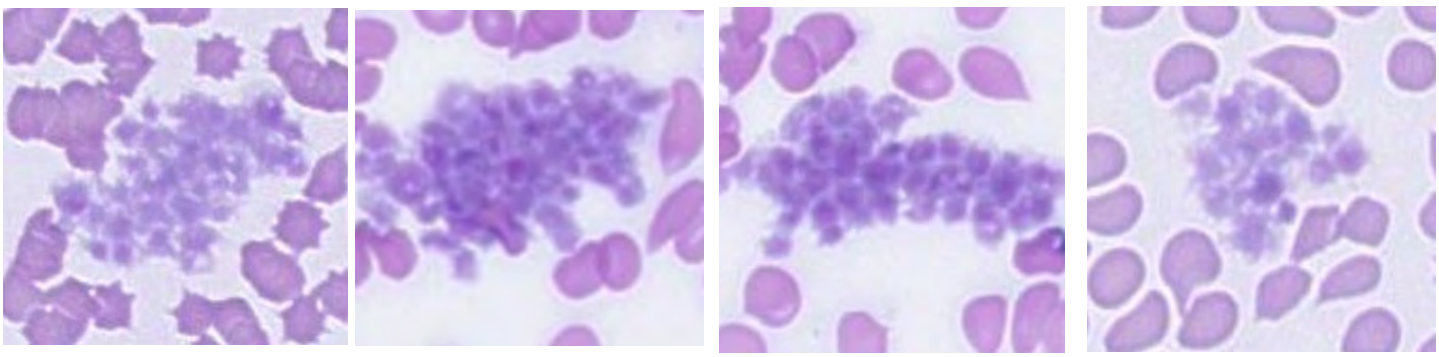


Polychromatophils



Platelets

Platelet Clumps



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AI Urine Sediment Reports

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Patient ID:	1685	Clinic/Hospital:	Franklin Vet Clinic
Patient Name:	Teddy	Submitted Date:	6/26/2024 6:10 PM GMT+2
Test ID:	9141901	Finalized Date:	6/26/2024 6:14 PM GMT+2
Species:	Feline		

AI Urine Report

Sample Details

Urine Retrieval Technique	Cystocentesis	Color before Centrifugation	Dark Yellow
Clarity	Slightly Cloudy	Color after Centrifugation	Same as Pre-Centrifugation
Urine Volume	3 mL	Dilution Ratio	No Dilution
pH	8.0	Collection Time	0 - 30 minutes
USG	1.040	Storage Conditions	Never Refrigerated

Blood Cells

Type	Semi-Quant (per HPF)
WBCs	6-20 / HPF
RBCs	6-20 / HPF

Crystals

Type	Semi-Quant (per HPF)
Calcium Oxalate Dihydrate	< 1 / HPF
Struvite	5-10 / HPF
Bilirubin	< 0.1 / HPF
Cystine	< 0.1 / HPF
Ammonium Biurate	< 0.1 / HPF

Bacteria

Type	Semi-Quant (per HPF)
Cocci	NTR
Rods	NTR

Epithelial Cells

Type	Semi-Quant (per HPF)
Squamous Epithelial Cells	< 1 / HPF
Other Epithelial Cells	< 1 / HPF

Casts

Type	Semi-Quant (per LPF)
Hyaline Cast	< 1 / LPF
Non-Hyaline Cast	< 1 / LPF

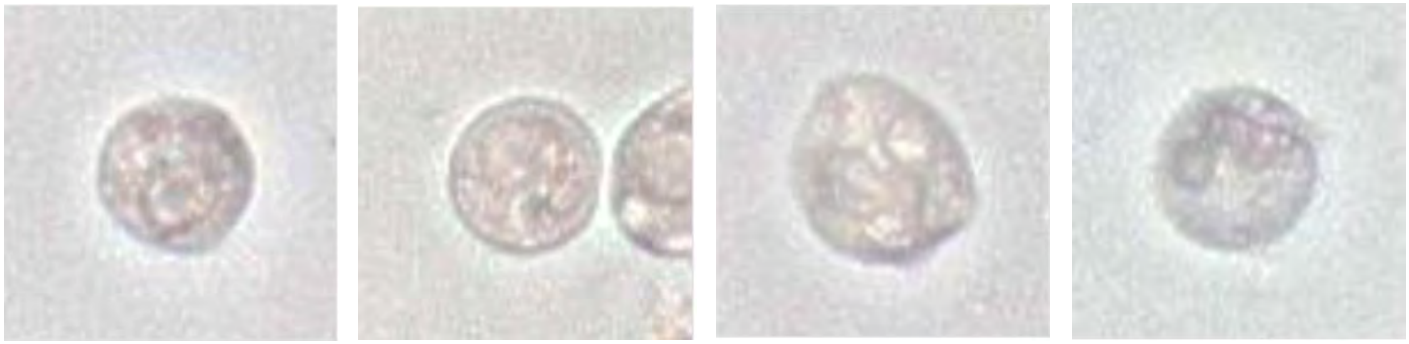
Other

Type	Detected
Spermatozoa	No

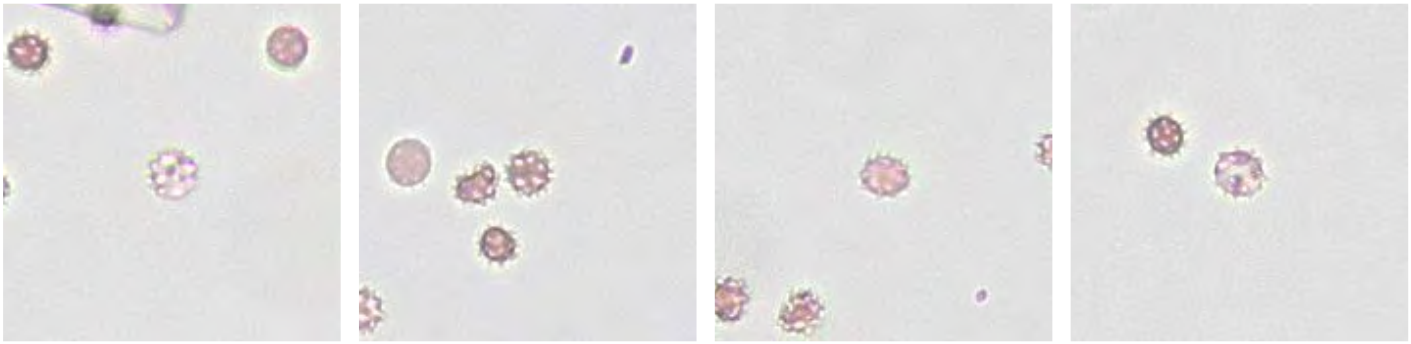
Comments

Blood Cells

WBCs

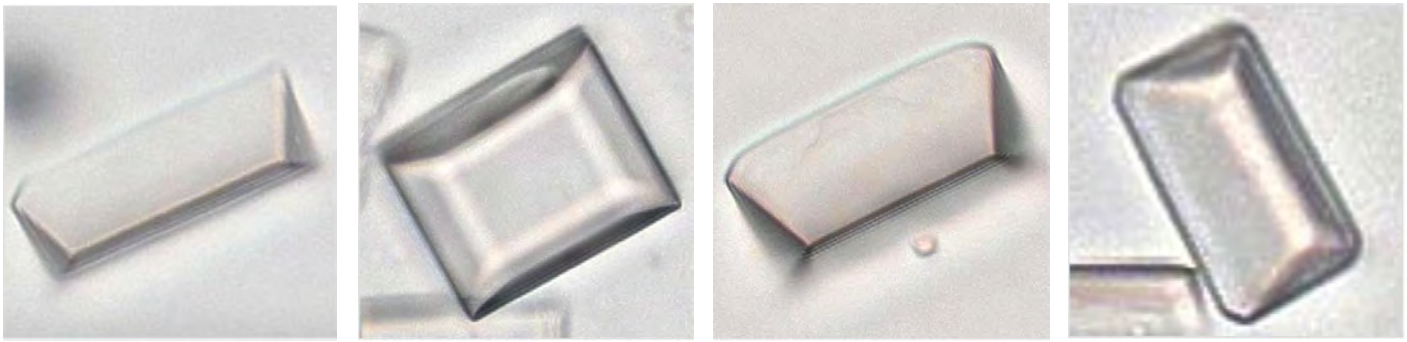


RBCs



Crystals

Struvite



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Patient ID:	3694	Clinic/Hospital:	Coastal Animal Hospital
Patient Name:	Fox	Submitted Date:	8/12/2024 1:45 PM GMT+2
Test ID:	135554	Finalized Date:	8/12/2024 1:59 PM GMT+2
Species:	Canine		

