

Case Number: 2748593 GROSS REPORT

Fax Print

DIAGNOSTIC CENTER FOR
POPULATION AND ANIMAL HEALTH
P.O. Box 30076
Lansing, MI 48909-7576
Phone (517) 353-5275



Received : 04/23/03
Pathologist: HS
Case Origin: NECROPSY

CHADWICK, VALERIE
VTH SMALL ANIMAL CLINIC
198 VETERINARY TEACHING HOSPITAL
UNIV. ACCT. #21-3020
CAMPUS MI 48824

ROSICK, LINDA

Anim. #: 1 Name: ICE Age: 9y 3m Clinic ID: 651355
Breed: GERMAN SHEPHERD DOG Sex: FEMALE SPAYED

HISTORY : According to the history provided, the owner would like histopathology and culture of cerebrospinal fluid to rule out degenerative myelopathy, spinal stenosis, or an infectious disease.

SPECIMEN: CARCASS

SP. CORD REMOVAL <200 LB

The body weighed 95 pounds and was in nutritional and postmortem condition. The mucous membranes were pink to pale purple. The tips of all incisors and canines were worn. There was mild dental tartar on all molars. There was urine staining of the ventral tail vulvar area and medial aspects of the hind limbs. The dorsal aspects of the toe nails and digits of the hind limbs were abraded. There was ample subcutaneous, pericardial, perirenal, and intra-abdominal adipose tissue. The lung lobes were mottled pink to dark red, with multiple firm nodules noted throughout all lung lobes. There was mild thickening and fibrosis of both right and left atrioventricular valve leaflets. The gall bladder was mildly distended with approximately 15 ml of brown fluid, and numerous, small, firm granules. The pancreas was diffusely reddened with multiple pinpoint black foci on the pancreatic surface. There was moderate segmental dark red to purple discoloration of the duodenal and jejunal mucosa. The jejunum had multiple clumps of undigested fur within the lumen. The distal ileum and proximal colon had numerous, 1-3 cm round foci of mucosal reddening. The spinal cord at the area of L3 was soft in consistency. There was a small 2 mm x 5 mm linear raised projection into the spinal canal at both L3-L4 and L4-L5.

GROSS DIAGNOSIS

1. Mild to moderate segmental gastroenteritis, typhlitis, and colitis.
2. Spinal cord: moderate focal lumbar myelomalacia.

Comments: The softening of the spinal cord in the lumbar region may be a true lesion, or may be due to the process of removing the cord itself. Cardiac changes are consistent with a geriatric animal.

As of April 25, 2003, tests are pending in the laboratory sections checked below:

<input checked="" type="checkbox"/> Bacteriology	Virology/Serology	Nutrition
Toxicology	<input checked="" type="checkbox"/> Histopathology	Clinical Pathology
Parasitology	Other	

LABORATORY FINDINGS

BACTERIOLOGY RESULTS AND COMMENTS

SPECIMEN: CEREBROSPINAL FLUID

BACTERIOLOGY CULTURE

No Growth of Aerobic Bacteria
No Growth of Anaerobic Bacteria

SPECIMEN: BRAIN (STEM)

BACTERIOLOGY CULTURE

No bacterial growth

SPECIMEN: FIXED TISSUES

HISTOPATHOLOGIC EXAMINATION

Sections of lumbar spinal cord had mild, scattered, degenerative changes. There was mild gliosis around swollen hypereosinophilic neurons. Scattered neurons had perinuclear lipofuscinosis. There was fracture and loss of myelin around scattered, swollen axons. Thoracic sections of spinal cord had mild Wallerian degeneration with a single digestion chamber. Sections of heart had numerous subintimal plaques within coronary vessels causing luminal narrowing. There was multifocal mineralization of the pulmonary parenchyma and pulmonary pleura. Sections of spleen had a single, large siderotic plaque, which was characterized by mineralization, hematoidin, hemosiderin and fibrosis. The pancreas had a single, large focus of fibrosis surrounding pancreatic ducts. There were no significant histologic lesions in sections of cerebrum, cerebellum, brain stem, cervical spinal cord, liver, kidney, adrenal gland, small and large intestine, stomach or esophagus.

CONCLUSION

- 1. Spleen: Siderotic plaque.
- 2. Heart: Subintimal vascular plaques.

COMMENTS:

The mild scattered degenerative changes within the spinal cord are not extensive enough to support a specific diagnosis of degenerative myelopathy. These changes are more likely age related as are the changes within the spleen and heart. Culture of the cerebrospinal fluid was negative for aerobic and anaerobic bacteria.

Heather Simmons
Instructor/Resident (517) 353-5275

Matti Kiupel
Pathologist (517) 353-5275

sjr/mah

***** CLIENT NEWS *****

A revised fee schedule will go into effect on April 26, 2003. You will receive a copy of the Fee Schedule Revisions with your monthly statement. Revisions include price changes and additions to fee schedule dated April 15, 2001. The revised schedule is not a complete listing of tests offered, but only a list of changes. Please keep the schedule dated April 15, 2001 as a reference. If you have not received the Fee Schedule Revisions prior to April 26, 2003, please contact the lab at (517) 353 1683 to request a copy.

** Denotes Additional Test Results*
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