

# Case 5 Signalment/Hx

GLENMOORE, PENNSYLVANIA 19343

Date Submitted: 3/14/07

Species: Canine Breed: HUSK. Sex: MN Age: 10 yr

Biopsy Specimen: X Necropsy Specimen: \_\_\_\_\_

CASE HISTORY:

Number of Lesions: 2

Duration: ~2 months

Size: \_\_\_\_\_

Rate of Growth: \_\_\_\_\_

Cross Appearance: \_\_\_\_\_

Lifelong Hx of seizures (managed w/ Phenobarb) and "allergic" skin disease. Flareups occur yearround (worse in fall). No Δ on 21d food trial x 10 wks. Dog responds well to Aox/steroids in the short term. Owners decline Heka Blood testing for allergies—dog becomes v. pruritic off of Pred. Current lesions consist of alopecia, erythema, crusting / scaling and hyperpigmentation. (variable pruritus). Recent CBC/CP = MAKP, Bile Acids ↑ <sup>sl. elevated</sup> (17/21.9)

Treatment (if any): Keftex 1000 mg BID x 4 wks, \*Pred 10 mg EOD x ~10 mo.

Issues Submitted (Tumor, Organs - Specify): SKIN

Location where tissues were taken from: SKIN - (2) flank, Dorsum

Lymph Node Involvement: | YES | NO | Encapsulated: | YES | NO | Excisional Biopsy: | YES | NO |

Anticipated Clinical Diagnosis: \_\_\_\_\_

FOR PATHOLOGISTS USE ONLY: \_\_\_\_\_

# Significance

- In the modern world of MDR infections, failure to respond to abx is virtually meaningless.
- Always recommend C/S
- MRSA/MRSI/S. schleiferi- unpredictable sensitivity patterns

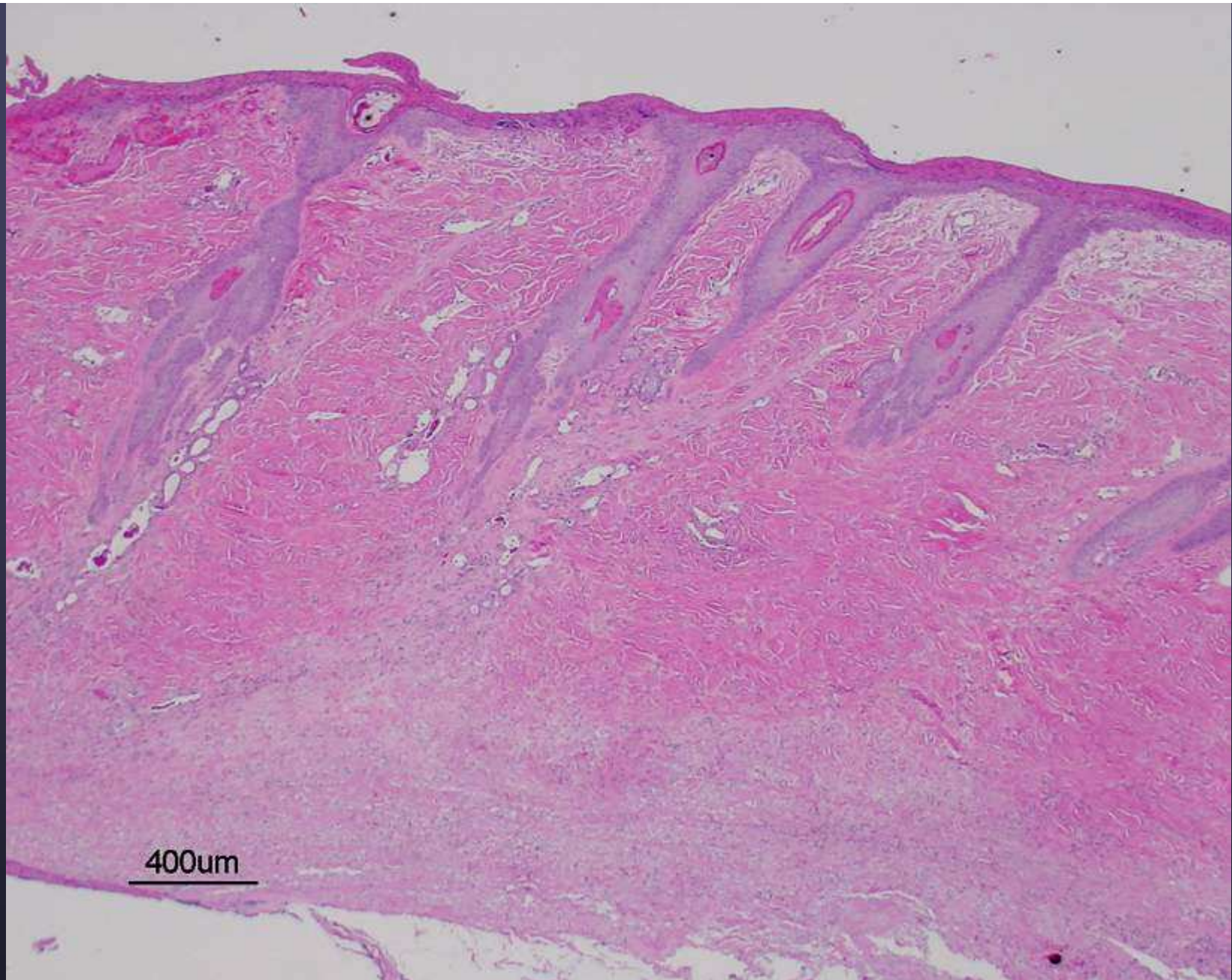
# Case 6

- Two 6-mm punch biopsies



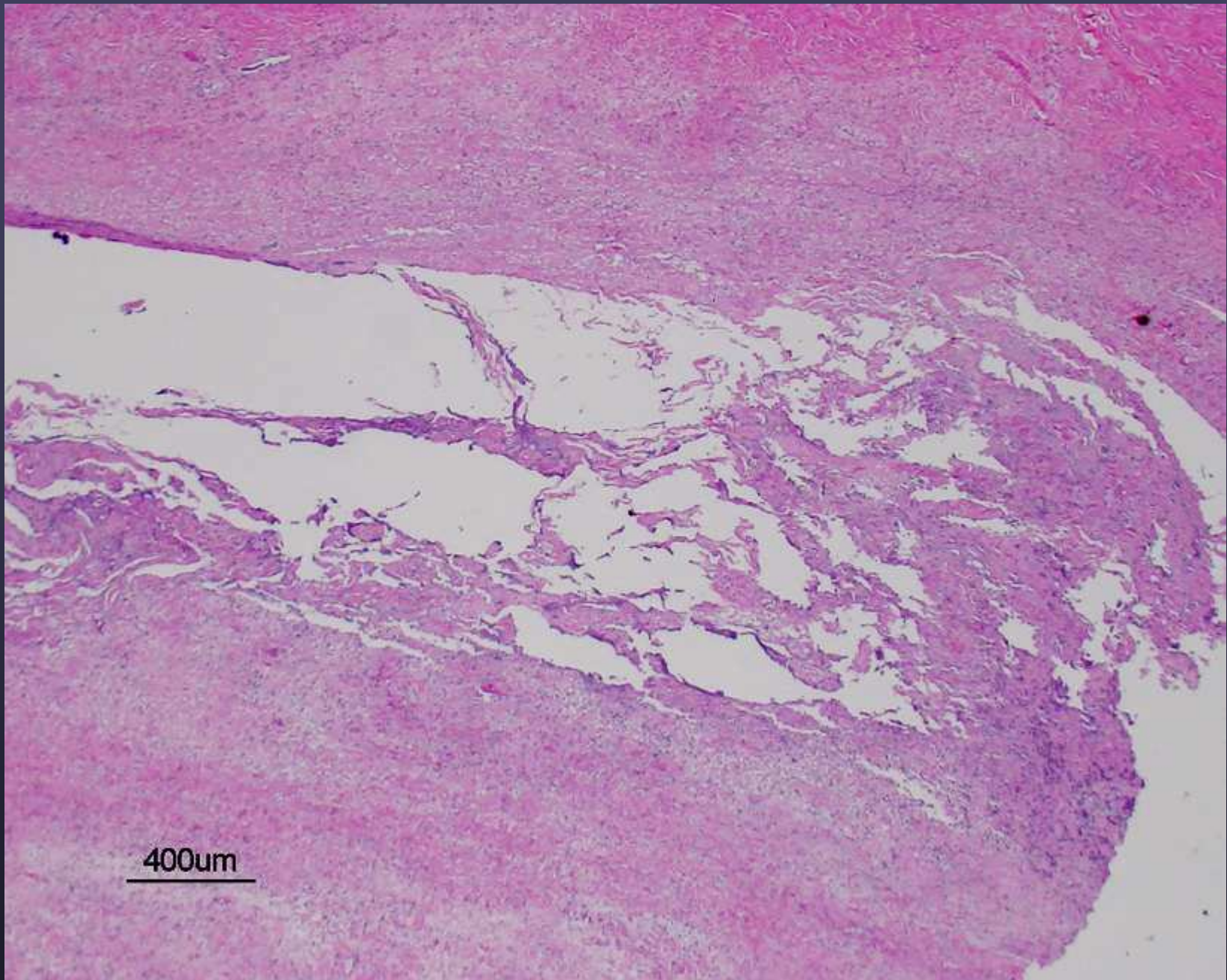
Case 6





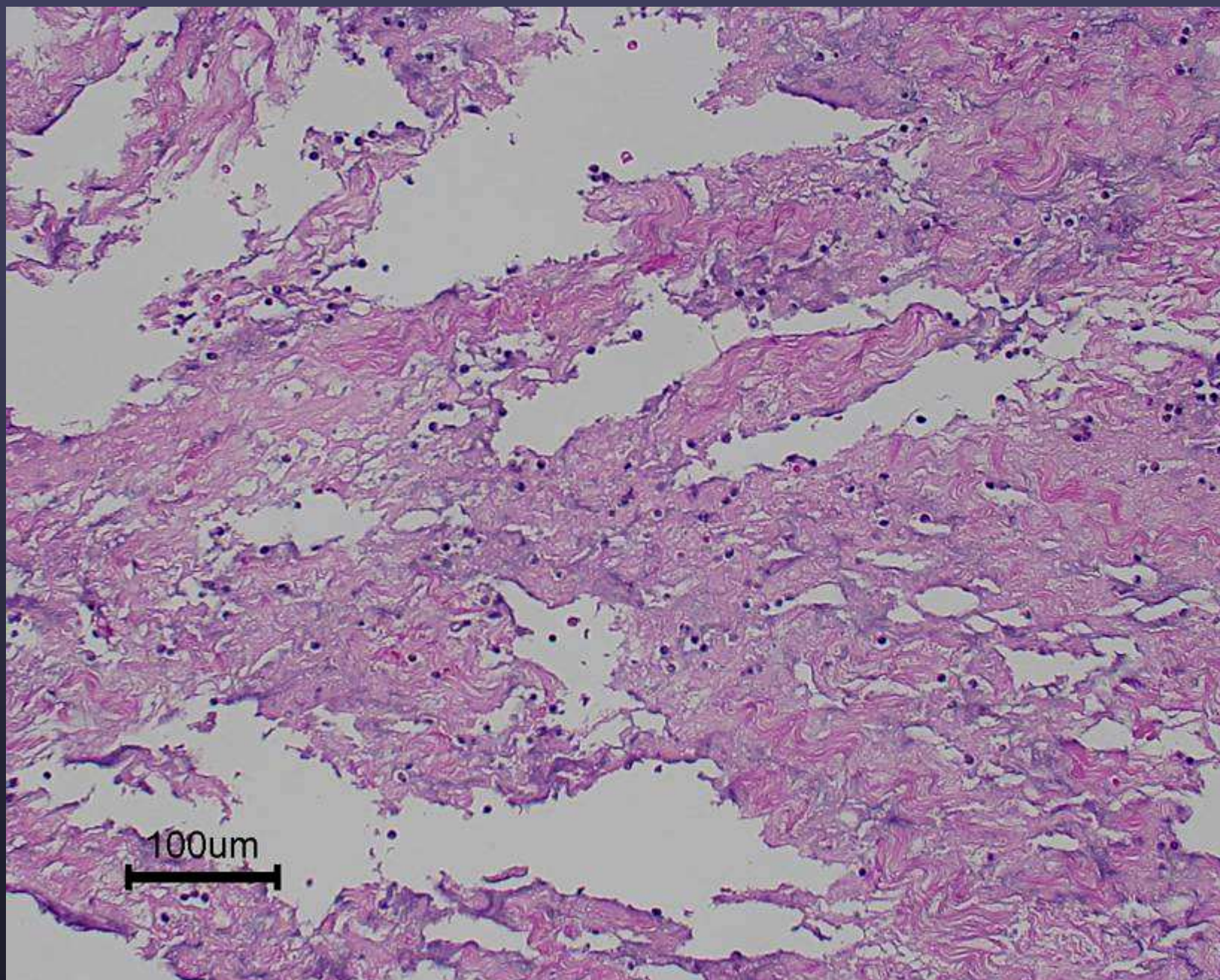
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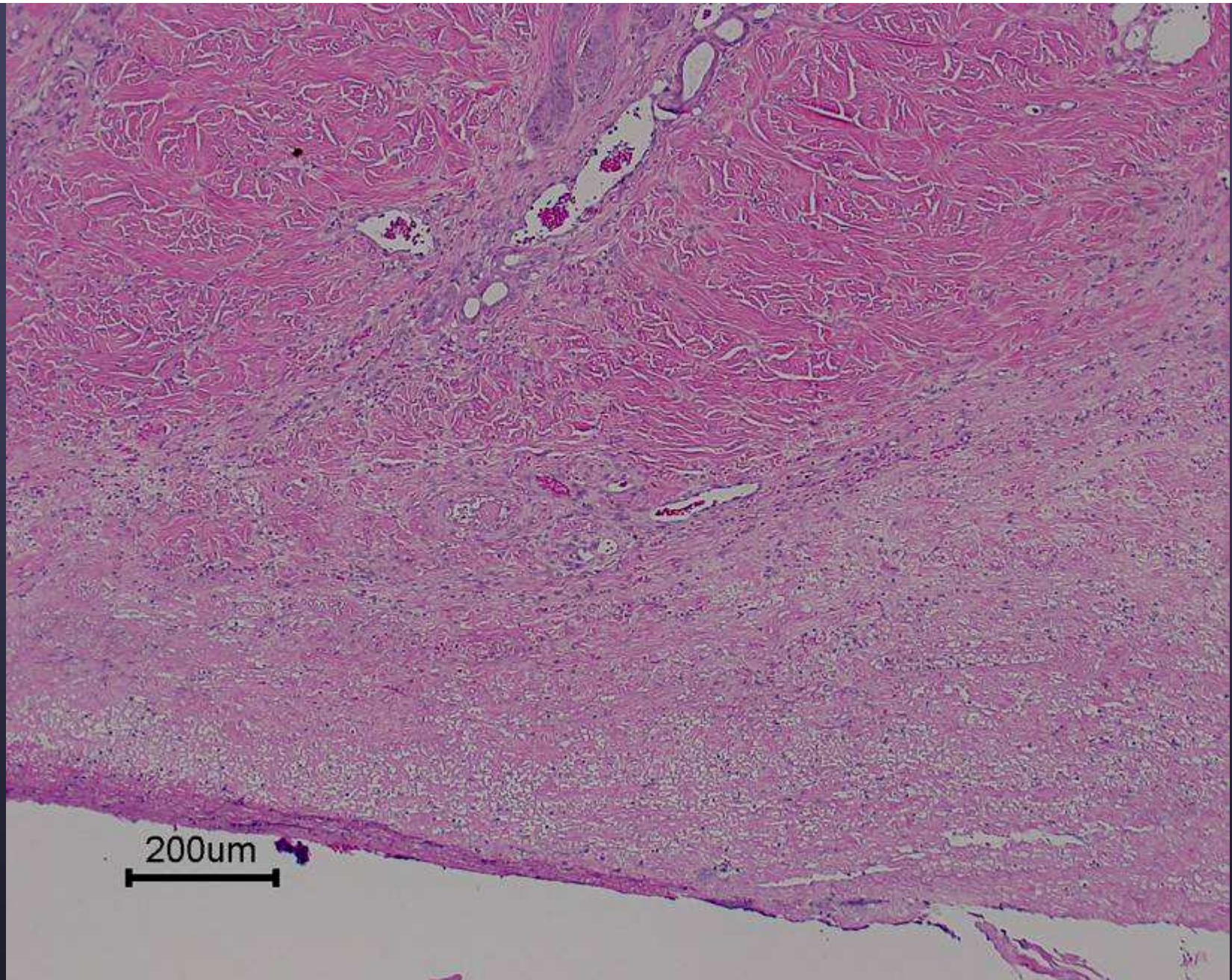


