

Master Class

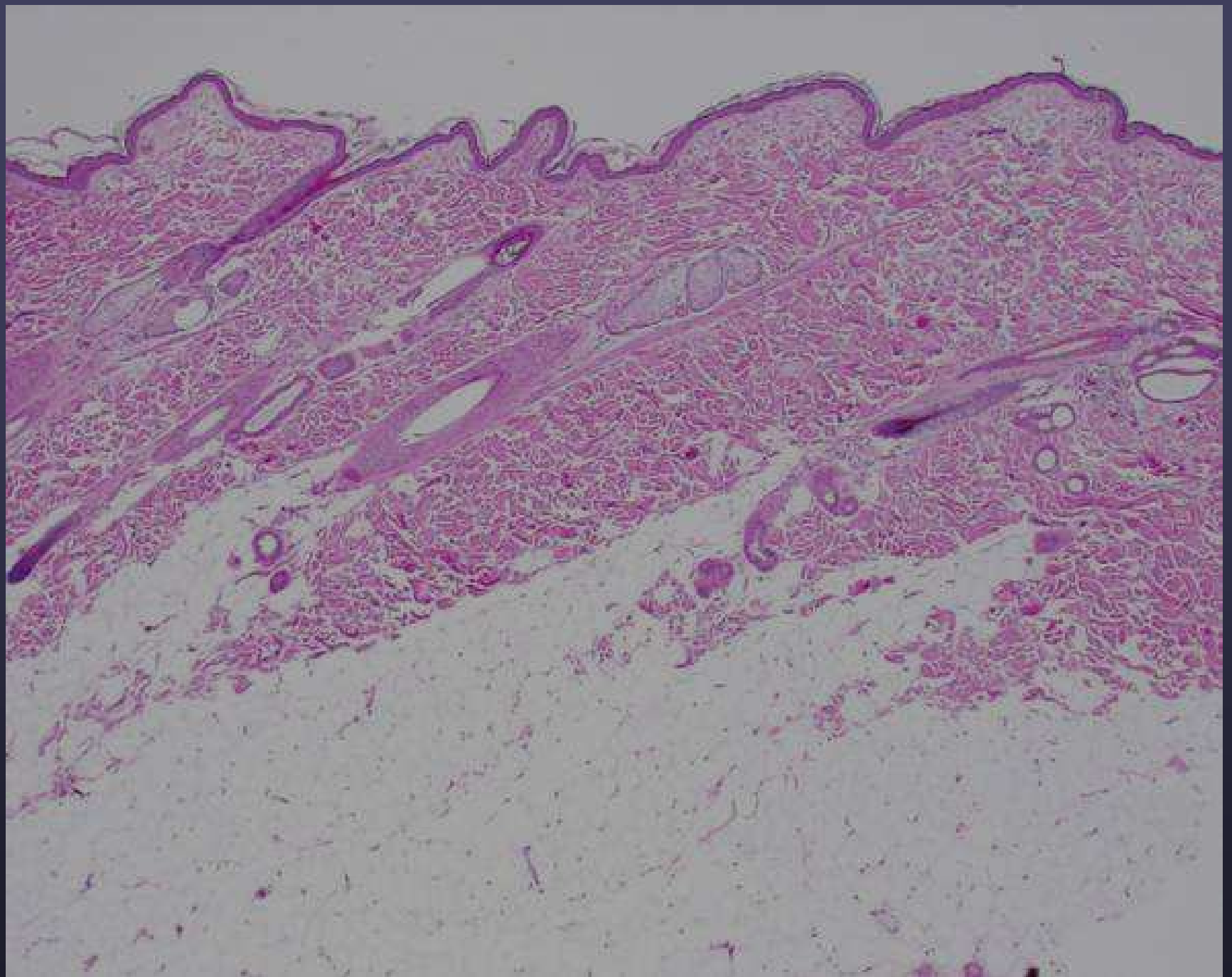
March 20, 2007

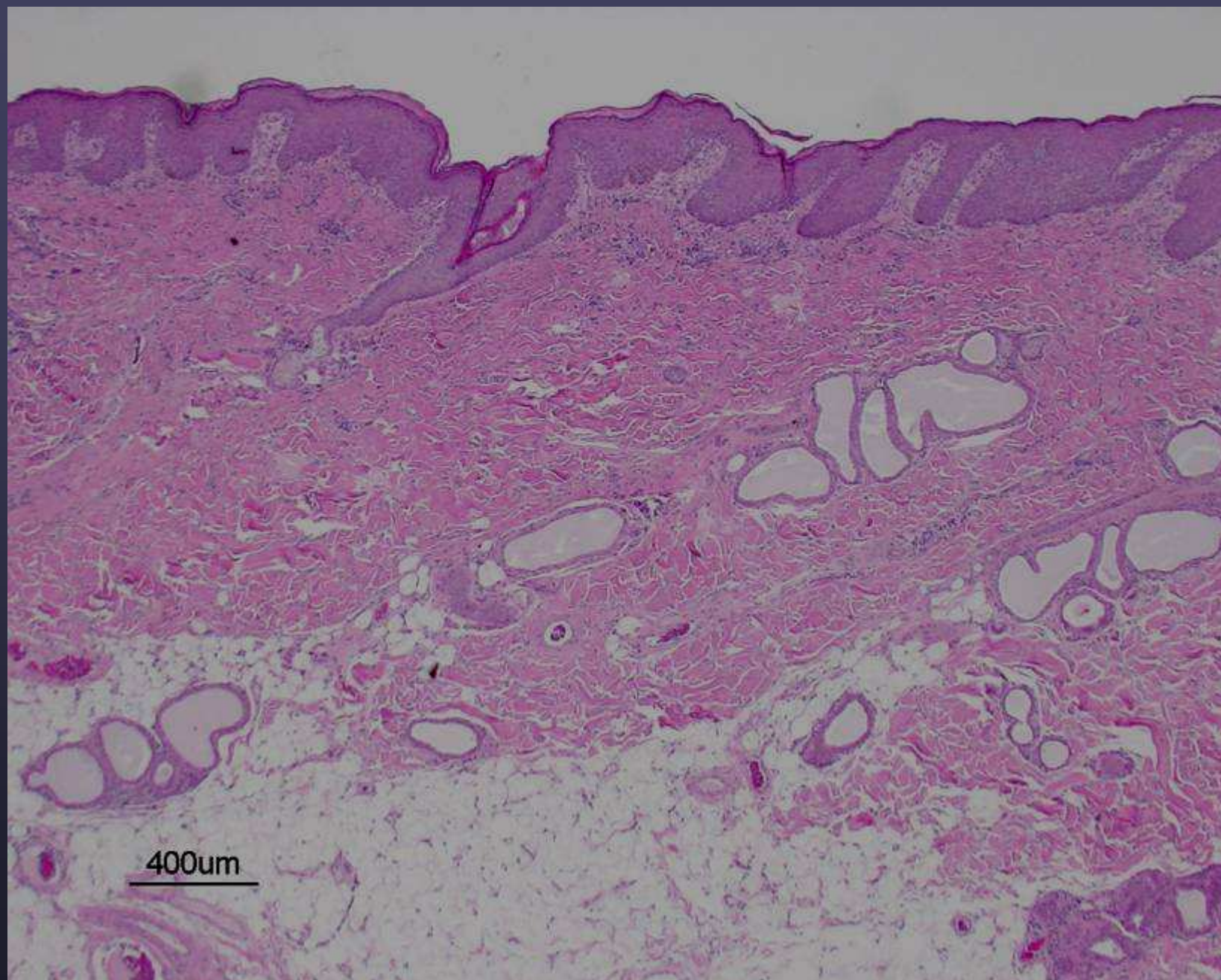
Average daily skin biopsy palate

- Species
- Site
- Pattern
- Morphologic diagnosis
- Clinical presentation
- Significance

