WSC 2010-2011, Conference 3, Case 1.

Tissue from a pig.

MICROSCOPIC DESCRIPTION: Small intestine (jejunum): There is diffuse marked thickening of the mucosa (1 pt.) in an accentuated rugal pattern. Villi are markedly blunted and occasionally fused (1 pt.), and villar lacteals are occasionally dilated (1 pt.). There is multifocal loss of epithelium at the villar tips. The villi and glands are lined by hyperplastic columnar epithelial cells (1 pt.) up to 4-5 cells thick with amphophilic, vacuolated cytoplasm, vesicular nuclei (1 pt.), and increased mitotic figures(1 pt.). There is a marked decrease in goblet cells (1 pt.). Crypts are elongate, tortuous, and variably lined by attenuated to hyperplastic epithelium and contain abundant eosinophilic cellular and nuclear debris, degenerate neutrophils, and sloughed epithelial cells (crypt abscesses). (1 pt.) Multifocally, the lamina propria is mildly expanded by moderately increased numbers of lymphocytes, plasma cells, few neutrophils and macrophages, and rare eosinophils.

Small intestine (ileum): Similar proliferative and inflammatory changes are present as previously described. In addition, there is a prominent necrotic coagulum overlying the ulcerated mucosa, composed of necrotic epithelial cells, degenerate neutrophils, cellular debris, fibrin, and hemorrhage, as well as numerous entrapped 1-2um bacilli. (2pt.) (and in some slides, ciliated protozoa consistent with *Balantidium* coli.) There is partial necrosis of the mucosal epithelium (1 pt.) within separation of glands by low to moderate numbers of neutrophils and macrophages. There is multifocal crypt herniation into subjacent lymphoid follicles.

Small intestine (jejunum) (Section 2): In this section of jejunum, there is diffuse marked villar loss, blunting and fusion (1 pt.). Villar epithelium is infiltrated by moderate numbers of lymphocytes (1 pt.). The lamina propria is expanded and crypts are separated and surrounded by large numbers of lymphocytes (1 pt.), lesser numbers of macrophages and rare eosinophils, as well as moderate edema.

MICROSCOPIC DIAGNOSIS: 1. Small intestine, jejunum: Enteritis, proliferative, diffuse, moderate to severe, with villar blunting and fusion, mild subacute enteritis and crypt abscesses. (1 pt.)

- 2. Ileum: Ileitis, proliferative and fibrinonecrotic, diffuse, moderate to severe with villar blunting and fusion, crypt herniation, and crypt abscesses. (1 pt.)
- 3. Jejunum: Enteritis, lymphocytic, diffuse, moderate, with marked villar loss, fusion, and blunting. (1 pt.)

CAUSE: Lawsonia intracellulare (2 pt.)

O/C: **(1 pt.)**

WSC 2010-2011. Conference 3, Case 2

Tissue from a cat.

MICROSCOPIC DESCRIPTION: Lung: Approximately 50% of the lung is effaced by nodular (1 pt.) areas of granulomatous (1 pt.) inflammation in which alveolar architecture is replaced by large numbers of epithelioid macrophages (2 pt.) and neutrophils (1 pt.) admixed with lesser numbers of lymphocytes (1 pt.), plasma cells and rare multinucleated foreign-body macrophages (1 pt.). The poorly-formed granulomas are centered on individual or groups of 30-60um (1 pt.) diameter yeasts (1 pt.) which have a 4-5um thick double contour hyaline wall (1 pt.) and are filled with granular to flocculent, basophilic material or occasionally few 5-8um round endospores (1 pt.). The inflammatory cells extend into surrounding alveoli, where they are admixed with abundant flocculent edema (1 pt.), large numbers of alveolar macrophages (1 pt.), and marked septal congestion, and patchy type II pneumocyte hyperplasia (1 pt.). Airways are expanded (1 pt.) by similar clusters of inflammatory cells admixed with low numbers of yeasts, abundant edema, and rafts of desquamated epithelium.

MORPHOLOGIC DIAGNOSIS: Lung: Pneumonia, bronchointerstitial, pyogranulomatous, diffuse, severe, with numerous endosporulating yeasts. (3 pt.)

CAUSE: Coccidiodes immitis or posadasii (1 pt.)

O/C - (1 pt.)

WSC 2009-2010, Conference 3, Case 3.

Tissue from a dog.

MICROSCOPIC DESCRIPTION: Haired skin: Within the dermis, projecting downward (1pt.) from the moderately thickened epidermis, there is a cup-shaped, endophytic (1pt.), well-demarcated, moderately cellular, expansile neoplasm which compresses adjacent adnexa (1pt.). The neoplasm is composed of stratified layers of polygonal epithelial cells (1pt.) forming a complex wall (1pt.) supported by a moderately thick fibrovascular stroma. Neoplastic epithelial cells are polygonal with abundant eosinophilic cytoplasm and distinct cell borders (1pt.); the majority of cells contain a large amphophilic fibrillar intracytoplasmic inclusion (1pt.) which expands the cell. Keratinization is abrupt, however some neoplastic cells contain large clumped keratohyatin granules. Nuclei are round to oval with finely clumped chromatin and 1-2 small basophilic nuclei (1pt.); many nuclei are swollen by a large basophilic ground-glass intranuclear inclusion which peripheralizes the chromatin and is often surrounded by a clear halo. (1pt.) Cytoplasmic invaginations into the nucleus are also common. Scattered through the stratum spinosum are occasional enlarged cells with shrunken nuclei and perinuclear clearing (koilocytes) (2pt.). Mitoses are rare (1pt.). In some areas there is necrosis and loss (1pt.) of neoplastic epithelium and mild hemorrhage. The adjacent epidermis is mildly thickened up to six cell layers thick (1pt.) and there are small numbers of lymphocytes, histiocytes and rare plasma cells scattered throughout the dermis.

MORPHOLOGIC DIAGNOSIS: Haired skin: Inverted viral papilloma. (3pt.)

CAUSE: Canine papillomavirus (2pt.)

O/C - (1pt.)

WSC 2009-2010, Conference 3, Case 4.

Tissue from a fox.

MICROSCOPIC DESCRIPTION: Liver: There is diffuse disassociation of hepatic cords (2 pt.). Hepatocytes are mildly swollen and hepatocyte cytoplasm often contains one or multiple small discrete clear vacuoles (2 pt.). Hepatocyte nuclei are often swollen by 4-5um magenta intranuclear (2 pt.) viral inclusions (2 pt.) that are surrounded by a clear halo (1 pt.). Multifocally there are rounded up necrotic hepatocytes(2 pt.). Small aggregates of fibrin are present within the space of Disse and within sinusoids (1 pt.). There are mildly increased numbers of neutrophils within sinusoids(1 pt.).

MORPHOLOGIC DIAGNOSIS: Liver: Hepatitis, necrotizing, multifocal, mild, with hepatocellular disassociation and numerous intranuclear viral inclusions. (3 pt.)

CAUSE: Canine adenovirus type 1 (Infectious canine hepatitis virus). (2 pt.)

NAME ANOTHER AFFECTED ORGAN: Kidney (cornea ok) (1 pt.)

O/C: (1 pt.)