

387th CSVP Contributor Diagnosis

Date: Apr 22, 2022

Time: 12 : 00~16 : 00

Place: NCHU

專題演講(12:00~13:00)：美國獸醫病理專科訓練經驗分享（陳雅媚 老師）

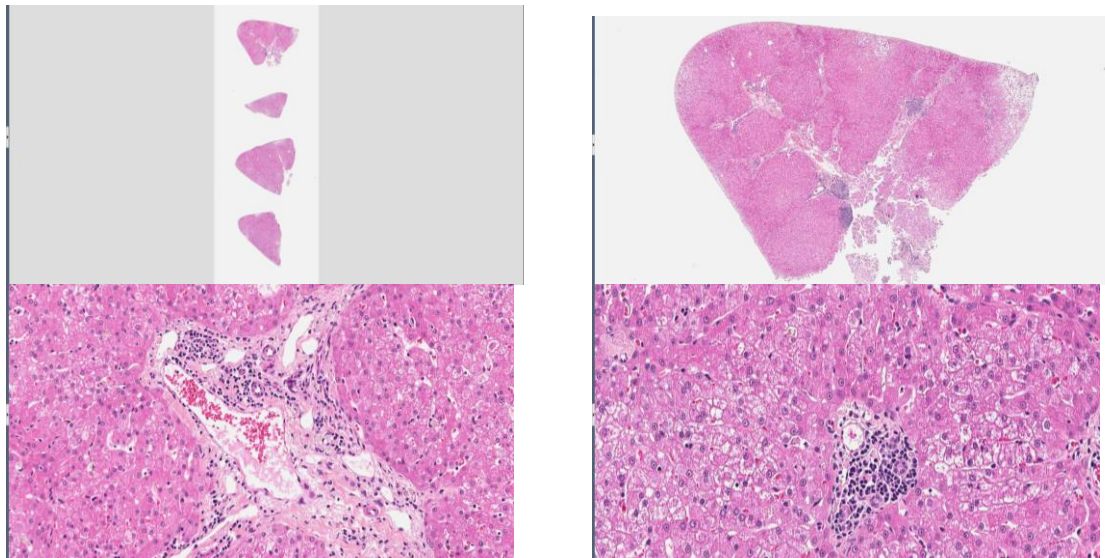
本次會議組織病理切片資訊：<http://www.ivp.nchu.edu.tw/slidecenter.php?id=511>

Case 1. CSVP 2022-3134 (NTU2021-2617, NTU GIMCP, F.H. Yang and W.H. Huang)

Feline, Russian blue, 12-year-old, castrated male. High liver index and multifocal hyperechoic nodules in liver under ultrasound were noted incidentally during health exam. The medication including antibiotics, steroids, and liver protective agents were prescribed without obvious improvement.

Morphological diagnosis: Wedge biopsy of liver:

1. Portal hepatitis, lymphocytic, multifocal, chronic, mild to moderate, with ductopenia, arteriolar and venous hyperplasia, and moderate fibrosis
2. Regeneration, centrilobular, with severe glycogenic vacuolar hepatopathy and mild bile stasis
3. Fatty change, macrovesicular form, multifocal, moderate
4. Subcapsular hepatocellular hyperplasia, multifocal, mild



IHC: CK AE1/AE3 (-)

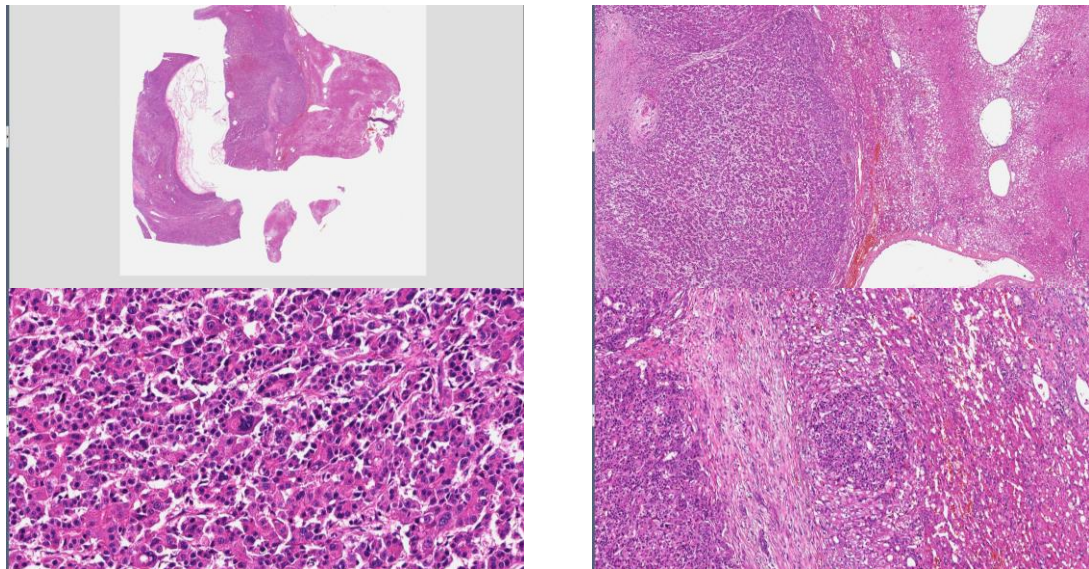
Etiological Dx.: Feline lymphocytic cholangitis and hepatic ductopenia in a cat

