Patient Info:
Name: Scotty
Chart No: 5276
Owner: Hawkins
Doctor: Ambrose

Species: Canine
Breed: Yorkshire Terrier
Age: 5Y
Sex: CM

Hospital:
Cloverleaf Animal Clinic

749 N White Station Rd
Memphis, TN 38122
Antech ID: 998304

Lab:
Antech Diagnostics
2433 Globe Cove Rd
Southaven, MS 38671
Reported: 12/09/09 02:40 PM
Received: 12/05/09

Accession No.	Doctor	Owner	Pet Name
MEBA02028575	Ambrose	Hawkins	Scotty

Test	Results	Adult Reference Range	L	Normal	H

Biopsy

---------Amended Report---------

Microscopic Description: Shoulder area: The tissue exhibits neoplastic involvement of dermis and subcutis. Neoplastic cells are rounded intermediately sized lymphocytes and form small clusters within the hair follicle epithelial layer and occasionally in the epidermis and large sheets in the dermis and subcutis. Mitotic activity is increased (34/10 hpf). Secondary ulceration, necrosis and inflammatory changes are also present. A histiocytic granuloma is also present in the deep subcutis beneath the neoplasm but appears to be an unrelated lesion.

Microscopic Findings: Epitheliotropic lymphoma

Comment: Epitheliotropic lymphoma is generally a slowly progressive malignant process warranting a guarded prognosis. This proliferation has a predominant intermediately sized lymphocytic cell type. Local recurrence and multicentric involvement are likely.

B-cell lymphomas generally have a more favorable response to chemotherapy than do T-cell lymphomas. Consequently, immunohistochemical staining (test code number 743) may be requested for additional prognostic or therapeutic considerations through Customer Service at 1-800-872-7828. If desired, request CD3 (T cells) and CD79A (B cells). Consultation with an Oncologist may also be useful. Use block one.

These stains were requested 12/10/09 CD3 + CD79A

The lesion appears entirely excised.

Approximate margins for the above mass as represented in the sections (**measured in mm):
Deep margin: 4
Skin/subcutaneous margins: 18 (cranial), 18 (caudal), 15 (right), 15 (left)

ADDENDUM: The lab is sending additional sections taken from around the microchip. The histiocytic granuloma described above is comprised of histiocytic macrophages with phagocytized basophilic material. I was previously suspicious of a prior unrelated injection site reaction beneath the neoplasm. However, it is possible that this inflammation is associated with other foreign debris, possibly from the microchip. In the original sections, this histiocytic granuloma does not extend to the neoplasm and neoplastic cells do not appear to be arising from the granuloma, although the inflammation is very close (within 1-2 mm) to the mass. Findings from the additional sections will follow as another addendum.

Note

ADDENDUM Number 2: No additional changes are found in the

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additional sections. The inflammatory changes correlate with the histicytic granuloma described previously. I have not looked at microchips before, but I looked at this microchip with the microscope. The microchip is not cracked and I don't see any evidence of hemorrhage into the chip. There was a thin covering of translucent to transparent material partially encapsulating the glass capsule of the chip. This coating could be the material inciting the inflammatory response. I have not seen anything published connecting microchips with secondary neoplasms. In this case, it may be prudent to perform the immunohistochemical stains to confirm the diagnosis. A histiocytoma was considered but the lesion seems too large and the cells appear more lymphoid than histiocytic (Case examined by two Veterinary Pathologists)

Evan D. McGee, DVM, Diplomate ACVP
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evan.mcgee@antechmail.com
1-800-872-1001/919-403-6673