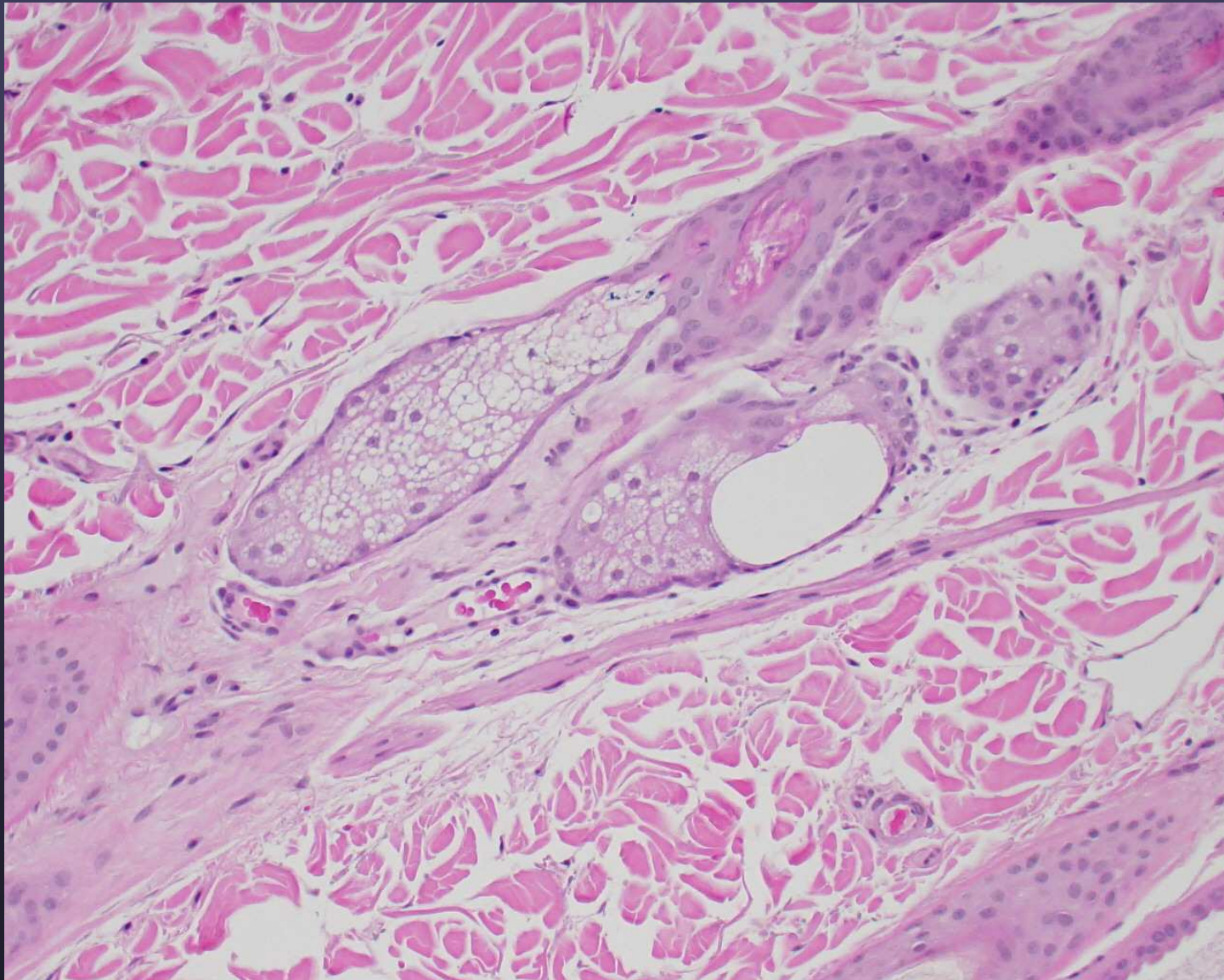
Case 1

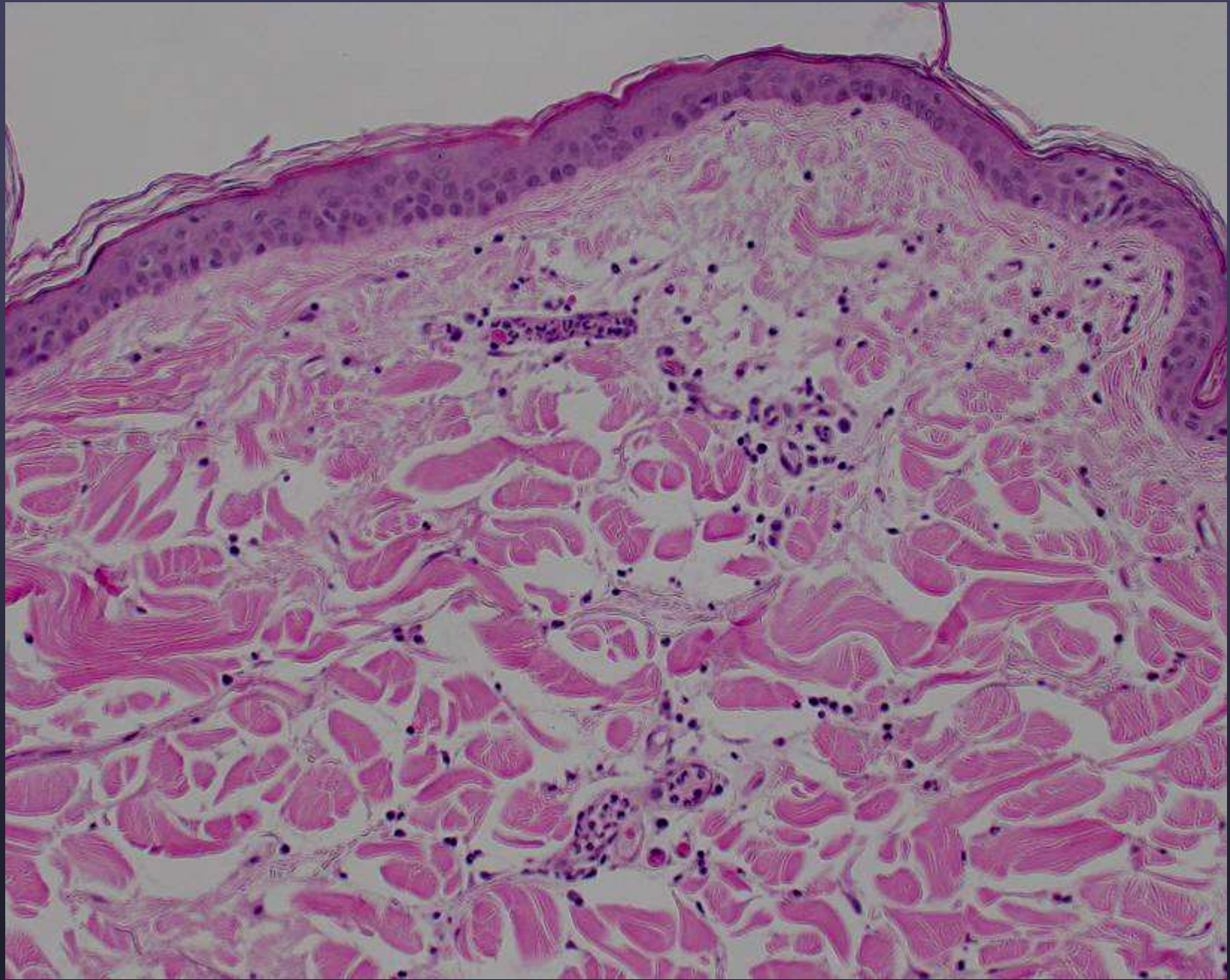
Two 6-mm punches

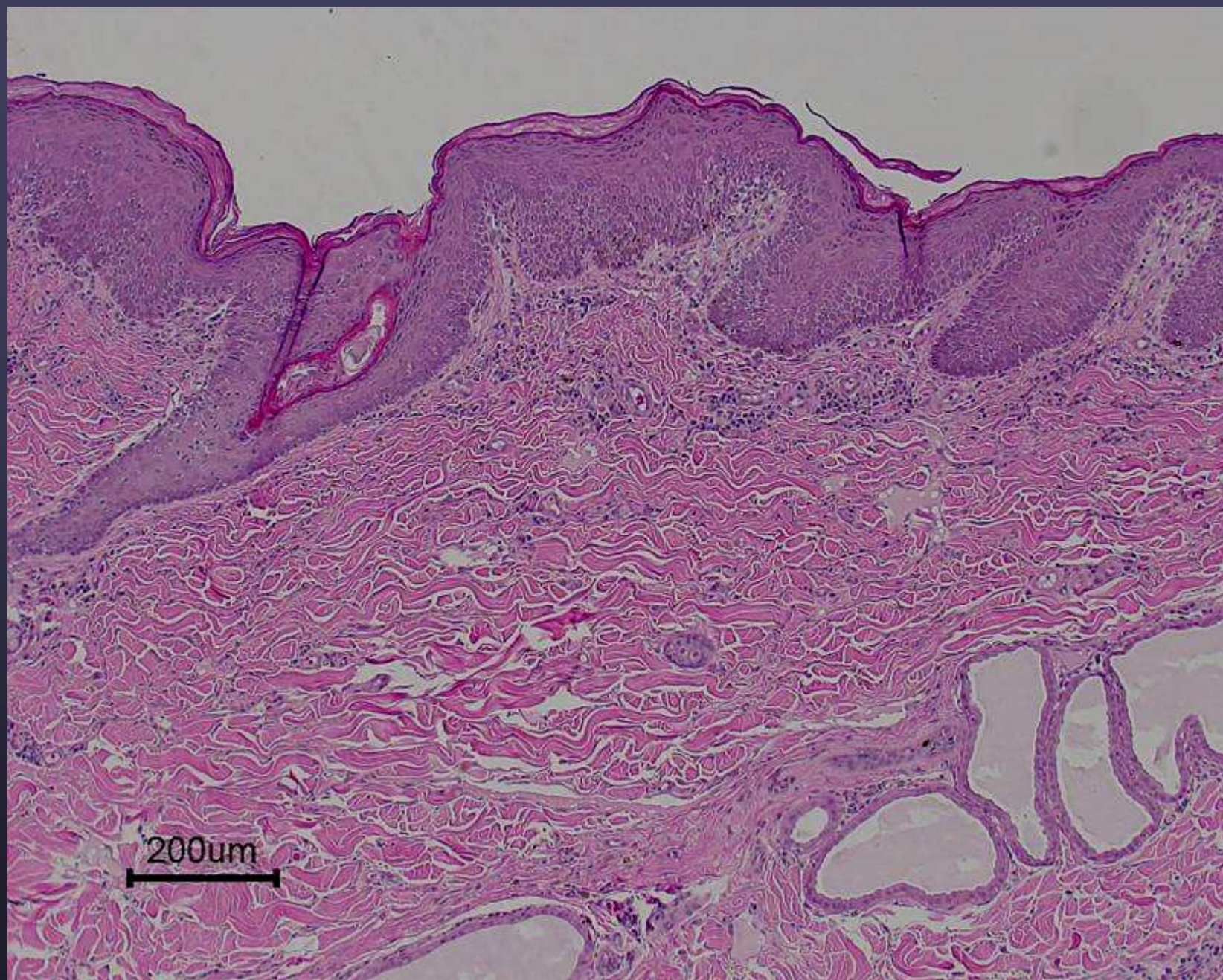


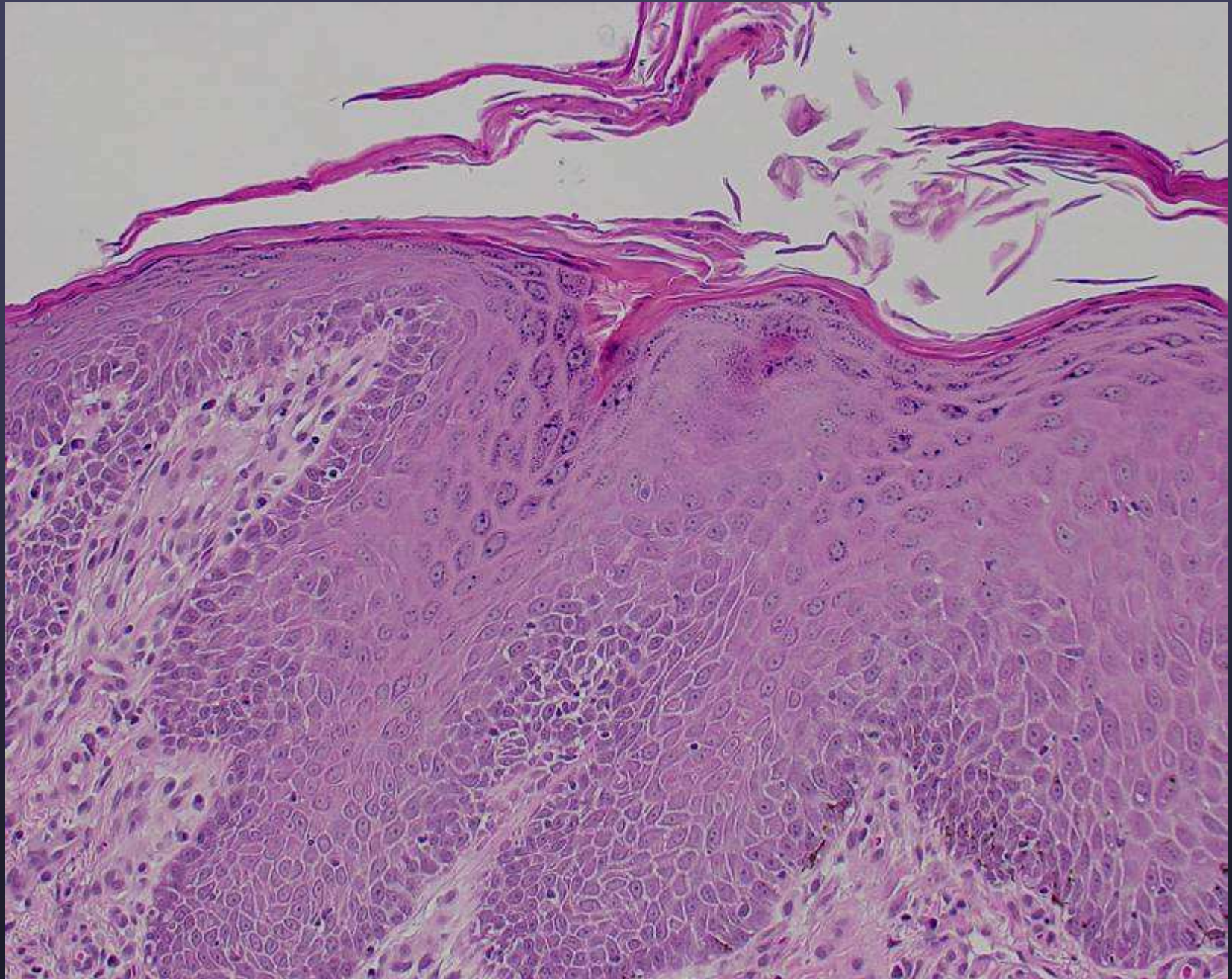


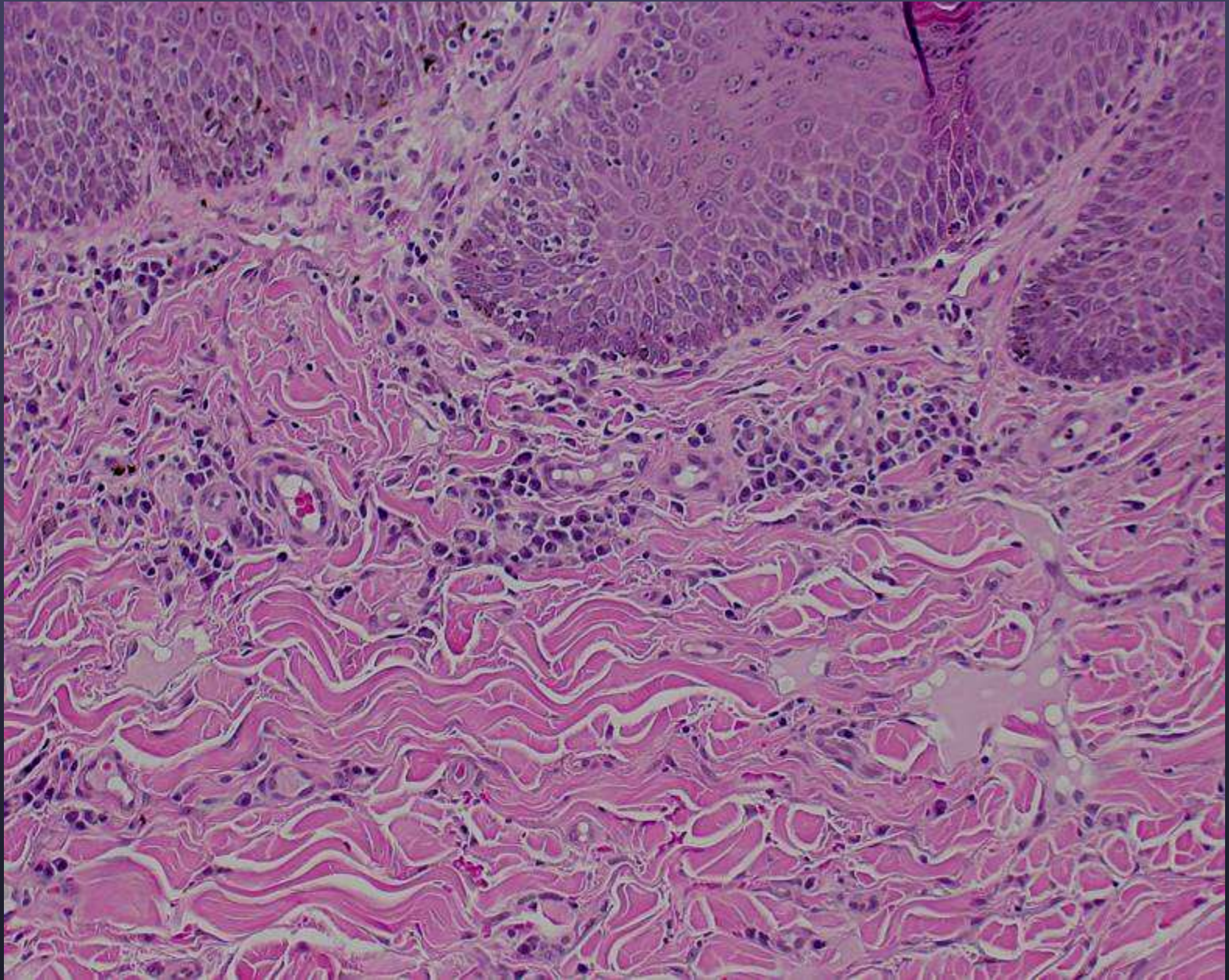


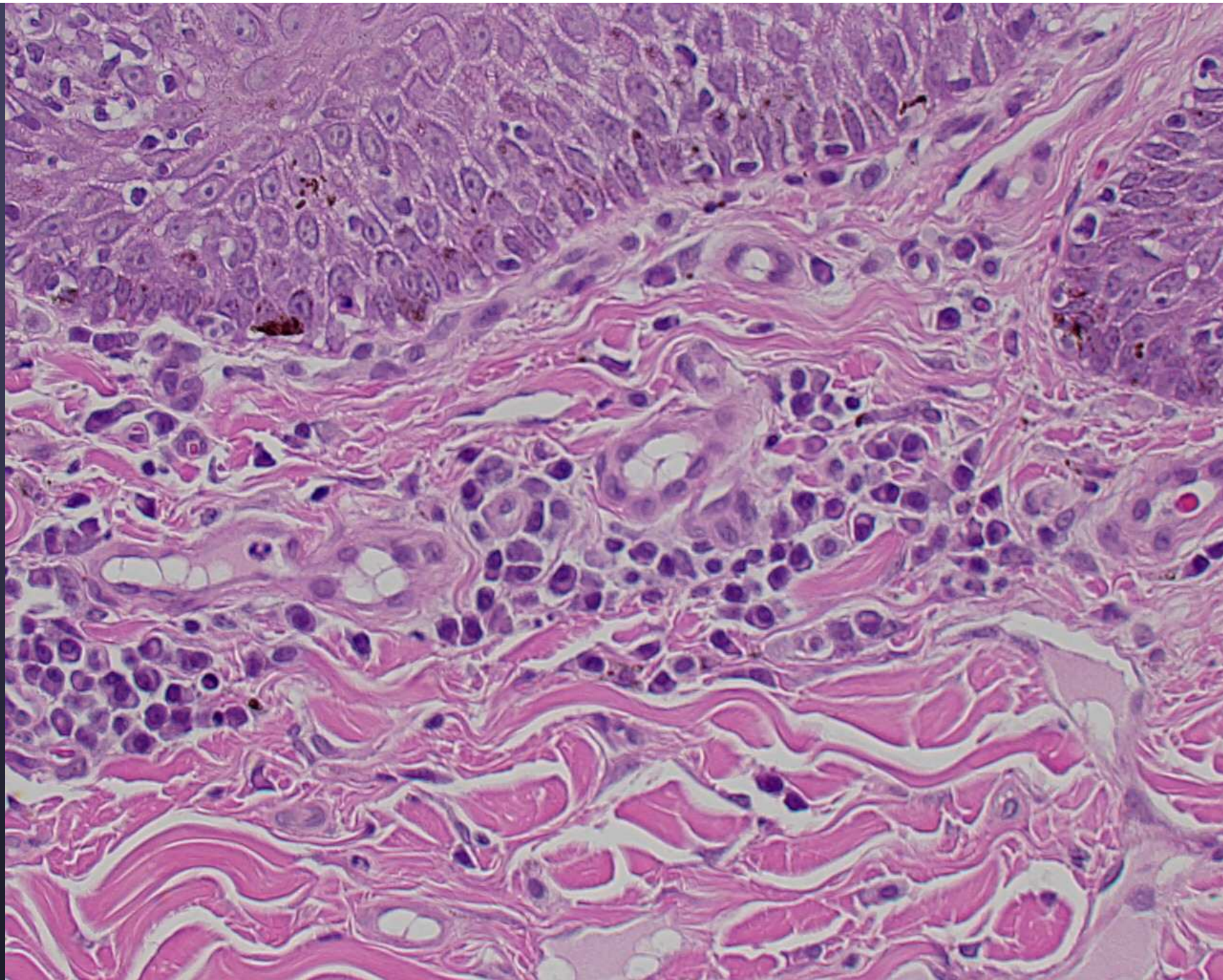












- Dog
- Superficial perivascular dermatitis
- Coat color? Maybe multicolor (unclear - not enough anagen follicles)
- Flank

Case 1

Veterinarian's Name: Dr. [unclear] **NO NAME ON SPECIMEN**
Submit Date: 2/22/07 Old man
Species: Cat Breed: Sheltie Sex: M Birthdate: 8/29/92

Biopsy Specimen: X Necropsy Specimen:

CASE HISTORY: Severely pruritic dog. Past 4 months generalized Epidermal collaretts
Skin scrape - neg for mites & yeast. Did not respond to Clavamox or cephalixin
& no improvement on Pred according to O. CBC/Chem panel was conc.

GROSS APPEARANCE: hyperkeratosis & epidermal collarettes

Number of Lesions: many Size: Generalized Duration: 5 months Growth Rate spreading over body

Treatment: Pred, Cephalixin, Clavamox

PREVIOUS BIOPSIES (Provide number):

TENTATIVE CLINICAL DIAGNOSIS: Autoimmune? EM?