AI Urine Report

Sample Details

Urine Retrieval Technique	Free Catch	Color before Centrifugation	Yellow
Clarity	Cloudy	Color after Centrifugation	Same as Pre-Centrifugation
Urine Volume	3 mL	Dilution Ratio	No Dilution
pH	6.0	Collection Time	0 - 30 minutes
USG	1.037	Storage Conditions	Never Refrigerated

Blood Cells

Type	Semi-Quant (per HPF)
WBCs	< 5 / HPF
RBCs	< 5 / HPF

Crystals

Type	Semi-Quant (per HPF)
Calcium Oxalate Dihydrate	2-4 / HPF
Struvite	< 1/ HPF
Bilirubin	< 0.1 / HPF
Cystine	< 0.1 / HPF
Ammonium Biurate	< 0.1 / HPF

Bacteria

Type	Semi-Quant (per HPF)
Cocci	NTR
Rods	NTR

Epithelial Cells

Type	Semi-Quant (per HPF)
Squamous Epithelial Cells	2-4 / HPF
Other Epithelial Cells	5-10 / HPF

Casts

Type	Semi-Quant (per LPF)
Hyaline Cast	< 1 / LPF
Non-Hyaline Cast	< 1 / LPF

Other

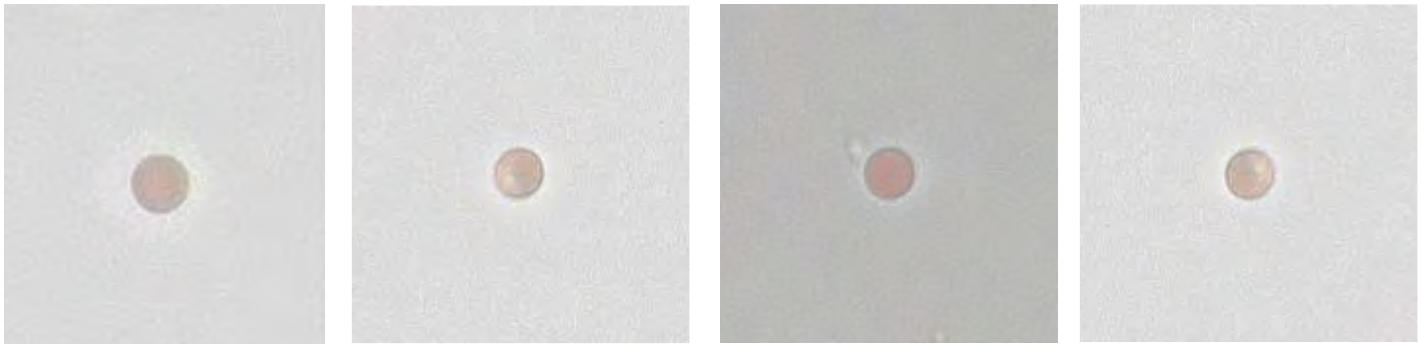
Type	Detected
Spermatozoa	No

Comments

Blood Cells

WBCs

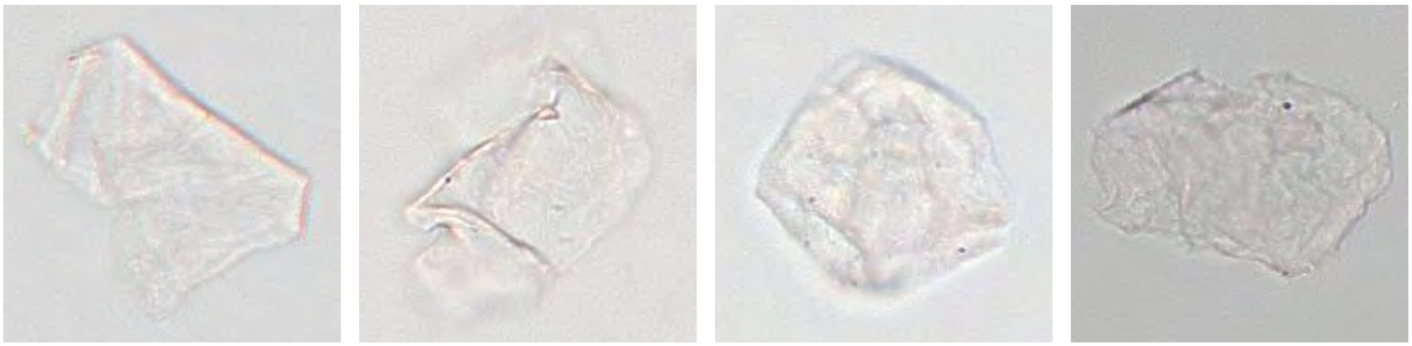
RBCs



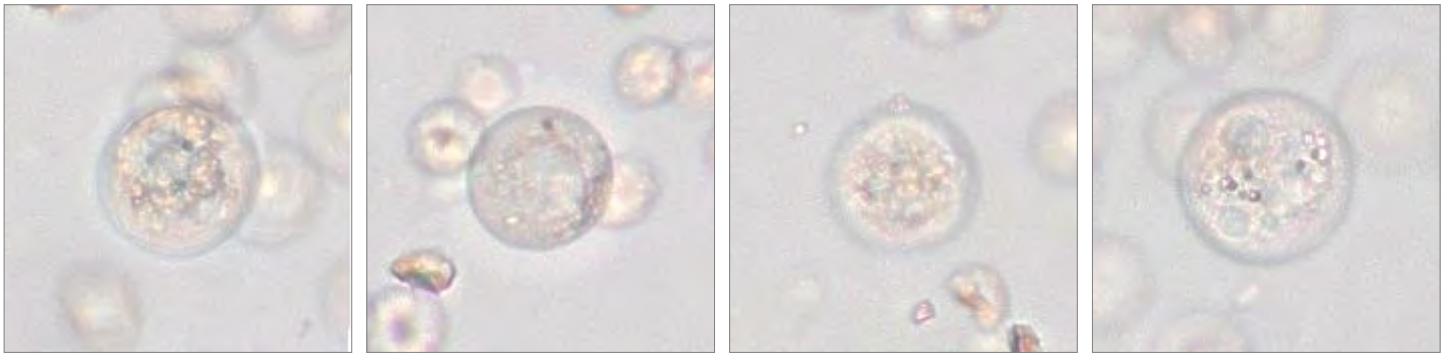
Calcium Oxalate Dihydrate

Epithelial Cells

