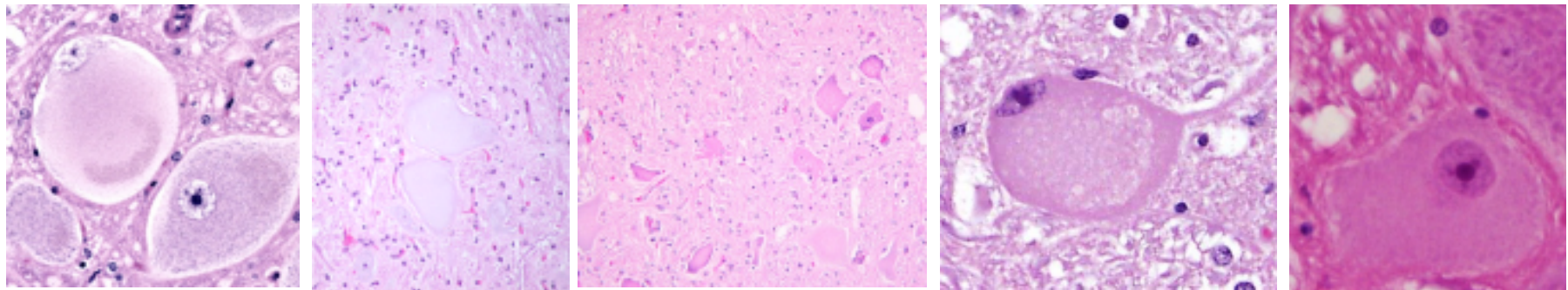


# Macroscopic examination and CNS sampling for histology



SFE Scholes BVM&S PhD MRCVS DipIECVP FRCPath

# Macroscopic examination

External and cut surfaces:

Anatomy, relative proportions (dimensions/weight), symmetry, discolouration, altered consistency / softening

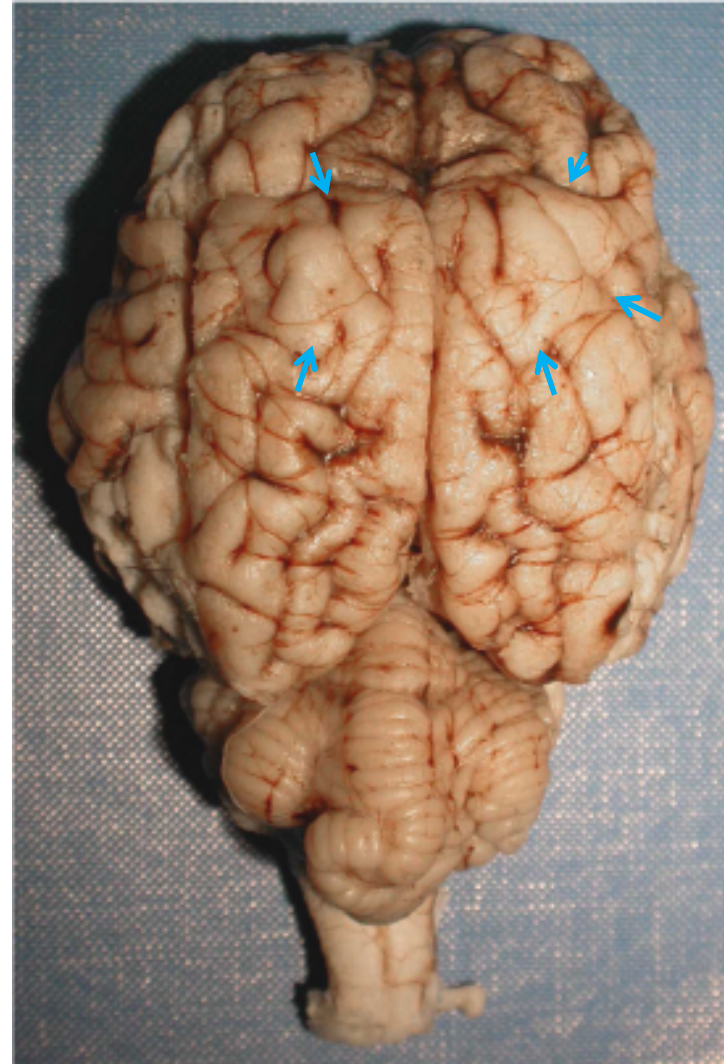
- Meningeal vasculature
- Cerebral gyri
- Evidence of tentorial herniation / midbrain compression? (see ppt on cerebral oedema)
- Evidence of cerebellar herniation? (see ppt on cerebral oedema)
- Ventricular system