LOCATION OF BIOPSIES: dorsal lumbar region

TISSUE SUBMITTED:

Diagnosis

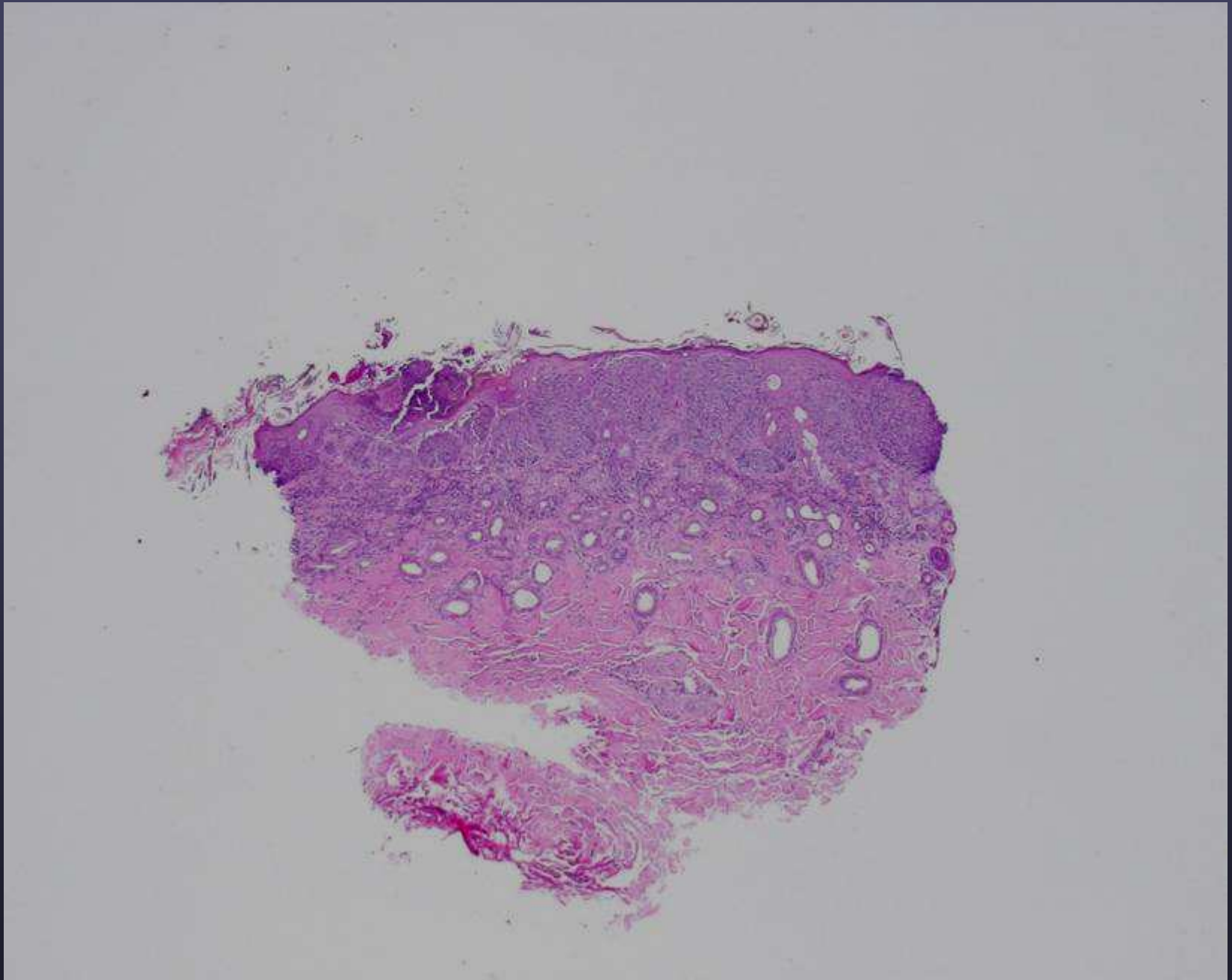
1. Hyperplastic plasmacytic superficial perivascular dermatitis with follicular atrophy- dorsum- canine.
2. Focal neutrophilic dermatitis- dorsum- canine.

Significance

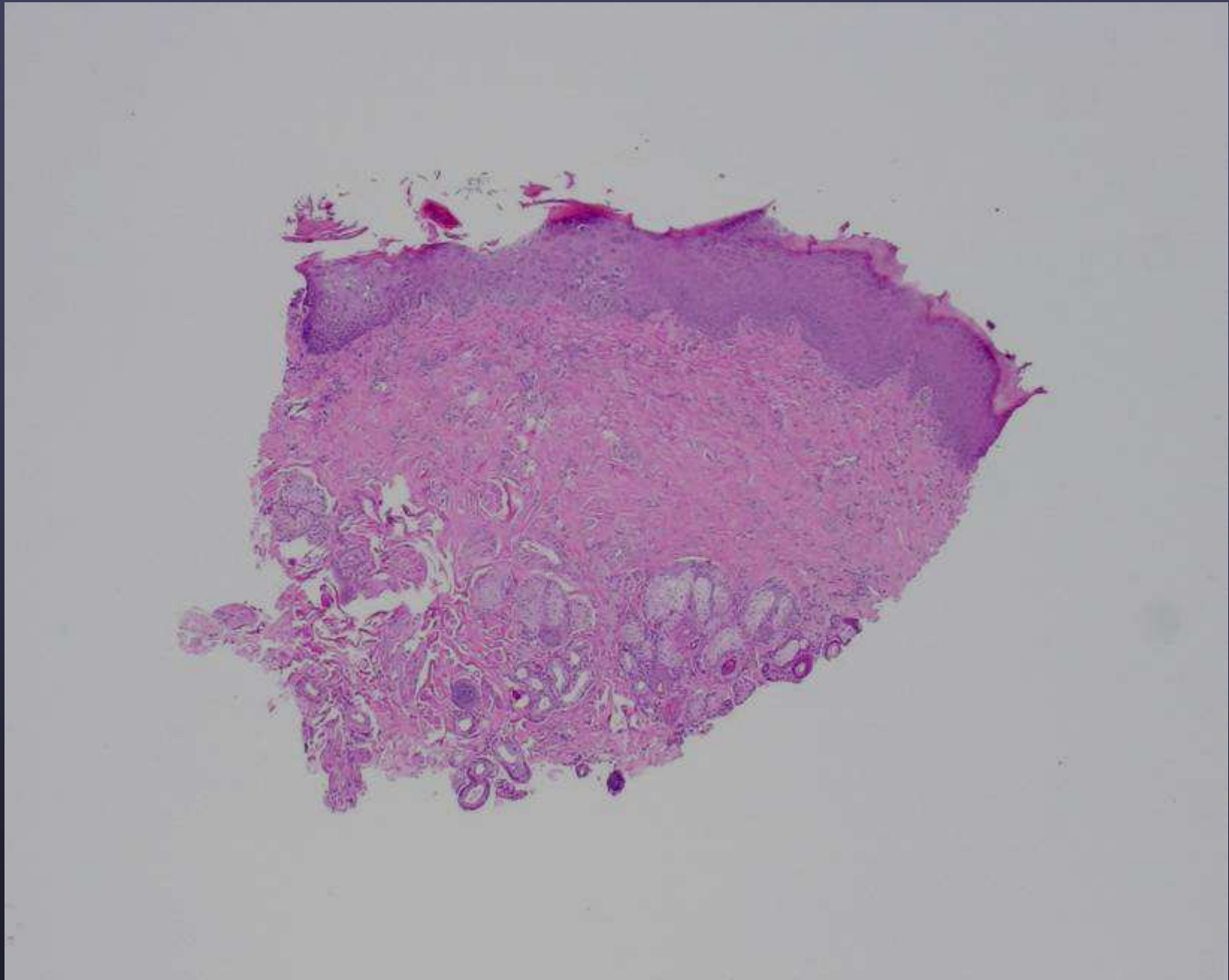
- Be cautious on this case
- One sample indicative of chronic trauma
- Superficial pv pattern is *not* diagnostic of allergic skin disease
- Would be unusual for dog of this age to have acute onset of “allergic dermatitis” unless parasitic (would also be unusual due to lack of eosinophils)
- Cannot rule out superficial bacterial skin infection