Case 6



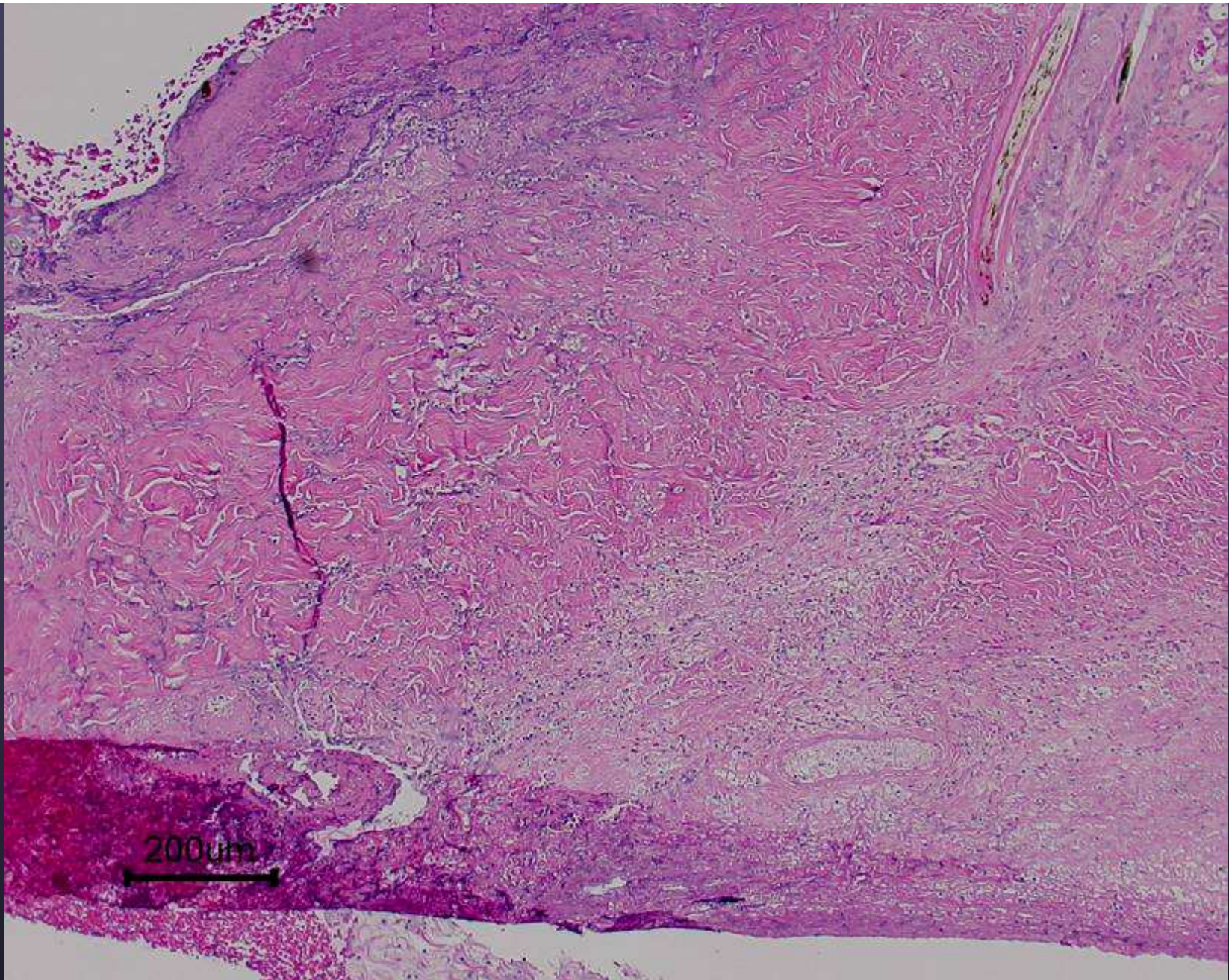






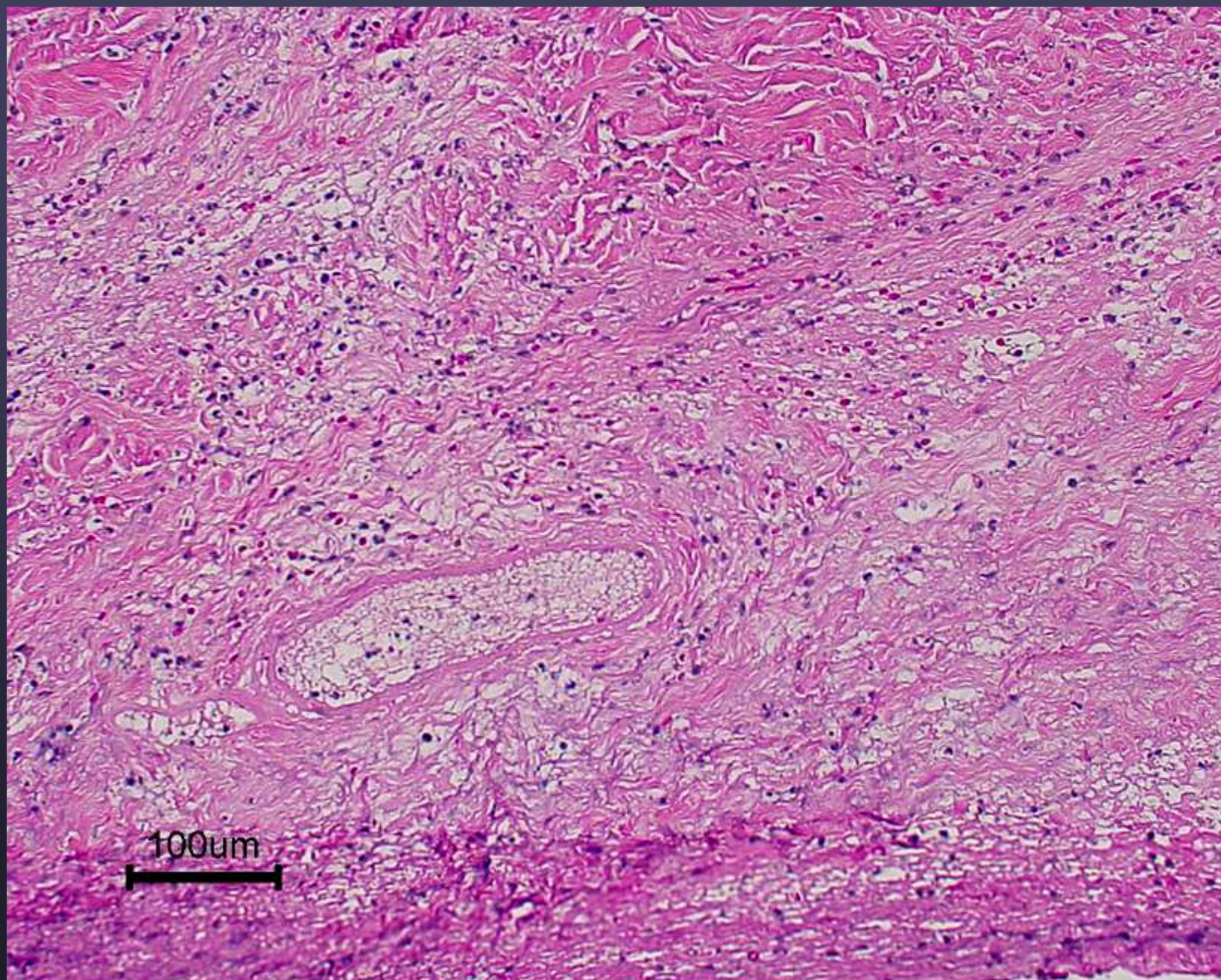
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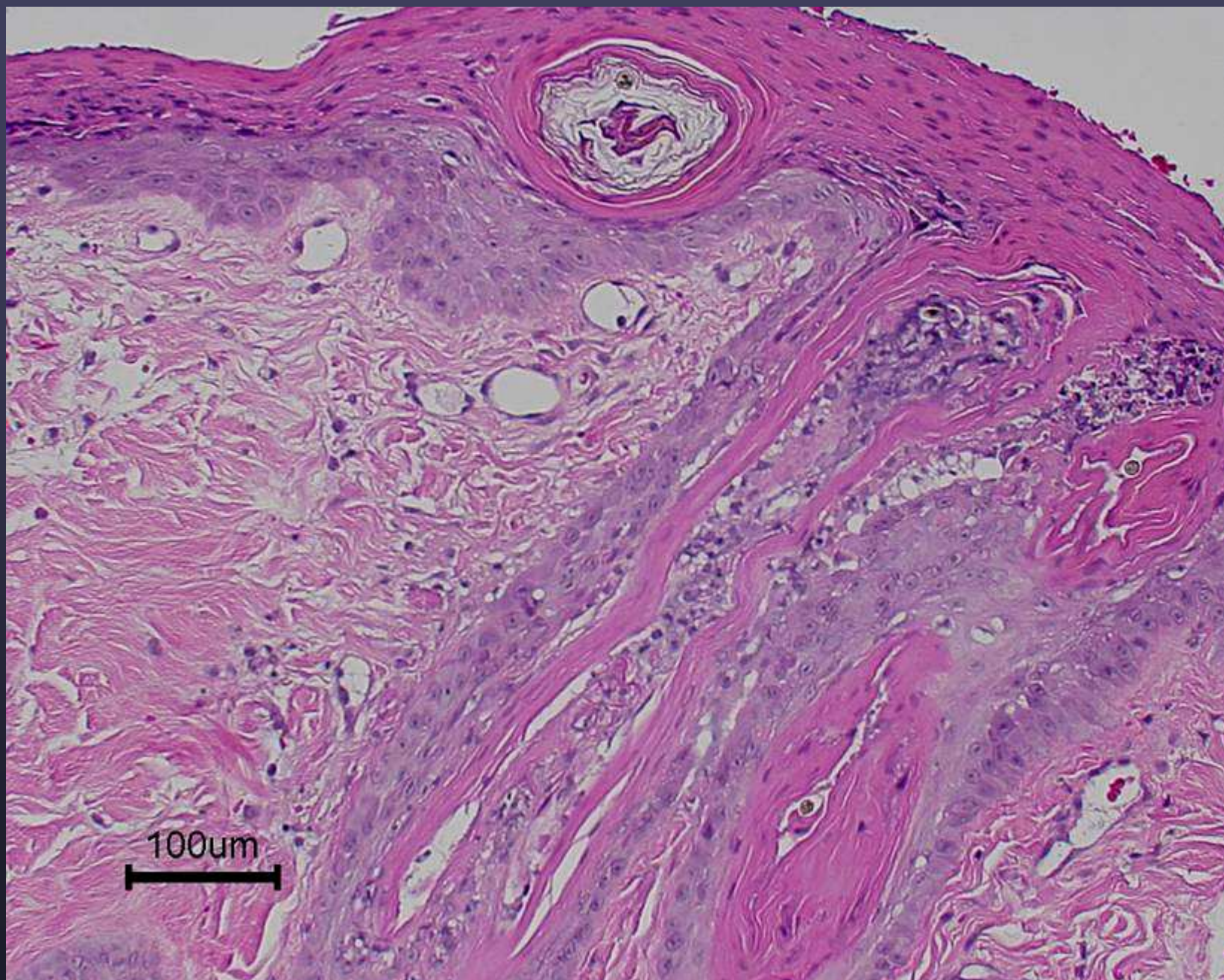


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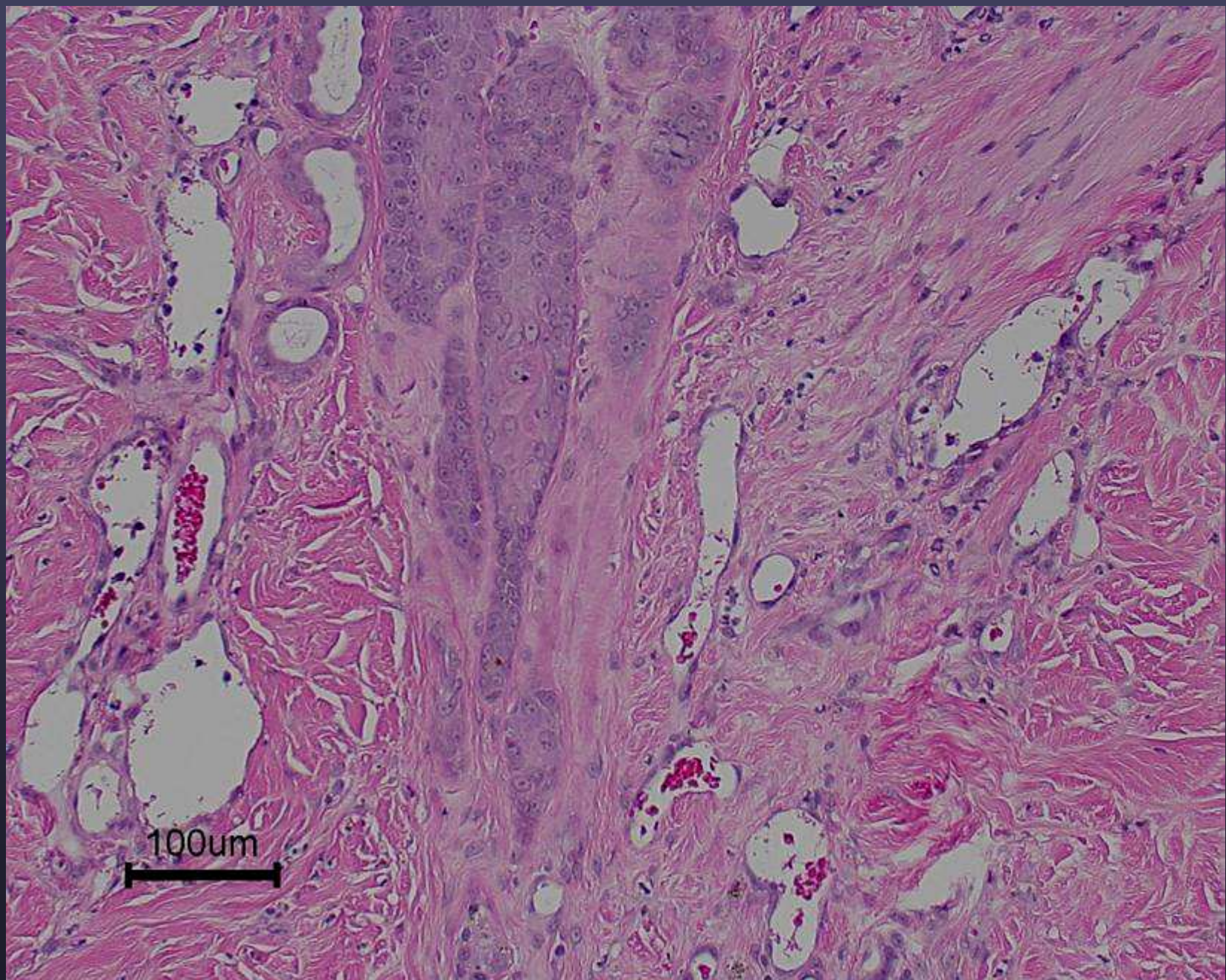