# Flattening of cerebral gyri



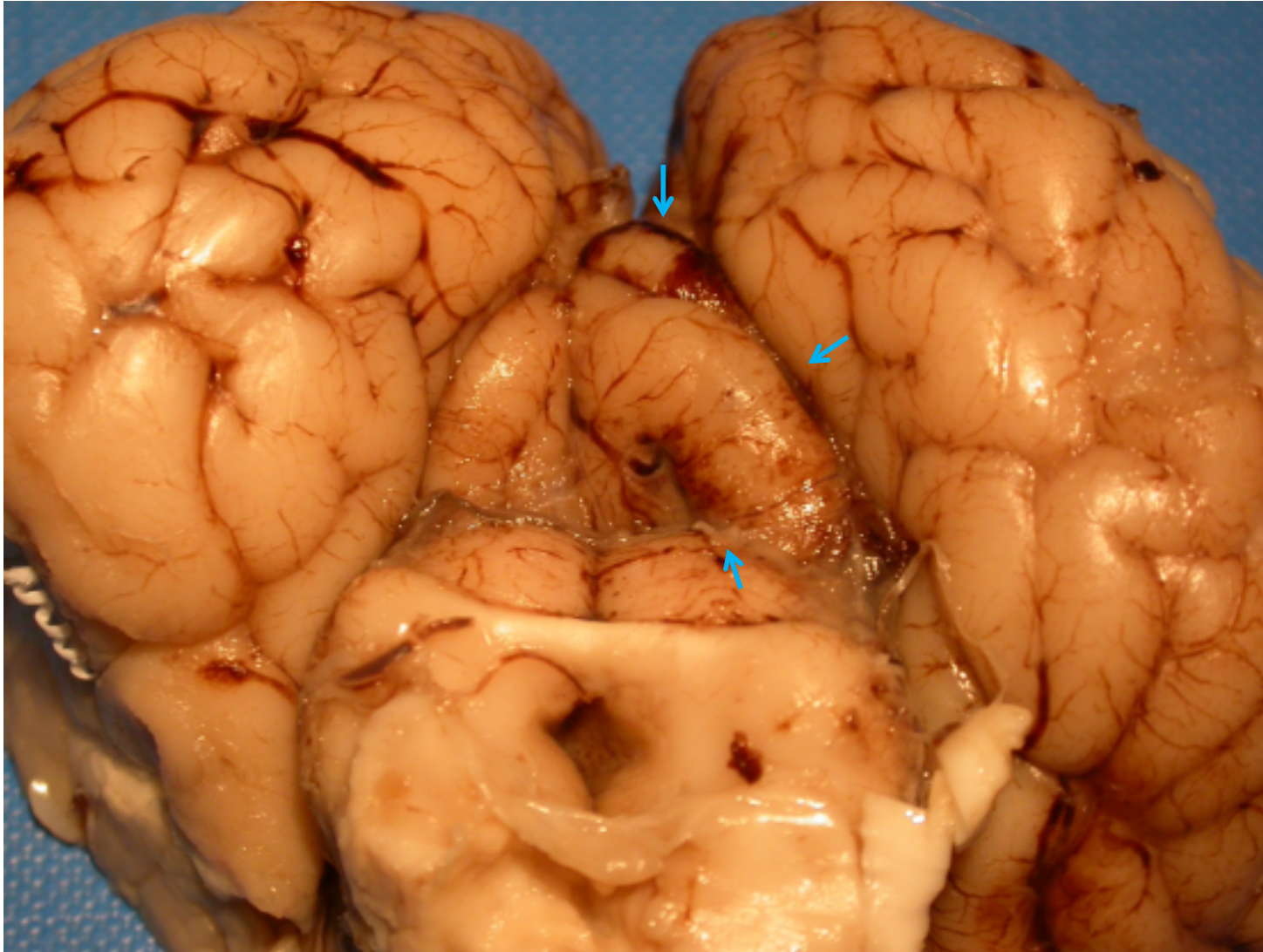
Flattening and swelling of gyri, right (arrows), sheep, cerebrocortical necrosis.

Normal brain (left) for comparison



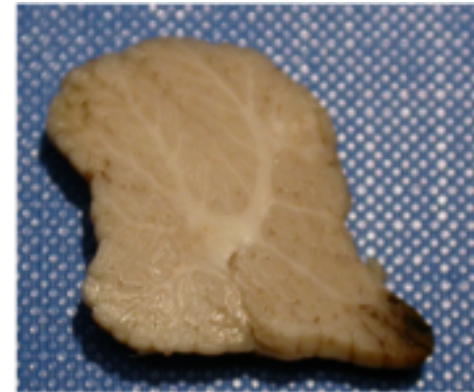
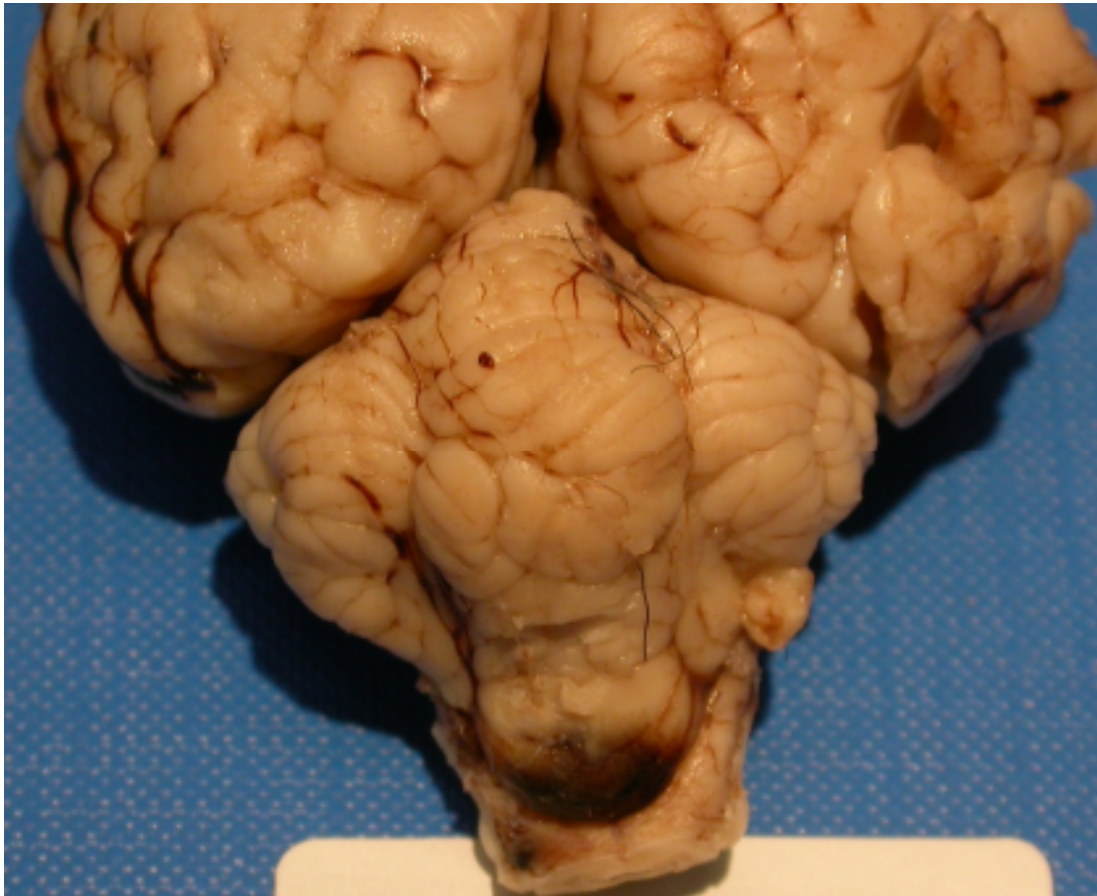


