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REPORT OF LABORATORY EXAMINATION

Client:

White Shepherd Genetics- (295483)

Project - Attn: Judy Huston

PO Box 404 Howell, MI 48844 Owner:

Mercersburg Vet Clinic, Barbara Hively

293 Landis Drive

Mercersburg PA 17236

Rcvd Date: 10/08/2010 03:29:00 PM

Admitted By: Horst, Dr. Ordered By: N/A

01068104

Animal: Species:

Age:

POLARSNOCOLLARBOY MRN:

Canine 2 months Breed: German Shepherd

Gender: Male

Encounter: Tag/Reg ID: CR#: AP C10281026 Other ID:

Preliminary Report

Accession Number: Received Date/Time: NC-10-0001141 10/08/2010 03:34:00 PM Verified Date/Time: 10/10/2010 12:26:34 PM Pathologist: Patterson, Jon S.

History

A 9-week-old, intact male white German shepherd puppy was euthanized on 10/7/10 because of a fecal and urinary incontinence, minimal tail control, and lack of anal sphincter tone. The pup was initially presented to the referring veterinarian at 4 weeks of age, as which time clinical signs included continuously leaking urine, leaking feces from the anus, lack of tail tone or sensation, and some hind limb incoordination. The pup was noted to be large at birth, weighing 22.5 ounces. At 6 weeks of age, the pup showed slight improvement in tail and sphincter responses, and was no longer leaking urine when walking or being held. Orthopedic radiographs of the pelvis and tail at that time revealed no bony abnormalities. Over the past 3 weeks, however, the pup did not continue to show improvement, and remained urinary and fecal incontinent, so euthanasia was elected by the breeder/owner. The body was sent to the DCPAH via FedEx overnight service, and necropsy was performed on 10/8.

Gross Description

An 8.9-kg puppy in good nutritional condition and fair post mortem condition was presented dead for necropsy. Brown pasty feces were present on the perineum. The dorsal aspect of the right antebrachium was shaved in a 10x5-cm, rectangular area, and the leg was wrapped in a red elastic bandage at this site (intravenous injection site). The skin of the muzzle just below the nose (near the nasal planum) contained 7 round, flat to slightly raised, pink plaques or nodules. The skin of the caudal ventral abdomen contained approximately 20 similar plaques and nodules. There was a round, 1-cm diameter, pink, alopecic area on the lateral aspect of the right tibiotarsal joint. There was a 6.5-cm long (rostral to caudal) by 4.0-cm wide dark purple area of subcutaneous hemorrhage on the dorsal midline aspect of the skull, extending from about 4 cm caudal to the orbits to about 1 cm cranial to the orbits. There were no gross lesions or abnormalities among thoracic or abdominal viscera. The brain and the entire spinal cord were removed. The brain was grossly normal. Subjectively, the spinal cord seemed abnormally thin caudal to the lumbosacral intumescence. The vertebral column was grossly normal.

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Admitted By: Horst, Dr. Species: Canine MRN:

Encounter: 01068104 Animal: POLARSNOCOLLARBOY Owner: Mercersburg Vet Clinic, Bar Hively

Necropsy Preliminary Report

Accession Number: Received Date/Time: Verified Date/Time: Pathologist: NC-10-0001141 10/08/2010 03:34:00 PM 10/10/2010 12:26:34 PM Patterson, Jon S.

Gross Diagnosis(es)

No significant gross findings related to the brain, spinal cord, or vertebral column

Comment:

No abnormalities which would explain the pup's incontinence and other long-term clinical signs were identified by gross necropsy. Histopathologic examination of the brain and spinal cord is in progress. The bruise on the top of the pup's skull appeared recent, and was probably insignificant. The pink plaques and nodules on the skin of the muzzle and ventral abdomen probably indicate previous bacterial infection ("puppy pyoderma").

Jon S. Patterson, DVM, PhD, Dipl ACVP Anatomic Pathologist

Jon S. Patterson, DVM, PhD, DACVP

(Electronically signed by) JSP

Verified: 10.10.2010 12:26

JSP/JSP

PTHrp Reagent Delay

Reagents for the Parathyroid hormone related protein assay continue to be unavailable. The company has indicated possible shipment by month end. Partial results for the Malignancy Profile (20030) will be released when completed. Requests for PTHrp (20004) alone will be held in storage pending receipt of reagent. We will notify you if the situation changes.

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