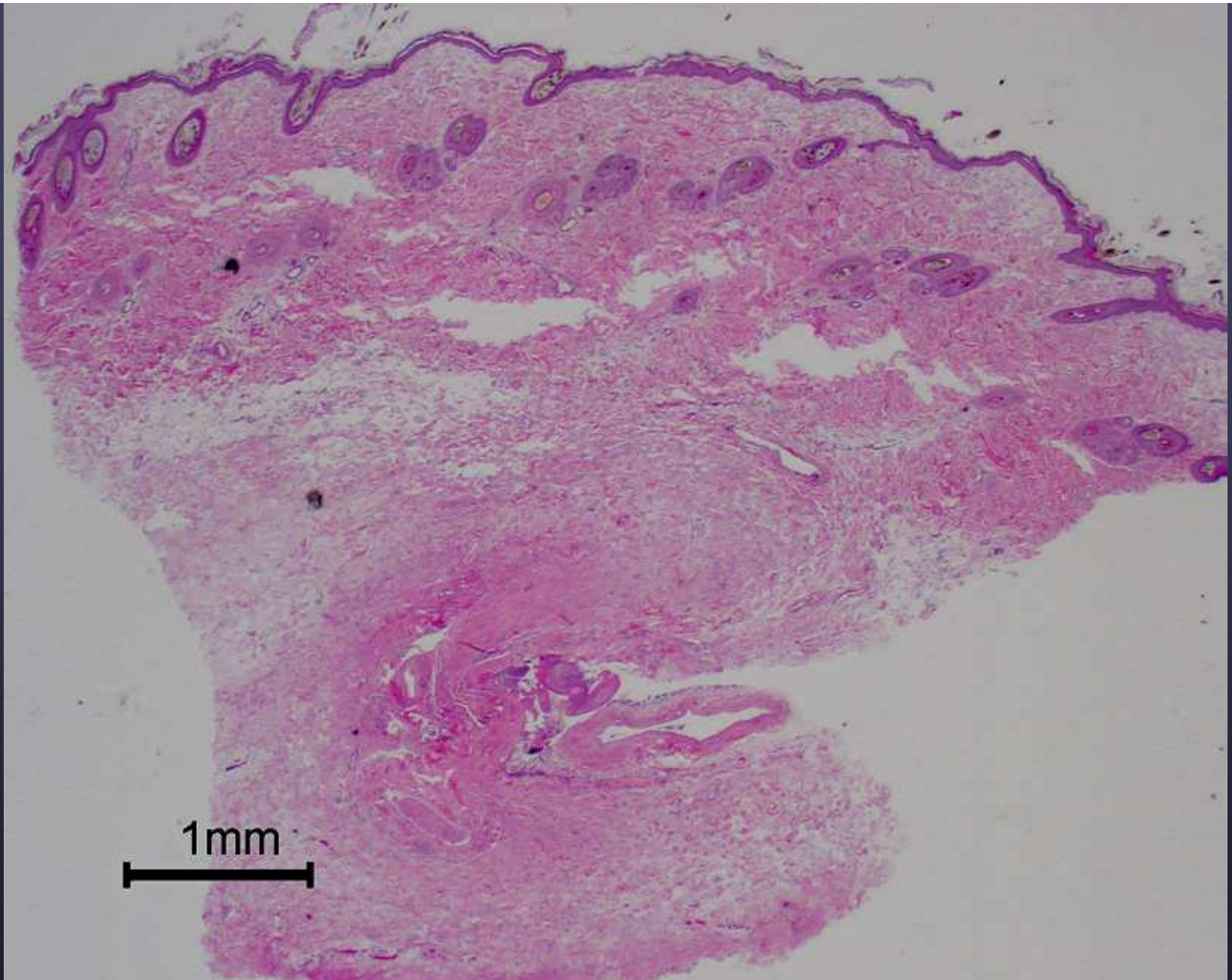






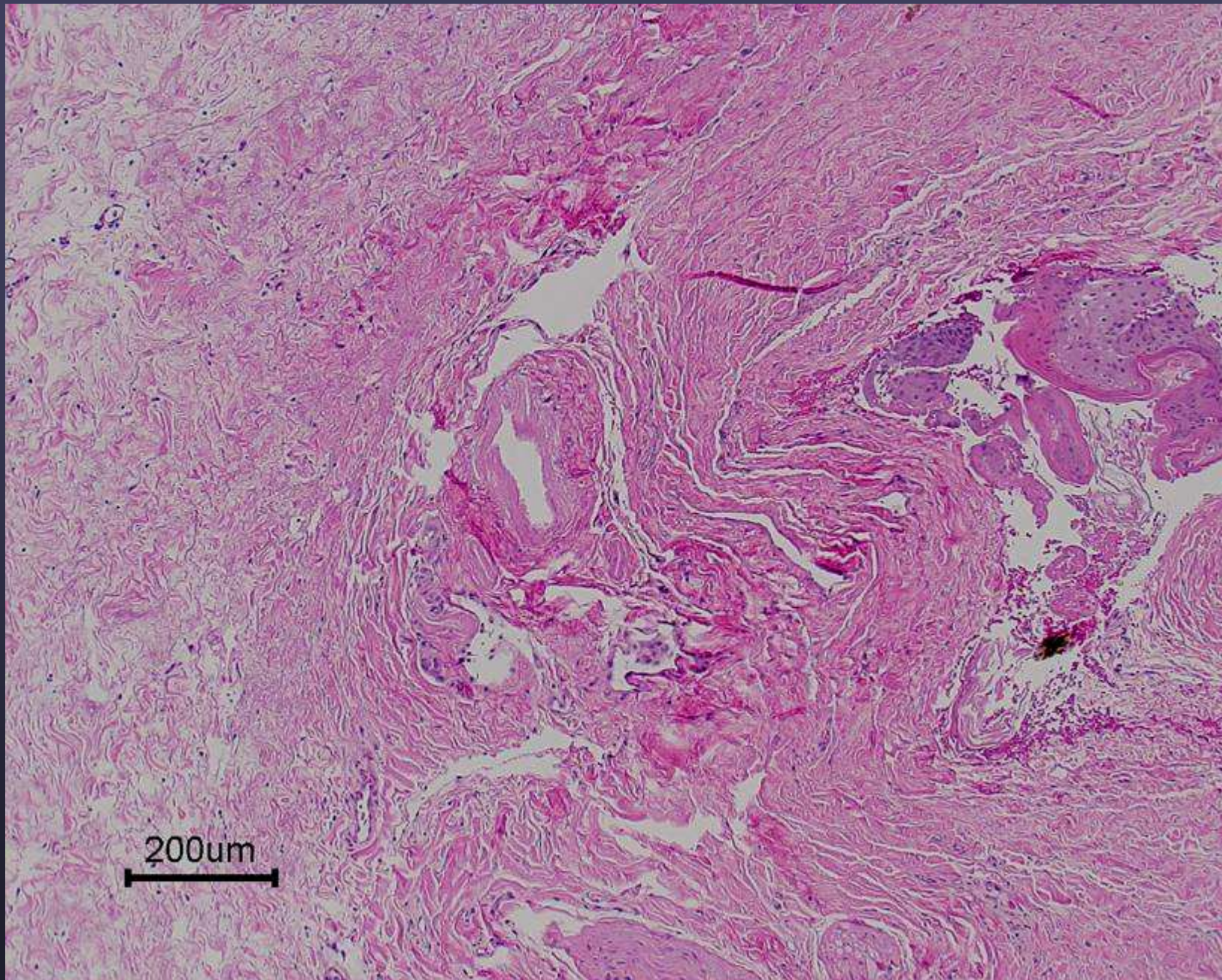






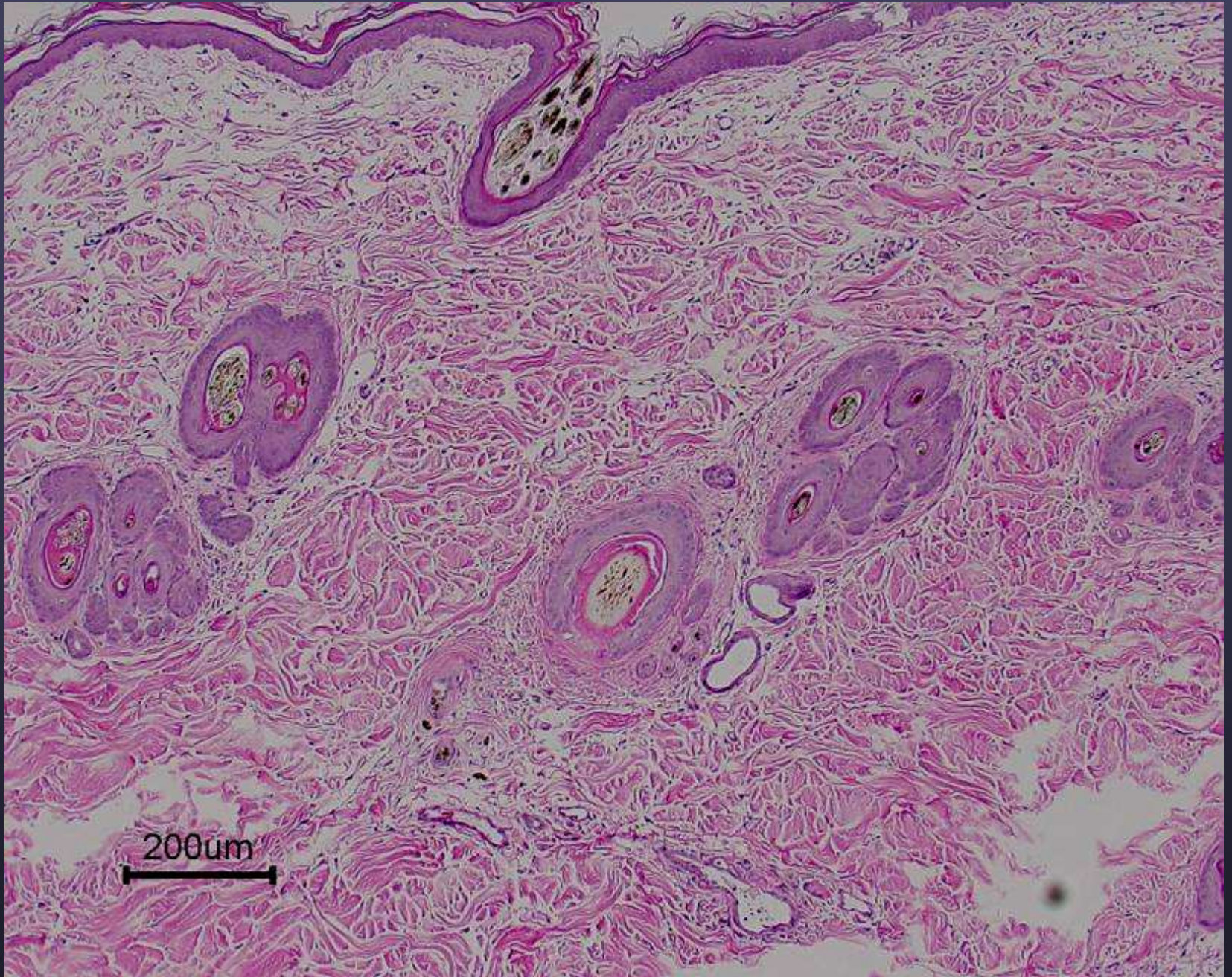
Case 6





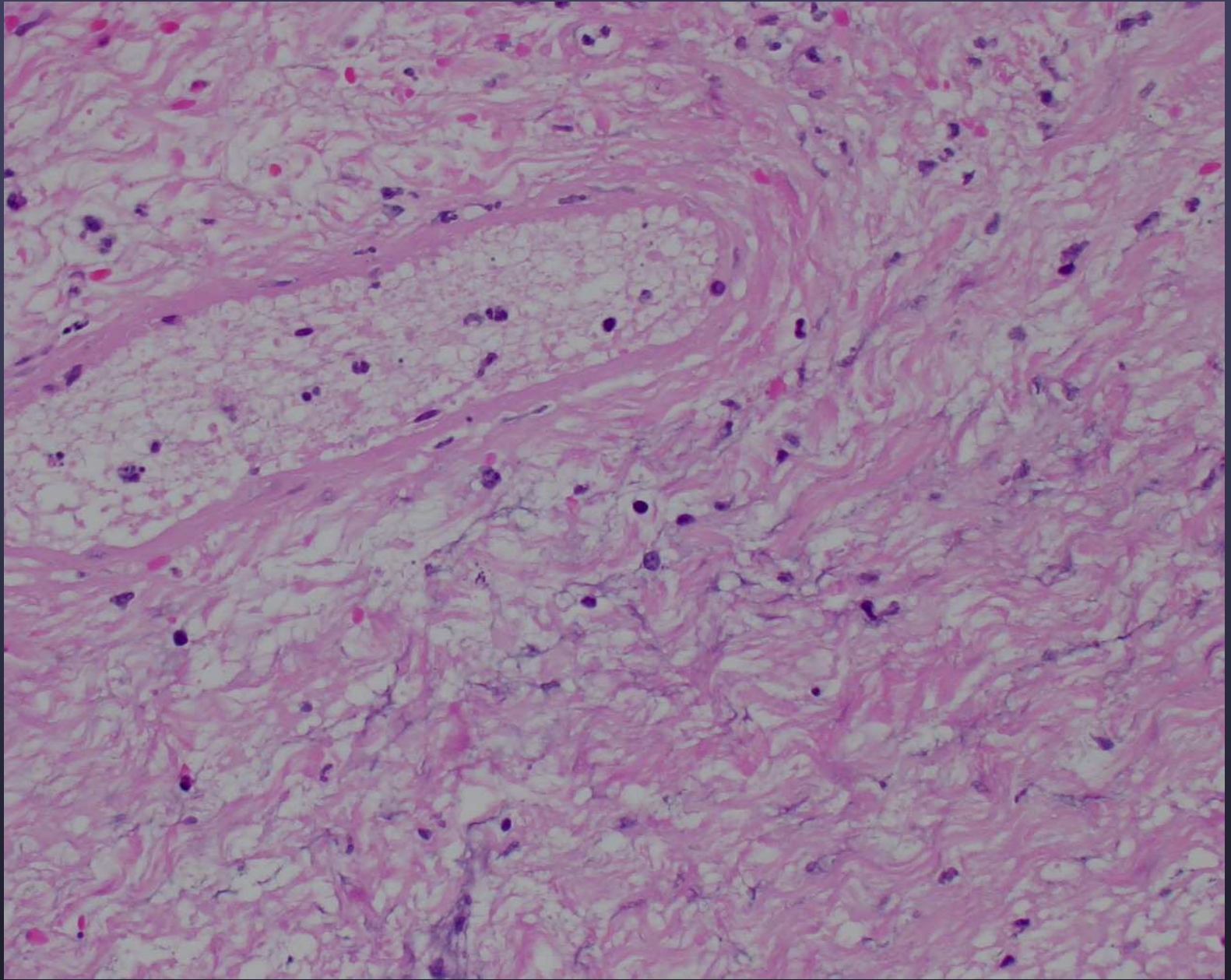
Case 6





Case 6





Case 6



- When in doubt, guess dog
- Bx not from face or dorsum, maybe limb?
- Coat color-? Moderate HF pigmentation
- Pattern- diffuse derm



# Case 6 History/Signalment

C PIT BULL X 08MAR05 F

3834 BERGH MEMORIAL ANIMAL  
HOSPITAL (ASPCA)  
NEW YORK, NY 10128

PRESENTED RECUMBANT AND NEAR DEATH. SEVERELY EMACIATED HYPOTHERMIC, SEVERELY DEHYDRATED, LOW PCB/T.B, PLATELETS, OTHER ABN CONSISTENT W/SHOCK AND STARVATION SUPPORTIVE CARE INSTITUTED

SEVERE UNILATERAL PITTING HINDLIMB EDEMA DEVELOPED WITHIN 48 HOURS. SKIN OF LATERAL AFFECTED LIMB ERYTHEMATOUS - WELL DEMARCATED FIRM LESION (LOOKS LIKE ESCHAR) AND POSITIVE NIKOLSKY'S SIGN AT PERIPHERY. SEROHEMORRHAGIC DISCHARGE WHEN MANIPULATED. LESION EXPANDED BY -20% IN 24 HOURS.

CYTOLOGY = DEEP PYODERMA, SKIN (DISTAL LIMB)  
2 DAYS DURATION; RAPID GROWTH; TREATMENT: UNASYNE, ENROFLOXACIN, IV FLUIDS/HISTIOSARC, PACKED RBCS PEPCID, SUCRALFATE, HYDROTHERAPY



# Case 6 Diagnosis

- Severe necrotizing cellulitis and focal vasculitis with regional dermal necrosis, and sclerosis- hindlimb- canine.



# Significance

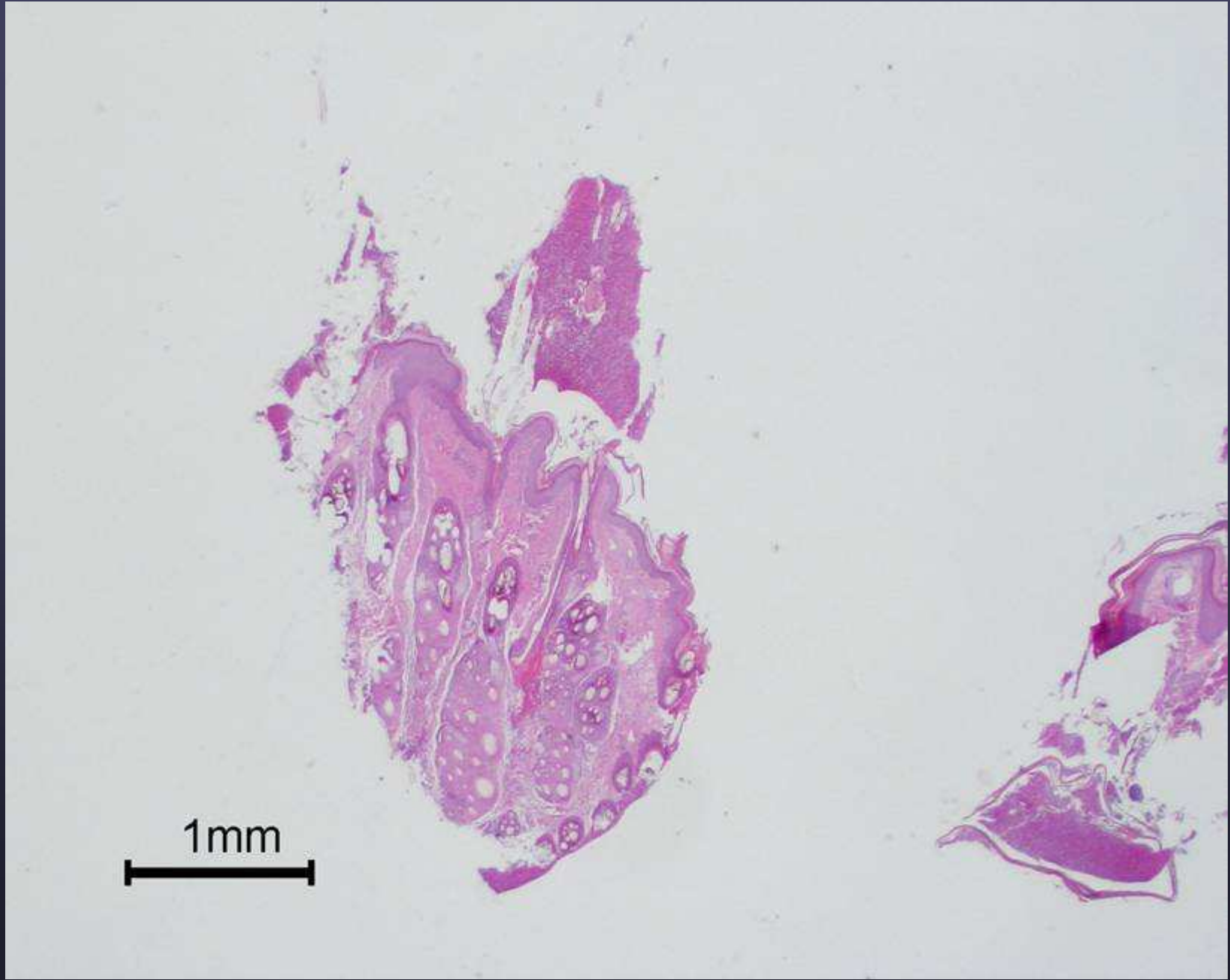
- Sepsis
- Vasculitis
- “Worrisome” histopathologic changes



# Case 7

- Two tiny punches (3-4- mm?)