## Tentorial herniation



Disbudding injury, calf, right cerebral hemisphere. Note congestion and haemorrhage in herniated portion of cortex (arrows)

Cerebellar herniation (see also ppt on cerebral oedema)





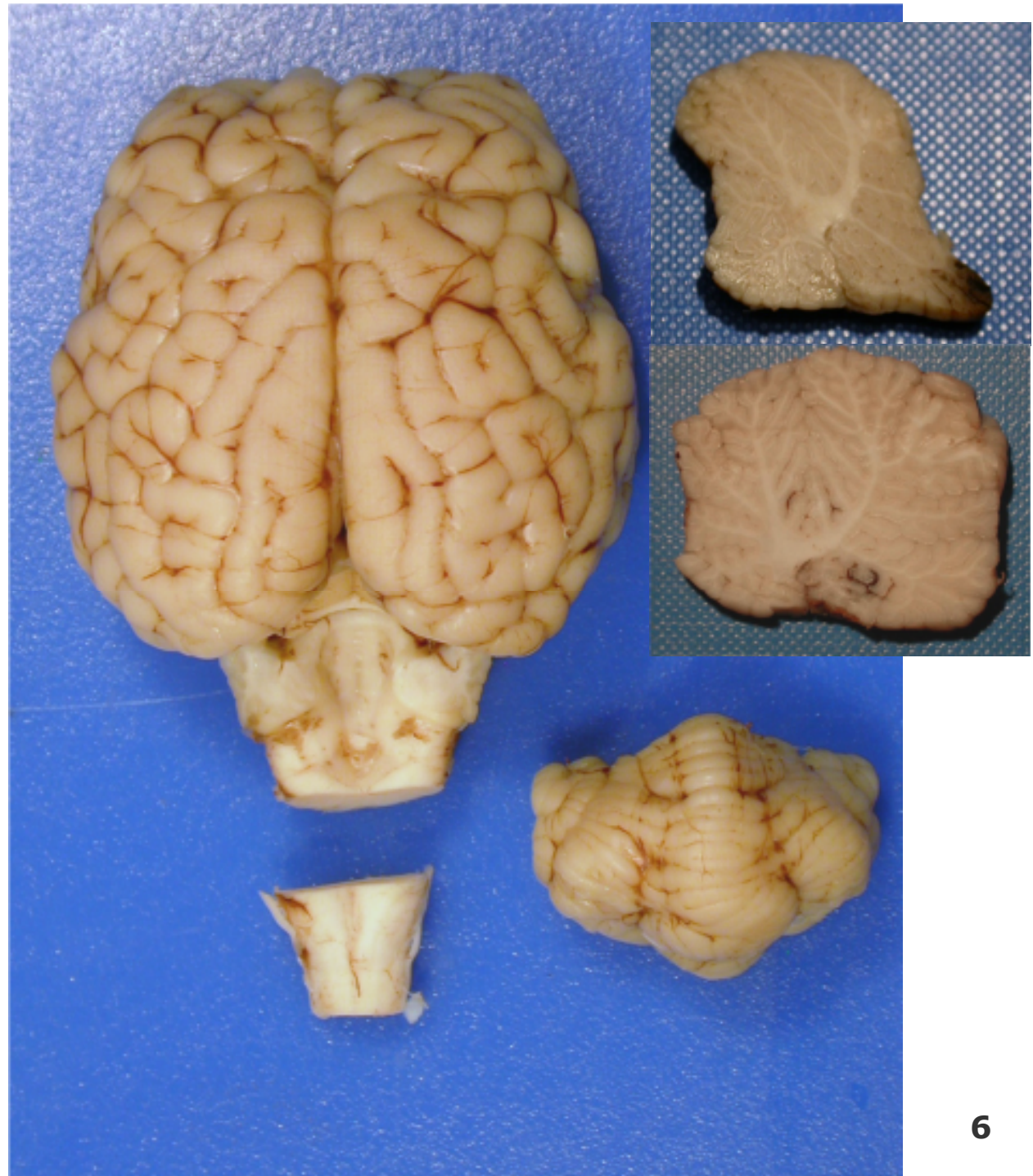
## Transect

- cerebellar peduncles (at slight angle upwards from ventrolateral to dorsomedial angle)
- caudal aspect of obex