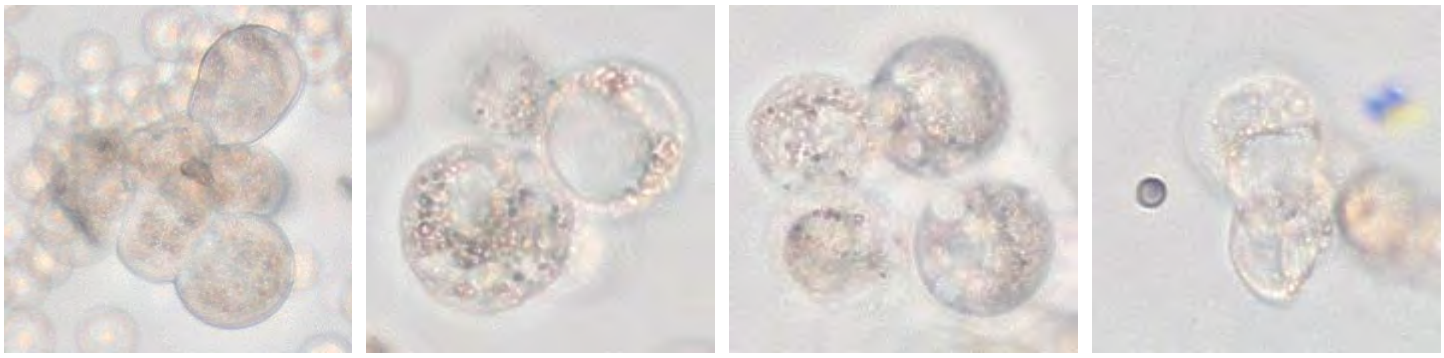
Squamous Epithelial Cells



Other Epithelial Cells



Epithelial Cell Cluster



Comments

ZOETIS DIAGNOSTICS

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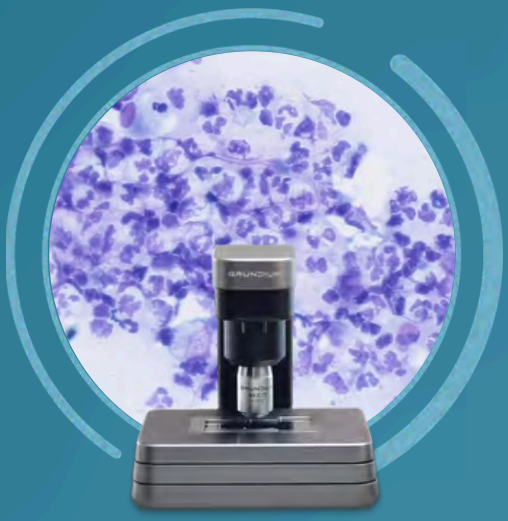

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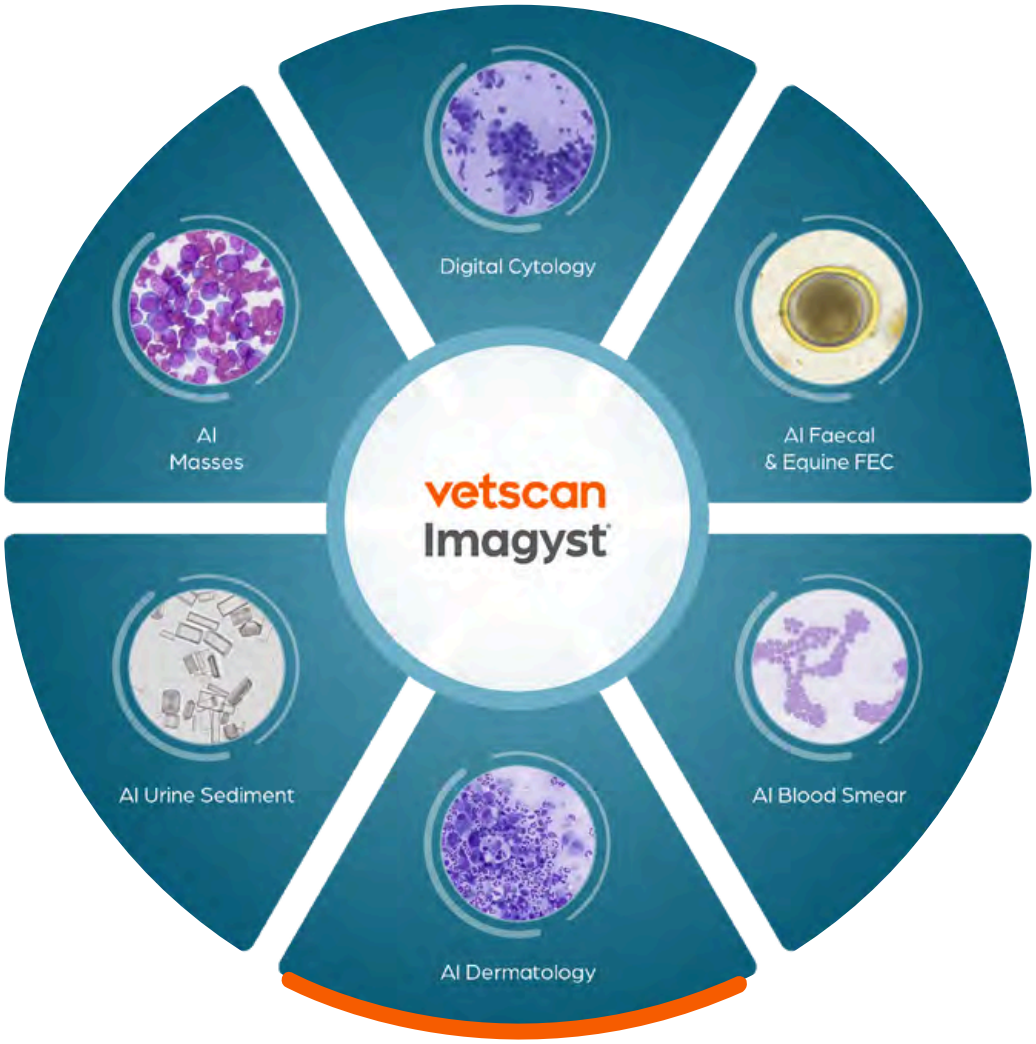

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Patient ID:
Patient Name:
Test ID:
Species: Canine

Clinic/Hospital: Veterinary Hospital
Finalized Date:

AI Dermatology Cytological Evaluation

Left Ear

Bacteria & Yeast	Presence
Bacteria - Rods	3+
Bacteria - Cocci	None to Rare
Yeast - *Malassezia*	None to Rare

Inflammatory WBC	Detected
Neutrophils	Yes
Neutrophils w Bacteria	Yes
Macrophages	No
Lymphocytes	No
Eosinophils	No

Blood Present: ✕ No

Right Ear

Bacteria & Yeast	Presence
Bacteria - Rods	2+
Bacteria - Cocci	None to Rare
Yeast - *Malassezia*	1+

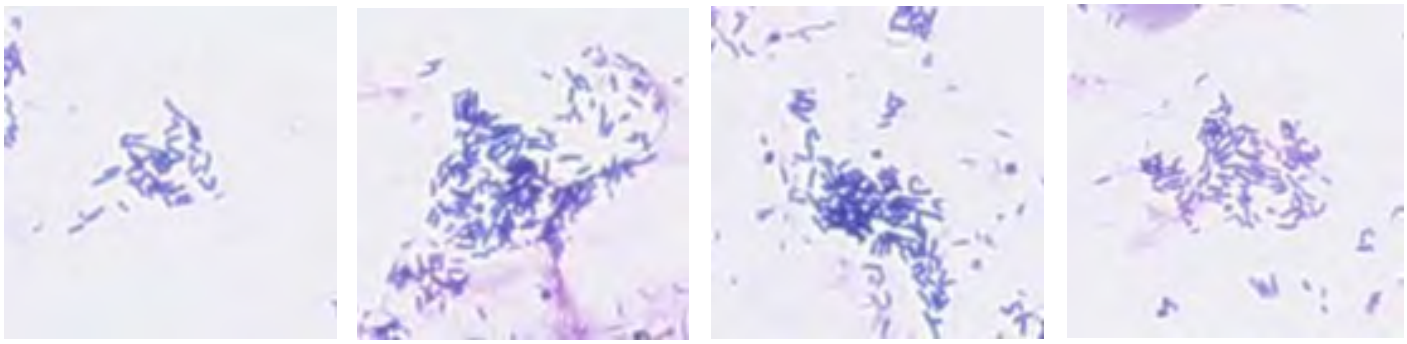
Inflammatory WBC	Detected
Neutrophils	Yes
Neutrophils w Bacteria	Yes
Macrophages	No
Lymphocytes	Yes
Eosinophils	No

