

**NSDA Veterinary Diagnostic Laboratory**

**Accession:** 404-10  
**Report date:** 3-18-10/LF  
**Owner:** Schofield, Trudy  
**Coordinator:** Lyn Ferns, DVM

Laboratory Services - Pathology  
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Truro, NS B2N 5E3  
902-893-6540  
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DARTMOUTH VET. HOSP. (SA) (Acct: 11)  
ATTN: ROBB, PAUL DR.  
61 TACOMA DR.  
DARTMOUTH, NS B2W 3E7

**SUBMISSION** Finalized: 3-18-10  
**SUMMARY** Received: 3-4-10

| Species | Animals | Tests | Completed |
|---------|---------|-------|-----------|
| Canine  | 1       | 4     | 4         |

FAXED MAR 22 2010

(902) 435-8157 (Please fax results)

\*\*\* FINAL REPORT \*\*\*

**FOR INTERPRETATION OWNERS SHOULD DISCUSS LABORATORY FINDINGS WITH THEIR PRACTITIONER**  
The results relate only to the sample(s) submitted for testing

**ADMINISTRATIVE/CLERICAL**

**ANIMAL ID:** 1: Dunvagens Princess shaele, German Shepherd  
Completed: 3-18-10/10:35a

**Sample:** Animal-Dead

**HISTORY** 3-18-10/10:35a

History:  
Euthanized.

Worsening weakness of hind limbs over past year - radiographs indicated mild DJD of hips - no radiographic lesions apparent in spine - 5 days ago fell down stairs, presented with hind limb paresis, no deep pain sensation, no tail movement and urinary incontinence - DNA test for degenerative myelopathy was negative.

**PATHOLOGY**

**ANIMAL ID:** 1: Dunvagens Princess shaele, German Shepherd  
Completed: 3-18-10/10:35a

**Sample:** Animal-Dead

**MATURE COMP. NECROPSY (C)** 3-18-10/10:35a

Gross:

Large body fat stores. No abnormal findings in internal organs except irregular thickening of AV valve of right ventricle.  
Loss of cartilage on most of right femoral head, with some on the left one. There was hemorrhage in much of the muscle over the right pelvis. There was no visible bone lesion, but when I was pulling on muscle, a hairline fracture was evident in the pelvis, about 1/3 of the way from the

**MATURE COMP. NECROPSY (C** 3-18-10/10:35a (Continued)

front dorsally and farther back ventrally. There was also what appeared to be abnormally pale muscle caudal to the femur on the left had side of the dog. This was suggested, but not so clearly, on the right hind side. Several discs in the spine in various areas protruded into the canal, however it was not grossly obvious if there was cord compression.

**Histology:**

Spinal cord - lipofuscin common in neurons, of variable severity between cells. Some vacuolation in cord.

No significant findings in intestine, heart, lung, kidney, thyroid, parathyroid, heart.

Adrenal - there is a inner cortical focus with iron in scattered cells.

Pancreas - sections include large areas of apparently normal tissue, but also have many areas with the presence of duct like structure with some surrounding and interspersed fibrous tissue. There are also a few lymphoid aggregates in the sections.

Liver - iron in Kupffer cells in sinusoids and in clumps of cells.

Skeletal muscle - some sections have a large amount of fat between small nests of muscle.

**DIAGNOSIS:**

Pelvic fracture

Loss of cartilage from femoral head - DJD

Multifocal loss of exocrine pancreas

Fat replacement of some muscle in the semimembrinosis muscle on the left side.

Valvular endocardiosis of right AV heart valve

**Comments:**

The pelvic fracture was recent, so evidently the cause of the symptoms leading to the dog being put down. There is quite a lot of cartilage loss from the right femoral head, and some from the left, presumably related to the DJD seen on X-ray, I am unsure why there is fat in the muscle, but this may also related to the original symptoms, as well as the DJD. The pancreatic lesion is unusual, but doesn't seem likely to have created a clinical problem. It isn't described in the most used veterinary pathology textbook, and on referral to AVC, they weren't aware of having seen it either, but agreed that it likely wasn't significant given the dogs good condition except for musculoskeletal lesions.

**CREMATION** 3-18-10/10:35a

Comment: 146.73 l of propane @ \$1.12/l = \$164.34