## Weigh

- whole brain
- cerebellum

Cerebellar: whole brain ratio (postnatal):  
Sheep : 10-12%  
Cattle : 9-10%



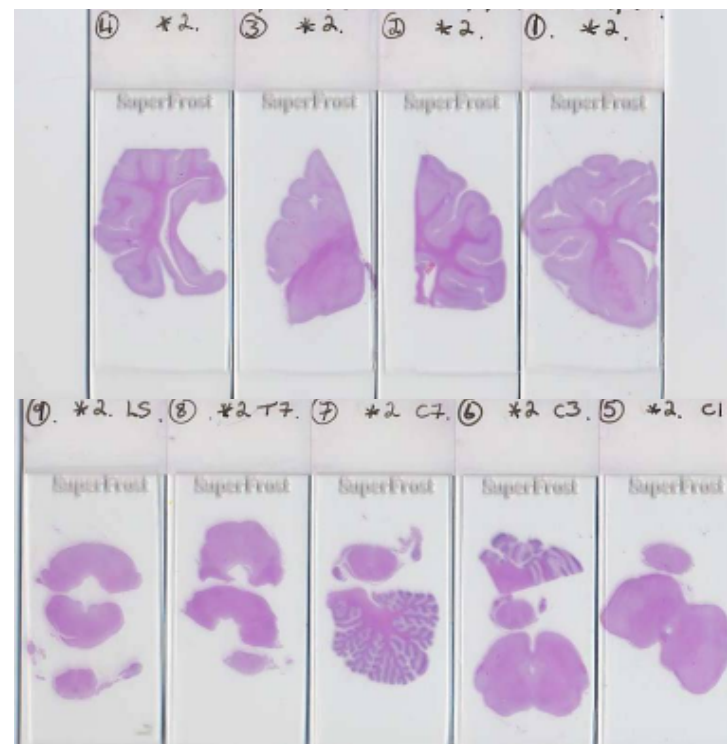
# Standardised sampling procedure

## Advantages

- Ensures all main areas examined routinely
- Same sites available for each case
  - Case comparison
  - 'Normal' age etc matched tissues available for comparison
- Ideally everyone in the lab uses same sites...

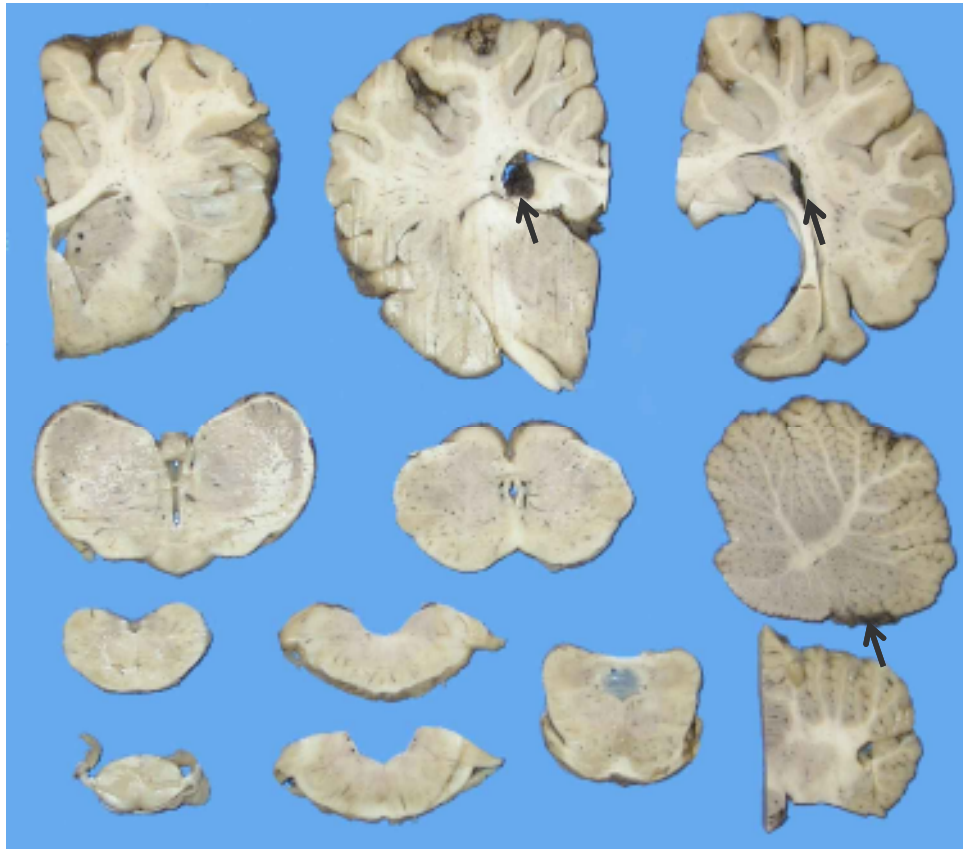
## Disadvantages

- Cost, time (?)
- Perhaps have a 'two tier' system depending on history



## Systematic approach to sampling :

- Whole brain and cerebellar weights
- Standardised sections of major areas of neuraxis



### *Coronal sections*

- 1 Frontal CC: ansate sulcus (RIGHT)
- 2 Parietal CC / rostral thalamus: optic tract (LEFT)
- 3 Occipital CC / hippocampus: posterior aspect corpus callosum (RIGHT)
- 4 Caudal thalamus: lateral geniculate
- 5 Rostral midbrain: medial geniculate
- 6 Caudal midbrain: caudal colliculus
- 7 Cerebellum hemisphere centre roof
- 8 Rostral medulla : rostral aspect trapezoid body
- 9 Rostral medulla : caudal aspect trapezoid body
- 10 Caudal medulla: obex
- 11 'Spinal cord' rostral C1