Blood Present: ✕ No

Left Ear

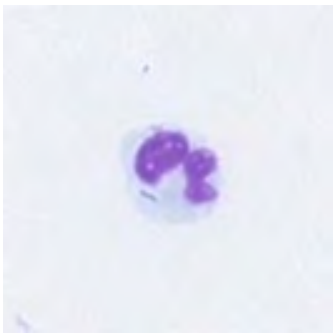
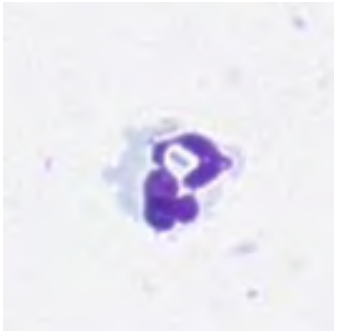
Bacteria

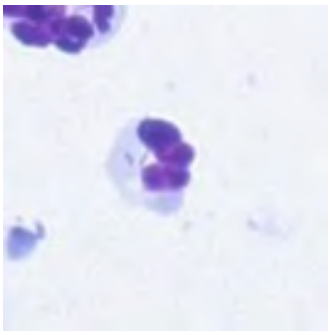
Rods



Inflammatory WBC

Neutrophils with Bacteria

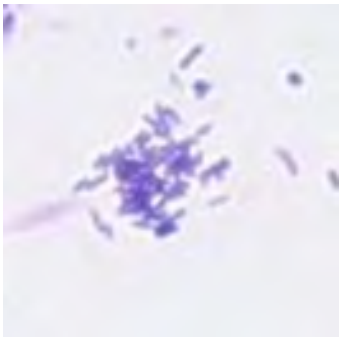
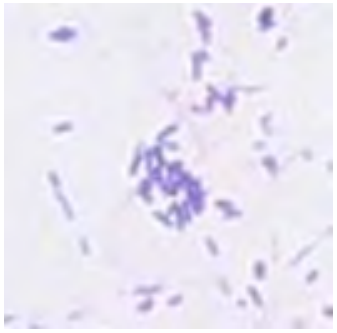
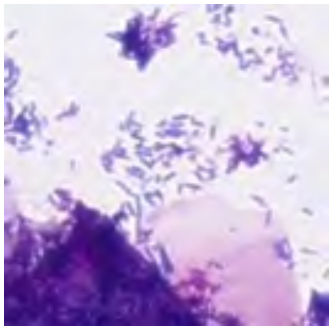
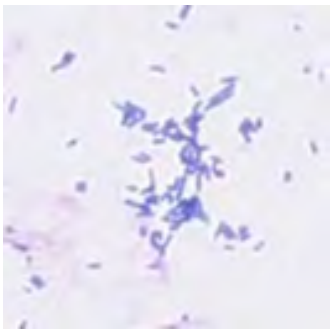





Right Ear

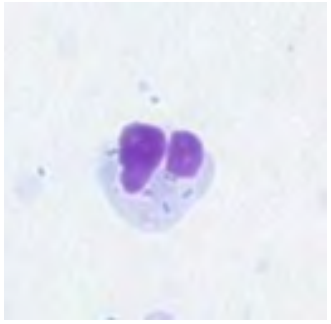
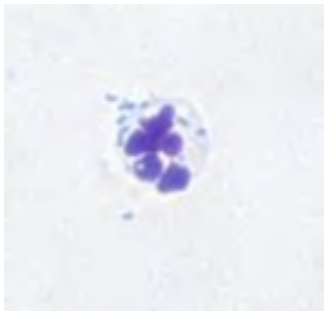
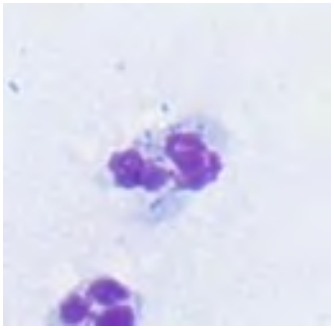
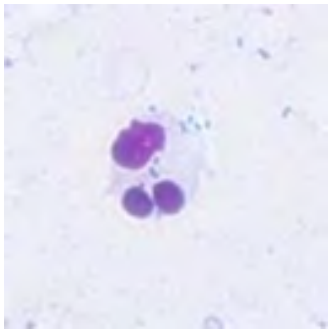
Bacteria

Rods

Inflammatory WBC

Neutrophils with Bacteria

Malassezia

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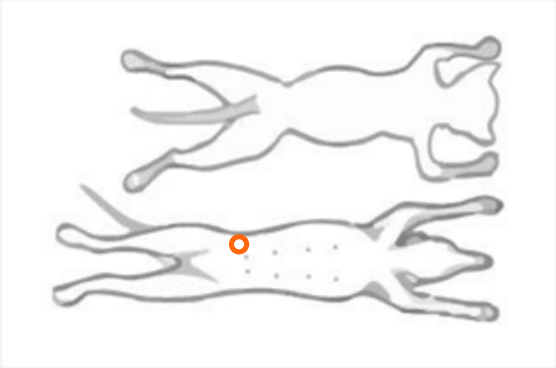
Patient ID:
Patient Name:
Test ID:
Species: Canine

Clinic/Hospital: Veterinary Hospital
Finalized Date:

AI Dermatology Cytological Evaluation

Site Location

Abdomen



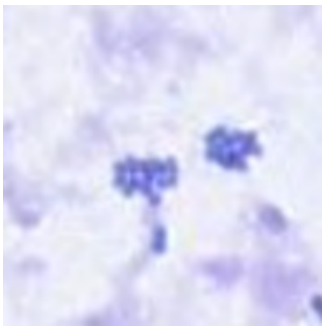
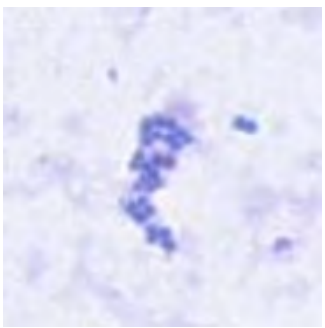
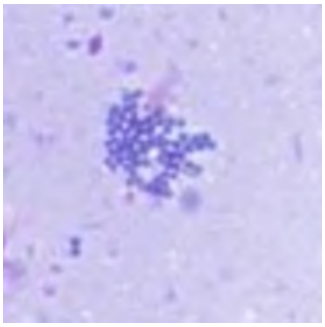
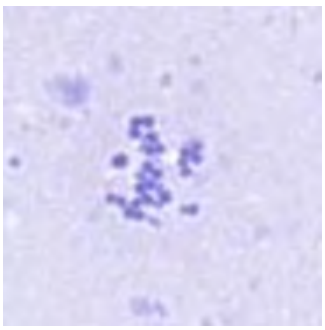
Bacteria & Yeast	Presence
Bacteria - Rods	None to Rare
Bacteria - Cocci	3+
Yeast - *Malassezia*	None to Rare

Inflammatory WBC	Detected
Neutrophils	Yes
Neutrophils w Bacteria	Yes
Macrophages	No
Lymphocytes	No
Eosinophils	No