Case 2

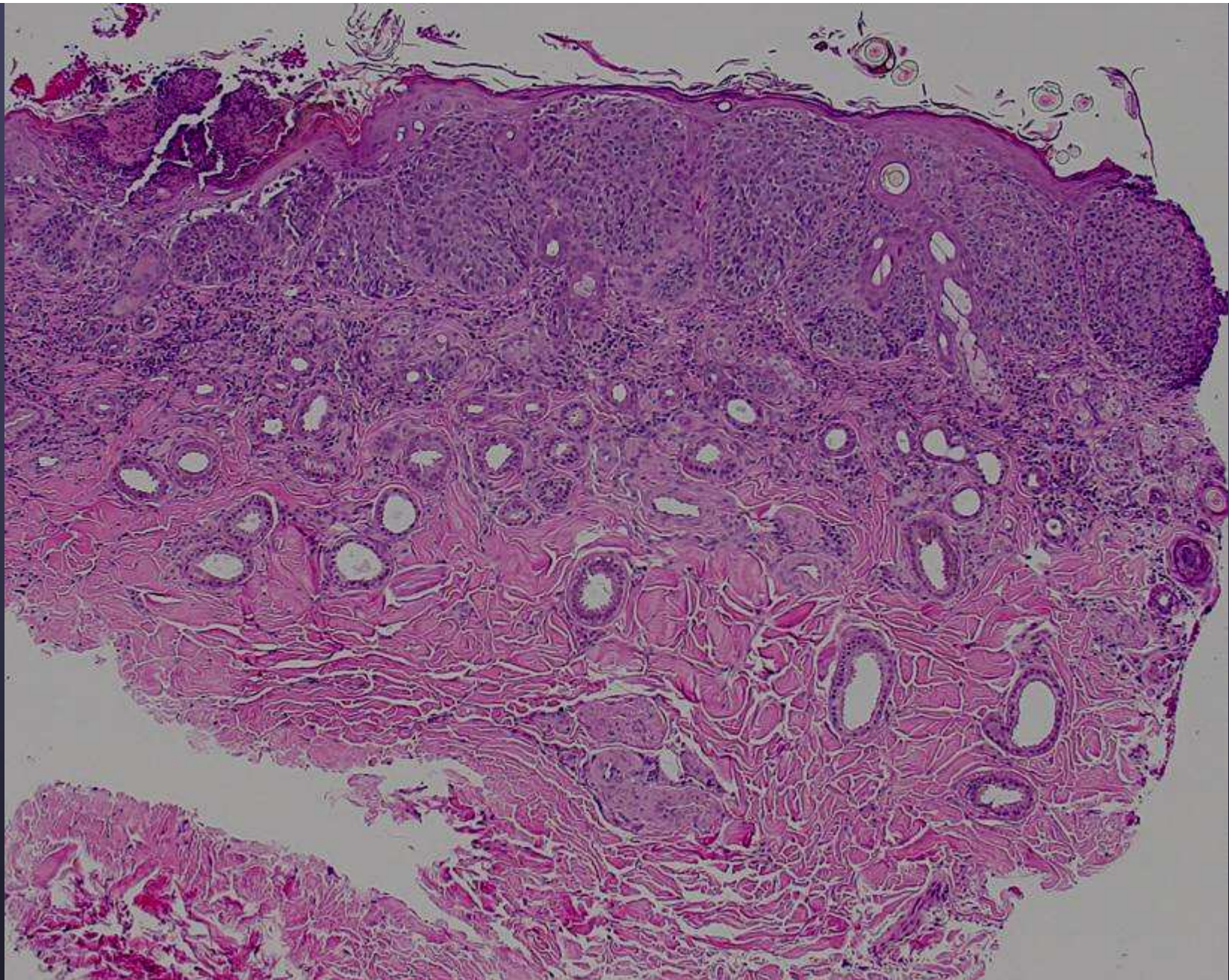
- Two 4-mm punches



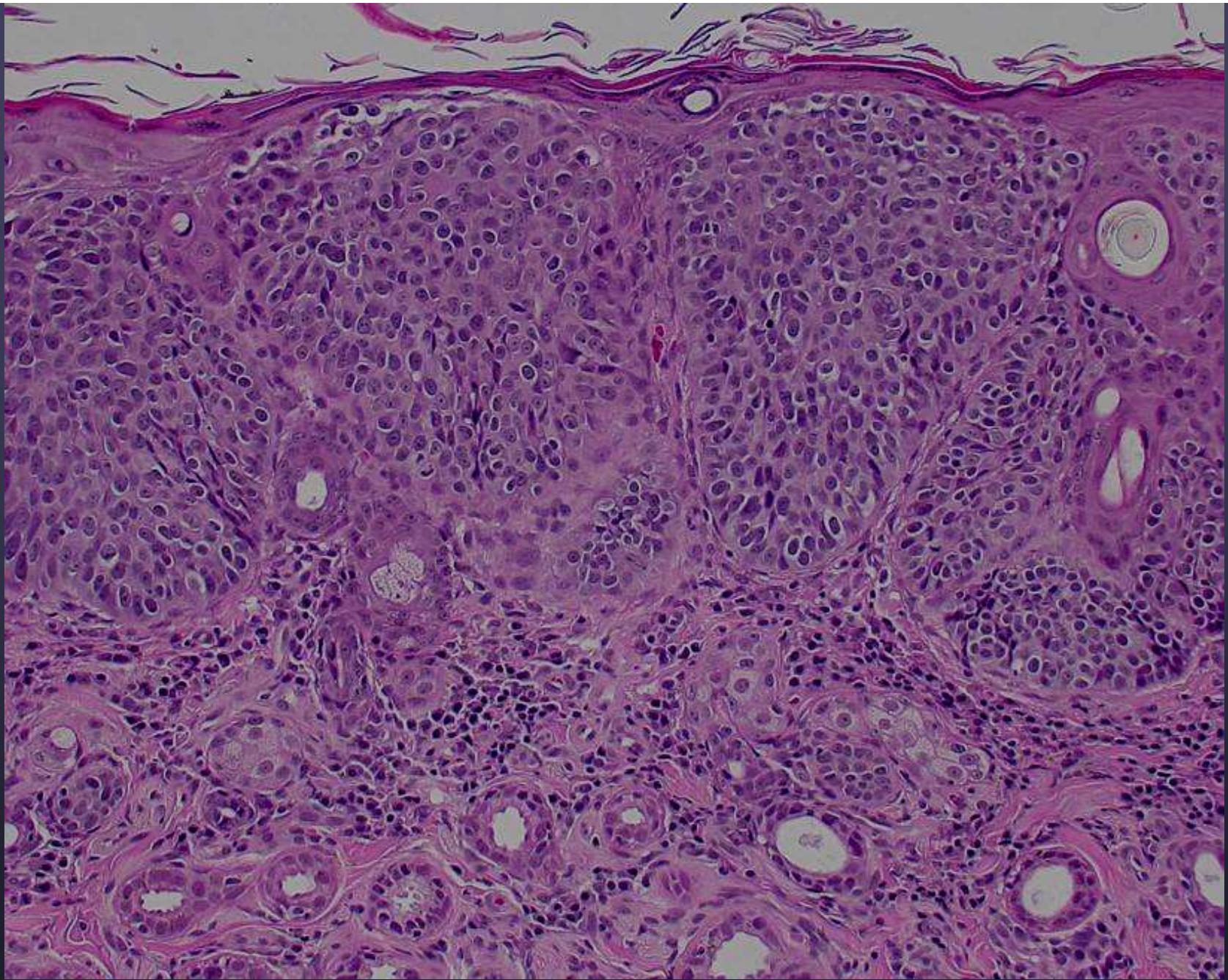
Case 2



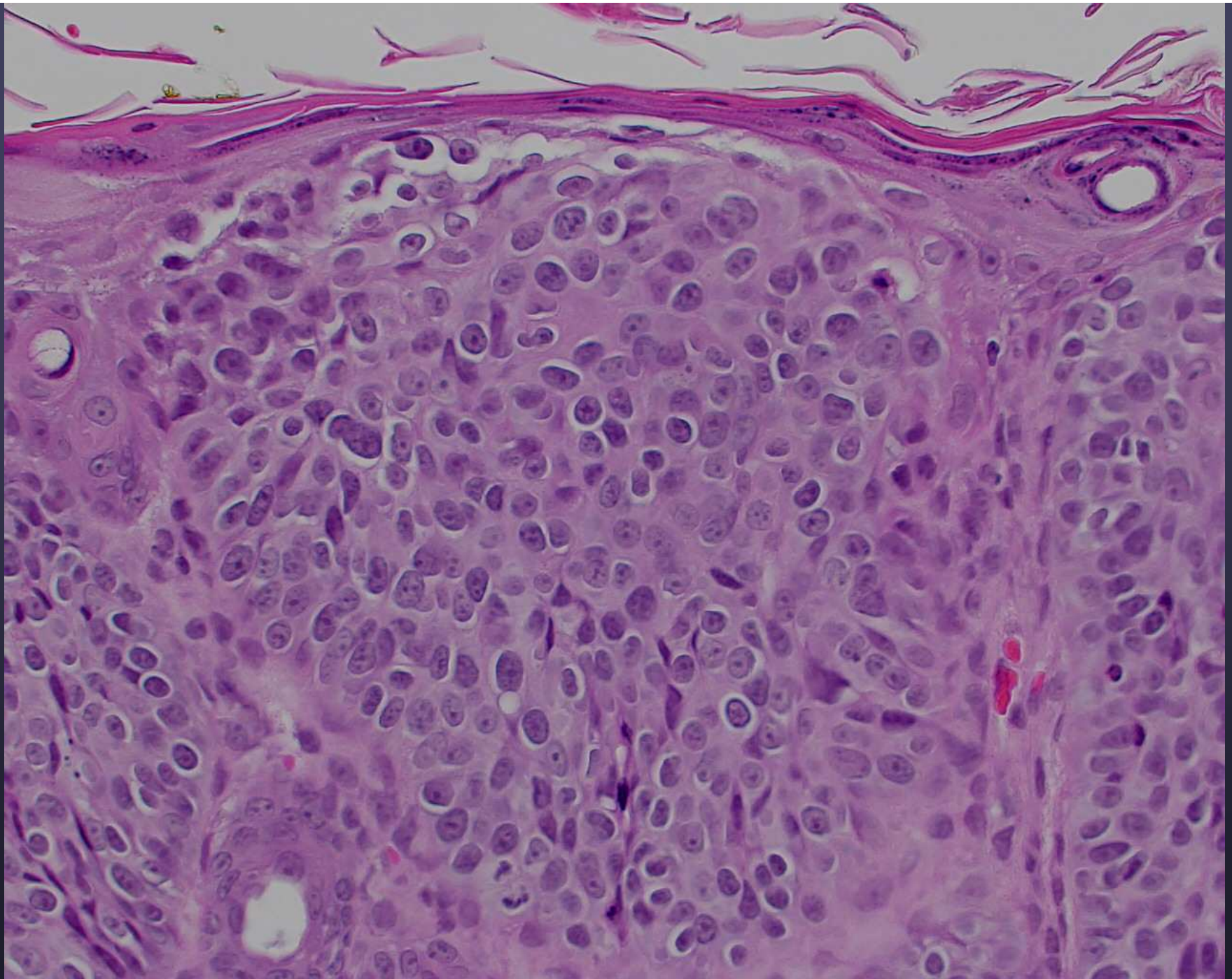
Case 2

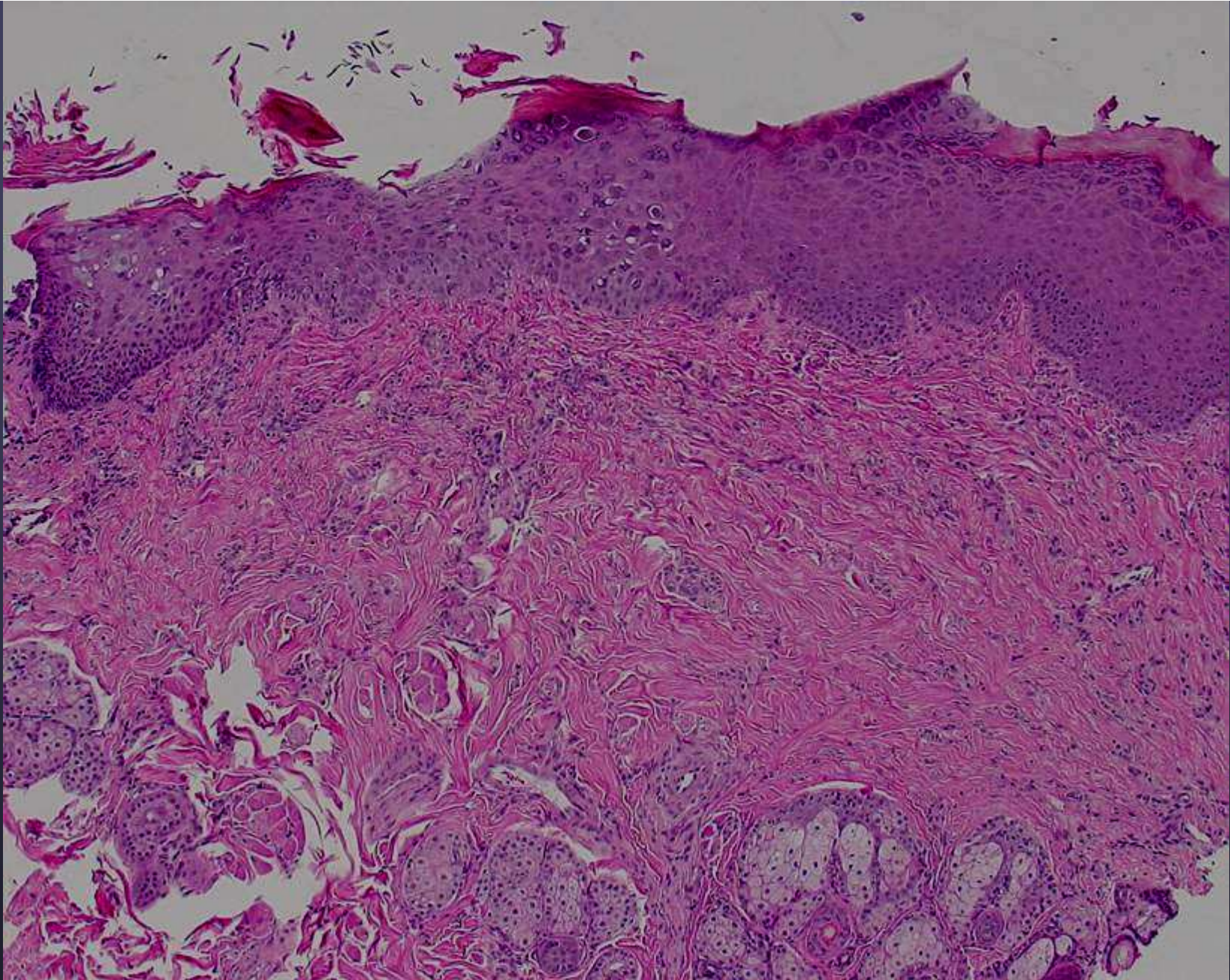


Case 2

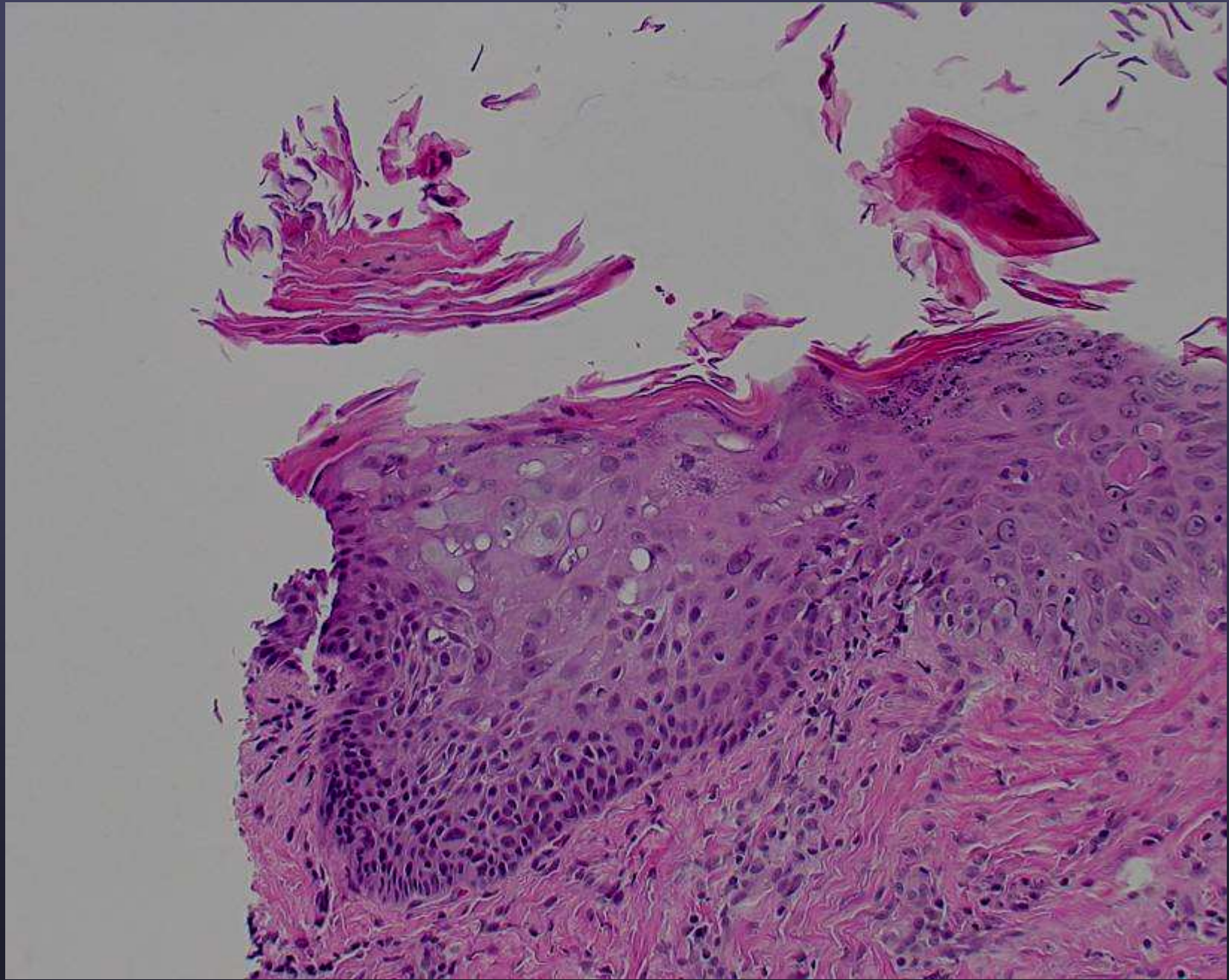


Case 2

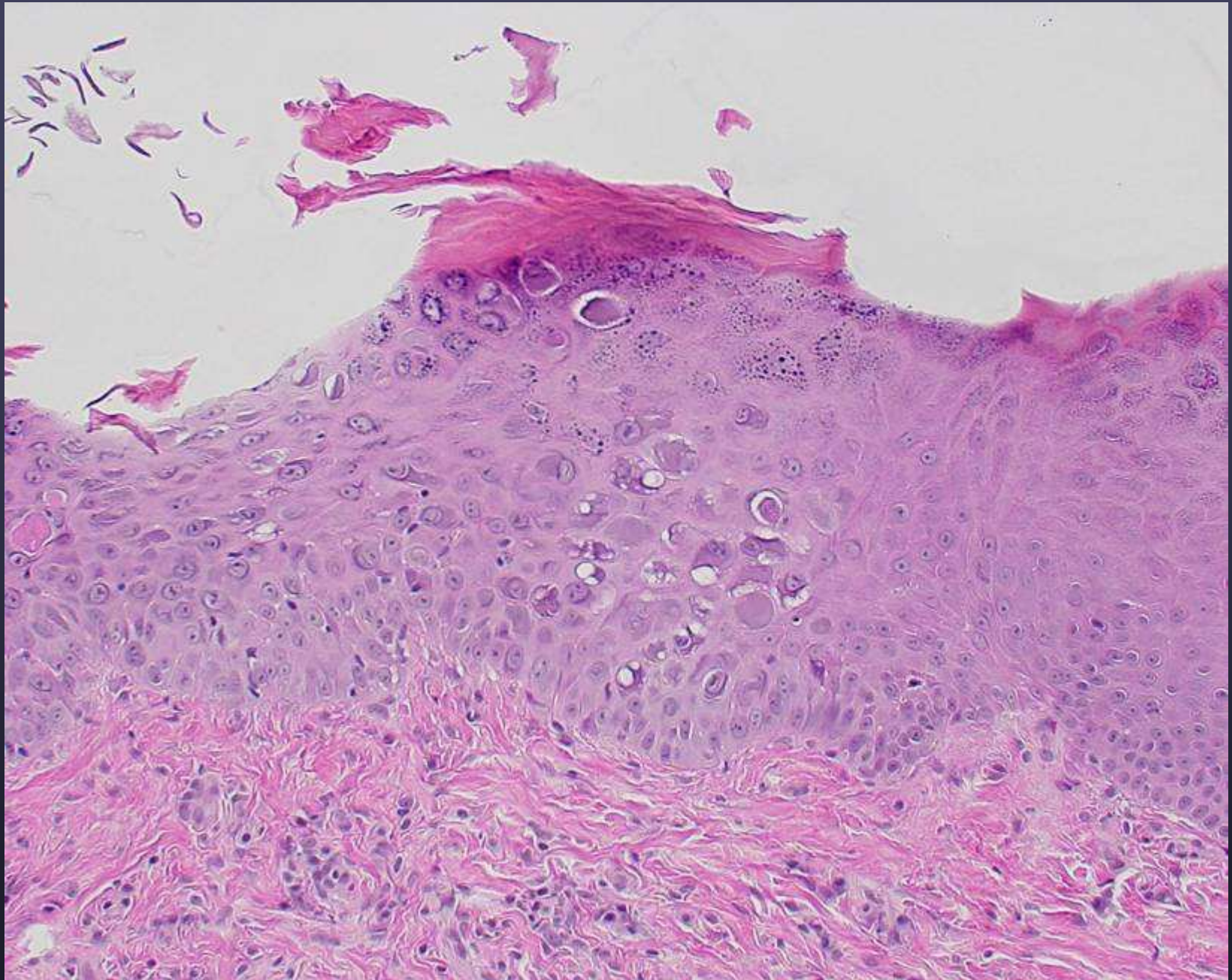




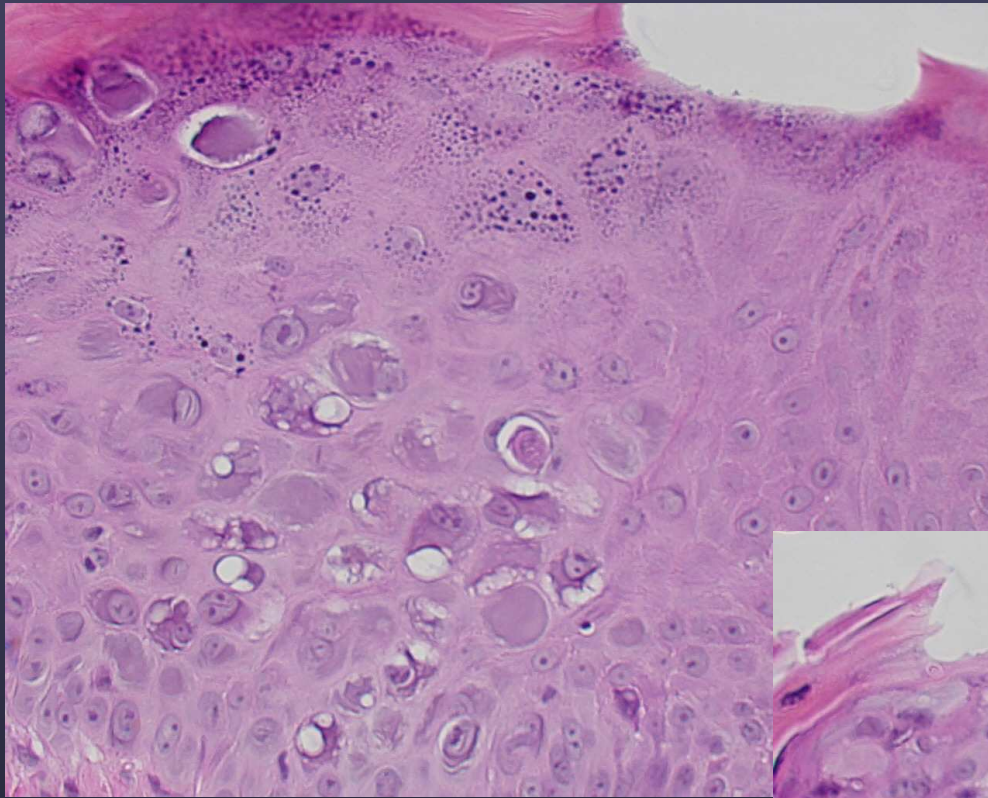
Case 2



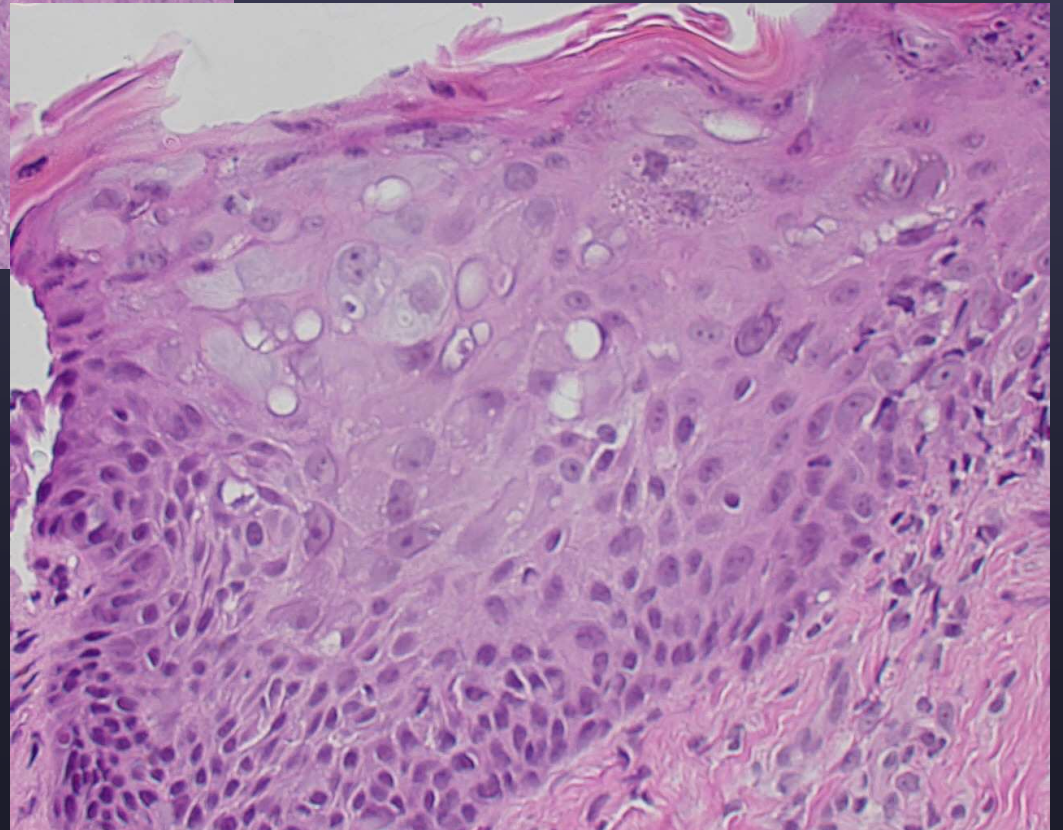
Case 2



Case 2



Case 2



Case 2

Submit Date: 3/14/07

Species: Feline Breed: DSH Sex: Female Birthdate: 5/10/00

Biopsy Specimen: ✓ Necropsy Specimen:

CASE HISTORY:
Irritation, erythema along right nasal planum
Previous history of Anal Squamous cell Carcinoma

GROSS APPEARANCE: Erythemic cutaneous lesion

Number of Lesions: 2 Size: — Duration: — Growth Rate: —

