

Sample ID: 55550-09421
Date of arrive: 2023-01-04
Date of report: 2023-01-09

1. Patient identification: Cat, Dragon Li, Fanfan
 2. Gender/Age: Male, 2Y
 3. Sampling date: 2023-01-03
 4. Owner/Hospital: Ms Ye, Shen Zhen Paitebao Animal Hospital (Yangzi)
 5. Type of sample: Tissue
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Macroscopical findings:

Submitted were 3 tissue samples from 3 locations, sized from 0.9x0.8x0.4 cm to 0.7x0.5x0.3 cm, cut into overall 14 pieces embedded for histological investigation.

Microscopic examination:

The following staining was performed according to standard operation procedures: H&E.

Lymph node: within the presented samples the architecture of the lymph node is partially preserved, but the capsule is markedly thickened and obscured by numerous confluent poorly defined pyogranulomas, without signs of specific microorganisms on H&E. The heterogeneity and structural arrangement of follicles in the node cortex are preserved.

Within the intestinal wall, the tunica muscularis is widely expanded by a similar inflammatory infiltrate with relative sparing of the mucosa. Under the serosa, there are several discrete pyogranulomatous nodules.

Diagnosis:

Lymphadenitis and peritonitis/vasculitis, mixed, severe, with fibrosis

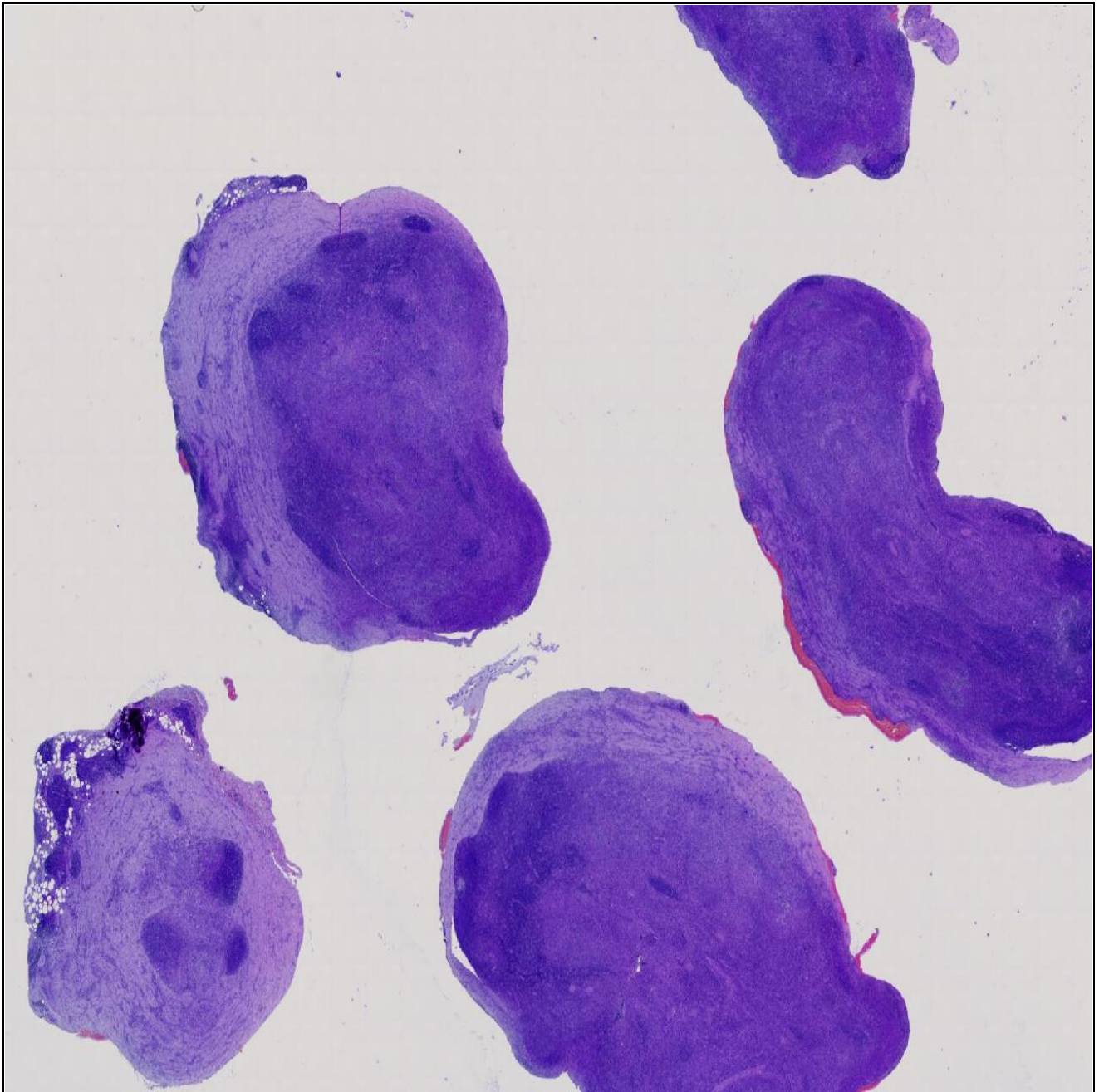
Critical report:

The composition of the inflammatory cell population in conjunction with the young age of the patient raises high suspicion of feline peritonitis virus infection. Correlation to other clinical findings may be necessary (such as changes in other internal organs, hyperglobulinemia, etc.). IHC or PCR for feline coronavirus may also be useful in its exclusion in equivocal cases. Other possible causes include bacterial peritonitis due to bacterial translocation from the gut, etc. (again needs correlation to clinical data).