Blood Present: No

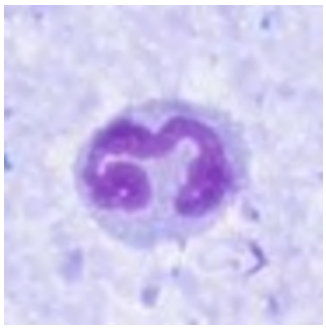
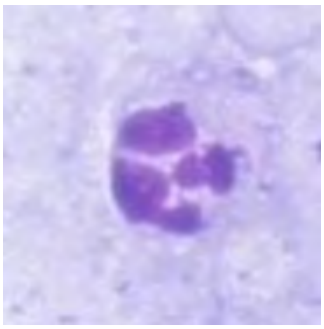
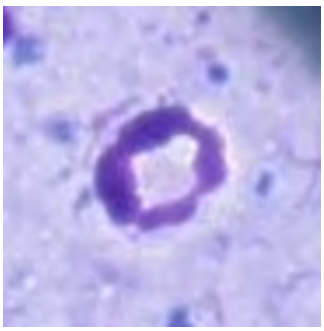
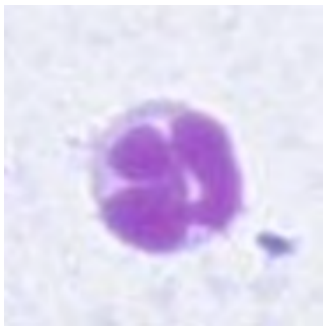
Bacteria & Yeast

Cocci

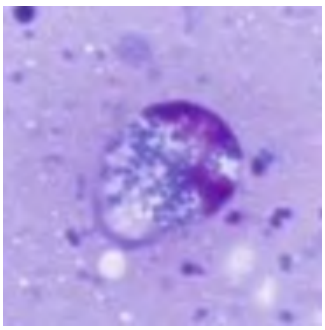
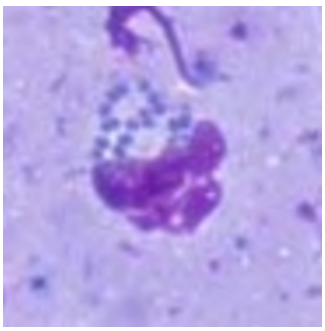
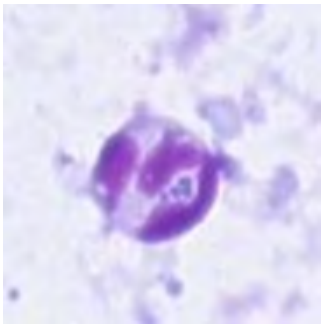
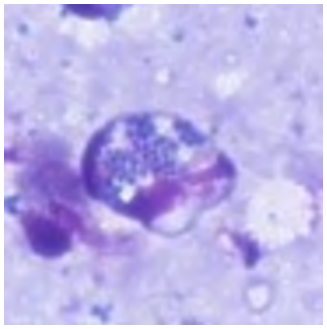





Inflammatory WBC

Neutrophils

Containing Bacteria

Comments

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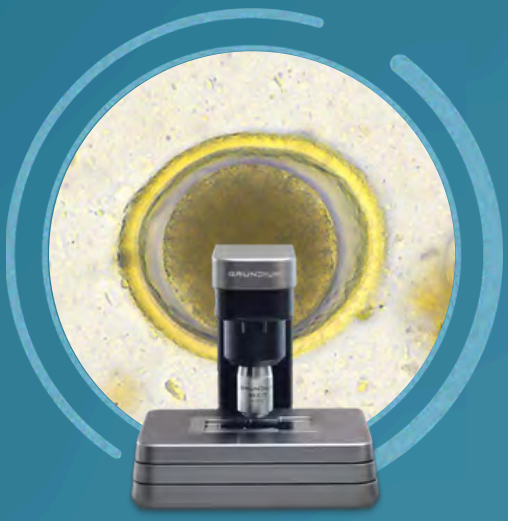
AI Canine/Feline Faecal Reports



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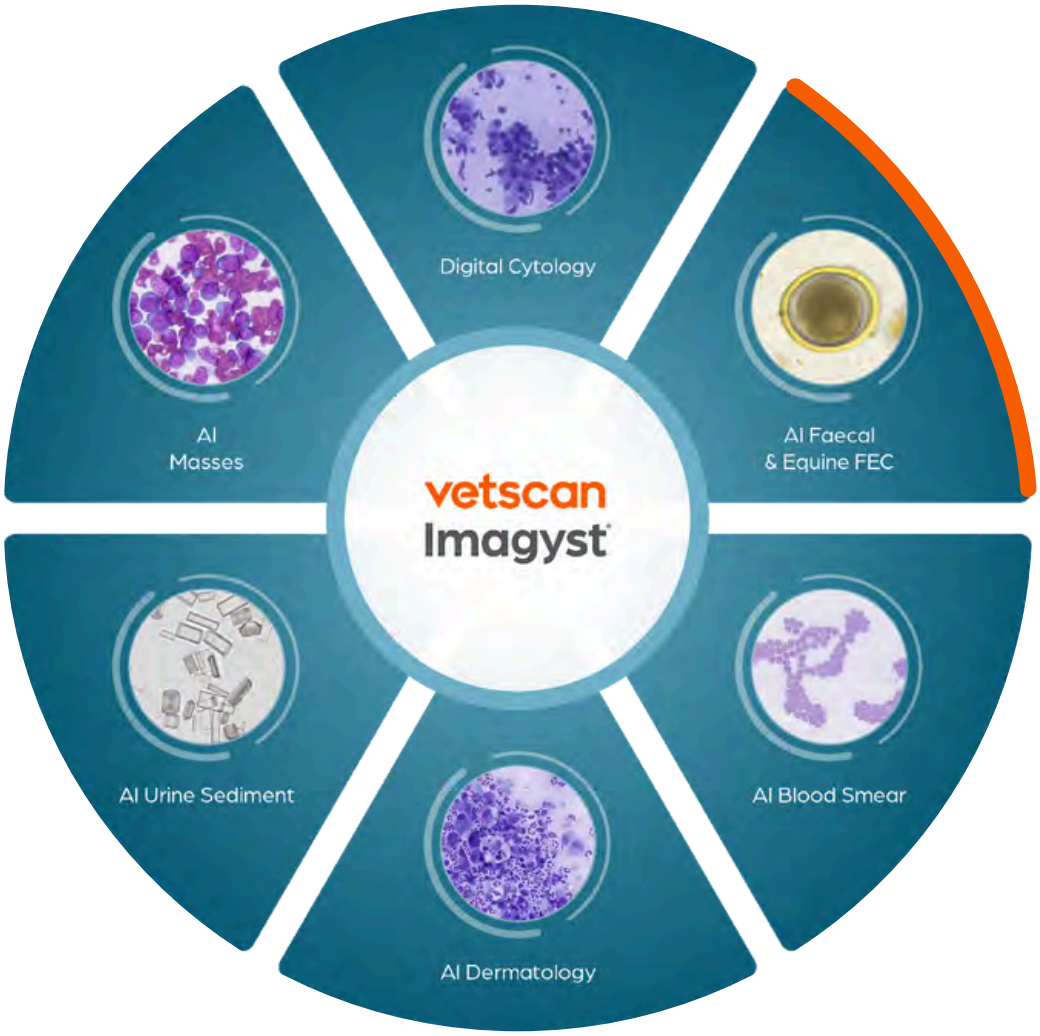

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Patient ID:	312012
Patient Name:	Jordy
Test ID:	71510
Birth Date:	
Age:	2 months
Species:	Canine
Breed:	Schnauzer, Miniature
Sex:	
Color:	Light Brown
Consistency:	4 - Very moist, loses form, non-segmented

