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Case 1 – Tissue from a dog.

MICROSCOPIC DESCRIPTION: Small intestine: The lamina propria is expanded (1pt.) by an extensive network of nerve bundles (1pt.) (with accompanying Schwann cells) (1pt.) arranged in long streams and bundles (1pt.) often oriented perpendicular to the overlying mucosa (1pt.) which multifocally extend into the core of several villi. (1 pt.) Throughout these nerve bundles, there are nests of well-differentiated neurons (2 pt.) which range up to 50um (1pt.) and have abundant purple granular cytoplasm and centrally-placed large vesicular nuclei. (1pt.) Nerve bundles and ganglion cells are multifocally scattered randomly throughout the submucosa as well. (2pt.) Meissner's and Auerbach's plexi are increased in size. (2pt.) The villar lamina propria often contains numerous mucinophages (1pt.) arranged in nests.

MORPHOLOGIC DIAGNOSIS: Colon: Ganglioneuromatosis. (5 pt.)

O/C - (1pt)

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Case 2 – Tissue from a dog.

MICROSCOPIC DESCRIPTION: Uterus: The endometrium is markedly thickened by collagenous plaques (1 pt) that surround, separates, and replaces endometrial glands. (1pt) The plaques are composed of variably dense areas of collagen, throughout which are scattered sheets of polygonal cells ranging from 30-100um (1 pt) with abundant vacuolated cytoplasm (1 pt), and 1-15 nuclei (1 pt) (trophoblasts) (1 pt) and syncytiotrophoblasts (1 pt), respectively). Within this plaque, there are scattered areas of necrosis, hemorrhage (1 pt), fibrin deposition, congestion, and low to moderate numbers of hemosiderin-laden macrophages (1 pt), lymphocytes, plasma cells, and cellular debris. Within the collagenous plaque, there are ectatic endometrial glands (1pt)which are lined by hypertrophic columnar glandular epithelium ranging up to 100um in diameter with abundant vacuolated cytoplasm (progesterone influence) (1 pt). At the base and periphery of the plaques, ectatic endometrial glands (1 pt) range up to 200 um, are lined by attenuated epithelium, and contain a mixture of granular basophilic secretory material, and small amounts of fibrin, hemorrhage, necrotic epithelium, and cellular debris (1 pt). Endometrial glands multifocally are present in the underlying myometrium (adenomyosis) (1pt). Deep in the endometrium, glands are surrounded by few lymphocytes and plasma cells (1pt) as well as hemosiderin-laden macrophages, which extend into the myometrium. There is multifocal mild congestion and edema within the myometrium. The uterine lumen is filled with hemorrhage, degenerate epithelial cells, and cellular debris (1 pt).

MORPHOLOGIC DIAGNOSIS(ES): Uterus: Subinvolution of placental sites (4 pt) (actually, this is a dog 23 days after parturition, so it is normal involution, but SIPS would look identical).

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

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Case 3 – Tissue from a goat.

MICROSCOPIC DESCRIPTION: Spinal cord: Primarily affecting the medial aspect of the ventral funiculus, (1pt) and to a lesser extent, the dorsal aspect of the lateral funiculus, (1pt) there is bilaterally symmetrical, focally extensive vacuolation of the white matter. (1pt) Myelin sheaths are dilated (2pt) up to 70 um in diameter and occasionally contain swollen axons (spheroids) (1pt), eosinophilic debris, or rarely foamy gitter cells (2pt) (Wallerian degeneration) (1pt). Scattered motor neurons in the ventral horn of the gray matter (1pt) are swollen up to 70 um in diameter, and contain pale eosinophilic, homogenous central cytoplasm with peripheral dispersion of Nissl substance and eccentrically placed nuclei (1pt) (central chromatolysis) (2pt). Occasionally ventral spinal nerves small amounts of amphophilic ground substance within the perimyium.

MORPHOLOGIC DIAGNOSIS: Spinal cord, white matter, ventral and lateral funiculi: Neuroaxonal degeneration (1pt), bilaterally symmetrical (1pt), multifocal, moderate, with ventral horn neuronal chromatolysis (1pt)

CAUSE: Copper deficiency (3pt)

CONDITION: Enzootic ataxia (1pt)

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

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Case 4 – Tissue from a guinea pig.

MICROSCOPIC DESCRIPTION: Gonad (presumptive): The gonad is effaced by an infiltrative, poorly demarcated, variably cellular multilobular and cystic, poorly demarcated neoplasm (2pt) composed of well-differentiated tissues from each of the three germ cell layers. (2pt) Ectodermal tissues include well-differentiated neuropil (1pt) (the predominant tissue in the neoplasm) (1pt) , which surround numerous variably size ependymal-lined cysts (1pt) . These cysts often contain moderate amounts of bright pink protein. Cells within these areas either have round dark nuclei with minimal cytoplasm (primitive neuroepithelium) (1pt) , or large vesicular nuclei with abundant vacuolated cytoplasm (oligodendroglia) and small well-differentiated neurons (1pt) are scattered in small numbers throughout the mass. Rare glands are lined by low cuboidal epithelium with bright pink cytoplasm, which resemble apocrine glands (1pt) . Mesenchymal elements include dense bands of smooth muscle (1pt) which course through the mass and rare spicules of well-differentiated bone (1pt). Endodermal elements include cystic glands lined by columnar ciliated respiratory epithelium (1pt) interspersed with and aggregates of mucinous epithelium (resembling salivary gland) (1pt) . There are extensive areas of lytic necrosis throughout the mass, and scattered hemorrhage and fibrin in all areas. (1pt)

MORPHOLOGIC DIAGNOSIS: Gonad: Teratoma (4pt)

O/C: (1pt.)