Treatment:

PREVIOUS BIOPSIES (Provide number): —

TENTATIVE CLINICAL DIAGNOSIS: Open R/O SCC

LOCATION OF BIOPSIES: ① nasal planum

TISSUE SUBMITTED:

Diagnosis- Case 2

1. Viral plaque- haired skin (nasal region)- feline.
2. Scc in situ- haired skin (nasal region)- feline.

- Resembles bowens-like scc in situ in cats
- PPV association
- Not solar exposure
- Unusual due to *relatively* young age of cat

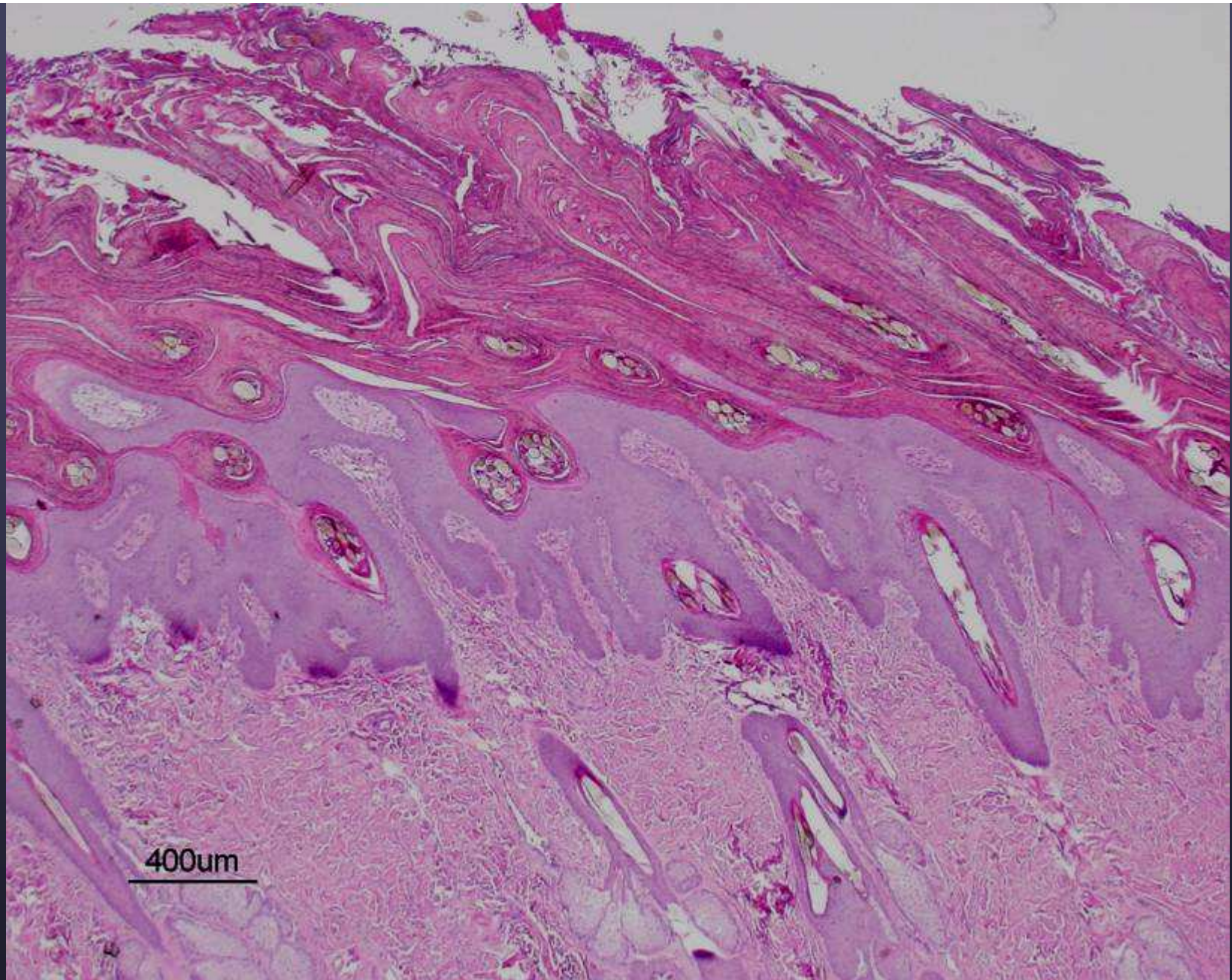
Case 3

- Two 6-mm punches

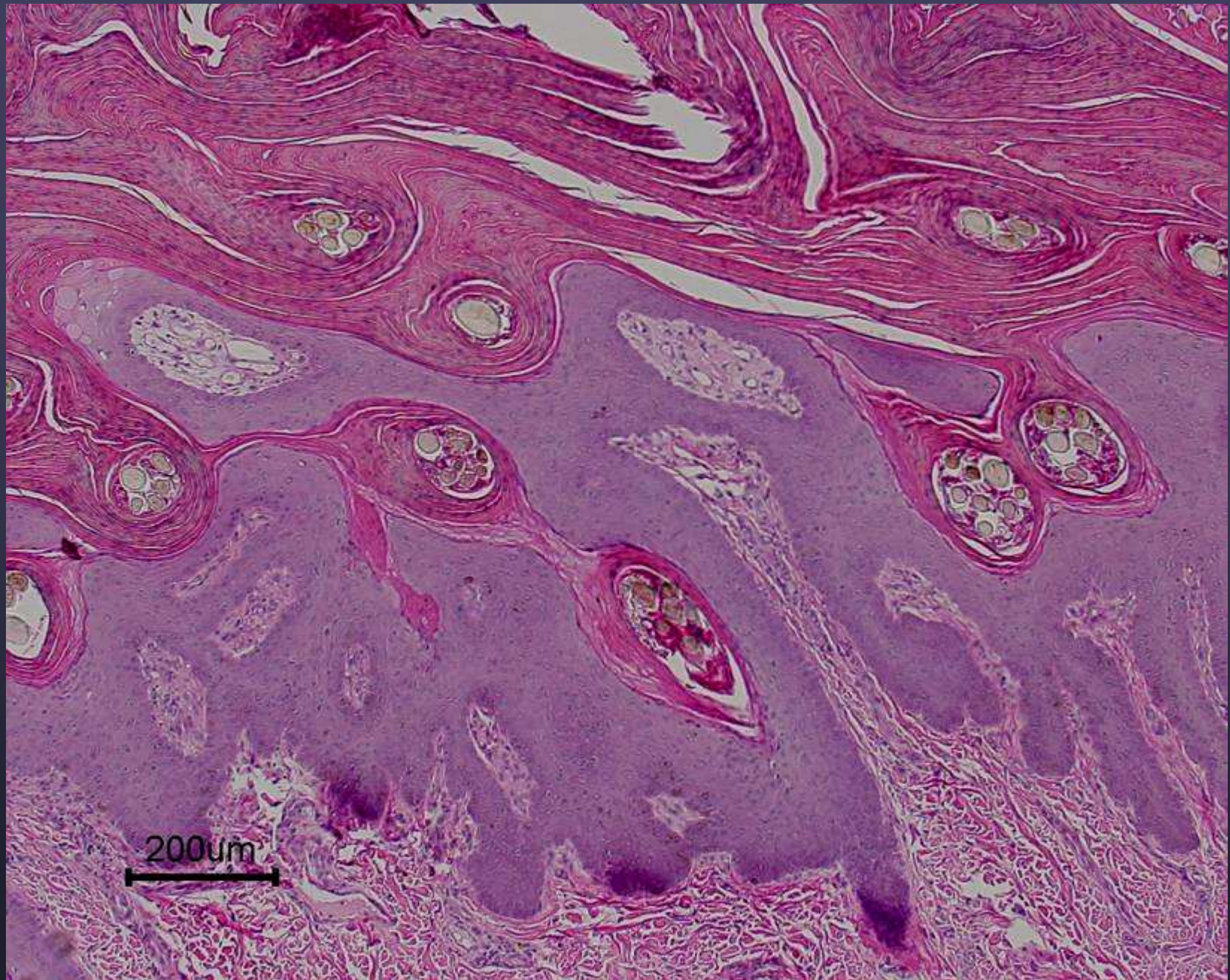




Case 3



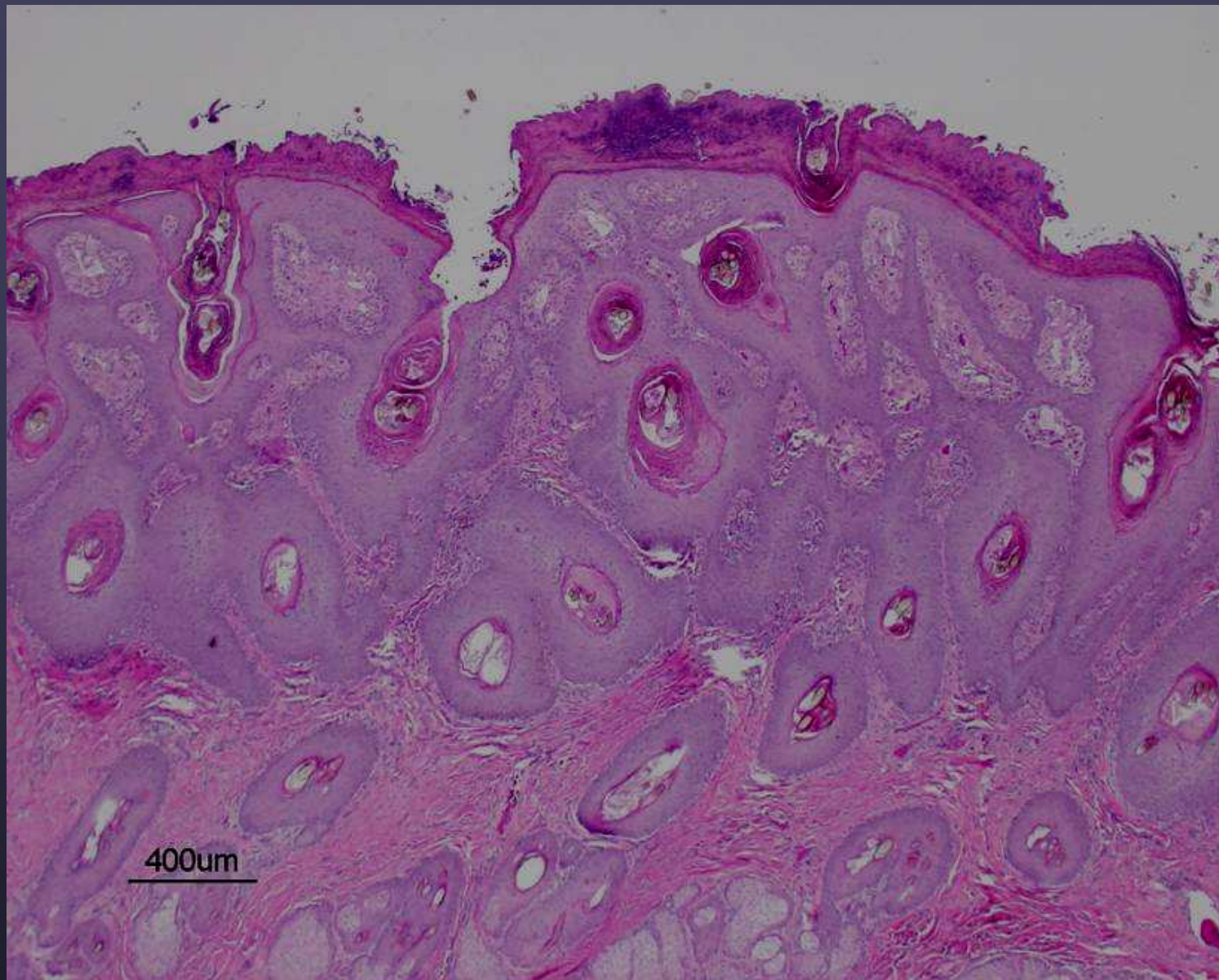
Case 3



Case 3



Case 3



Case 3

- Dog
- Distal limb
- Lightly pigmented coat
- Superficial pv + parakeratosis

Diagnosis: Case 3

- Superficial necrolytic dermatitis- haired skin- metatarsus- canine.