Clinic/Hospital: Mountain Lake Animal Hospital
Finalized Date: 10/1/2024

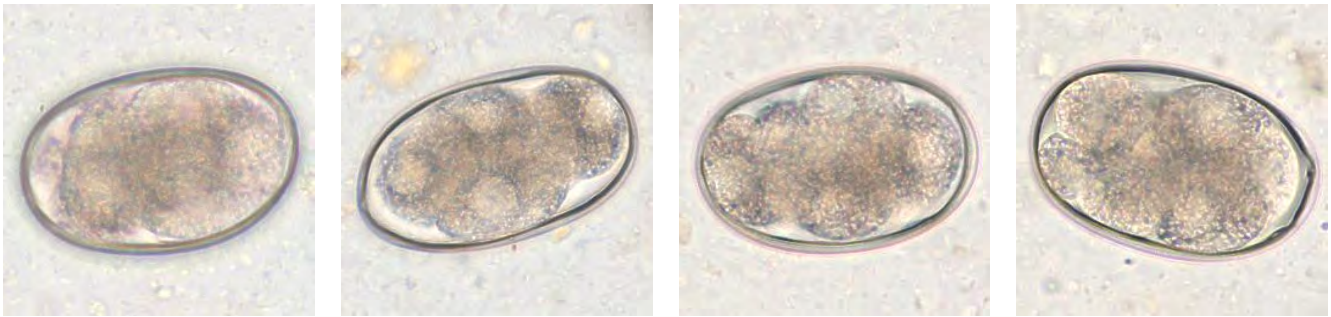
AI Fecal - Ova/Oocysts Report

Summary

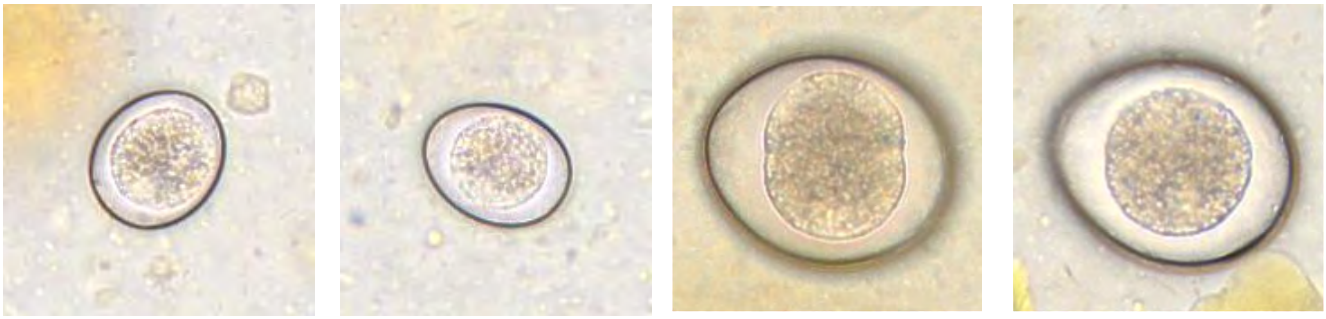
Ova/Oocysts	Detected	Counts
Ancylostoma (hookworm)	Yes	302
Cystoisospora (coccidia)	Yes	51
Eimeria (coccidia)	No	0
Giardia	No	0
Spirometra (tapeworm)	No	0
Taeniidae (tapeworm)	No	0
Toxocara (roundworm)	Yes	712
Trichuris (whipworm)	No	0

Comments

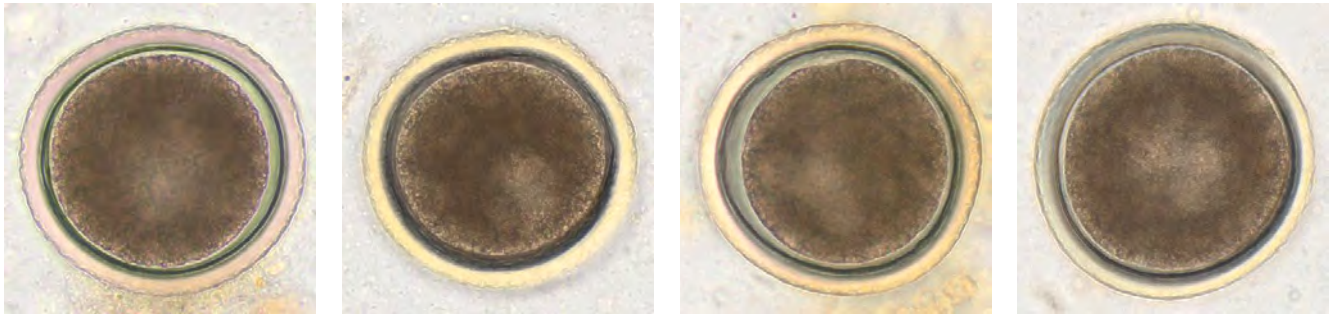
Ancylostoma (hookworm)



Cystoisospora (coccidia)



Toxocara (roundworm)



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Patient ID:	140611	**Clinic/Hospital:**	Reliant Animal Hospital
Patient Name:	Penelope	**Finalized Date:**	9/30/2024
Test ID:	171024		
Species:	Canine		
Sex:	Female		
Color:	Brown		
Consistency:	5 -Very Moist, has shape		

AI Fecal - Ova/Oocysts Report

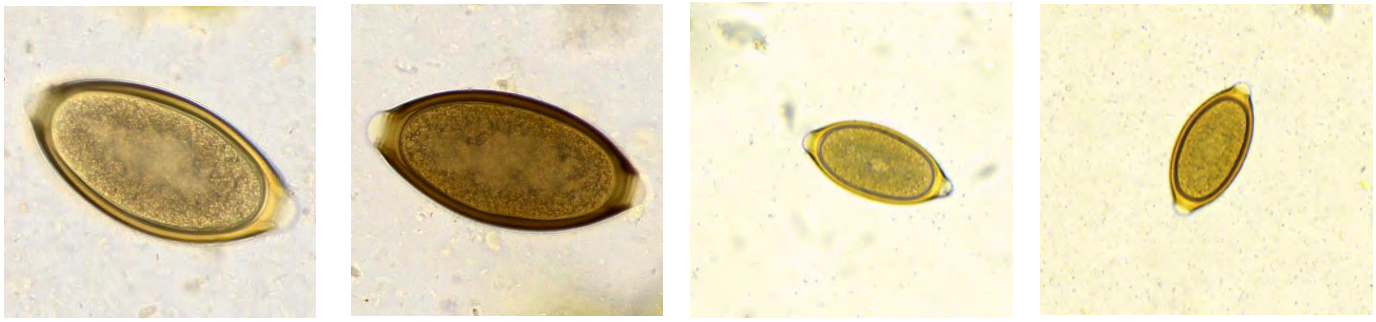
Summary

Ova/Oocysts	Detected	Counts
Ancylostoma (hookworm)	No	0
Cystoisospora (coccidia)	No	0
Eimeria (coccidia)	No	0
Giardia	No	0
Spirometra (tapeworm)	No	0
Taeniidae (tapeworm)	No	0
Toxocara (roundworm)	No	0
Trichuris (whipworm)	Yes	72

Comments

Finalized

Trichuris (whipworm)



