

IDEXX VetConnect 1-888-433-9987

Client: NEFF
Patient: BOPPY
Species: CANINE
Breed:
Gender: MALE
Age: 0Y

Date: 06/02/2018
Requisition #: 82
Accession #: 4601354744
Ordered by: JAYNE

WYNNE ANIMAL RESCUE SHELTER
 1878R HWY 64 SPUR
 WYNNE, Arkansas 72396
 870-238-9663

Account #90478

BIOPSY SLIDE CONSULT 8

| Test | Result |
|--------------------|---|
| PATHOLOGIST REPORT | <p>SOURCE/HISTORY: Seizures for 6+ hours resulting in death during a distance sled dog race.</p> <p>MICROSCOPIC DESCRIPTION: Sections of brain are examined. No histologic lesions are identified.</p> <p>Sections of stomach are examined. There is a focal ulcer lined with small numbers of degenerate neutrophils and cellular debris. Small aggregates of degenerate neutrophils are located in the deep lamina propria small amounts of mature fibrous connective tissue is identified.</p> <p>Section of lung is examined. Small amounts of anthracosis is identified surrounding small airways and occasionally within alveoli. Mild to moderate congestion of interstitial capillaries is identified. The larger airways contain small to moderate amounts of eosinophilic globular material and plant material with mixed bacteria consistent with aspiration of gastric contents. There is a small focal area of neutrophilic inflammation within the alveoli admixed with mixed bacteria as well as rare aspirated material.</p> <p>Sections of small intestine are examined. Expanding the lamina propria are small to moderate aggregates of lymphocytes and plasma cells that mildly elevates the deep crypts. Mild edema and minimal connective tissue is identified.</p> <p>Section of pancreas is examined. No histologic lesions are identified.</p> <p>Sections of heart are examined. No histologic lesions are identified.</p> <p>Section of lymph node is examined. The medullary sinuses are expanded with increased number of macrophages and plasma cells with occasional small lymphocytes.</p> <p>Sections of spleen are examined. No histologic lesions are identified.</p> <p>Section of liver is examined. No histologic lesions are identified.</p> <p>Sections of skeletal muscle are examined. Expanding the intermysial space are occasional small multifocal aggregates of macrophages and lymphocytes. There is artifactual separation of myofibers most likely from postmortem change.</p> <p>Sections of adrenal gland are examined. No histologic lesions are identified.</p> <p>Sections of kidney are examined. There is diffuse and minimal to mild hypercellularity an increased basement membrane thickening within the glomeruli. Rare aggregates of protein are identified within the distal tubules.</p> <p>MICROSCOPIC INTERPRETATION: Brain: Normal</p> <p>STOMACH: Ulceration, focal, subacute to chronic with mild neutrophilic inflammation</p> <p>Lung: Anthracosis, mild to moderate, diffuse with aspirated gastric contents and mild neutrophilic inflammation</p> <p>Small intestine: Enteritis, lymphoplasmacytic, mild to moderate, diffuse, chronic</p> |

Pancreas: Normal

HEART: Normal

Lymph node: Medullary histiocytosis and plasmacytosis, mild to moderate

Spleen: Normal

Liver: Normal

Skeletal muscle: Myositis, lymphohistiocytic, minimal to mild, multifocal, chronic

Adrenal gland: Normal

Kidney: Glomerulopathy, membranoproliferative, minimal to mild, diffuse, chronic with minimal proteinuria

COMMENTS:

No lesions were identified in the brain sections to explain the clinical seizures identified. There is evidence of anthracosis in the lungs consistent with previous exposure to smoke. The aspirated material within the airways are likely an agonal process. The chronic infiltrates in the small intestine are suggestive of a mild to moderate inflammatory bowel disease like lesion. The changes in the lymph node are likely a reactive change from increased antigenic stimulation to the lymph node from regional or systemic inflammation. The changes in the skeletal muscle are quite mild with no evidence of myonecrosis. These changes are quite chronic and not considered clinically significant. The glomerular changes in the kidney are also quite mild and likely not associated with significant renal insufficiency.

PATHOLOGIST:

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Thank you for submitting your pathology sample to our service. If you have any questions regarding this case, do not hesitate to contact us directly at the number(s) listed above

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| Test | Result |
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