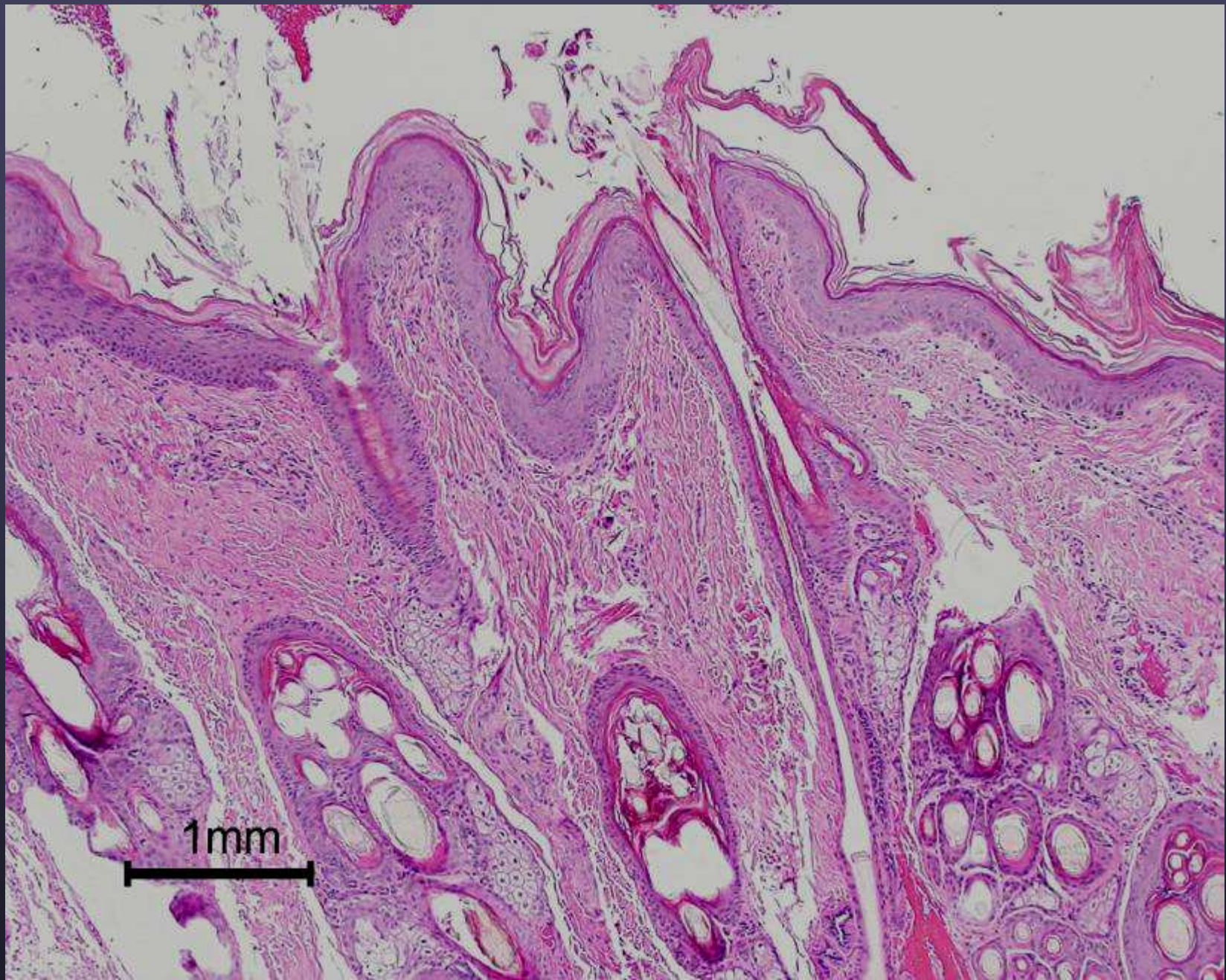




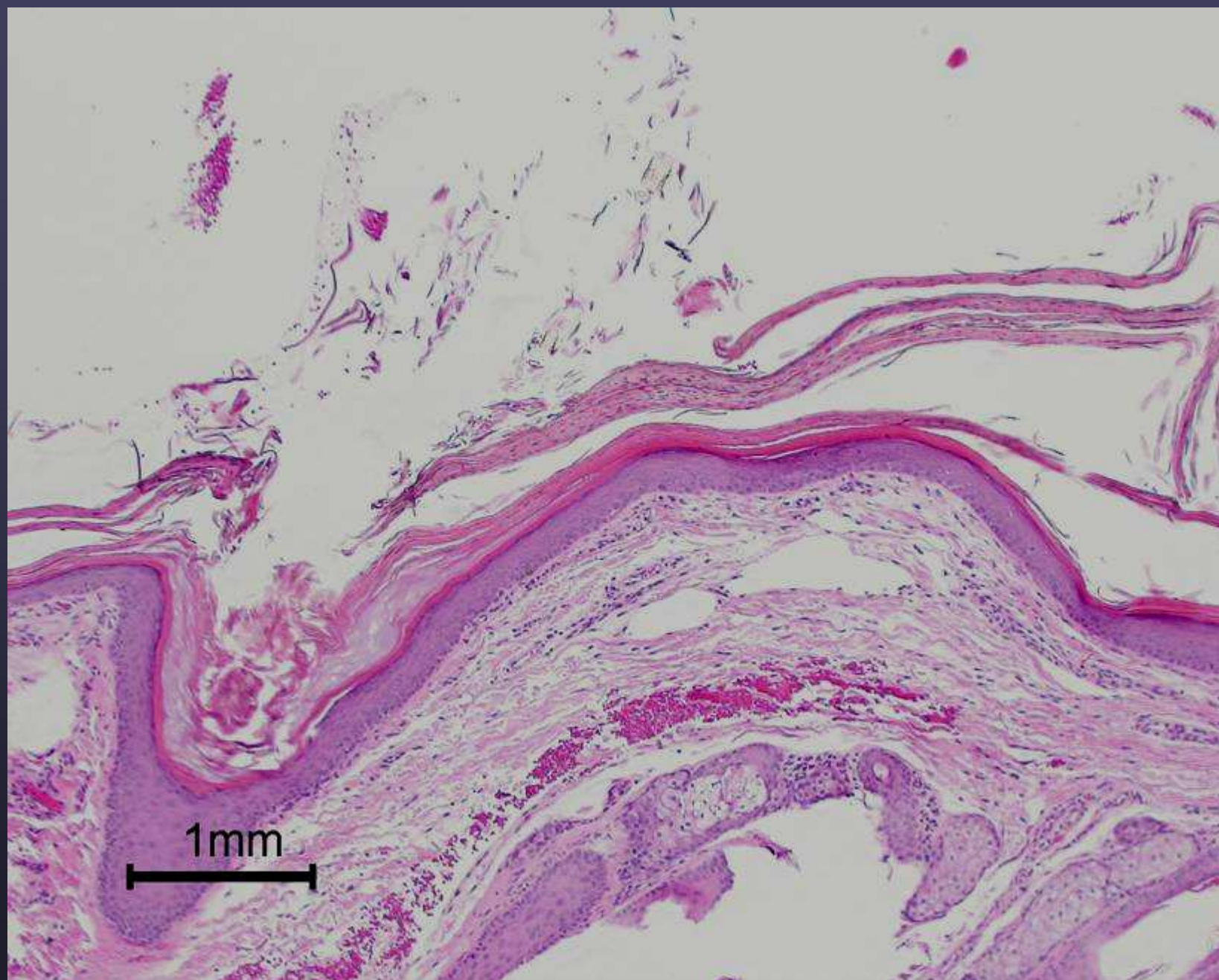
1mm

This is a low-magnification histological image of a tissue section, likely stained with hematoxylin and eosin (H&E). The tissue is irregularly shaped and shows a complex internal structure. A large, dark, irregular mass is visible in the upper left, possibly representing a tumor or a large area of necrosis. Below this, there are several smaller, more organized structures that appear to be glandular or ductal in nature, with some containing secretory material. The surrounding tissue is less dense and more fibrous. A scale bar in the bottom left corner indicates a length of 1mm.









# Case 7

Date Submitted:

3/14/07

Species: K-9 Breed: Sheltie Sex: FCS Date of Birth: 2/27/97

Biopsy Specimen: ☒ Necropsy Specimen: ☐ Cytology Specimen: ☐

## CASE HISTORY:

Number of Lesions: 1

Duration:

Size: N/A

Rate of Growth: N/A

Gross Appearance: 0. Soft tissue swelling around nail bed

of digit 2, F; limping noted, oozing serous discharge from nail bed

Treatment: Cephalexin, Mohsian soaks, Malarach fluke

Previous Biopsies: No

## TISSUES SUBMITTED:

Entire Specimen ☐ Wedge ☐ Tru-Cut ☐ Punch ☒ Frag ☐ Endoscopic ☐ Other ☐

Sample Submitted: Mass ☐ Organ ☒ Necropsy Specimen ☐

Location where tissues were taken from: SKIN

Lymph Node Involvement: YES ☒ NO ☐ Encapsulated: YES ☒ NO ☐ Excisional Biopsy: YES ☒ NO ☐

TENTATIVE CLINICAL DIAGNOSIS: Open

FOR PATHOLOGIST USE ONLY



# Case 7

- Mild epidermal hyperplasia with dermal edema and lamellar orthokeratotic to parakeratotic hyperkeratosis- periungual haired skin- canine.

# Significance

- Is this biopsy a true representative of the clinical lesion?
- Could the hyperkeratosis be response to superficial irritation (e.g topical tx)?
- Recommend excisional bx of toe if swelling persistent