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AI Equine Faecal Reports

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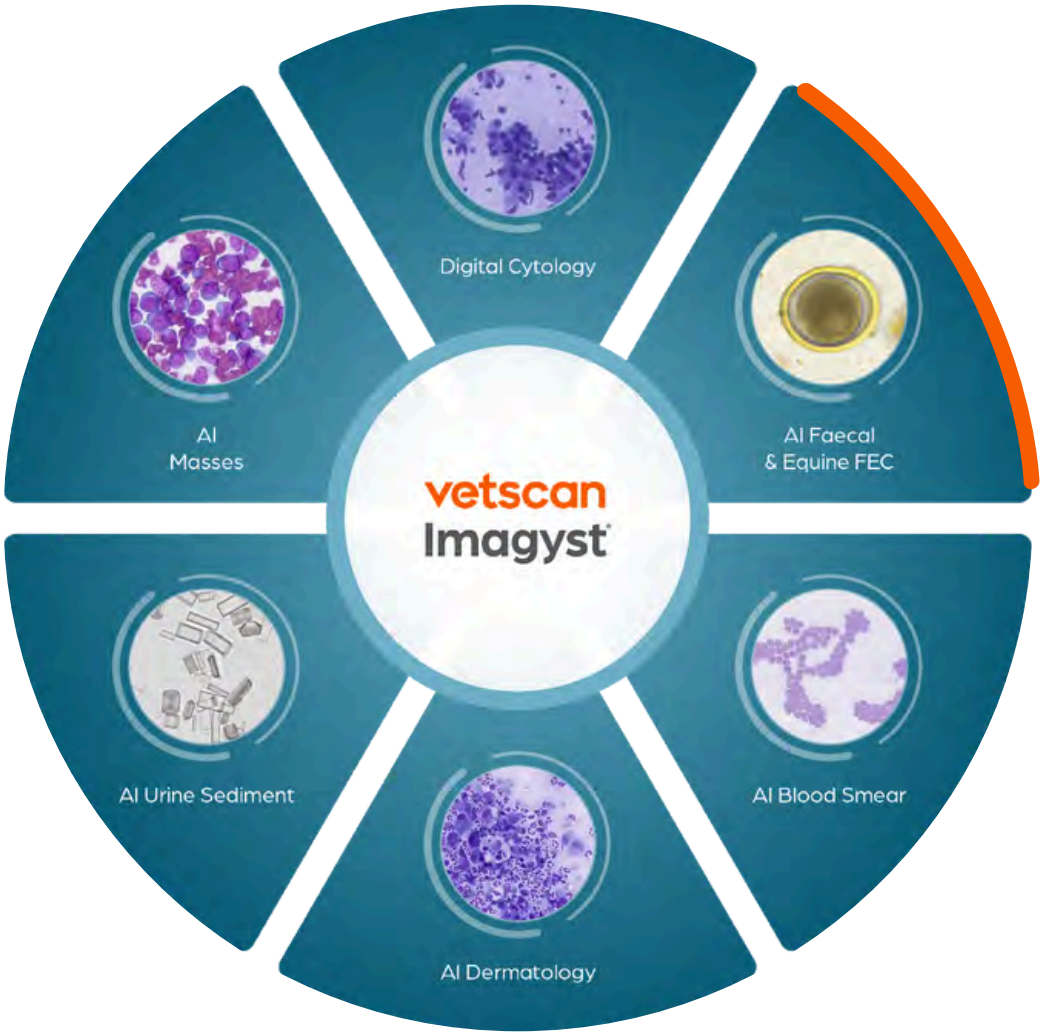

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Patient ID:		**Clinic/Hospital:**	
Patient Name:		**Finalized Date:**	
Test ID:		**Flotation Solution:**	**Sugar (Sheather's)**
Species:	**Equine**		
Color:	**Green**		
Consistency:	**3 - Normal formed**		

AI Equine Fecal Egg Count Report

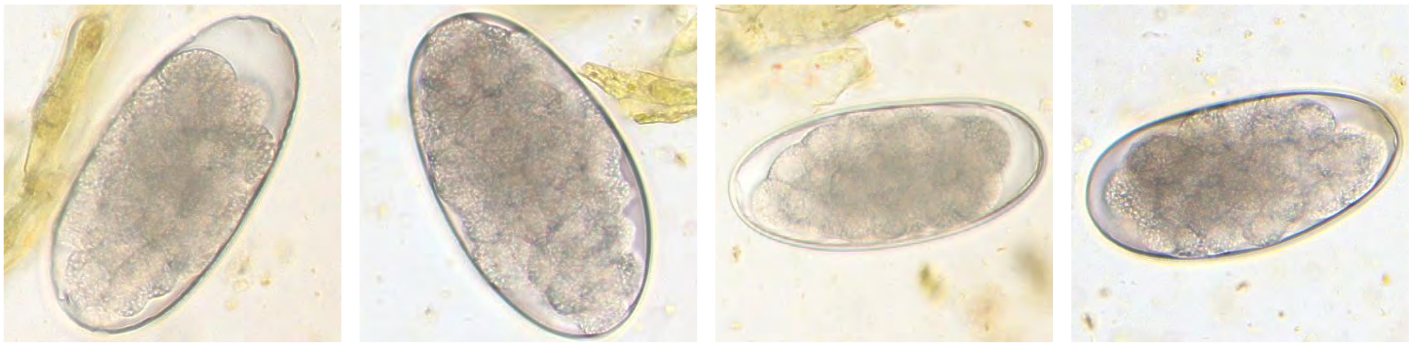
Summary

Ova/Oocysts	Detected	EPG
Parascaris (roundworm)	No	0
Strongyle	Yes	900

Comments

0 EPG indicates that no ova were detected on the slide evaluated

Strongyle



vetscan Imagyst

Patient ID:
Test ID:
Species: Equine

Clinic/Hospital:

Finalized Date: 10/30/2023 8:52 AM CDT
Flotation Solution: No solution specified

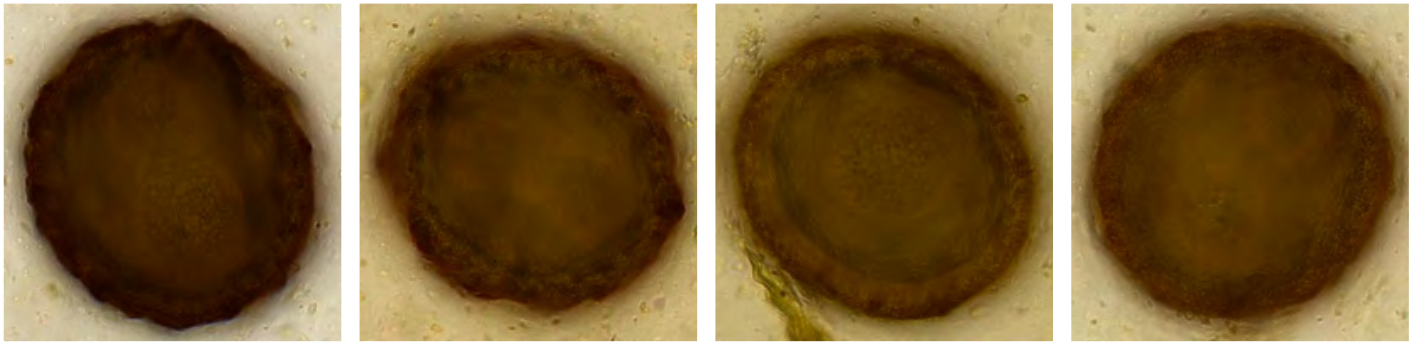
AI Equine Fecal Egg Count Report

Summary

Ova/Oocysts	Detected	EPG
Parascaris (roundworm)	Yes	216
Strongyle	Yes	352

Comments

Parascaris (roundworm)



Strongyle

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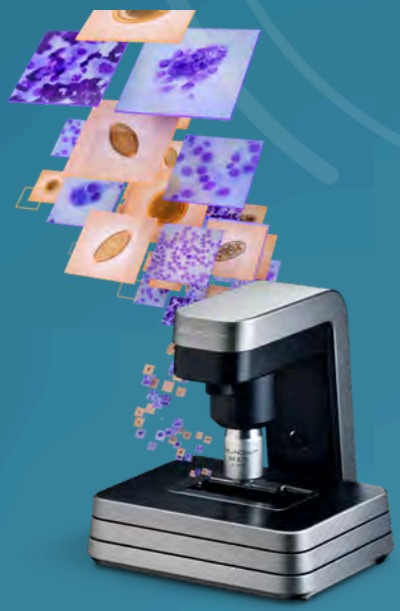
Clinical Consultation Reports



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Veterinarian: **xx August 2022**

Hospital Name:

Patient Name: Fiona 12 yr FS
CKCS

Zoetis Clinical Consultation Service Report

Clinical History **Suspect IMTP in dog with CHF, Labwork Performed 4 June 2022 (Hw, Ehr, Ana, Lyme Neg), TP-8, WBC ~12,000, HCT ~ 29%, Platelets 0 and 3. *all labwork run in house, No slide review seen.**

Summary of Consultation

Problem List:

1. 4/6 left systolic heart murmur: Echocardiogram- Cardiologist rec. start enal. Spiro, vetmedin
2. Severe Dental disease
3. Severe thrombocytopenia on former June 2022 and Aug 2022 labs
4. Anemia non regenerative 29-30%
5. Elevated Total Solids: (globs and albumin, or 1 or the other?)