### *Sagittal sections*

- 12 Cerebellum vermis midline

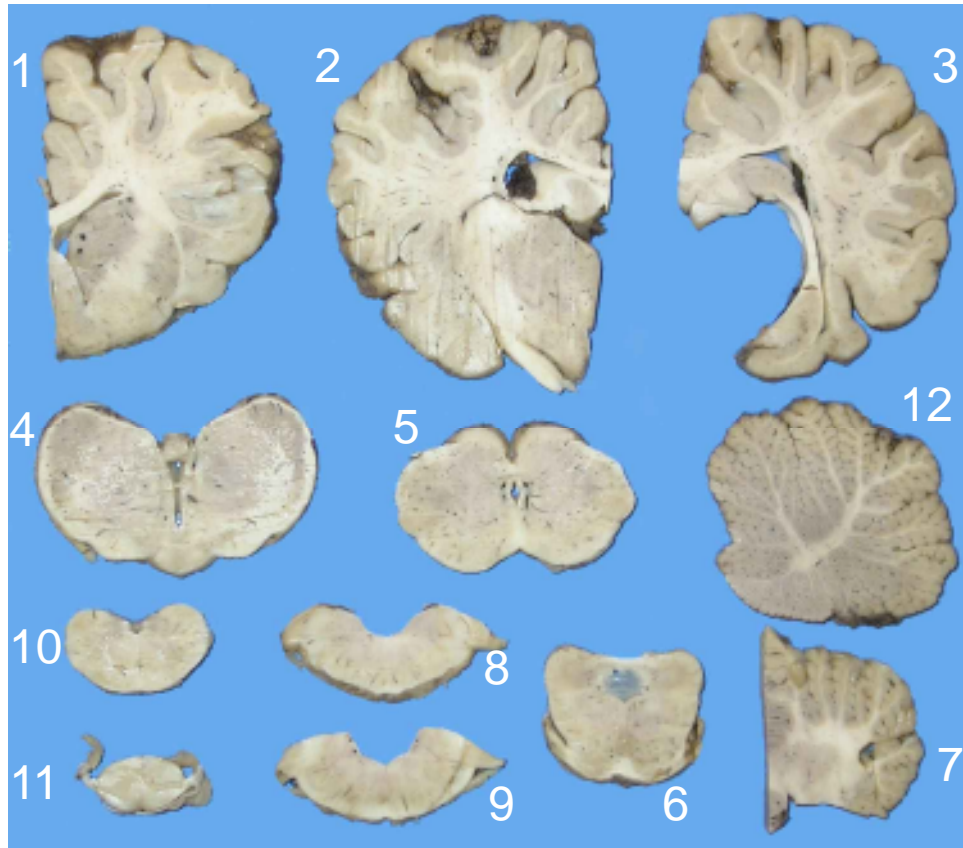
### *Note*

Include choroid plexus (arrows)



## Systematic approach to sampling :

- Whole brain and cerebellar weights
- Standardised sections of major areas of neuraxis