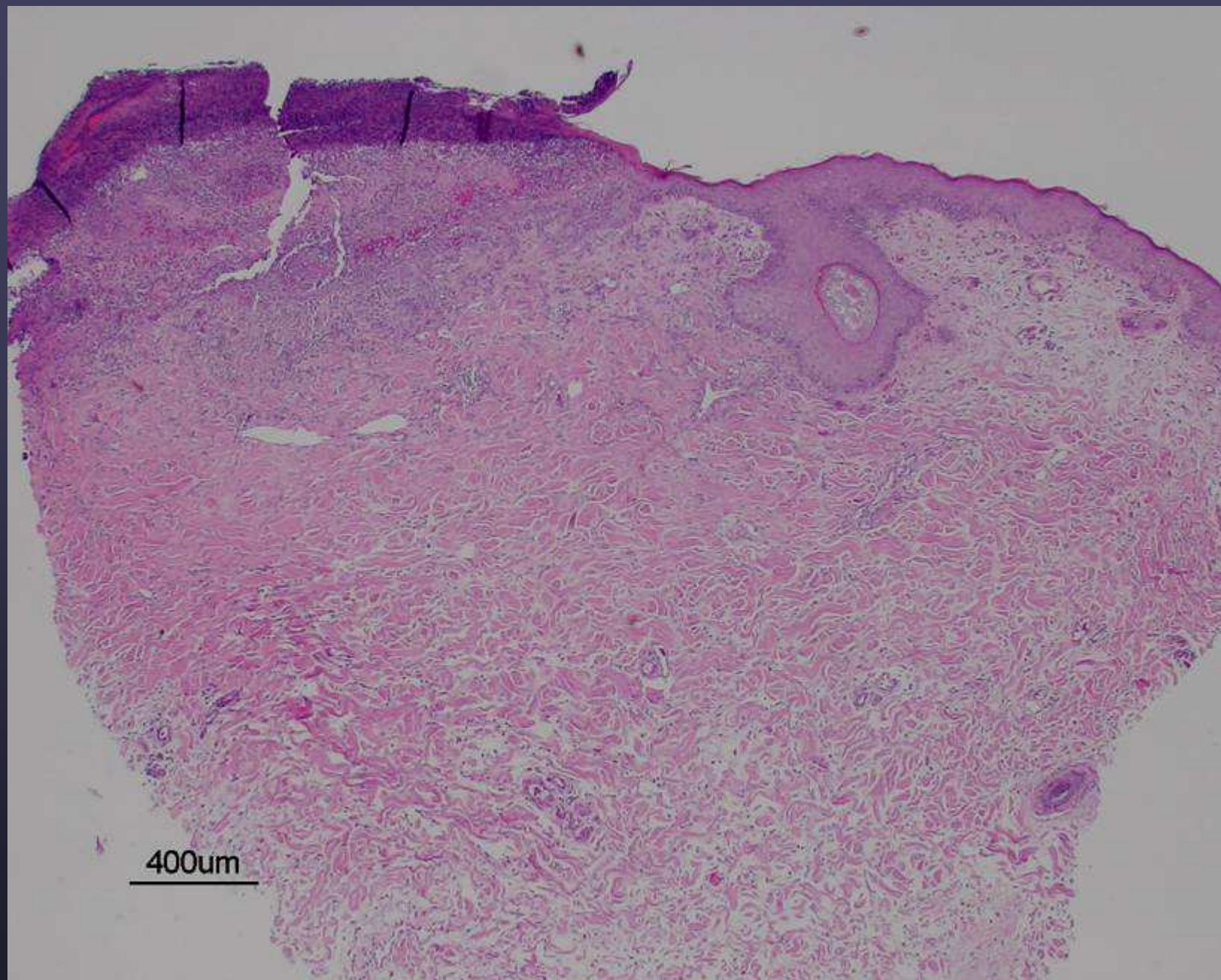
# Case 8

- 3 punches

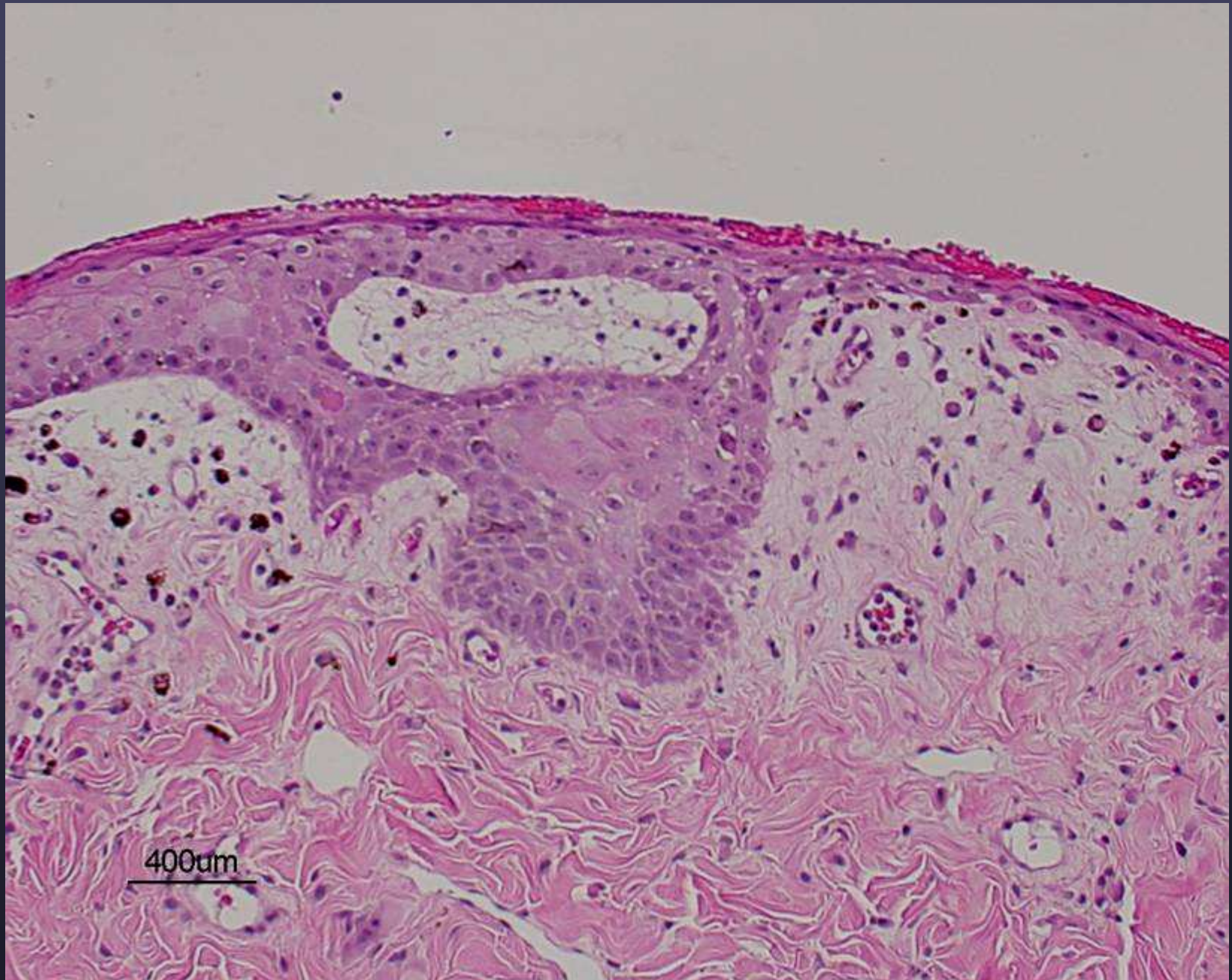


400um

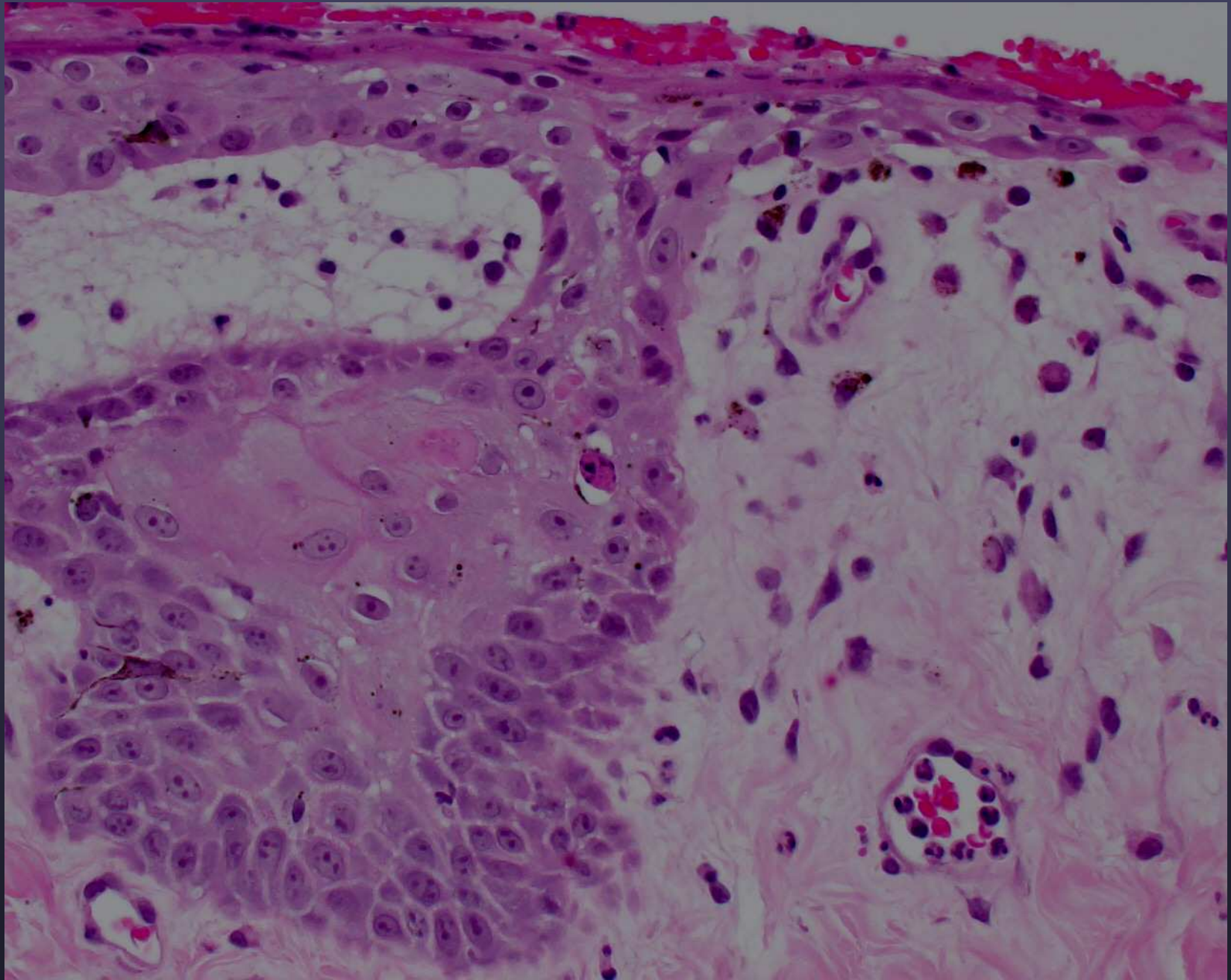




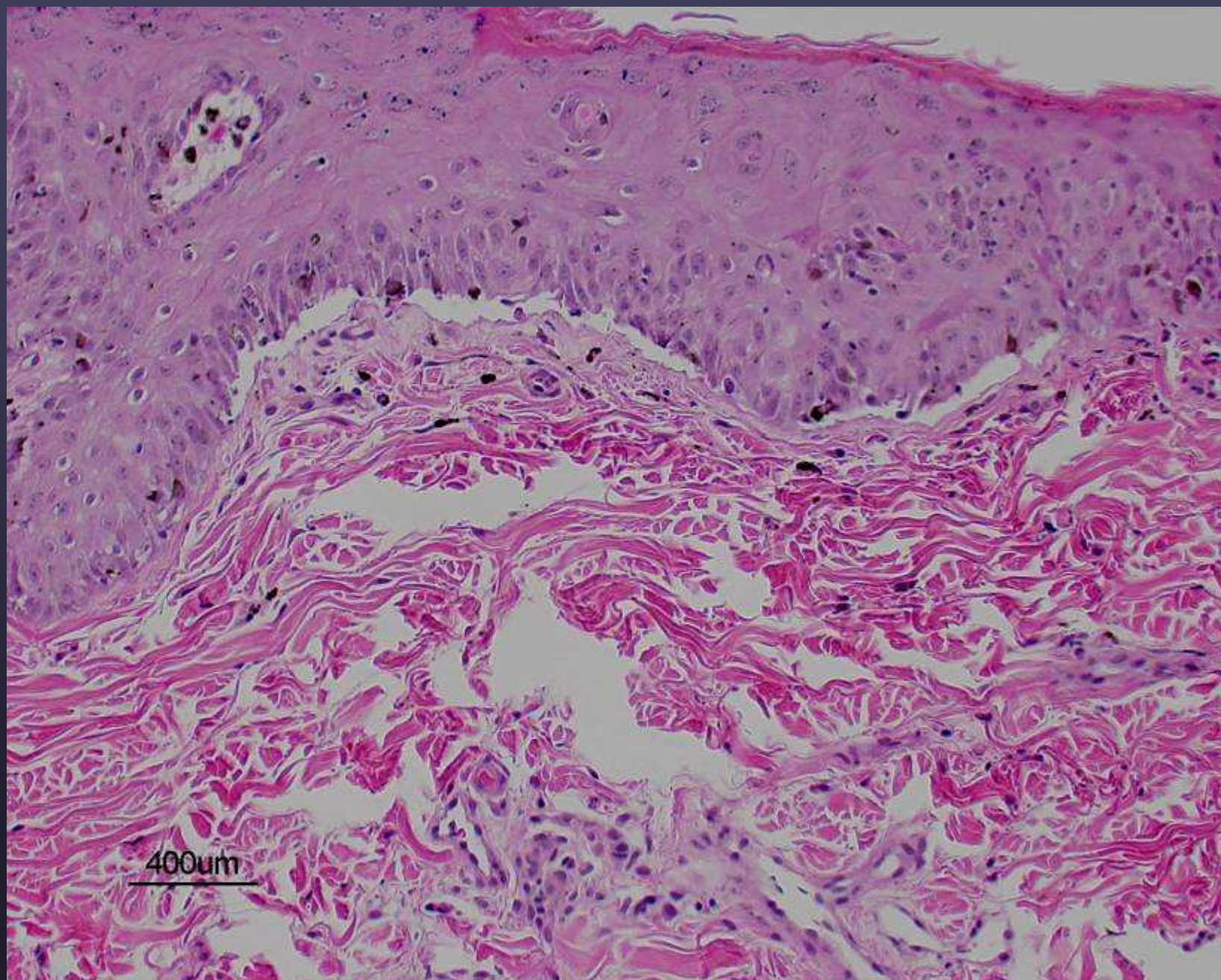














- Dog
- Ear, lip or face
- Pattern: interface derm

# Diagnosis Case 8

1. INTERFACE DERMATITIS WITH PIGMENTARY INCONTINENCE, DERMOEPIDERMAL CLEFTING AND MULTIFOCAL INDIVIDUAL KERATINOCYTE NECROSIS - CANINE.
2. ULCERATIVE DERMATITIS WITH SUPPURATIVE CRUSTS - CANINE.

Comment: Probable vasculitis



# CASE 8 SIGNALMENT/HISTORY

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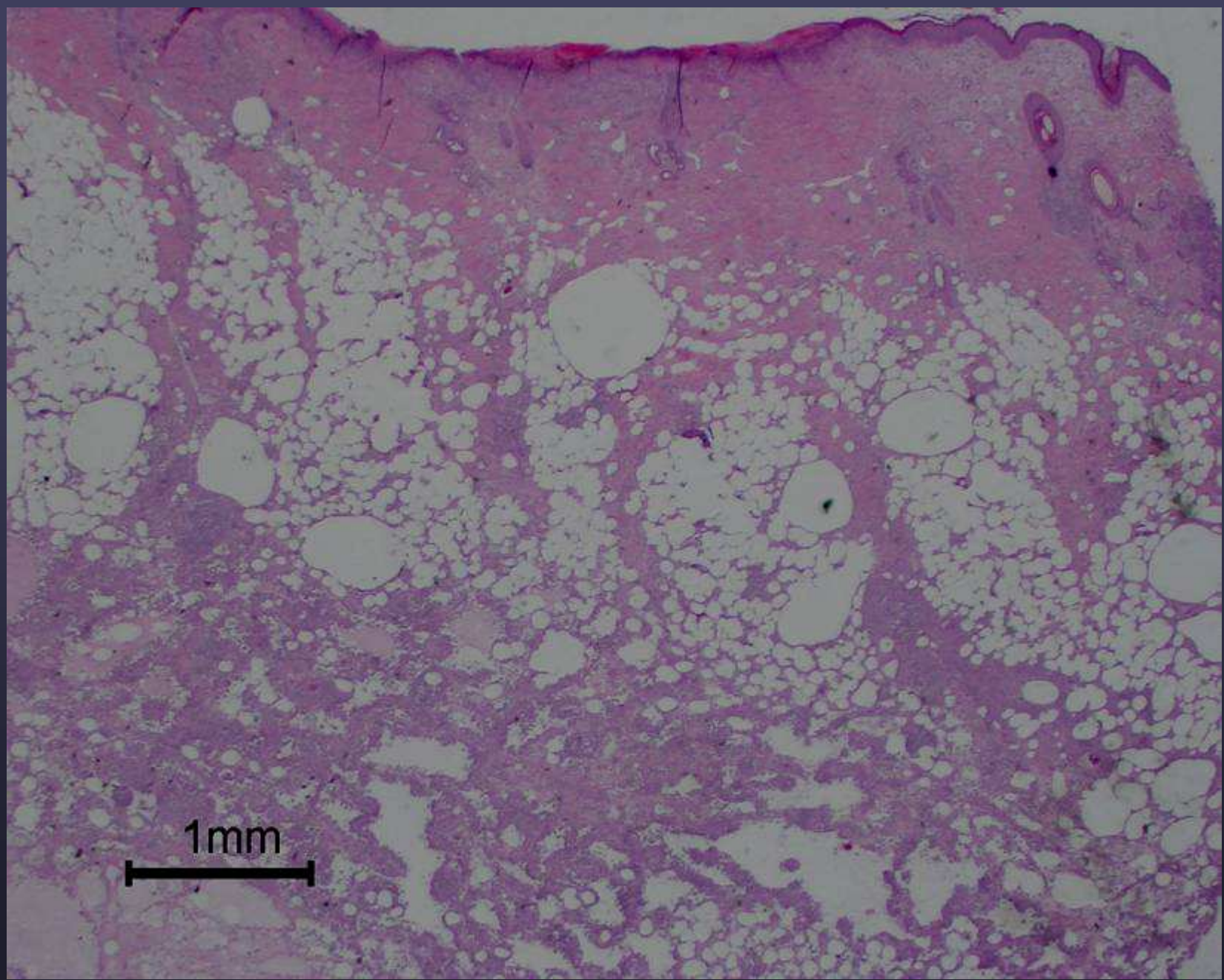
12/27/06 "HOT SPOT" LEFT FACE, LETHARGIC RECENTLY  
RX 250 MG CEPHALEXIN TID 2 WKS  
1/8/07 CHEILITIS LEFT SIDE PERFORMED SKIN BX. SUBMITTED  
TO ANTECH, THYROID PROFILE TO MICHIGAN. RESULTS: BX -  
PYODERMA. RX CLAVAMOX 125-G BID THYROID EQUIVOCAL.  
RECOMMEND TRIAL OF THYRO TABS 0.2 MG, 1 BID. NOW HAS  
PERIPLURAL EDEMA, HYPOALBUMENIA.  
MULTIPLE LESIONS; DURATION: WKS, MOS; SLOW GROWTH  
PREVIOUS BIOPSIES: ENCLOSED, ALSO THYROID PROFILE &  
CHEMISTRY