Case 3

Signalment/Hx

Submit Date: Thursday, March 08, 2007

Species: Canine Breed: Mixed Sex: Neutered Male Birthdate: 2/9/2001

Biopsy Specimen: x

Necropsy Specimen:

CASE HISTORY: two months ago boarded dog and when picked dog up chewing at the paws. Since then developed severe crusting of the elbows and mid metatarsal region with erosions/crusting presen periorally. No response to cephalexin or baytril. Some response to Medrol. Dog has been on U/D since puppyhood because of recurrent urinary bladder stones.

GROSS APPEARANCE : compact hyperkeratoses of the footpads with some fissuring (mild) and interpedal erosions, severe hyperkeratotic elbows and crusting of the mid-caudal metatarsal area on both legs. Erosions on the upper lip.

Number of Lesions: Size: Duration: Growth Rate:

Treatment: cephalexin, baytril, orbax, medrol

Previous Biopsies (Provide number): 2 *not found or search*

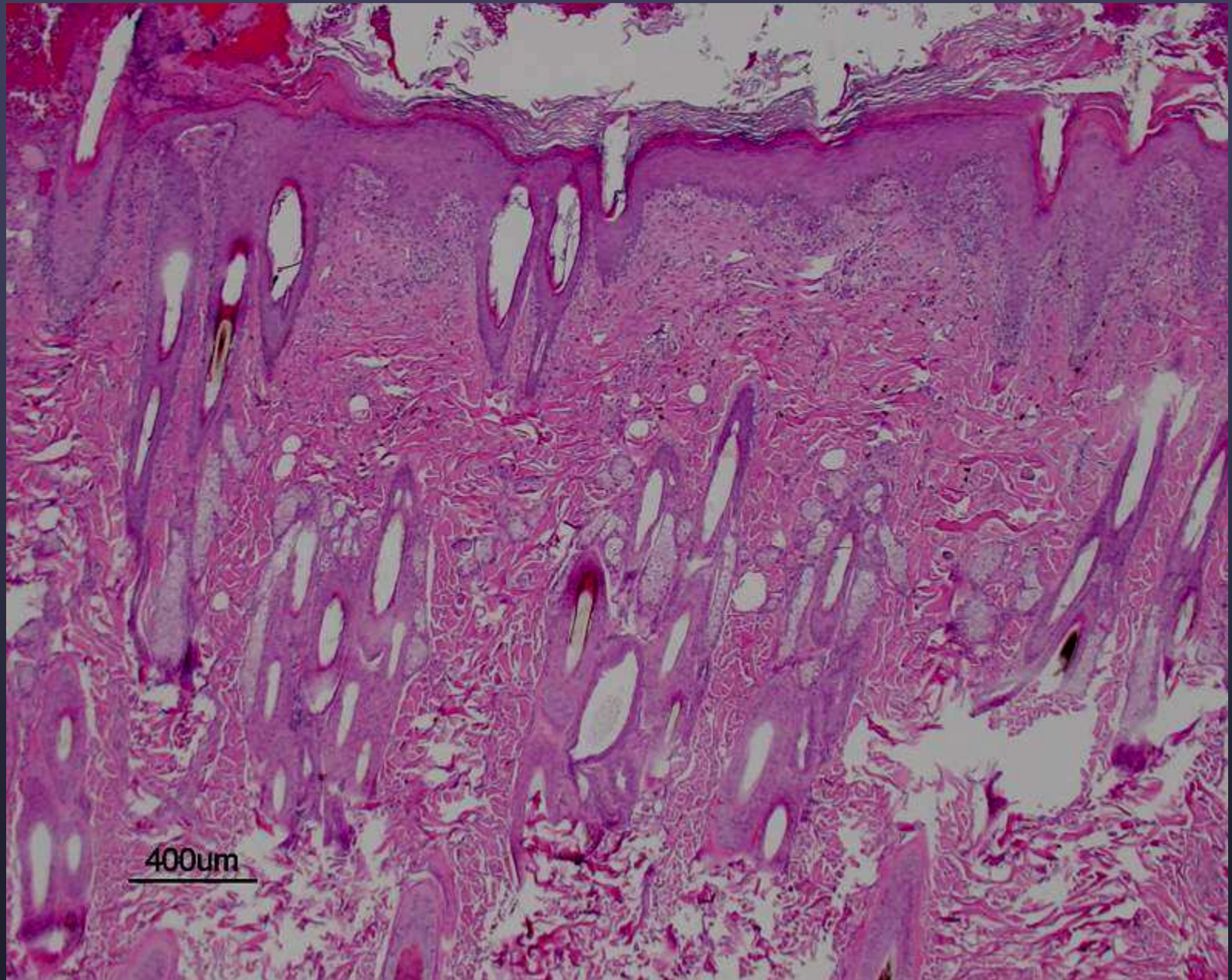
Tentative Clinical Diagnosis: Possible Necrolytic Migratory Erythema (either from chonic low protein diet or hepatic/pancreatic disease) or from pyoderma.

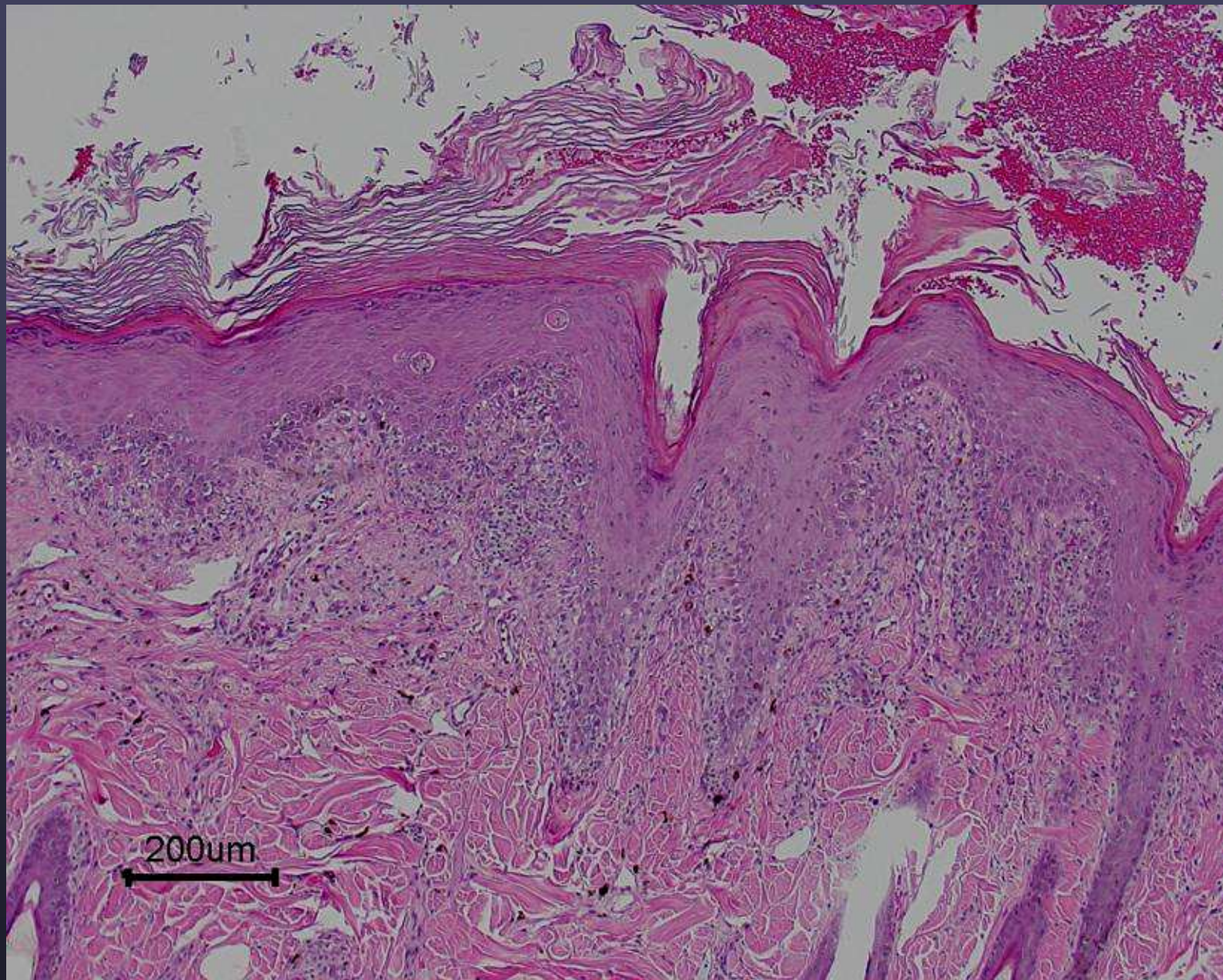
Location of Biopsies: caudal mid-metatarsal areas.

Tissue Submitted: skin

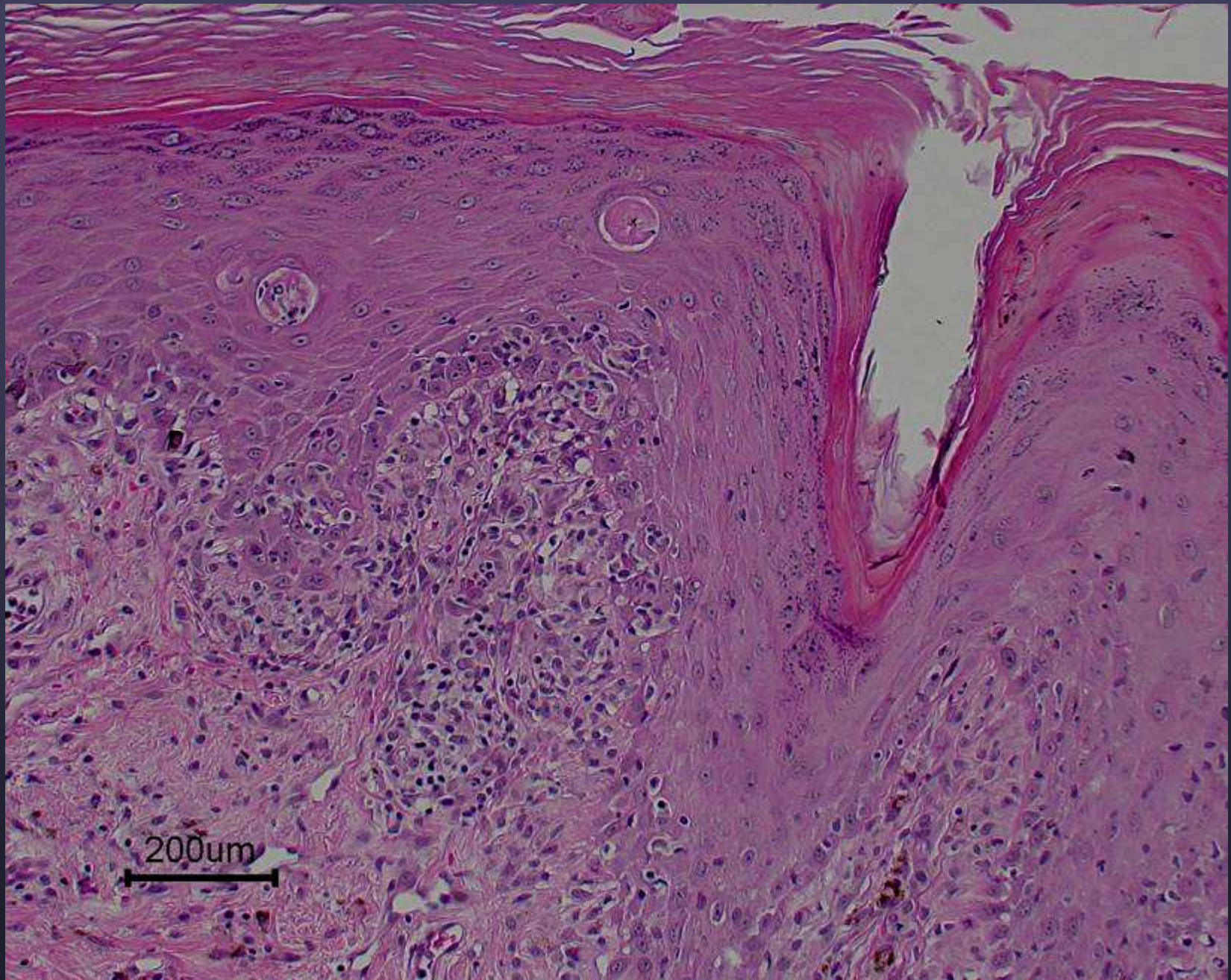
Case 4

- One 6-mm punch

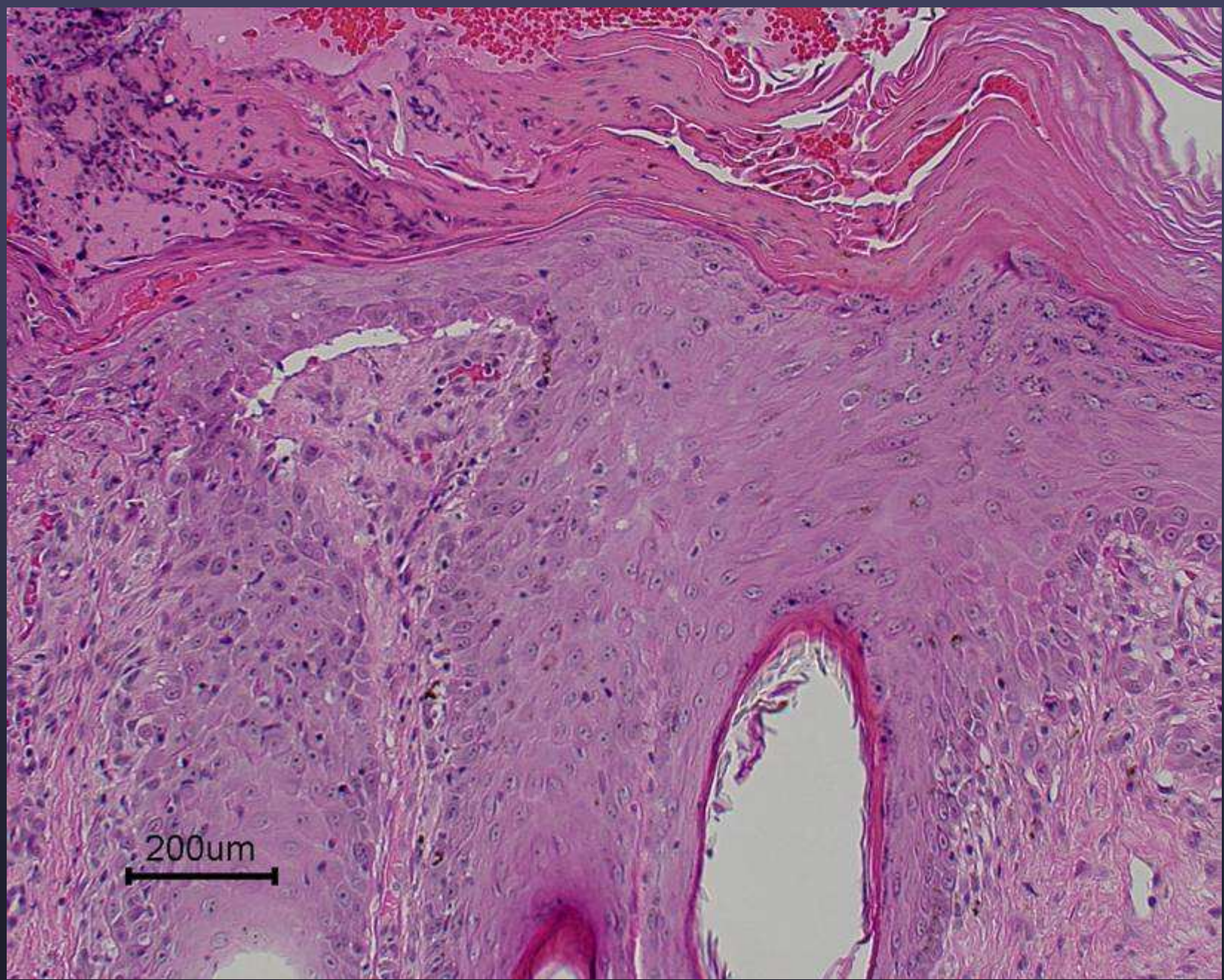




Case 4



Case 4



- Dog
- Location-- not the dorsum, flank, face or distal limb
- Lightly pigmented haircoat
- Interface pattern