### *Coronal sections*

1 Frontal CC: ansate sulcus (RIGHT)

2 Parietal CC / rostral thalamus: optic tract (LEFT)

3 Occipital CC / hippocampus: posterior aspect corpus callosum (RIGHT)

4 Caudal thalamus: lateral geniculate

5 Rostral midbrain: medial geniculate

6 Caudal midbrain: caudal colliculus

7 Cerebellum hemisphere centre roof

8 Rostral medulla : rostral aspect trapezoid body

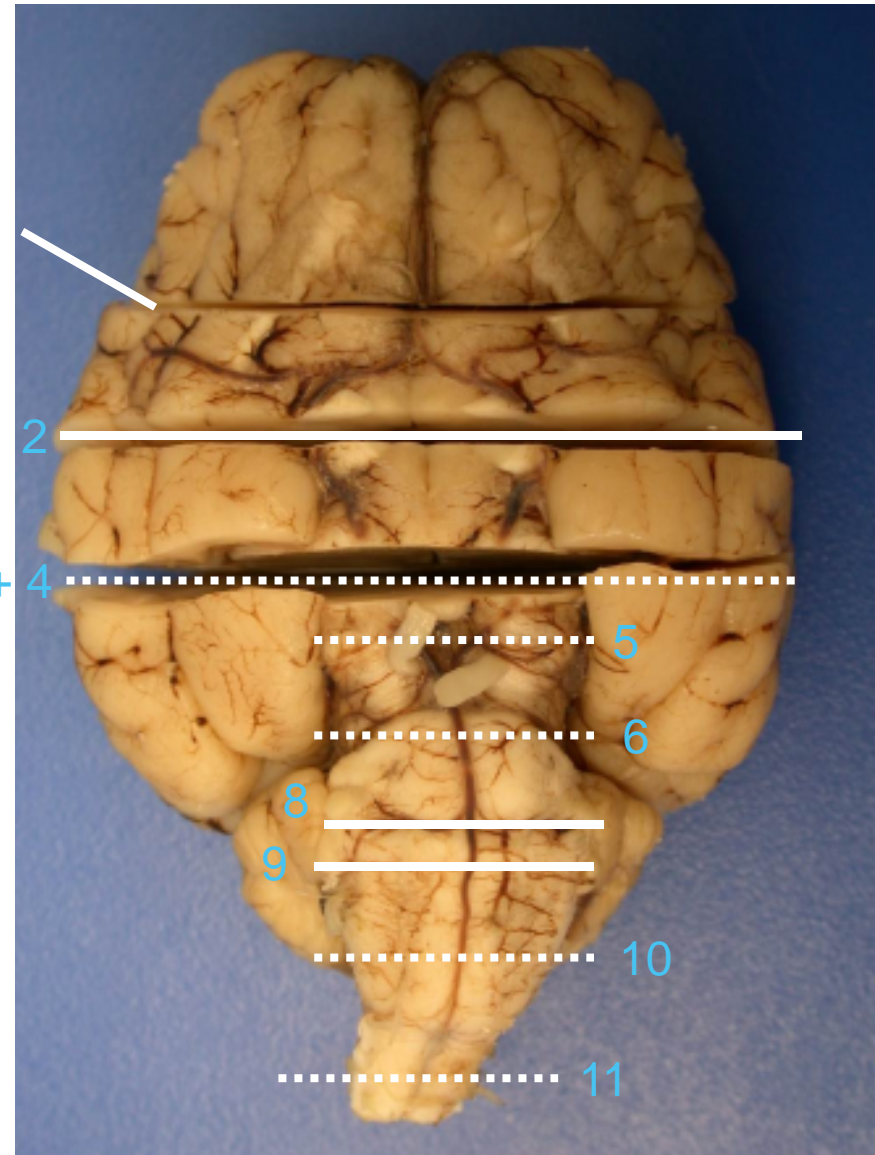
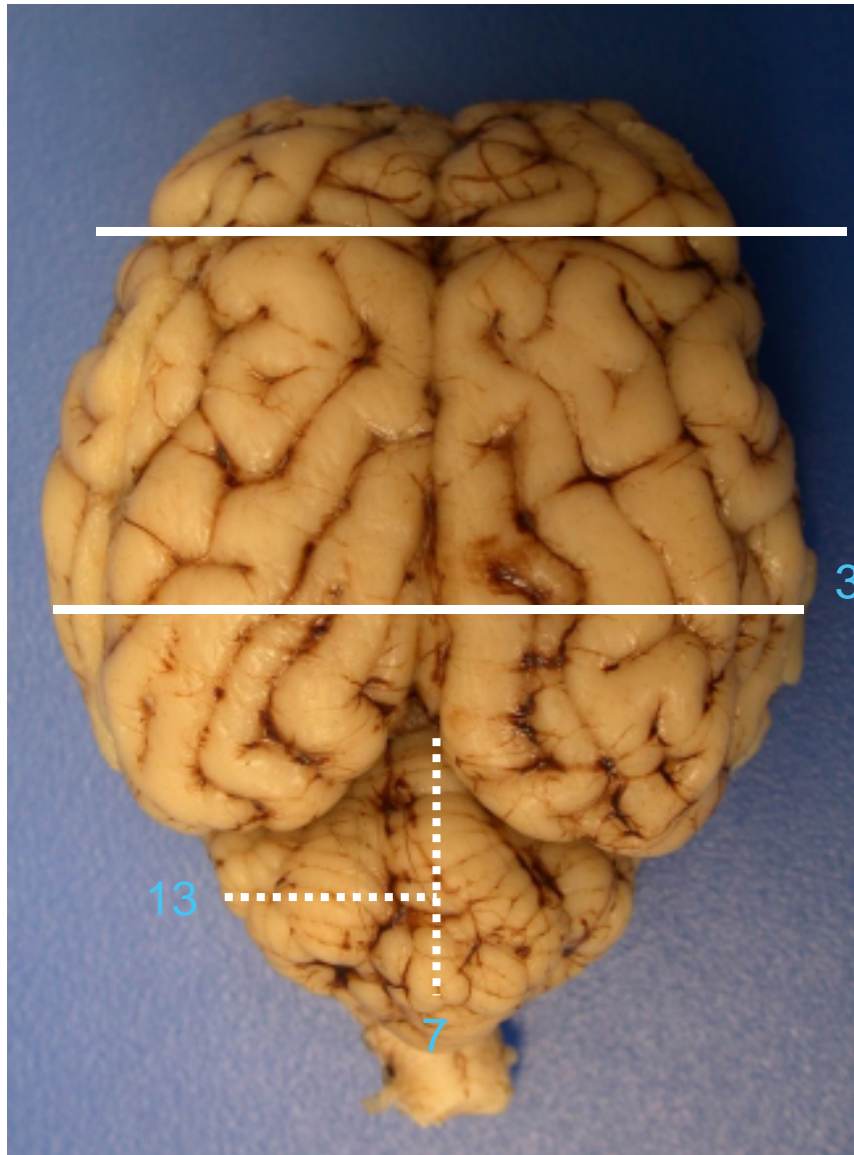
9 Rostral medulla : caudal aspect trapezoid body