&

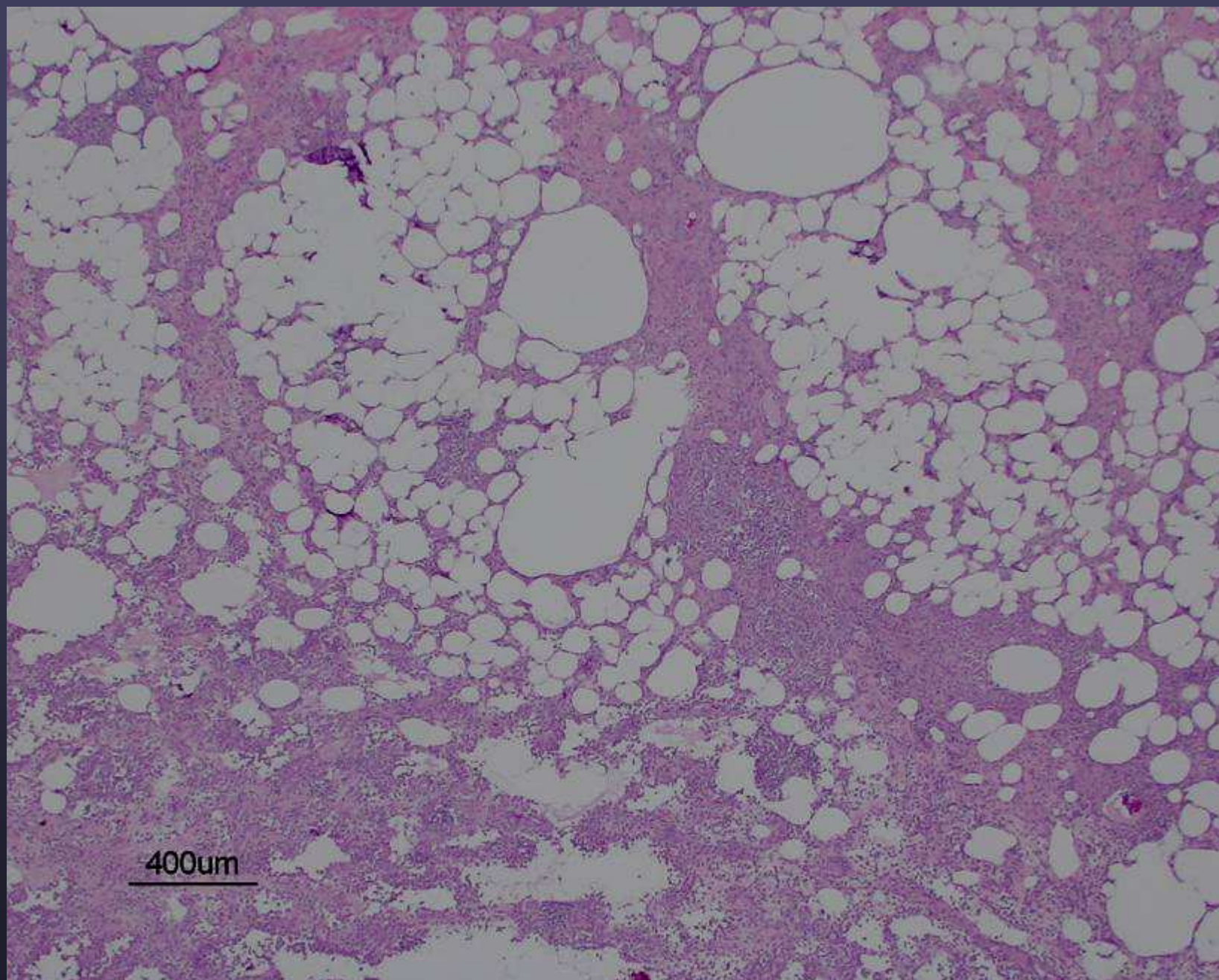
# Case 9

- 1 excisional biopsy
- 1 tru-cut

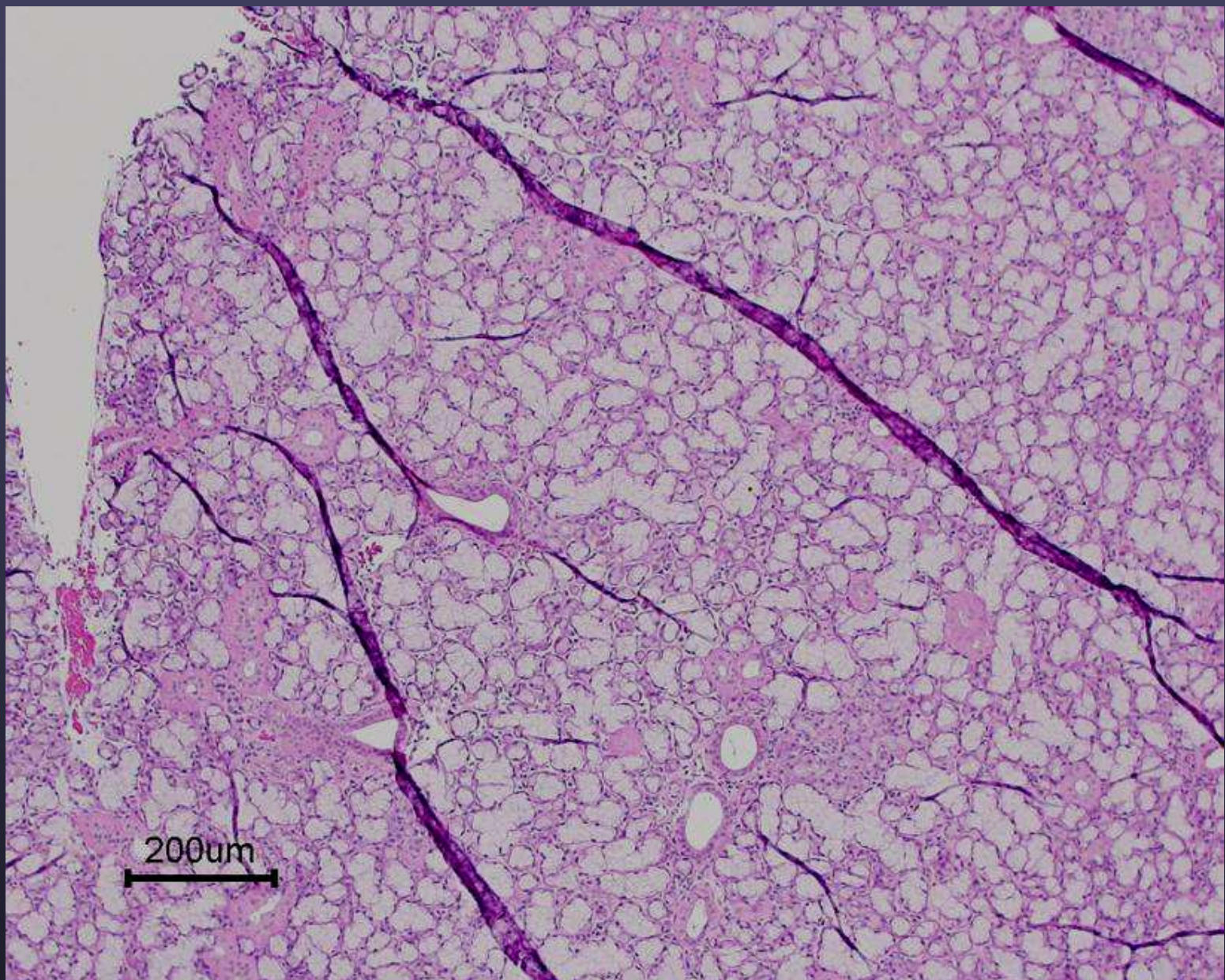




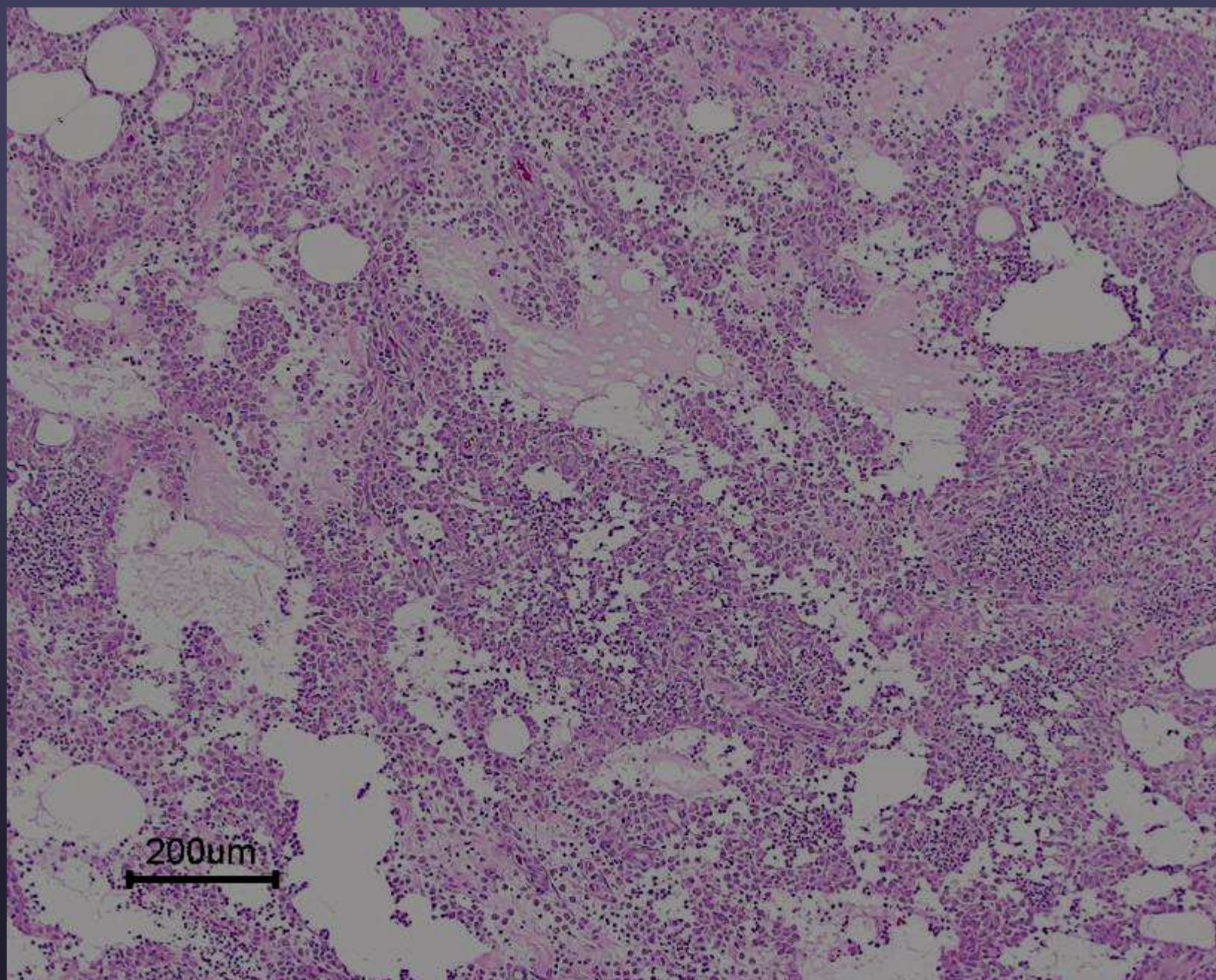




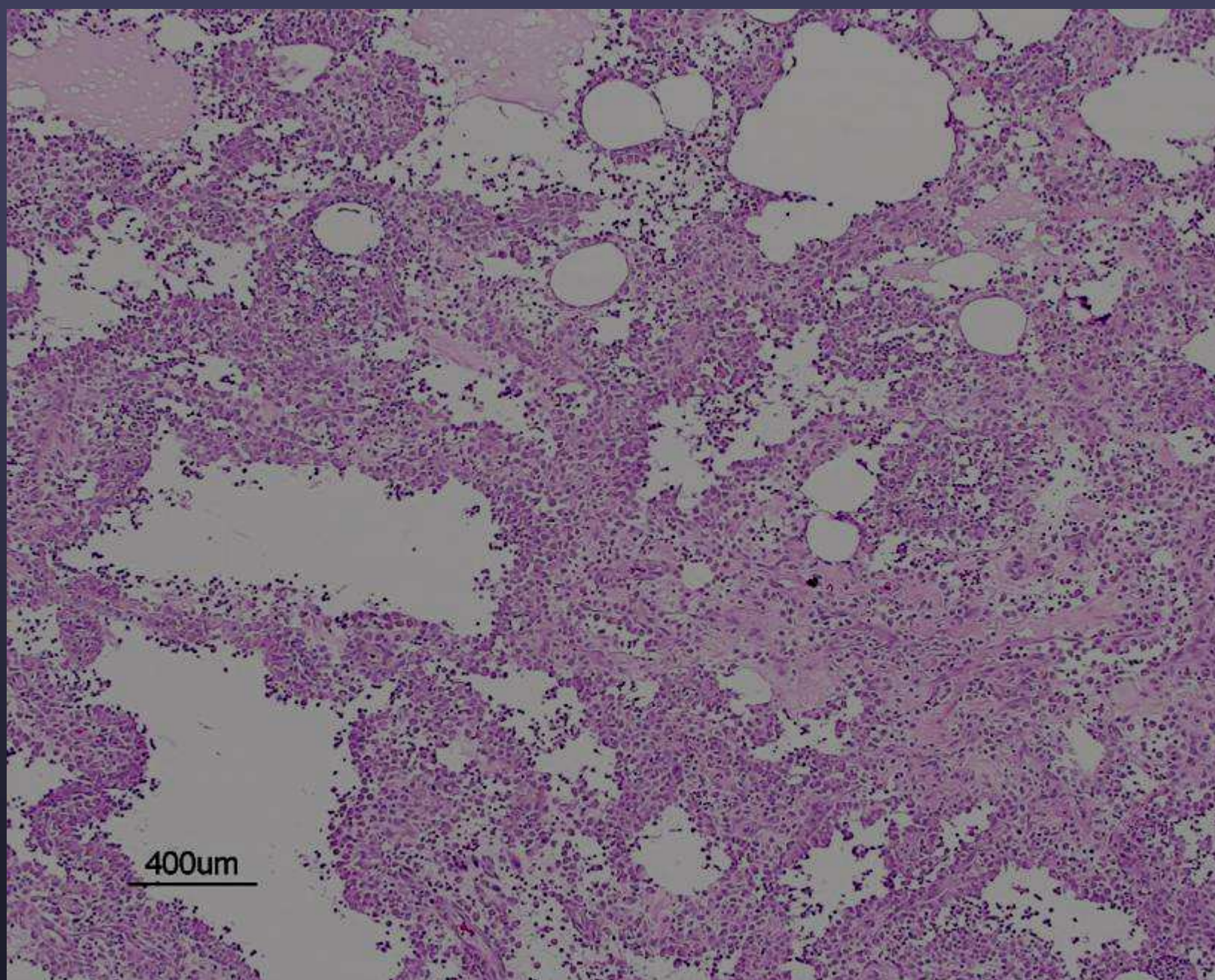




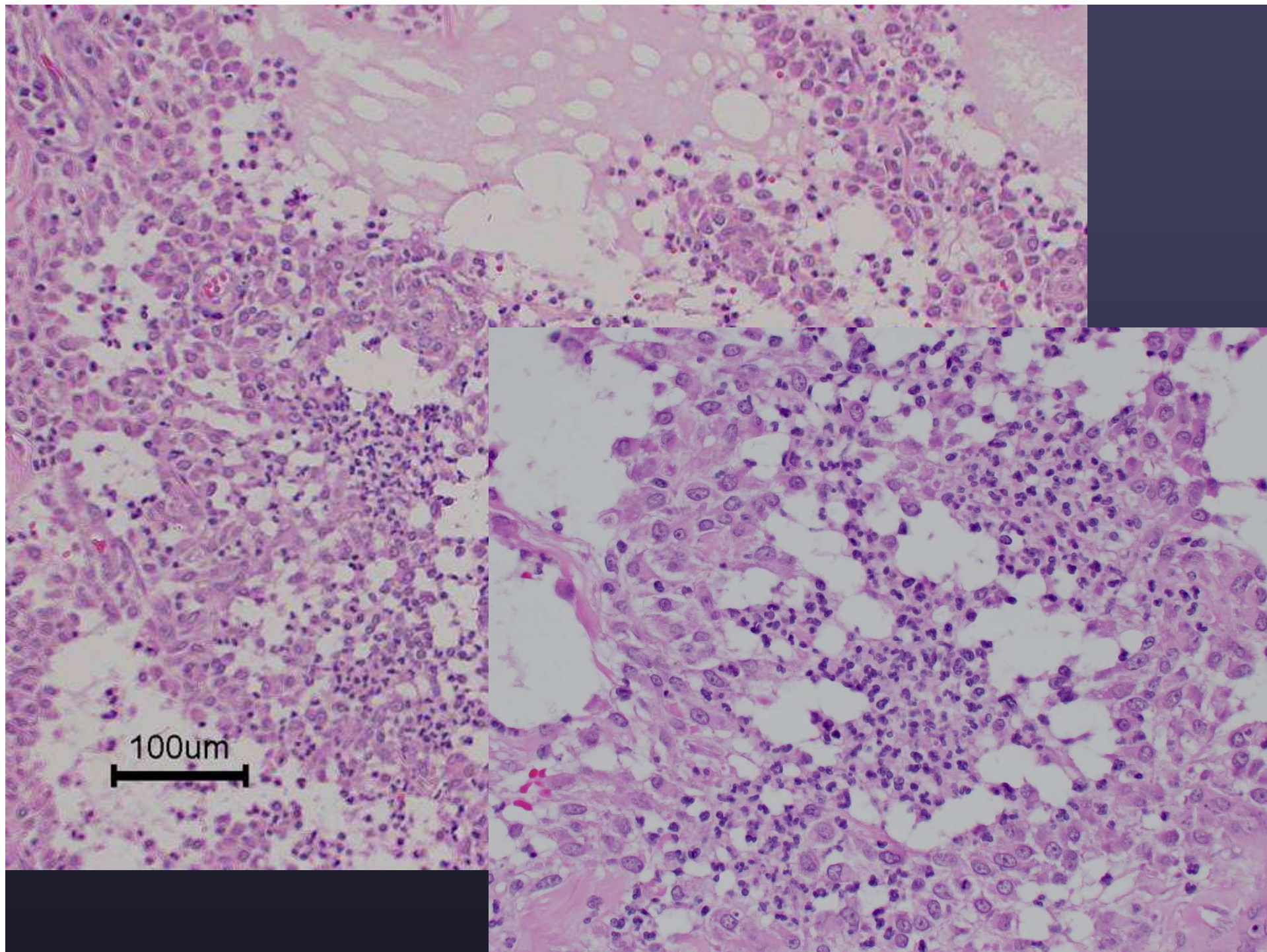














# Case 9 Signalment/Hx

LANGHORNE, PENNSYLVANIA 15047

Date Submitted: 3/15/07

Species: K9 Breed: G. Shep X Sex: F/S Age: 9y

Biopsy Specimen: X Necropsy Specimen: \_\_\_\_\_

## CASE HISTORY:

Number of Lesions: ~4

Duration: 1 month

Size: other areas 3x2cm

Rate of Growth: \_\_\_\_\_

Gross Appearance: \_\_\_\_\_

opening, draining  
developing sore - skin  
purplish stippling

Treatment (if any): open, debride, cultures & biopsied

Tissues Submitted (Tumor, Organs - Specify): pyogranulomatous tissue-neck, submandibular lymph

Location where tissues were taken from: see above

Lymph Node Involvement: | (YES) | NO | Encapsulated: | YES | (NO) | Excisional Biopsy: | YES | NO |

Tentative Clinical Diagnosis: Pyogranulomatous inflammation - cause?

developed 2 abscesses on neck ~ Feb 20th. Brought to ER clinic - lanced, drained, & biopsied (B-2007-13003). Placed on Baytril. Area has been nonhealing w/ new area on caudal neck (~2.5cm x 3cm) ~ developing. Other 2 abscesses open & draining. Neck & chest rads okay. Dog otherwise systemically okay (↑WBC) Neck ultrasound - 2 'granulomatous masses' w/ fistulous tracts bet. all 4 areas from dorsal neck to ventral neck. Submitted cultures, including aerobic/anaerobic, fungal, nocardia & actinomyces to Micro. Please perform any special stains needed (no FBs found, no history trauma/bite wounds per owner). enlarged 3cm, rand, smooth