Case 2. CSVP 2022-3135 (NTU2021-198, NTU GIMCP, Y.C. Lai and W.H. Huang)

Feline, Mixed, 13-year-old, neutered female. The cat presented with chronic hepatic lipodosis. A hepatic mass was incidentally noted during clinical examination. Thus, left lateral hepatic partial lobectomy was performed for histopathological examination.

Morphological diagnosis:

1. Hepatocellular carcinoma (HCC), with lipodosis, mass at the Lt. liver lobe



Laboratory examinations:

IHC: HCC: HepPar1 (+); CK7 (-)

Histochemical staining:

Trichrome staining for evaluating portal region

Etiological Dx.:

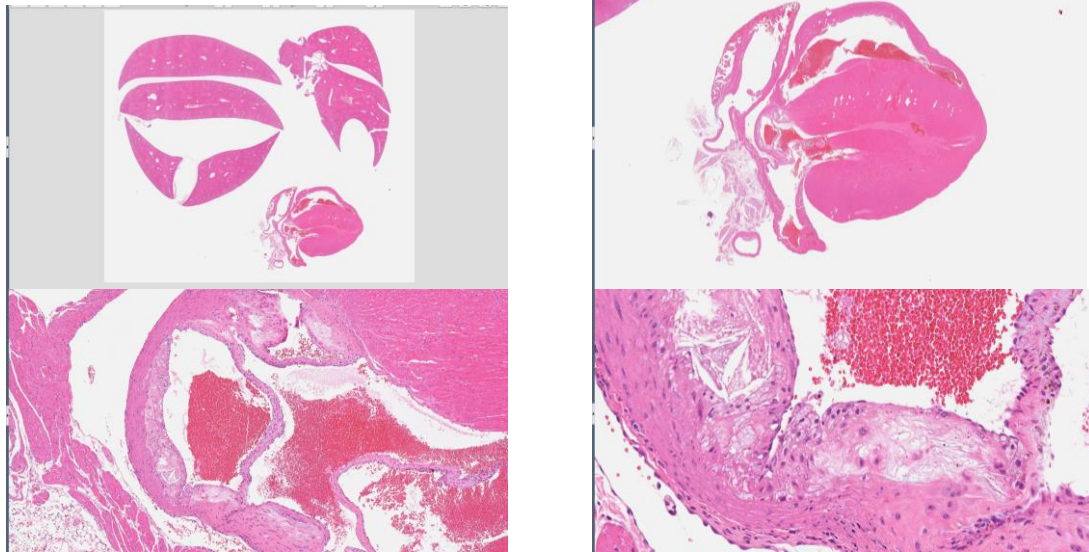
Hepatocellular Carcinoma in a Cat

Case 3. CSVP 2022-3136 (210014, NARL NLAC, T.Y. Chen and K.H. Lee)

Knockout mouse, male, 40-week-old, had the C57BL/6JNarl genetic background. The mouse was submitted for health monitoring. No gross lesions were noted from gross examination

Morphological diagnosis:

1. Atherosclerosis, extensive, moderate/severe, atherosclerotic plaques and cholesterol clefts, foamy cells within lipid rich core of atheromatous plaque and fibrosis in the tunica intima/media of aortic sinus, heart



Laboratory examinations:

The Masson's trichrome positive staining in the atherosclerotic lesion (+)

Etiological Dx.