10 Caudal medulla: obex

11 'Spinal cord' rostral C1

### *Sagittal sections*

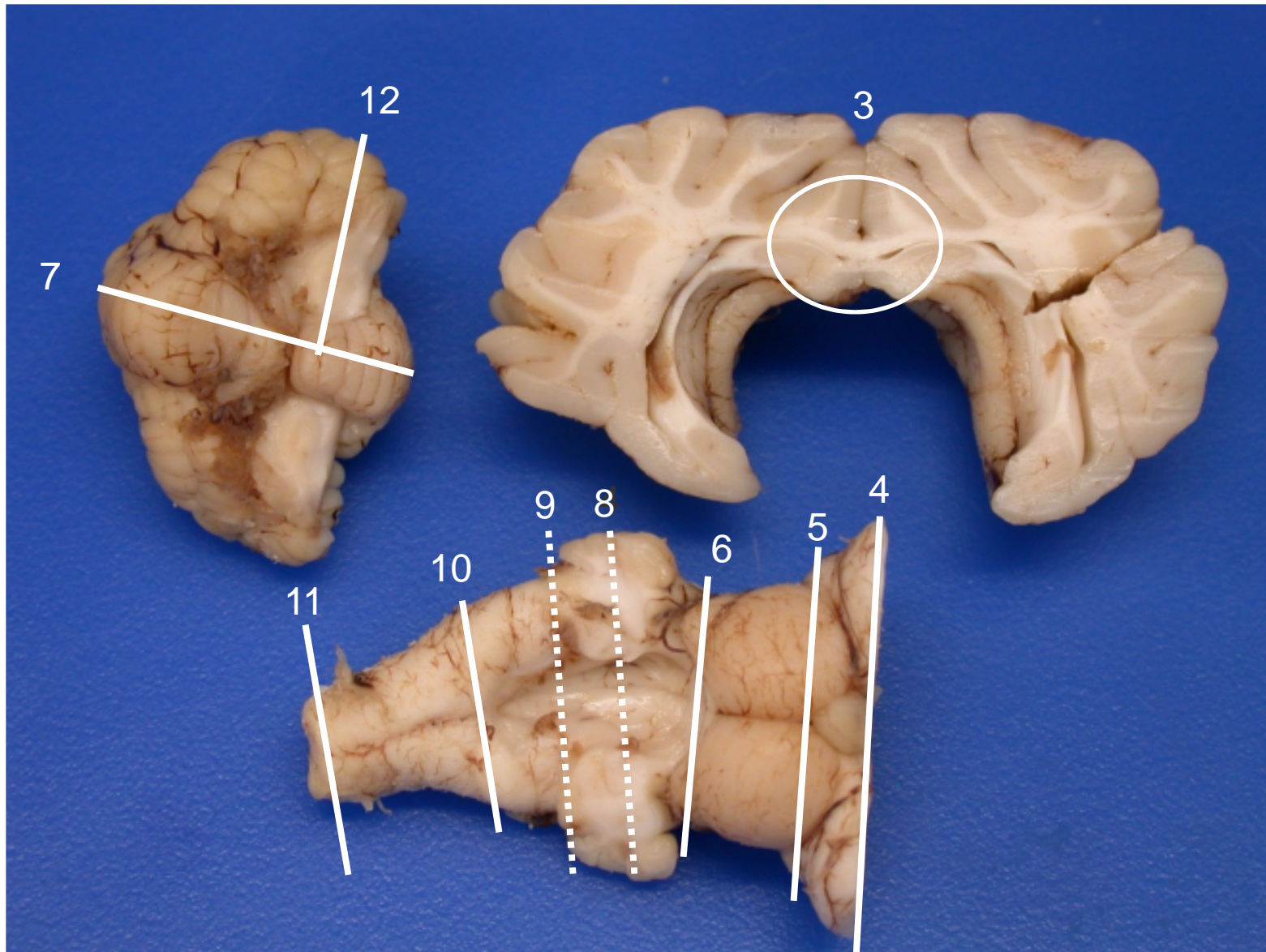
12 Cerebellum vermis midline



Solid lines – samples best selected from that aspect

Dotted lines – samples best selected from other aspect (next image) **10**









## Spinal cord

Preliminary samples, unless clinical history suggests lesion site

Transverse sections

C1 (from medulla)