Case Interpretation

Fiona's breed makes interpreting her platelets challenging as Cavaliers up to 50% have macrothrombocytopenia. Usually, when platelets are less than 10,000 then there are some clinical signs such as melena, petechia, bleeding gums etc. Sometimes this can be delayed. She is a new patient to you, so we don't have a "point of reference, but perhaps could get any former labwork in her life to compare platelet numbers?"

Typically, platelets are either not being made in the bone marrow (after TPO stimulation from the liver), or they are being broken down, or they are being lost (hemmorrhage) or even sequestered in the spleen. If her total protein was lower, hemorrhage would be higher on the list, but with a high Total protein, it is less likely. Additionally without a history of toxicity or infectious disease, it would be strange to have a bone marrow problem though it is still on the list with the anemia present. That leaves either breed related values that are lower than normal, destruction or lastly sequestration.

I would first ask the pathologist that read her recent smear for an estimated platelet number. I would then recommend performing some diagnostics to make sure there is not an underlying cause that may be leading to a secondary immune mediated destructions (abdominal ultrasound, repeated chemistry, fungal/additional tick testing if there is geographic/travel exposure, and a urinalysis).

Considerations for further testing

1. Estimated platelet number from recent slide review

2. Urinalysis to check for proteinuria and any bilirubin/hematuria
3. Abdominal imaging to evaluate if there is ascites, liver/spleen changes, lymph nodes size/adrenals, etc.
4. Repeat chest rads to evaluate any current CHF and any enlarged Lymph nodes
5. Repeat chemistry to look for changes and also repeat the CBC for another review (platelet lifespan is 7-10 days and canine RBC 120 days- look for clues for agglutination, toxic changes to neutrophils, bands, or even aggregates noted on slide
6. Have owner thoroughly check ears, eyes, belly and under tail of skin for petechia
7. **Rectal to look for melena/hematochezia**

Treatment Considerations

1. If there is supporting evidence of true immune destruction versus breed related platelet abnormalities, then cyclosporine (Atopica) or Neoral (microemulsified cyclosporine) at 5mg/kg BID is safer to start versus steroids for a patient with heart disease/recovering CHF. It takes up to 1 week for cyclosporine to become effective so a slow taper starting at 3-4 weeks lasting 3-6 months is usually indicated in cases of ITP.

*Right now, Fiona seems stable and non-clinical for her platelets, so we have some time to do some investigating. I would not reach for vincristine or Human IVIG at this time, as it is unclear if this is truly Idiopathic ITP, her age at 12 yrs makes me pause as well that there could be an undelying issue (neoplastic/infectious, etc) that could also be driving the low platelets as well as her breed.
*Please reach out if we can be of any further help.

Further Resources

Thank you for your case submission to our Zoetis Clinical Consultation Service. If you would like to discuss this case further, please don't hesitate to book another consultation or request further email advice via ZoetisDx.

Regards,

Jennifer E. Slovak DVM, MS, DACVIM

Veterinarian: **6 June 2023**

Hospital Name:

Patient Name: Sammy

Zoetis Clinical Consultation Service Report

Clinical History

Biting and licking abdomen for the past 2 months. Increased aggression when touched. Red, ulcerated lesions on dorsum and mildly enlarged popliteal lymph nodes. Fine needle aspirates of popliteal lymph nodes consistent with reactive lymph nodes. AI derm cytology of skin lesions shows mixed population of neutrophils (containing bacteria), eosinophils and macrophages.

Summary of Consultation

Dear Dr. Davies,

Thank you for using Zoetis Clinical Consultation Service! The clinical history and AI derm results are consistent with feline eosinophilic granuloma complex. The AI derm results also show evidence of secondary bacterial infection (neutrophils with intracellular cocci).

Eosinophilic granuloma complex is not a primary diagnosis in itself, but rather a response to an underlying allergic disease/hypersensitivity. Further diagnostic investigation is required to identify underlying causes such as flea allergy dermatitis, mosquito bite hypersensitivity, feline atopic skin syndrome and adverse food reaction. Eosinophilic granuloma complex lesions are commonly eroded or ulcerated, and therefore secondary bacterial infections are very common.

Considerations for Further Testing and Treatment

Treatment of the secondary bacterial infection: given that the bacteria were identified as cocci, an antibiotic with activity against gram positive organisms is recommended, such as cefalexin. For a cat of this weight, I would typically recommend a total dose of 70mg cefalexin PO BID for 21 days.

-Treat for ectoparasites: I recommend administering an isoxazoline ectoparasiticide to make sure that ectoparasites are not contributing to the pathogenesis.

-Diet trial: I would advise a strict hydrolyzed diet trial for 8 weeks. It is extremely important that a commercial hydrolyzed protein diet is fed as Sammy's exclusive diet during this time- any other dietary protein sources given during this time (e.g. treats, or access to any other type of cat food) will greatly impair the efficacy of this trial.

Once the diet has been fed for 8 weeks, the clinical response can be assessed. If Sammy's lesions have resolved, this positive response to the diet trial is consistent with a food allergy and the hydrolyzed diet should be continued long-term. If Sammy's lesions still persist, and he is still up to date on ectoparasiticide therapy, then we are very likely dealing with feline atopic skin syndrome.

For management of feline atopic skin syndrome, prednisolone is often used as a first line treatment. Usually I will start with 2 mg/kg/day of prednisolone for 5-7 days, then halve that dose daily for another 5-7 days, and then reduce to every other day dosing. I will continue to gradually taper the prednisolone dose each week with the aim to maintain Sammy on the lowest possible dose that will prevent the recurrence of lesions. Alternatively, cyclosporine can be used in cats as a first-line treatment for atopic dermatitis, or in cats that do not have a satisfactory response to prednisolone therapy. A starting dose of 7mg/kg/day is suggested. This dose should be continued until lesions resolve, and thereafter can be gradually tapered over a period of several weeks to the lowest possible dose that will prevent lesion recurrence.

Another consideration could be allergy immunotherapy, but I would typically try prednisolone or cyclosporine first. I hope this information helps- please feel free to request further advice if I can be of further assistance.

Further Resources

Thank you for your case submission to our Zoetis Clinical Consultation Service. If you would like to discuss this case further, please don't hesitate to book another consultation or request further email advice via ZoetisDx.

Regards,

Dr John Smith DVM, Diplomate ACVD

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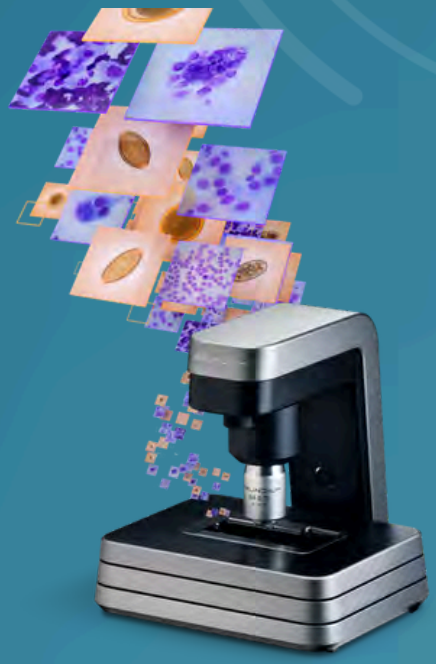

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