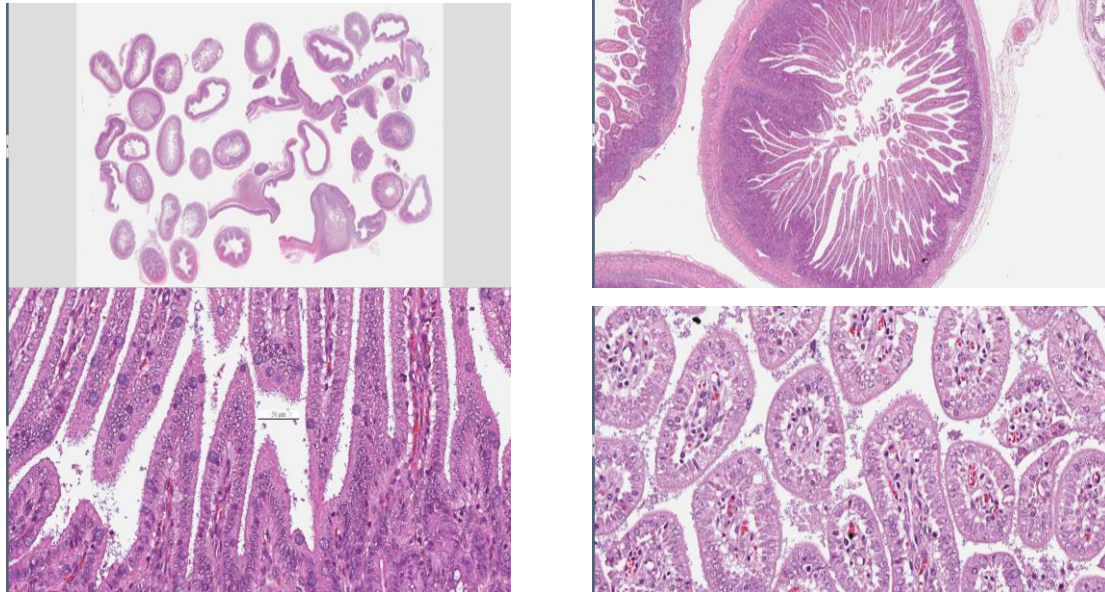
Atherosclerosis in ApoE-deficient mouse

Case 4. CSVP 2022-3137 (ME21036, ADDC NCYU, N.C. Twu, H.C. Kuo, and D.Y. Lo)

Suckling pigs, 4-day-old, showed clinical sign of creamy to yellowish watery diarrhea. The morbidity was about 20% and the mortality was lower than 1%.

Morphological diagnosis:

1. Enteritis (Enteropathy), acute, mild, segmental, with Gram-positive cocci adherent the luminal surface, small intestine.



Laboratory examinations:

PEDV, TGEV, SDCoV (-)

SI: *Enterococcus faecalis* (+)

Etiological Dx.

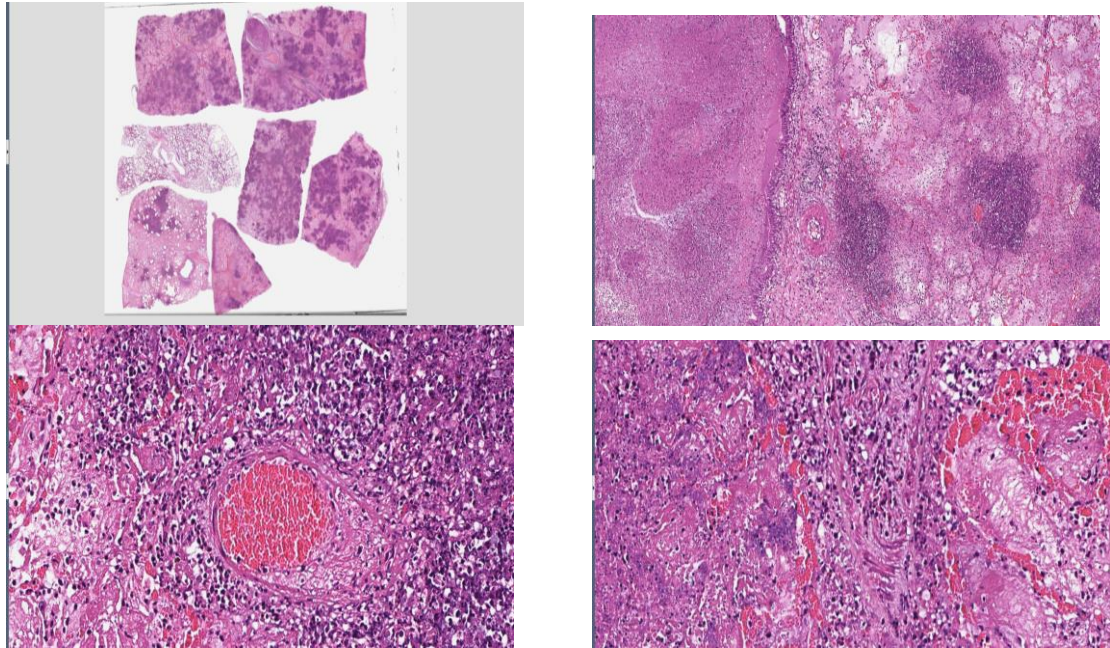
Enterococcus hirae Infection in Neonatal Piglet