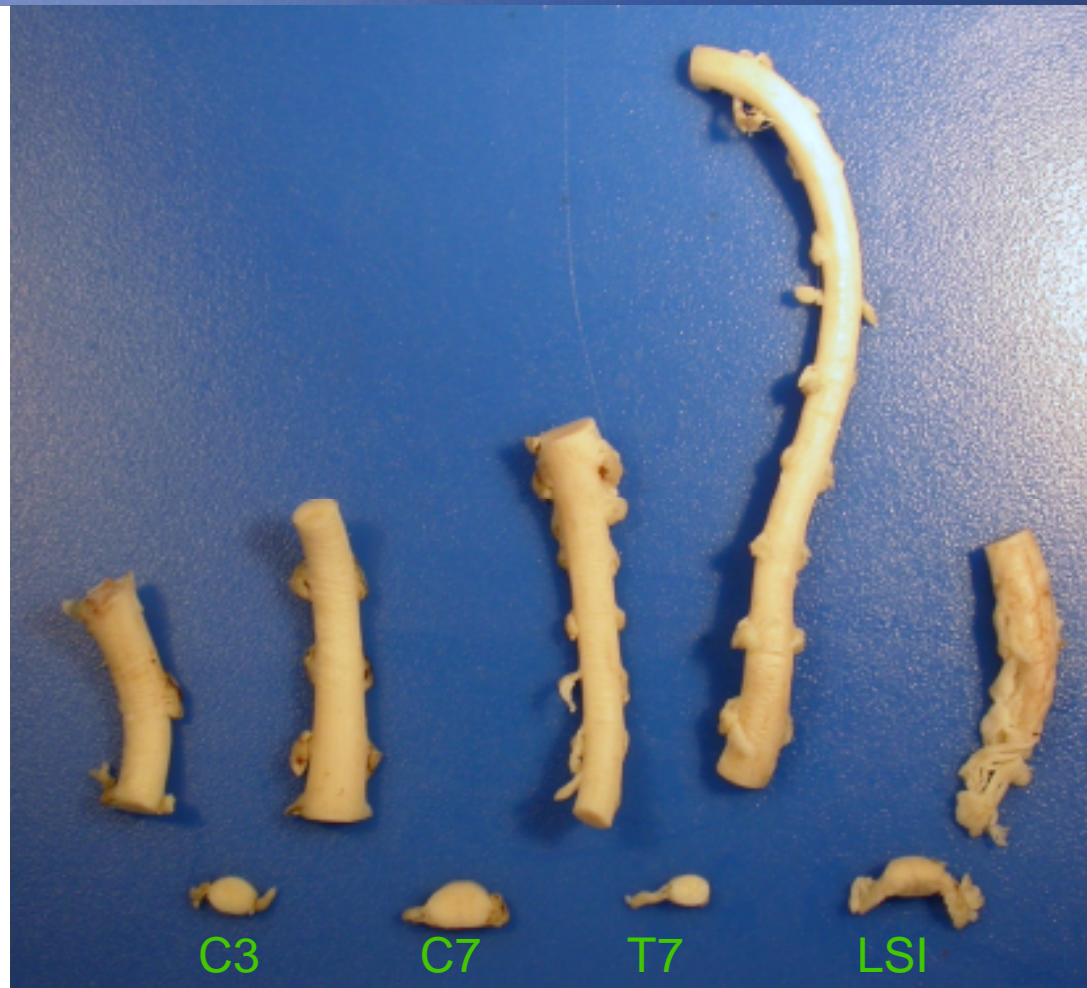
C3

C7

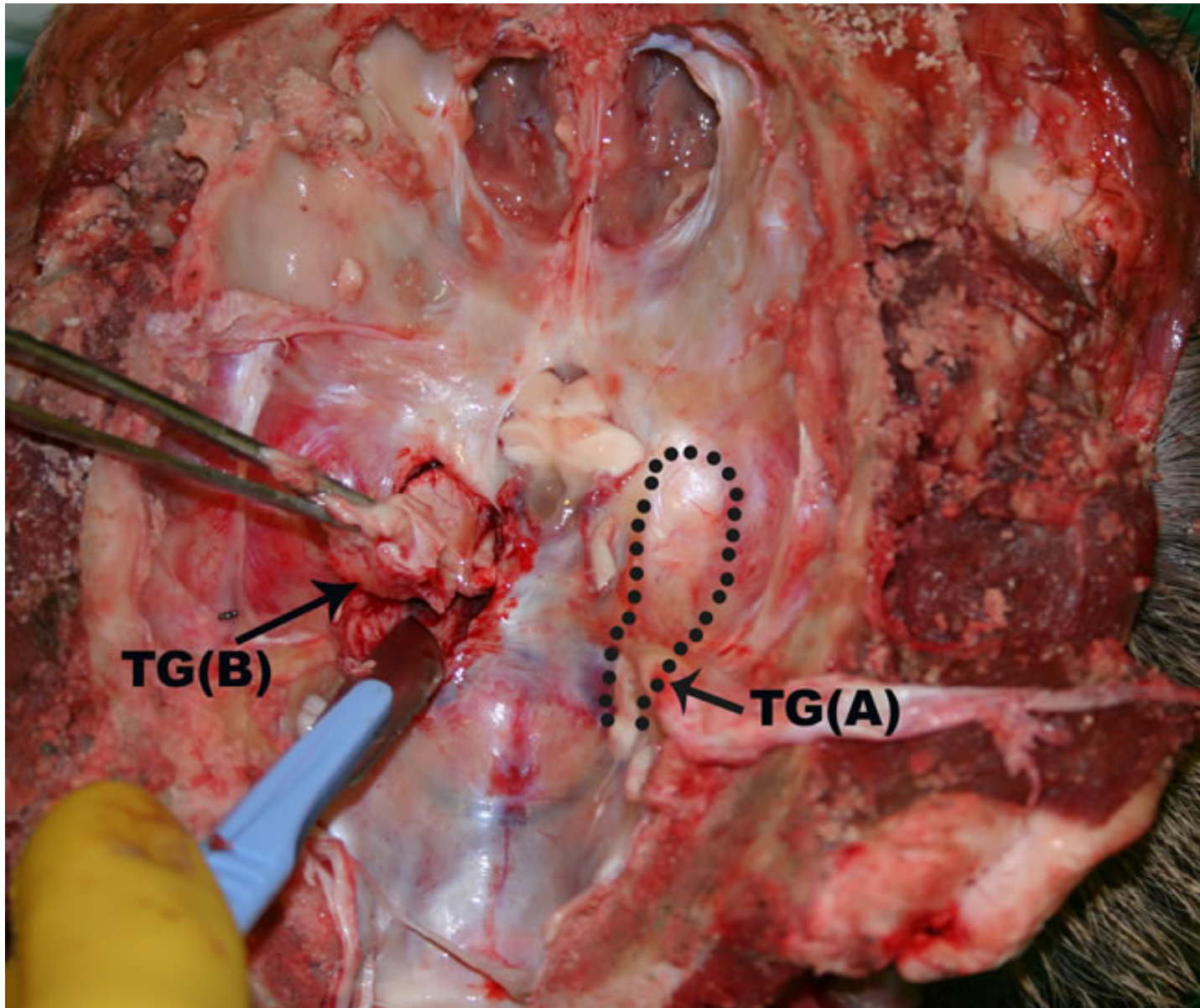
T7

lumbosacral

NOTE that the remaining segments can be easily distinguished and re-oriented for further sampling if required



# Trigeminal ganglion sampling



# **Retain frozen tissue Particularly if infectious or toxic aetiology suspected**

Ensure appropriate safety precautions are observed

Possible samples

- Rostral cerebral cortex (after weighing brain, or weigh sample)
- Cerebellar hemisphere (after weighing brain, or weigh sample)
- Trigeminal ganglion
- Cervical spinal cord