Case 4

Signalment/Hx

Submit Date: Tuesday, March 13, 2007

Species: Canine Breed: Terrier, Soft-Coated Wheaten Sex: Neutered Male Birthdate: 2/27/2000

Biopsy Specimen: x Necropsy Specimen: _____

CASE HISTORY: several month history of crusting areas on the head. Treated with steroids and antibiotics with some improvement

GROSS APPEARANCE : crusting 1 to 2 cm in diameter on top of the head

Number of Lesions: _____ Size: _____ Duration: several months. Growth Rate: slow

Treatment: antibiotics (cephalexin)

Previous Biopsies (Provide number): _____

Tentative Clinical Diagnosis: open

Location of Biopsies: dorsum of the head

Tissue Submitted: skin

Entire Specimen [] Wedge [] Tru-Cut [] Punch [x] Frag [] Endoscopic [] Other []

Sample Type: Mass [] Organ [] Necropsy Specimen []

Lymph Node Involvement: NO **Encapsulated:** NO **Excisional Biopsy:** NO

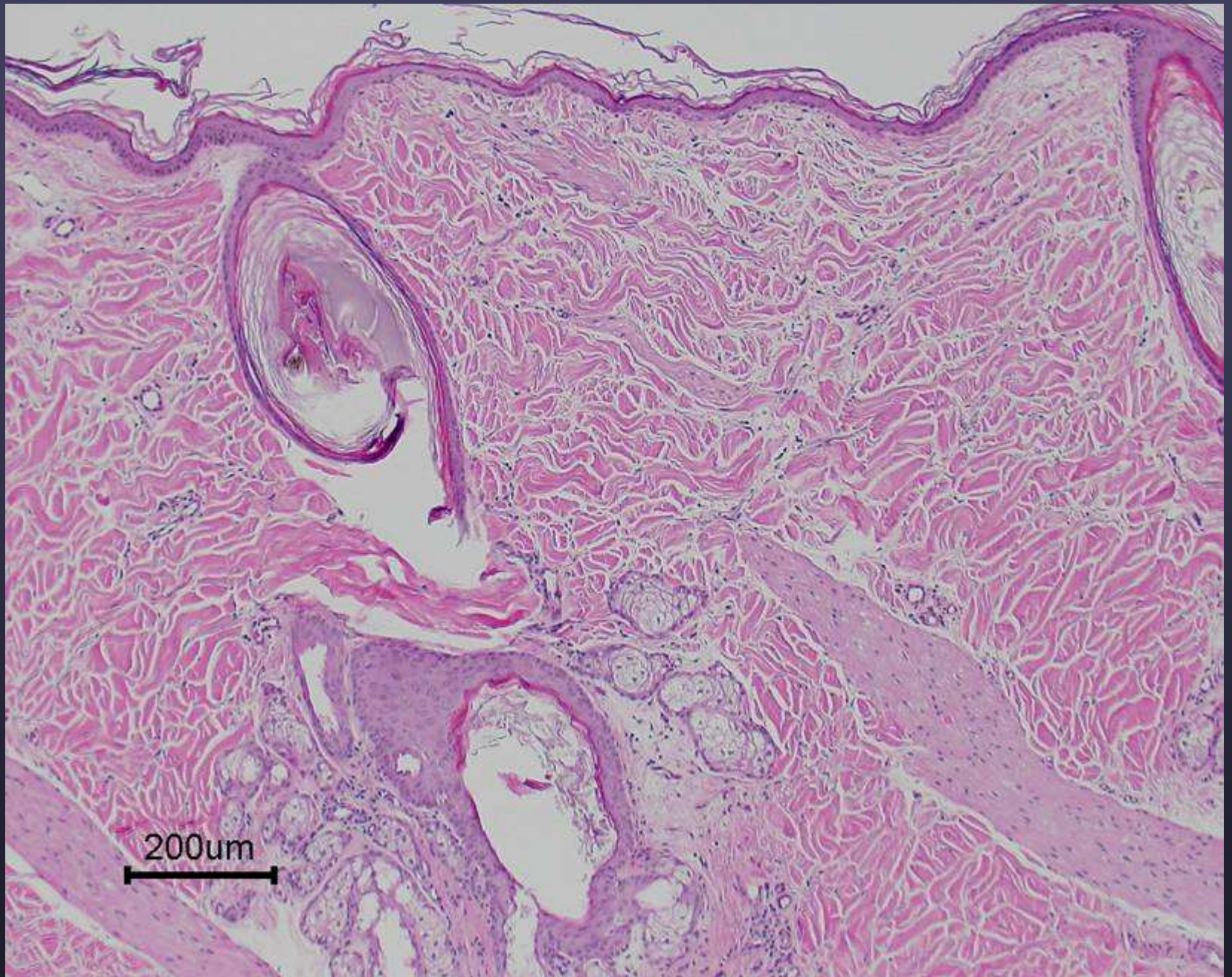
FOR PATHOLOGIST'S USE ONLY

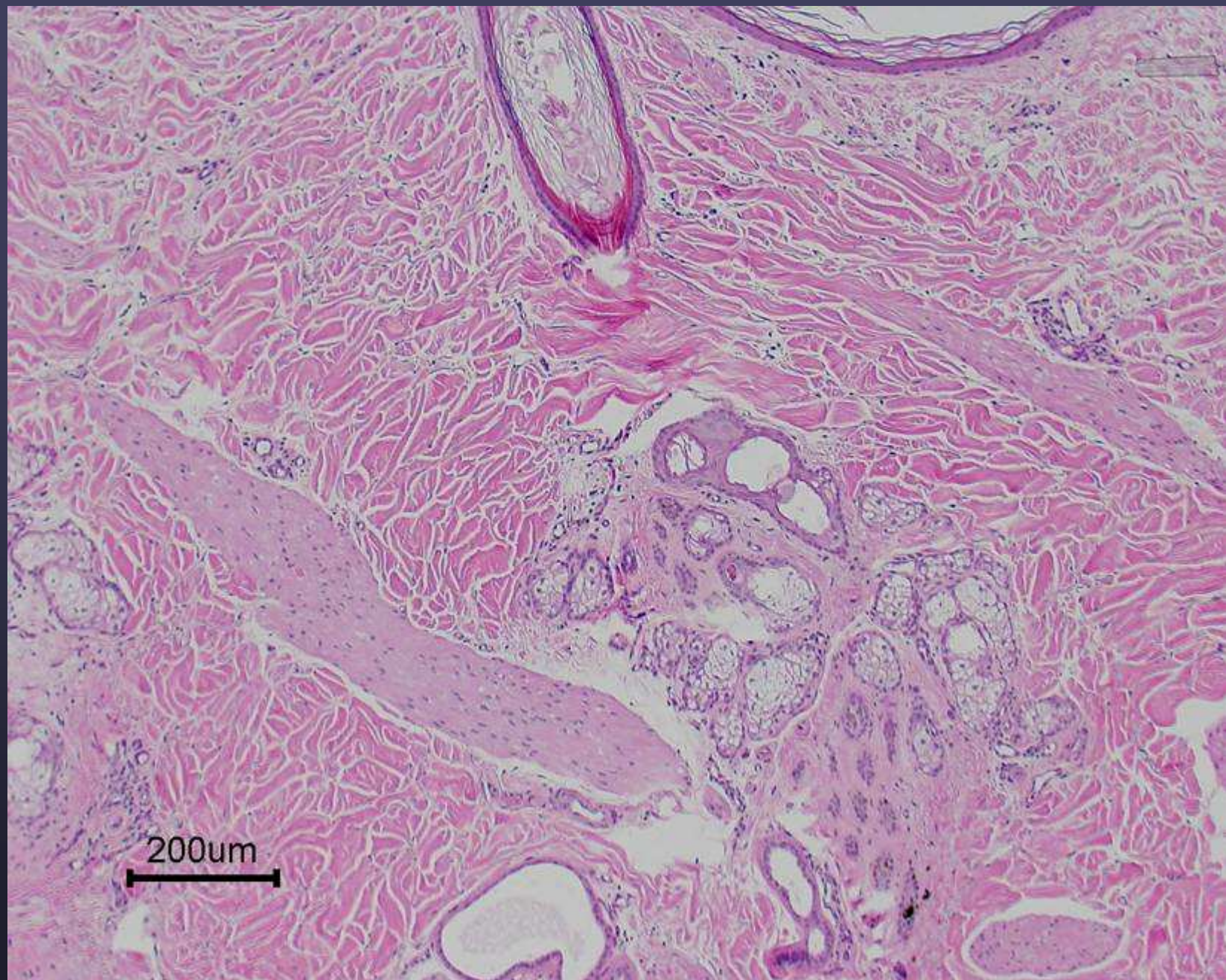
Diagnosis: Case 4

- Lymphocytic interface dermatitis with basal and multifocal suprabasilar individual keratinocyte necrosis with hyperkeratosis and crusting, dorsal head-canine.

