



LABORATORY TEST REPORT

Owner:

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Accession Number: A17-27077
Case Coordinator: Dan R. Rissi
Received: Feb 22, 2017
Finalized: Mar 01, 2017
Species: Canine
Breed: Doberman Pinscher
Sex: Male Neutered
Age: 8Y
Animal ID: 23282

Pathology

Necropsy - Companion & Exotic Animals

Gross Pathology

An 8 year old, 35.3 kg, male intact, Doberman Pinscher dog was received for necropsy. Postmortem autolysis was moderate. The nutritional status was good, with adequate subcutaneous and visceral adipose tissue stores (body condition score 3/5). There was a marked amount of loose, green to brown, fecal staining around the anus, perineum and ventral tail base. The lungs were diffusely atelectatic. The cervical vertebrae, intervertebral discs, and cervical spinal cord were all grossly within normal limits. The gastric serosa was mottled dark red, diffusely. The stomach was markedly distended with abundant, partially digested kibble and gas. The gastric mucosa was multifocally mottled red to purple, especially along the greater curvature. The small intestinal serosa was diffusely reddened, and segmentally mottled dark red to purple, and the small intestinal mucosa contained numerous, pinpoint red foci, that occasionally coalesced. The small intestines were diffusely, moderately gas-distended and contained scant, light green to tan, liquid ingesta. The cecum contained abundant, pasty, green to brown feces. The colon was distended with abundant, pasty to soft, light brown feces and gas. The prostate was bilaterally and symmetrically enlarged, and the parenchyma was smooth and tan on cut surface. The left testis contained a focal, 2 mm diameter, yellow, soft nodule. There were no additional significant gross findings.

Histopathology

Cervical spinal cord: There is multifocal, mucinous degeneration of the nerve roots within the sections of cervical cord.

Testis: There is a small, well-demarcated neoplasm in one section of testes that focally expands the testicular interstitium and trickles out between seminiferous tubules. The neoplasm is composed of polygonal cells arranged in cords and small clusters, and supported by a dense, fibrovascular stroma. Neoplastic cells have distinct cell borders, abundant, eosinophilic cytoplasm, and frequently one clear, round vacuole that peripheralizes a round to indented nucleus with finely stippled chromatin. Anisocytosis and anisokaryosis are mild. No mitoses are seen in ten, 400x HPFs. Seminiferous tubules surrounding the mass exhibit varying degrees of active spermatogenesis.

Prostate: Diffusely, the prostate is markedly hyperplastic, being composed of numerous, bilaterally symmetrical, well-differentiated glands. There is a small, mild focus of lymphoplasmacytic and histiocytic inflammation at the periphery of one section, with few hemosiderin-laden macrophages.

Lungs: There is a locally extensive accumulation of intraalveolar edema. Small aggregates of macrophages containing black pigment (suspect anthracosis), as well as fewer lymphocytes and plasma cells surround small airways, frequently.

Pathology

Necropsy - Companion & Exotic Animals

Histopathology

Stomach: There is marked autolysis of the mucosa, although the surface epithelium appears to be intact. There are few lymphocytic inflammatory nodules within the deep mucosa.

Small and large intestines: Severe autolysis throughout the intestines precludes detailed examination of the tissues. There is no obvious evidence of an infectious or neoplastic process in the examined sections, although there is lack of architectural detail.

The following tissues were histologically unremarkable: brain, bone marrow, lymph nodes, heart, liver, kidney, pancreas, and spleen.

Diagnosis

- 1) Cervical spinal cord: Mucinous axonal degeneration, multifocal, mild, chronic.
- 2) Stomach: Gastritis, lymphocytic, multifocal, mild.
- 3) Testis: Sertoli cell tumor, unilateral.
- 4) Prostate: Hyperplasia, diffuse, chronic, marked.

Comments

A definitive cause of vomiting and diarrhea remains undetermined in this case. Although the stomach and small intestines were grossly reddened, severe postmortem autolysis of the gastrointestinal tract precludes detailed examination of the vast majority of the tissues. There was multifocal gastritis, although this finding is non-specific and could actually be a response to vomiting, rather than the cause. Other potential causes for lymphoplasmacytic gastritis include chronic irritation, autoimmune disease, or bacterial infection. There were no microorganisms evident on the routine stain, so a bacterial infection is considered unlikely. There were no foreign bodies present within the gastrointestinal tract and there were no parasites detected.

There was mild axonal degeneration within the cervical nerve roots, which may be related to the reported neck pain, for which this dog was being treated. This type of degeneration may be the result of nerve impingement or compression, although the intervertebral discs were grossly within normal limits and there was no obvious instability along the cervical vertebral column.

Remaining changes were considered incidental.

Reported By

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Reported By

Dan R. Rissi, DVM, MS, PhD, DACVP
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Viology

Fluorescent Antibody Test

Animal ID	FA	Specimen Desc	FA Result
23282	CANINE PARVOVIRUS	Intestines, Small	Negative

Reported By

Jillian Fishburn
Laboratory Manager II

Virology

Test Interpretation

The fluorescent antibody (FA) test is a fast procedure that may occasionally yield false-positive and false-negative results. FA test results should be interpreted in conjunction with histologic findings and other ancillary test results.

Results authorized by Dr. Jeremiah Saliki, Section Head.