Case 5. CSVP 2022-3138 (WA110-114, NPUST ADCC, H.Y. Lin, Y.C. Li)

Formosan Reeve's muntjac (*Muntiacus reevesi micrurus*), adult, showed clinical signs of weight loss, hyporexia, listless and open-mouth breathing

Morphological diagnosis:

Lung: Bronchopneumonia, necrotizing, extensive, severe, acute, with vasculitis, hemorrhage and edema



Laboratory examinations:

Burkholderia pseudomallei (+), G-

PCR:

Adenovirus, paramyxovirus, lentivirus (-)

Etiological Dx.:

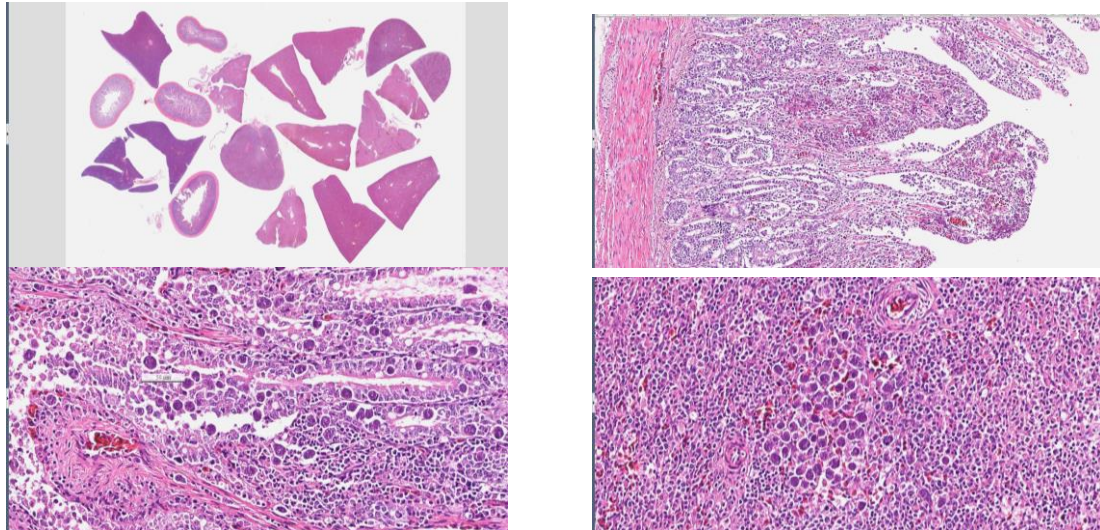
Melioidosis in a Formosan Reeve's muntjac

Case 6. CSVP 2022-3139 (CP22-02001, ADDC NCHU, S.W. Yang, P.C. Liu, H.Y. Chiou, J.W. Liao, and J.H. Shien)

Mule ducks, 21-day-old, showed signs of bloody diarrhea and sudden death. The cumulative mortality from 19 to 22-day-old was about 33.5% (2,010/6,000).

Morphological diagnosis:

1. Enteritis, necro-hemorrhagic, diffuse, severe, subacute, with myriad intralesional coccidia and lymphocytic inflammation, small intestine.
2. Hepatitis, lymphoplasmacytic, local-extensive, moderate, subacute to chronic, with vacuolar degeneration, coagulative necrosis, and intralesional coccidial schizonts, liver
3. Splenitis, multifocal, mild to moderate, subacute, with lymphoid depletion and multiple coccidial schizonts, spleen.



IHC: Pax5, Iba-1 (-) MHC-II (+)

PCR: Parvovirus, DPV (-), Duck hepatitis A virus, DHAV (-)

Bact: *Riemerella anatipestifer* (+)

Etiological Dx.:

Systemic coccidiosis combined with infectious serositis in mule ducks