# Case 9 Diagnosis

- Granulomatous panniculitis
- Normal salivary gland
- GMS, AF, Gram- neg

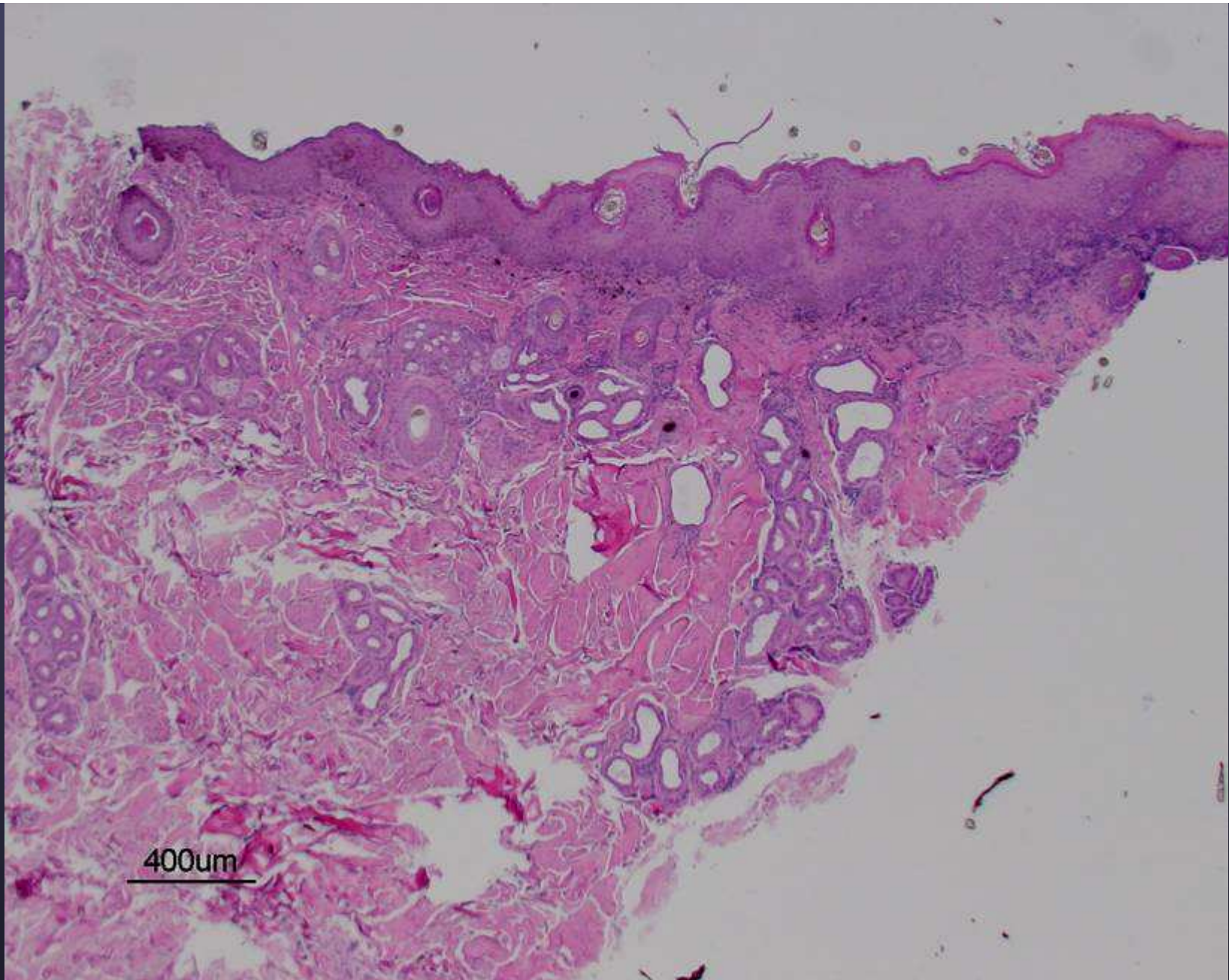


# Case 10

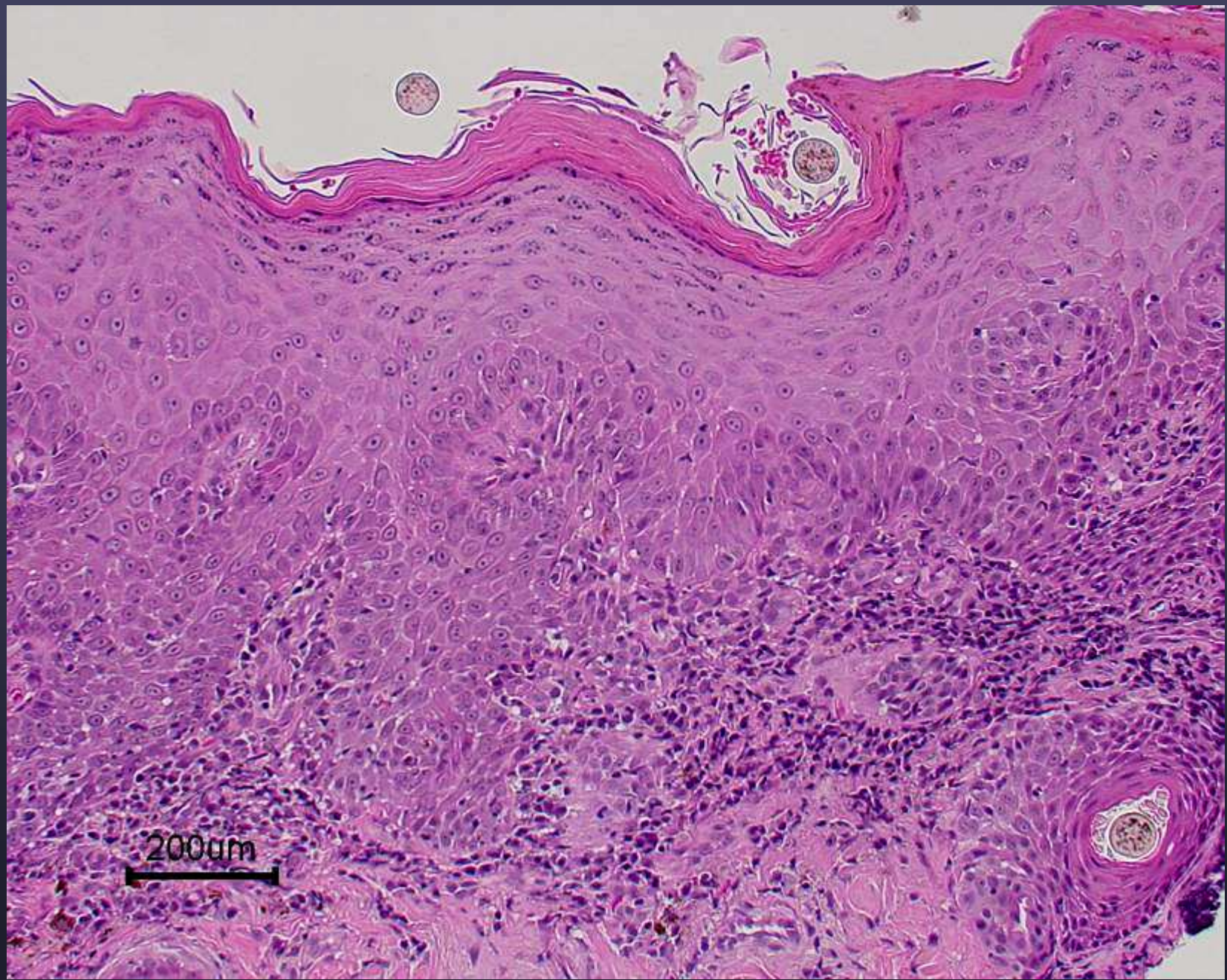
- Two 4-mm punch biopsies



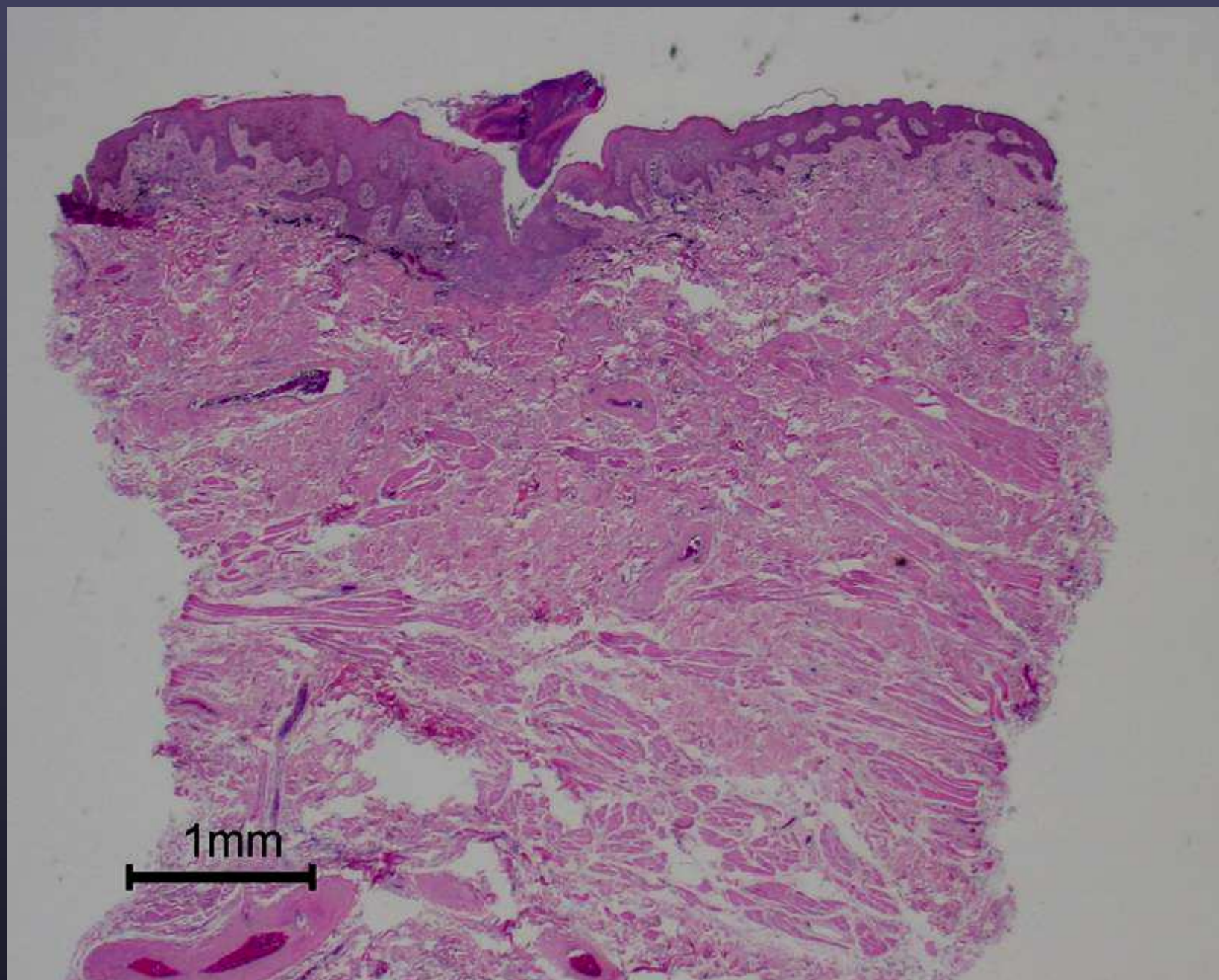




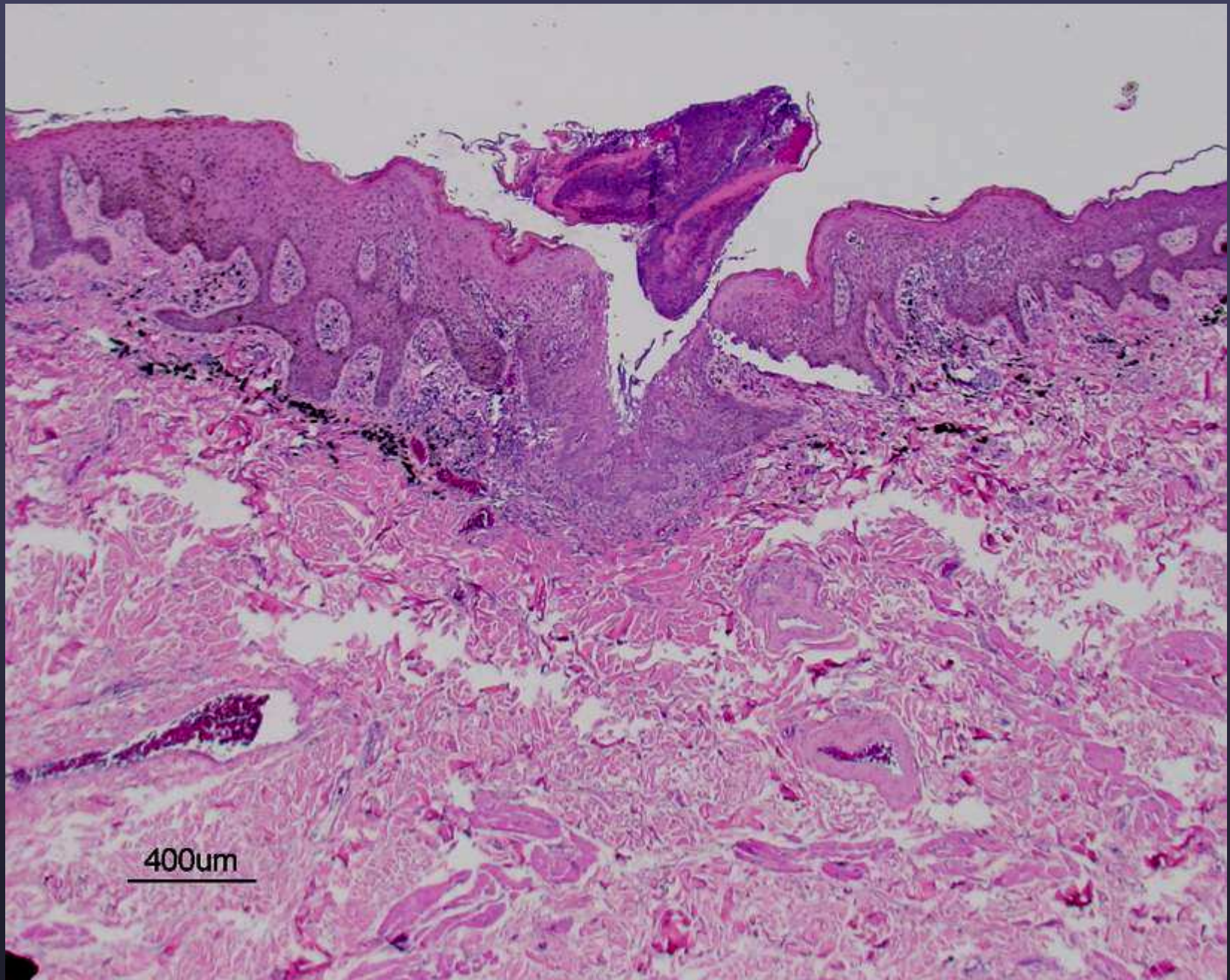




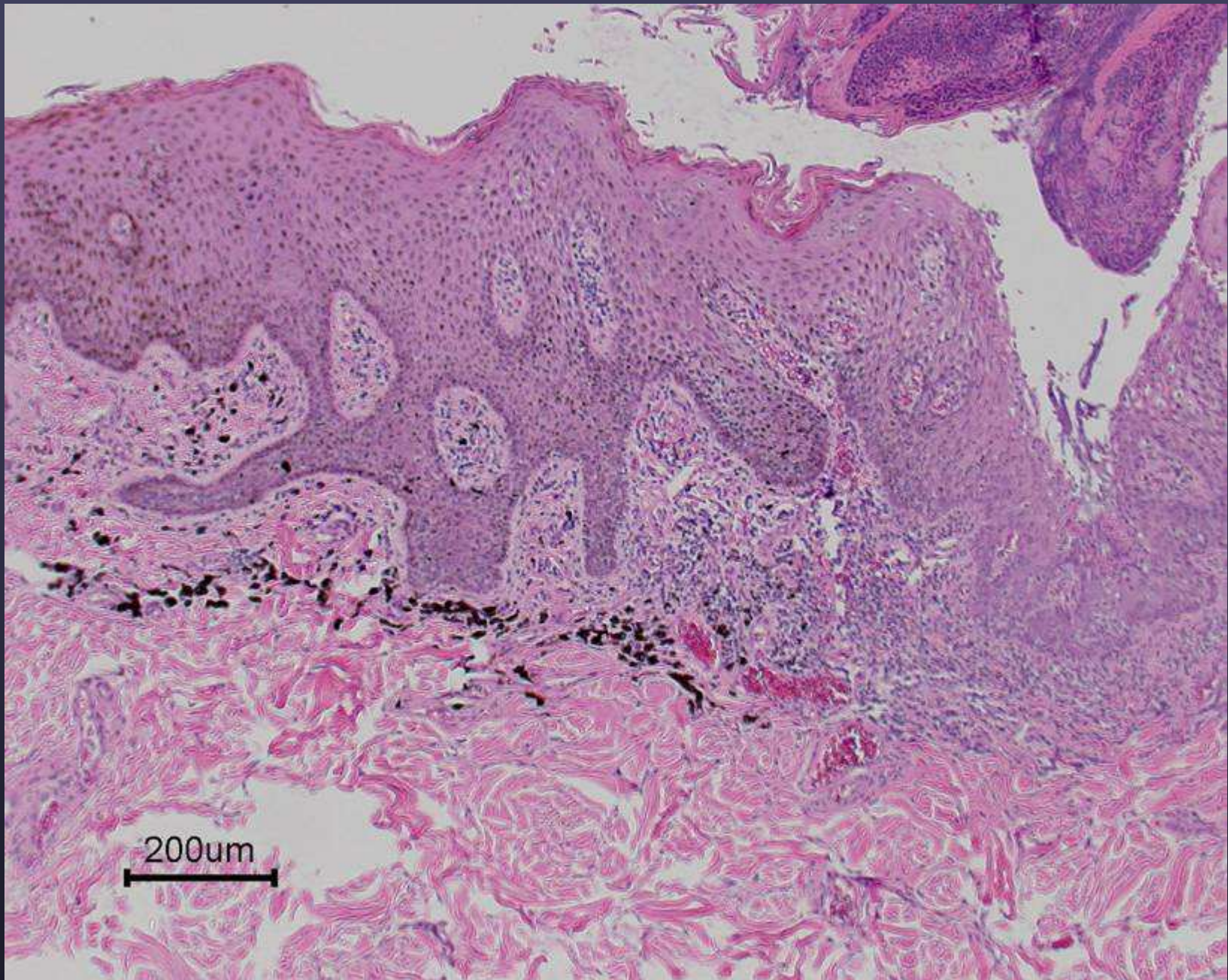




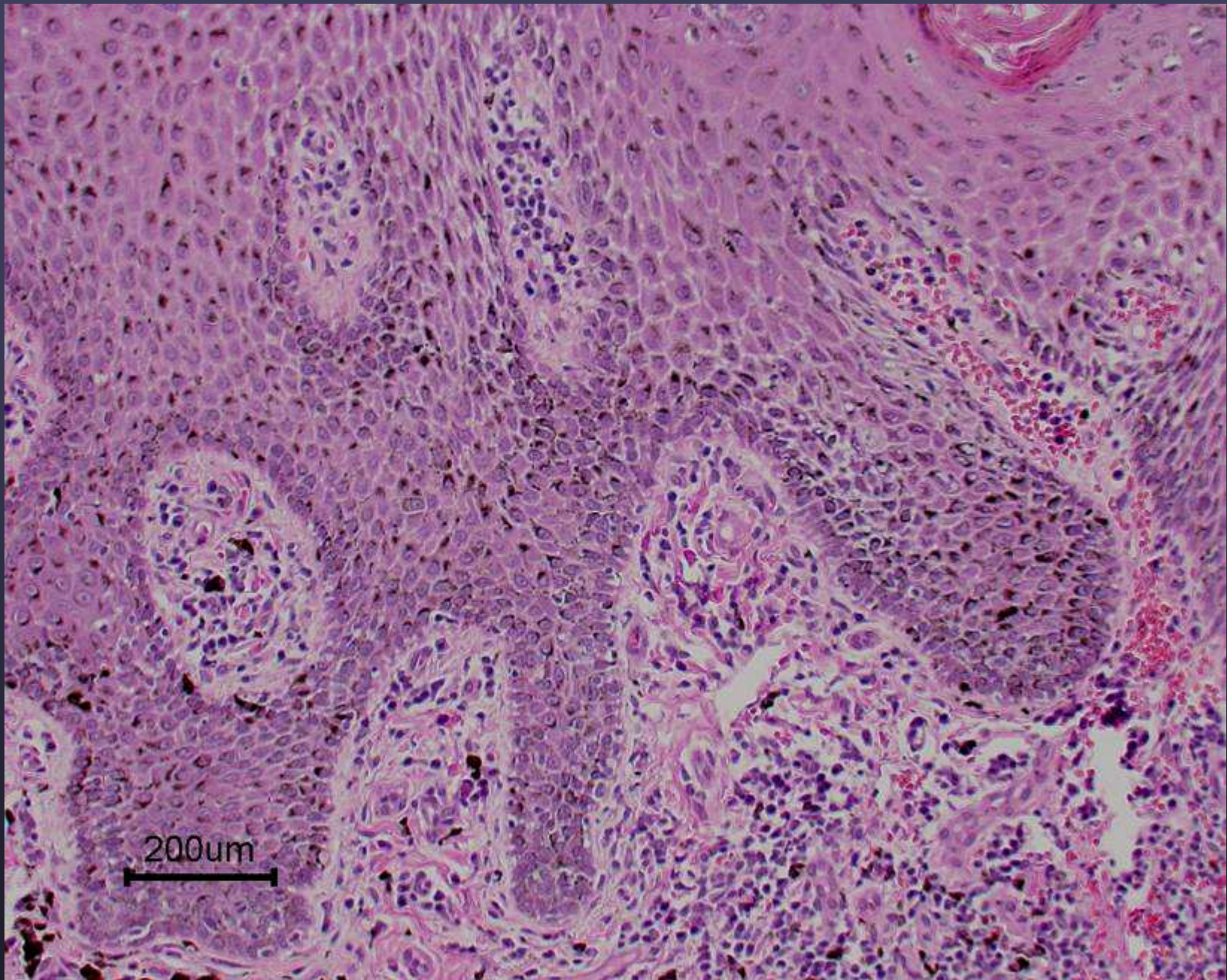




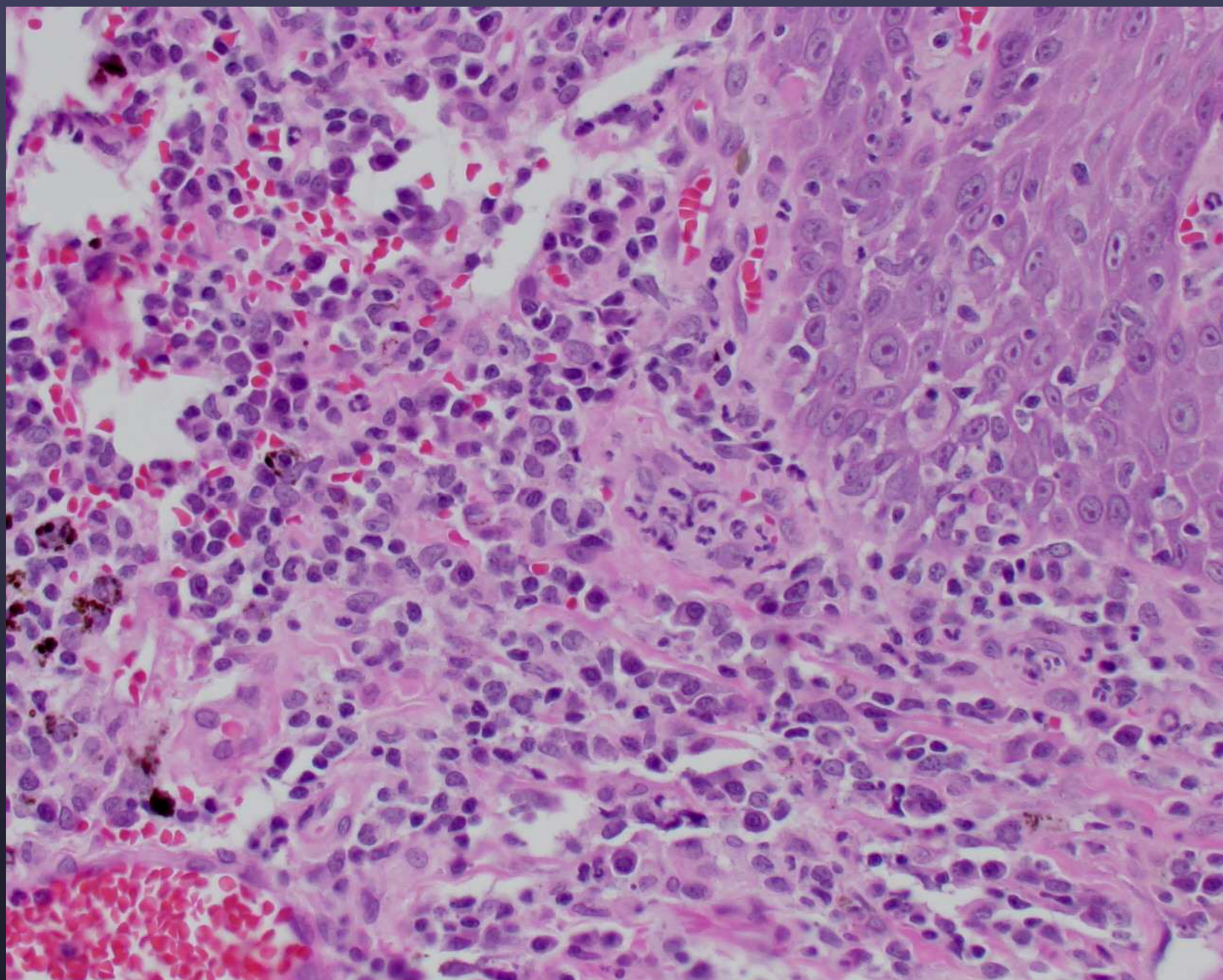




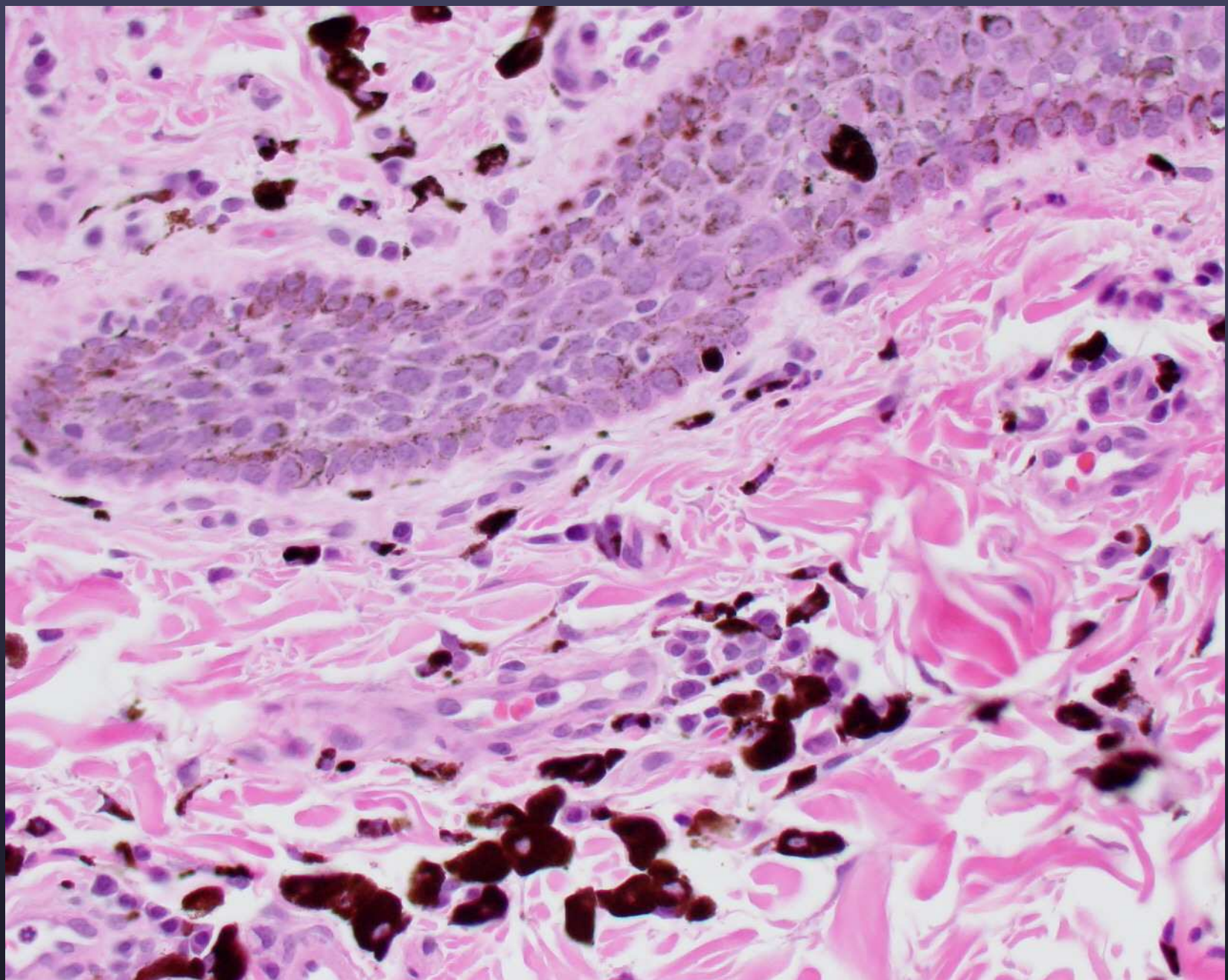




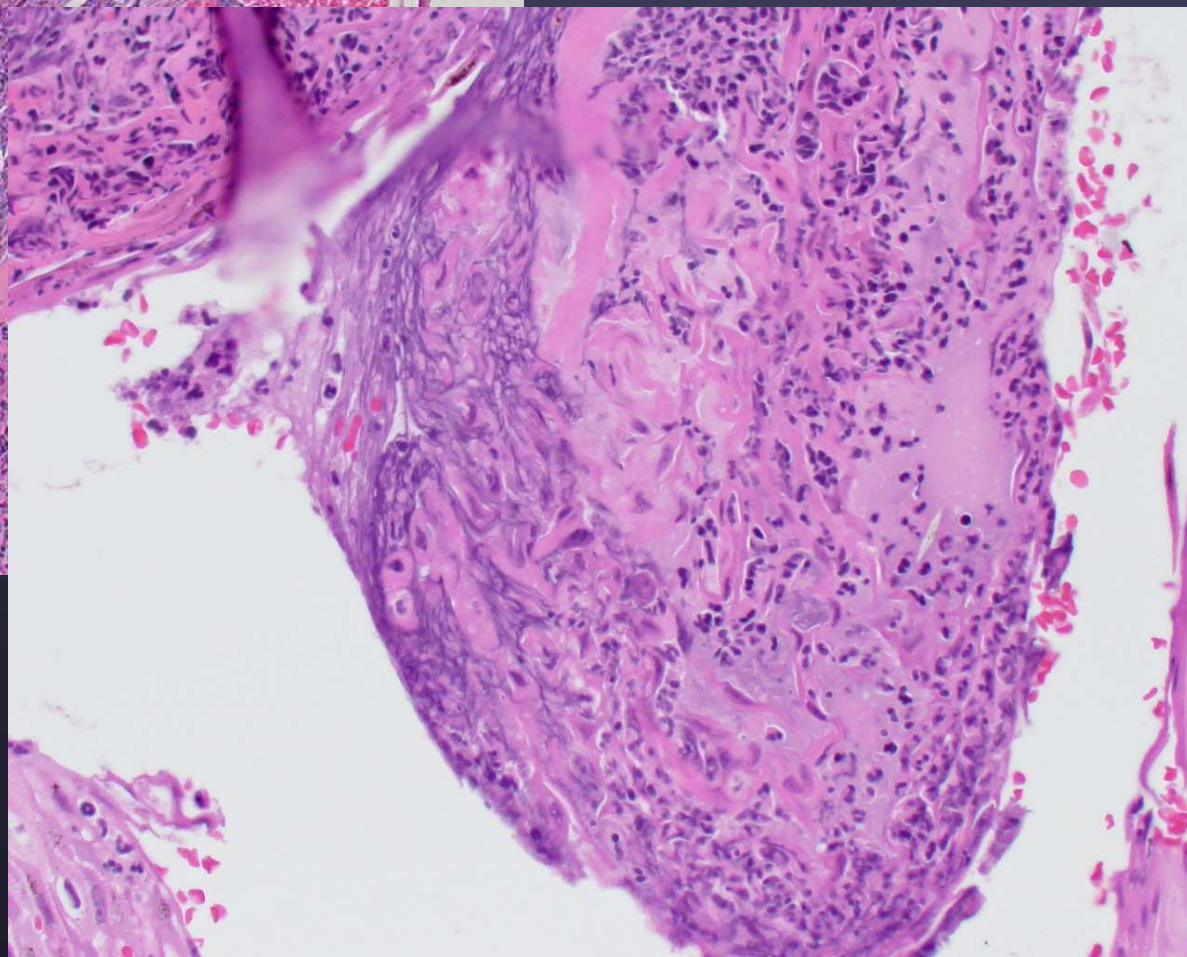
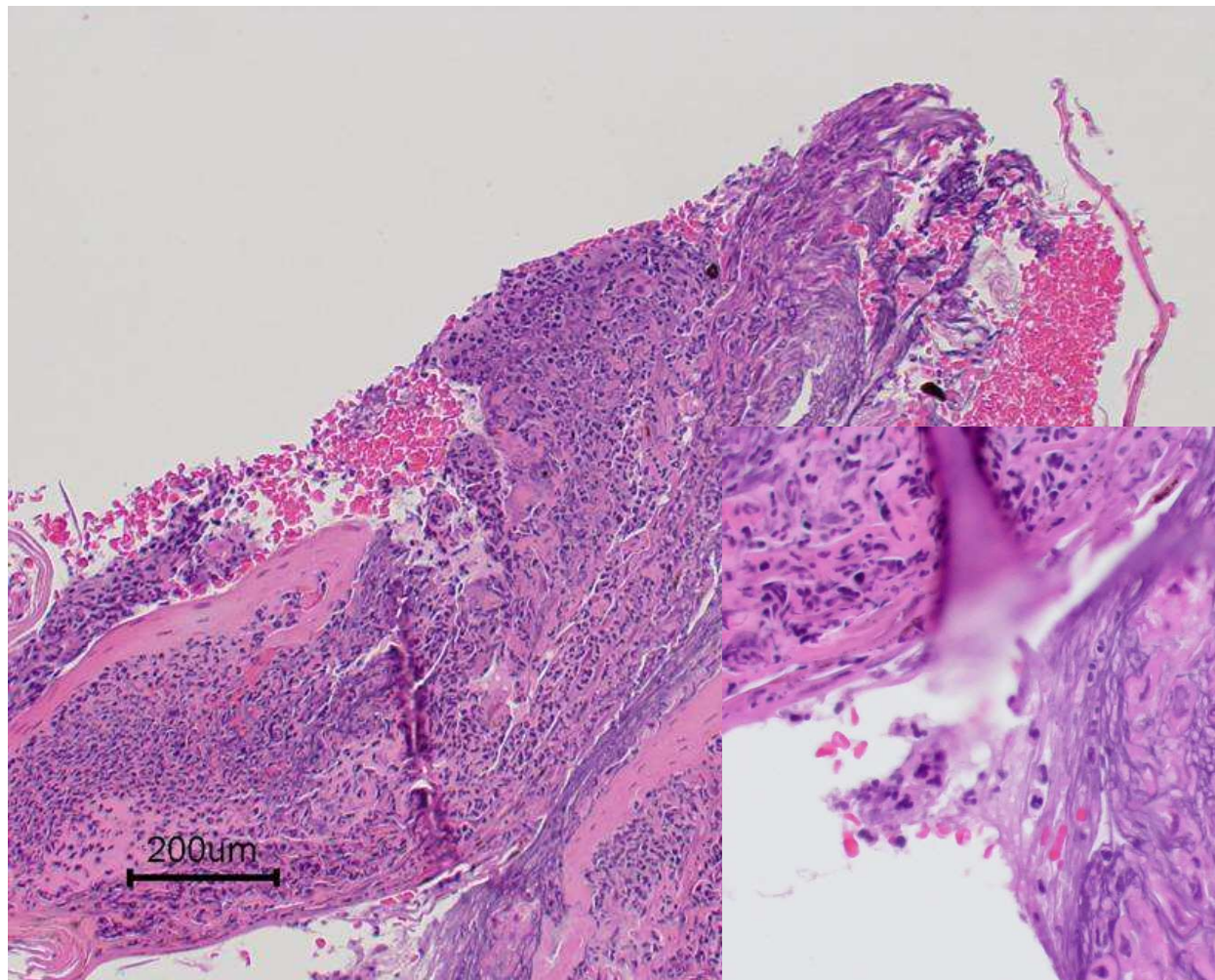












# Case 10

Species: CORVINE Breed: GORM SHOP Sex: MALE Birthdate: 5/28/01

Biopsy Specimen: ✓

Necropsy Specimen:       

Cytology Specimen:       

## CASE HISTORY:

Cracked Chaps fissured lips - esp commensurate since 11/04.

12/19/05 leg fold dermatitis

3/5/07 leg fold fissures along lips - hyperkeratosis  
nasal planum & junctions/ulcers

GROSS APPEARANCE: See Photos - (Fissured lips, Nose: hyperkeratosis, nose)

Number of Lesions: multiple Size: 1-5mm Duration: 2 yrs Growth Rate: ✓

Treatment: Topical ointment Neomycin & Corticosteroids

PREVIOUS BIOPSIES (Provide number): (3)

TENTATIVE CLINICAL DIAGNOSIS: Sporr

LOCATION OF BIOPSIES: Nose, Anal fold & lip

## TISSUE SUBMITTED:

Entire Specimen ☐ Wedge ☐ Tru-Cut ☐ Punch ☐ Frag ☐ Endoscopic ☐ Other ☐

Sample Type: Mass ☐ Organ ☐ Necropsy specimen ☐



## Case 10: Dx

- Plasmacytic superficial dermatitis with pigmentary incontinence with regional lymphocytic exocytosis, focal erosion and crusting- lip and haired skin (nasal region)- canine.

- DDX: Discoid lupus, mucocutaneous pyoderma/lip fold pyoderma
- Nasal planum/nonhaired skin has limited means to respond to various types of injury; always consider antibiotic therapy prior to biopsy procedure; histopathologic changes do not always predict response to treatment
- See *Nasal Planum Disorders* in this lecture series for further information