VETERINARY DIAGNOSTIC LABORATORY

1800 DENISON AVENUE
MANHATTAN, KS 66506-5606
Phone #: 866-512-5650 Fax #: 785-532-4481

Owner: ALICIA LIPS
1156 1600 AVE
ABILENE, KS 67410

Accession Number: 10-52749
Reference Number:
Case Coordinator: Gordon Andrews
Received: 07/21/2010 **Finalized:** 07/28/2010
Sampled: 07/21/2010

To: .
OWNER SUBMISSION (*BILL OWNER*)

History: A 9 year old female spayed white German Shepherd dog was presented for necropsy on 7-21-10. The dog had a history of recent seizures, and a growing mass on the back of the neck. The dog was anesthetized for mass removal on 7-21-10; a grape sized mass was noted at the right tonsil area. The dog had abnormal heart rhythm after induction and died.

Final Report

ADMINISTRATION RESULTS

CREMATION

ANIMAL ID	KERSTIN
BREED	German Shepherd
AGE	9y
SEX	Female Spayed
COMMENTS	PICKED UP FOR CREMATION BY COMPANION ANIMAL PET CREMATORY

PATHOLOGY RESULTS

NECROPSY

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PATHOLOGY RESULTS

SPECIES	Dog
BREED	German Shepherd
SEX	Female Spayed
AGE	9y
ANIMAL ID	KERSTIN
SPECIMEN DESC	Dead Animal
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DIAGNOSIS

Neck mass: Trichoepithelioma
Right Tonsil: Polyp
Thymus: Thyroid adenoma
Liver: Macronodular cirrhosis, diffuse, marked
Kidney: Membranous glomerulitis, multifocal, minimal
Epiglottis: Lymphoid hyperplasia
Pancreas: Acinar atrophy, lobular, multifocal
Skin tag
Gingival hyperplasia

COMMENTS

The cause of death or seizures in this dog was not apparent on gross or histologic examination. All neoplasms were benign. Changes in the kidney, epiglottis, liver, and pancreas are considered incidental. The changes in the liver are due to a previous hepatic injury, but no signs of hepatic failure were present.

NECROPSY FINDINGS

The dog was in good body condition with mild postmortem autolysis.
There was a 7 x 6 x 4 cm subcutaneous mass on the dorsal neck. The mass was multinodular, firm, white, with a scalloped border.
There was a 2 x 1 x 1 cm cutaneous mass on the right hind proximal and medial metatarsus. The mass consisted of a fibrous core covered by normal epithelium (skin tag).
There was nodular proliferation of the gingival epithelium on the mandibular buccal surface.
A 3 x 1 x 1 smooth pink soft, pedunculated mass was attached to the right tonsil and extended into the oropharynx. There were multiple 2-3 mm round pink soft nodules on the lateral aspect of the epiglottis.
The thymus contained a firm, white, umbilicated mass, 1 cm diameter.
Approximately 90% of the left lung lobes were atelectic. Approximately 60% of the right lung lobes were similarly affected.
The liver was diffusely firm, with irregular margins and all lobes contained multiple nodules with an appearance similar to normal liver (macronodular cirrhosis).
The pancreas contained multiple 2-4 mm soft, pink, raised masses.
There was a 1 cm diameter, well circumscribed, dark red mass at the vascular attachment of the spleen (hematoma).

The following organs contained no significant gross lesions: heart, kidneys, adrenal glands, thyroid glands, stomach, small intestine, large intestine, urinary bladder, and brain.

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PATHOLOGY RESULTS

HISTOPATHOLOGIC DESCRIPTION

Neck mass: Arising in the deep dermis is an expansile, nodular mass composed of neoplastic basaloid cells arranged small nests. Neoplastic cells are cuboidal with indistinct cell borders, small amounts of cytoplasm, a round nucleus with finely granular chromatin and a single nucleolus. There is mild anisocytosis and anisokaryosis. There are 3-4 mitotic figures per 400X field. Rarely neoplastic cells undergo abrupt keratinization adjacent to areas of necrosis.
Tonsil: Attached to the tonsil via a fibrovascular stalk is an epithelial covered nodule of fibrovascular tissue with multiple lymphoid follicles. Lymphocytes are multifocally present in the mucosa adjacent to lymphoid follicles. Tonsilar crypts rarely contain mineral or abundant keratin.
Thymus: Within the thymus is a well-demarcated, expansile, partially encapsulated nodular neoplasm composed of nests and trabeculae and occasional acini. Neoplastic cells are cuboidal to elongate with distinct cell borders, moderate amounts of vacuolated cytoplasm, a round nucleus with finely granular chromatin and no nucleolus. There is moderate anisocytosis and anisokaryosis. Mitotic figures are rare.
Liver: There is multifocal degeneration and loss of hepatocytes with large, clear intracytoplasmic vacuoles which periphalize the nucleus. Large tracts of fibrous tissue bridge portal triads. Sinusoids are multifocally dilated and congested. There are multiple nodules of normal appearing hepatocytes arranged in cords forming sinusoids between portal triads (nodular regeneration).
Kidney: There is rare glomerular degeneration with periglomerular fibrosis or mild thickening of the glomerular capillary basement membranes. The cortical tubular epithelial cells often contain brown granular pigment (suspect hemoglobin product).
Epiglottis: Nodules in the epiglottic mucosa are composed of aggregates of mature lymphocytes.
Pancreas: There is lobular atrophy of the pancreas with loss of acini, retention of ducts, and replacement with fibrous tissue.

The following tissues contain no significant microscopic lesions: heart, lung, urinary bladder, stomach, small intestine, large intestine, spleen, and brain.

PATHOLOGIST GORDON ANDREWS, DVM, PHD, DIPLOMATE ACVP
RESIDENT CARL B. MYERS, DVM