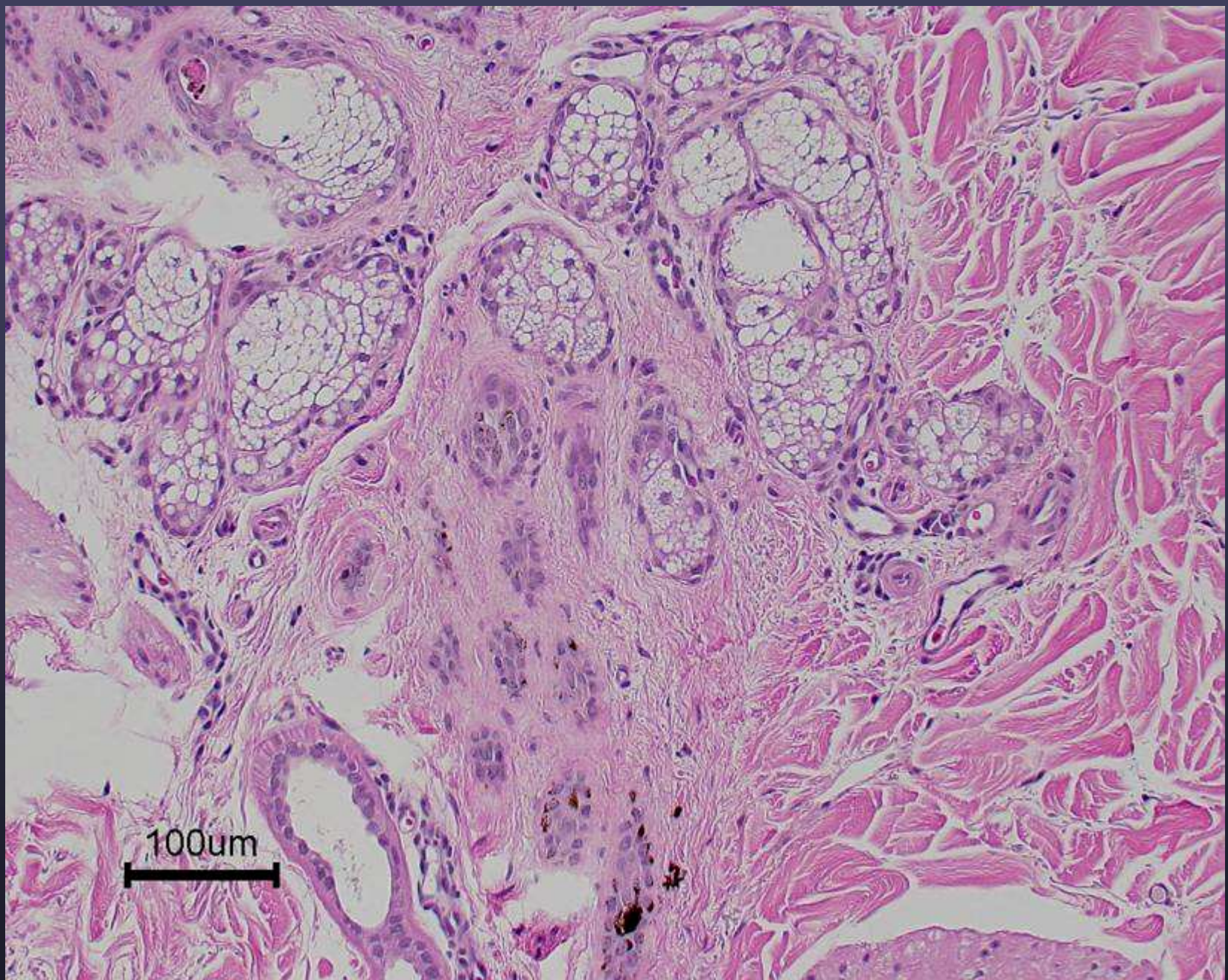
Case 5

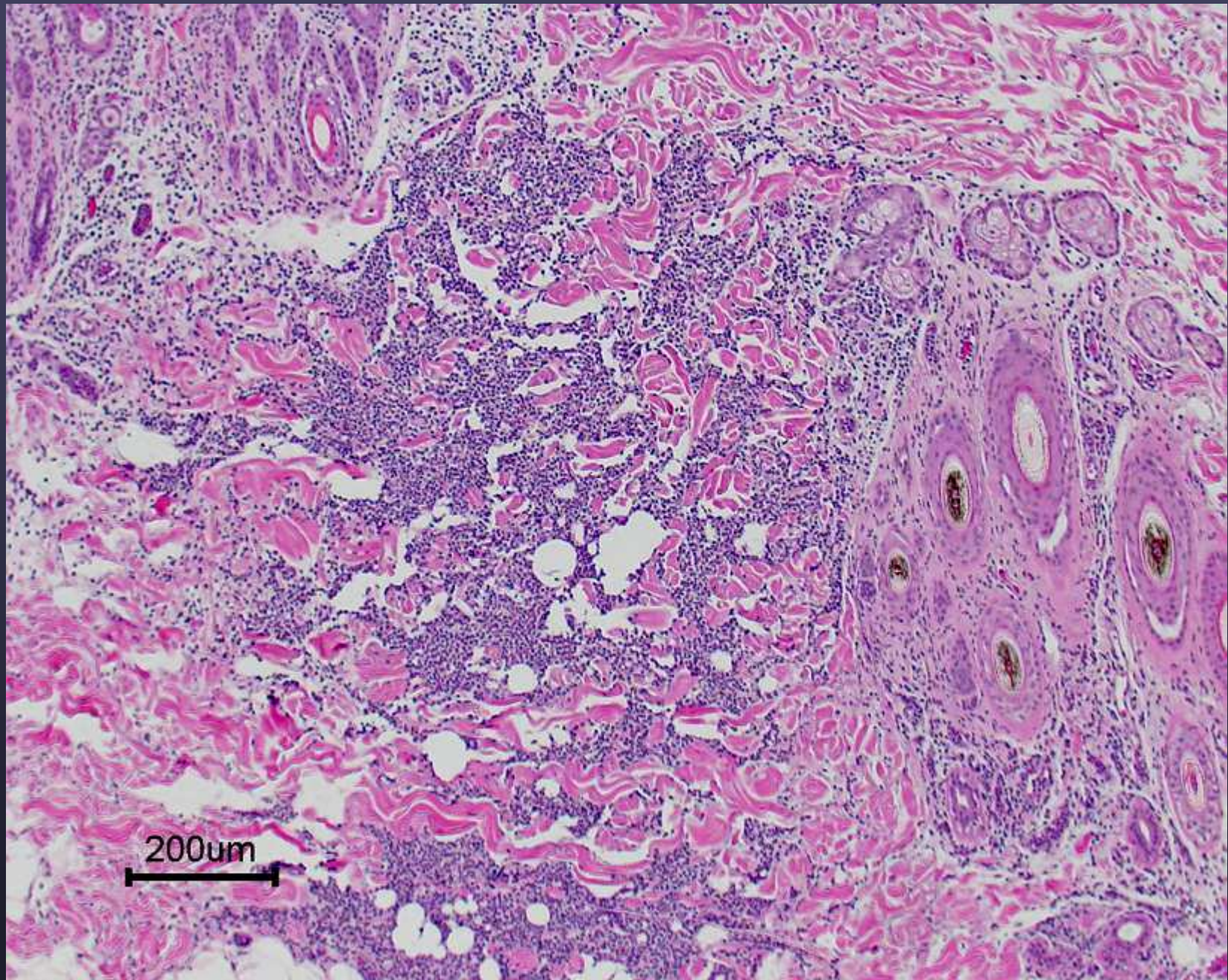
- Two 6-mm punch biopsies

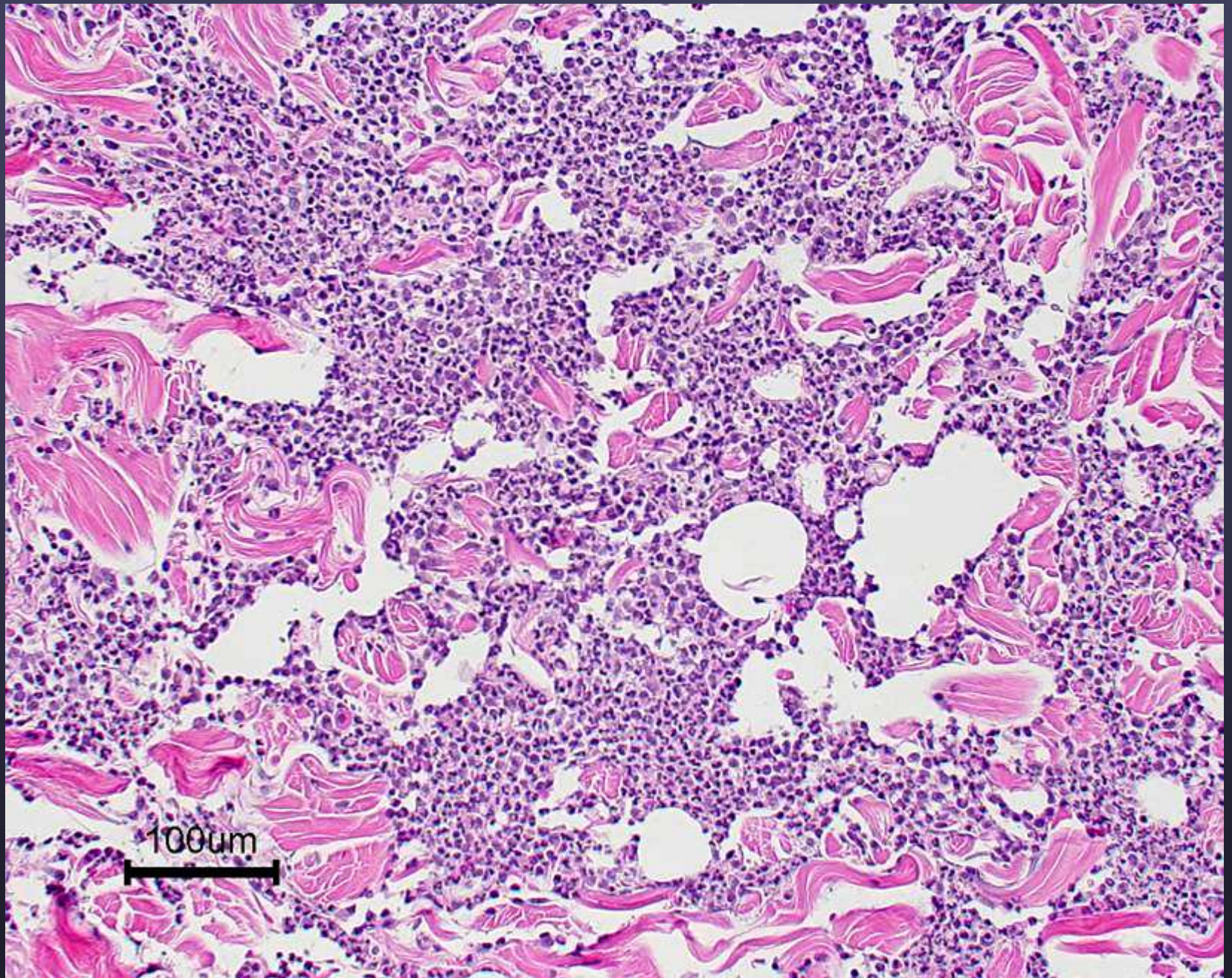


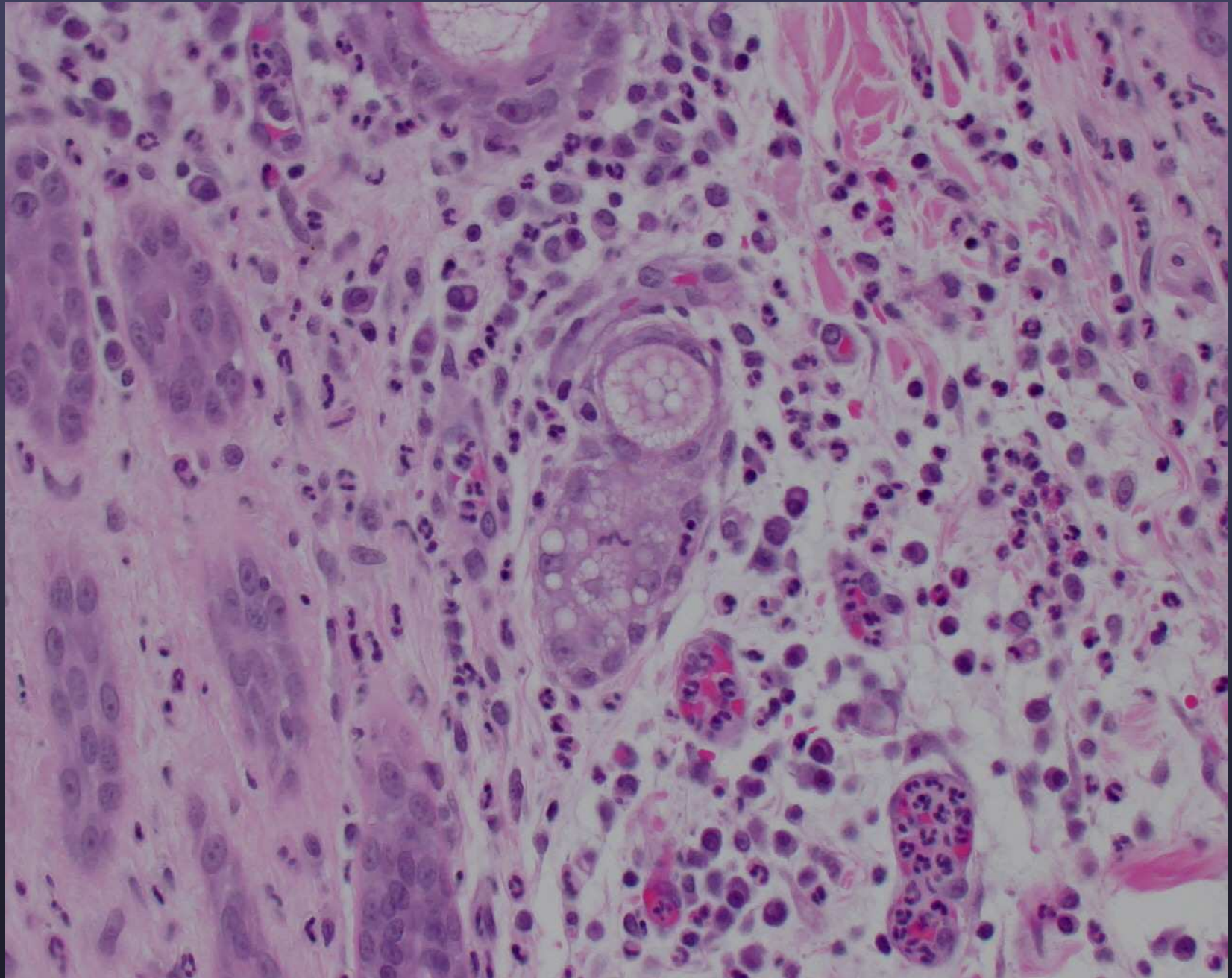


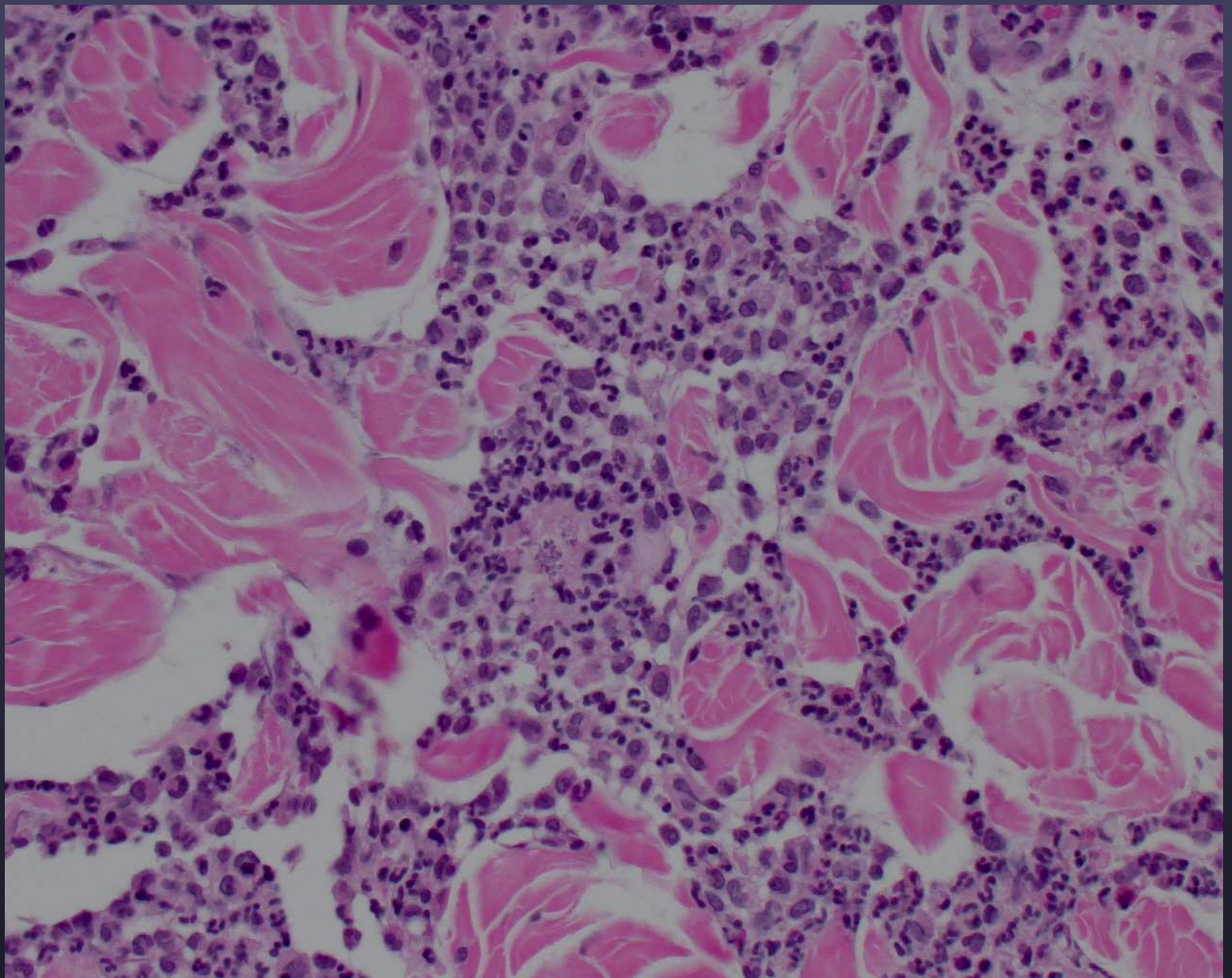


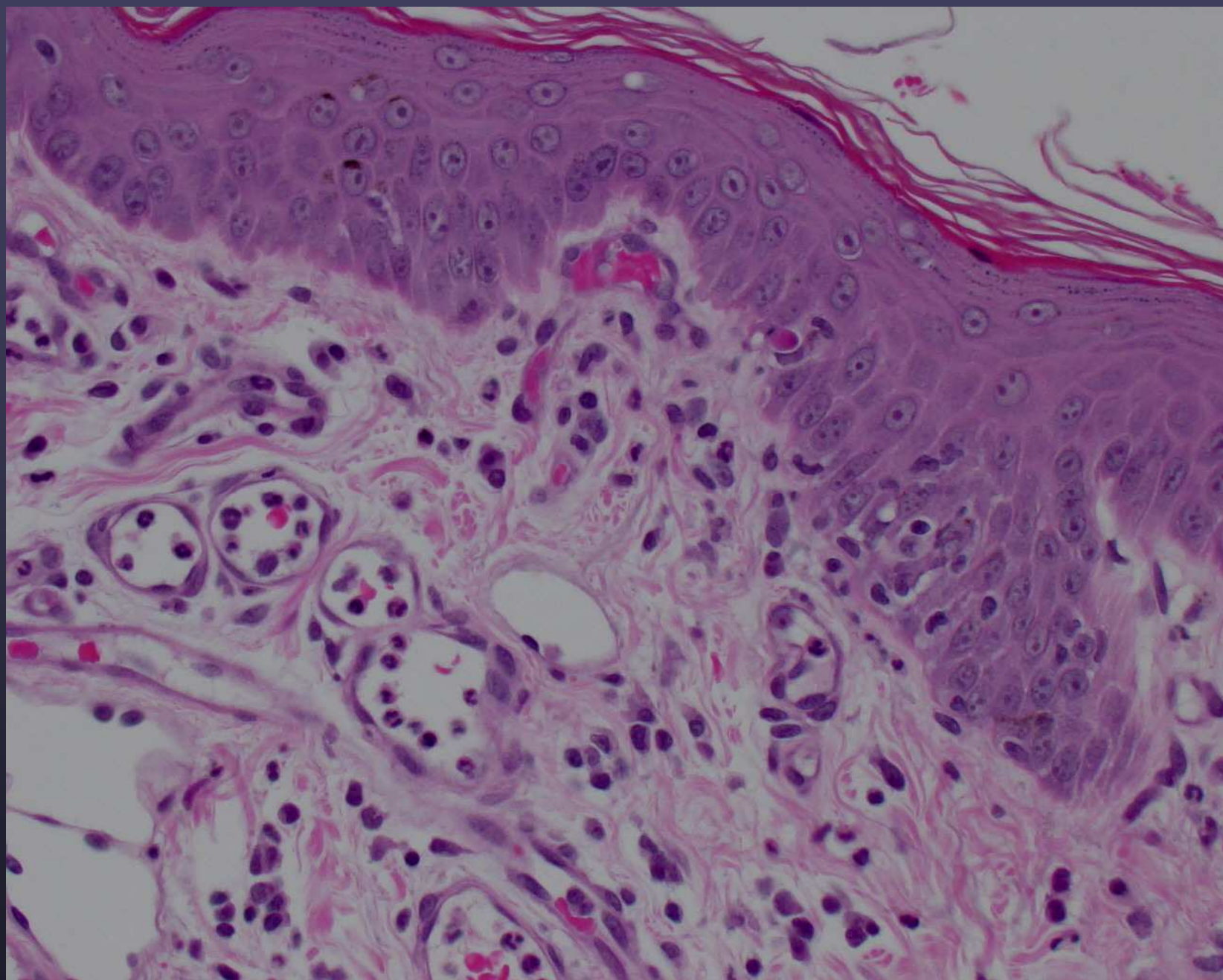












- Dog
- Dorsum, maybe flank
- Pigmented coat- moderately
- Breed unpredictable

Pattern

- Perifolliculitis/furunculosis
- Atrophic derm

Case 5 Diagnosis

- Suppurative furunculosis with intralesional bacterial cocci, right flank-canine.
- Epidermal and follicular atrophy-dorsolumbosacral area- canine.

Recommend C/S