References:

Stranieri A, Scavone D, Paltrinieri S, Giordano A, Bonsembiante F, Ferro S, Gelain ME, Meazzi S, Lauzi S. Concordance between Histology, Immunohistochemistry, and RT-PCR in the Diagnosis of Feline Infectious Peritonitis. Pathogens. 2020 Oct 18;9(10):852.

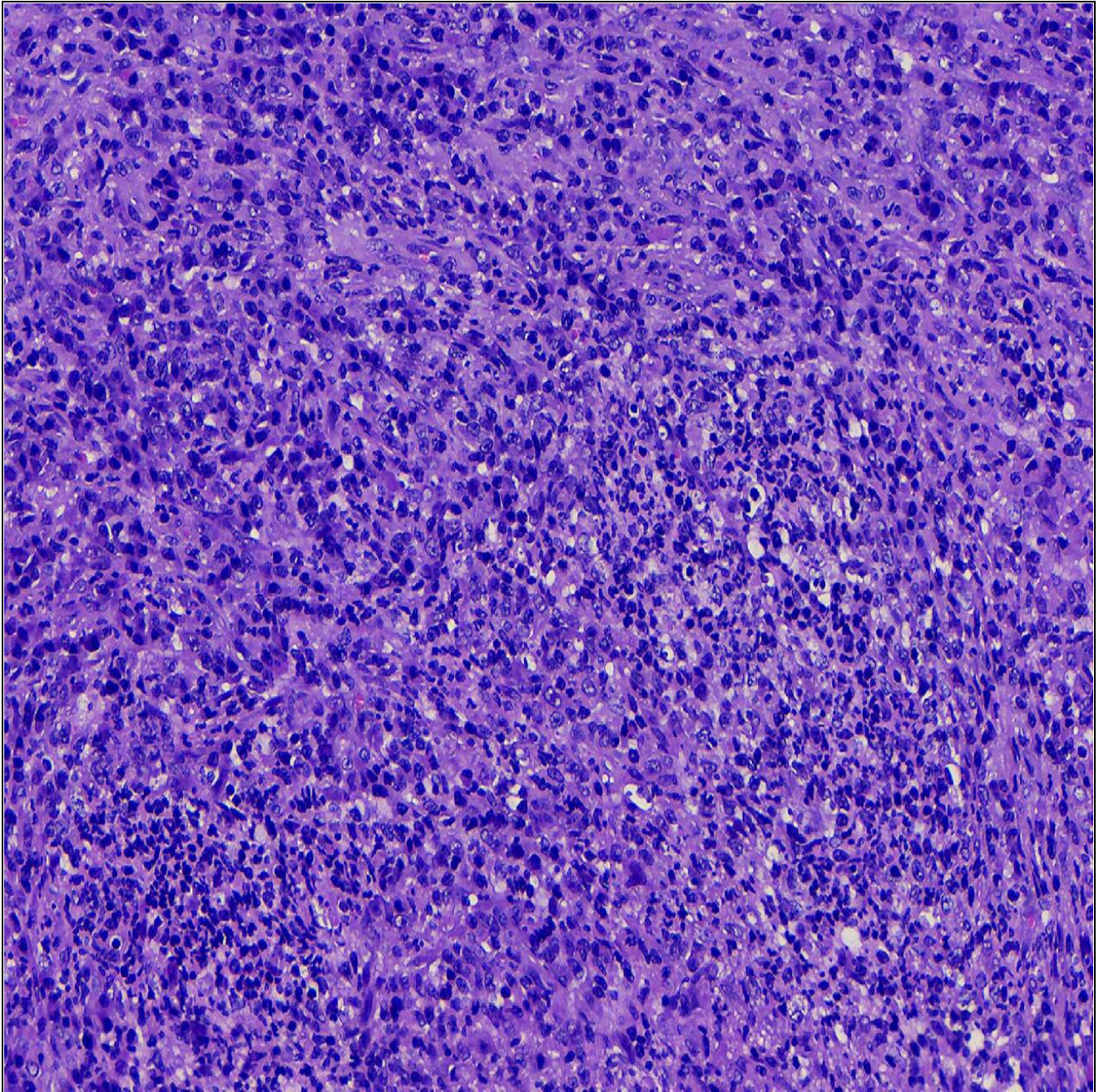
Digital Image:



At low magnification, the structure of lymph node is barely identifiable, much of it replaced by a mixed fibrotic and inflammatory infiltrate.

在低倍镜下，淋巴结的结构几乎无法识别，大部分被混合性纤维化和炎性浸润所取代。

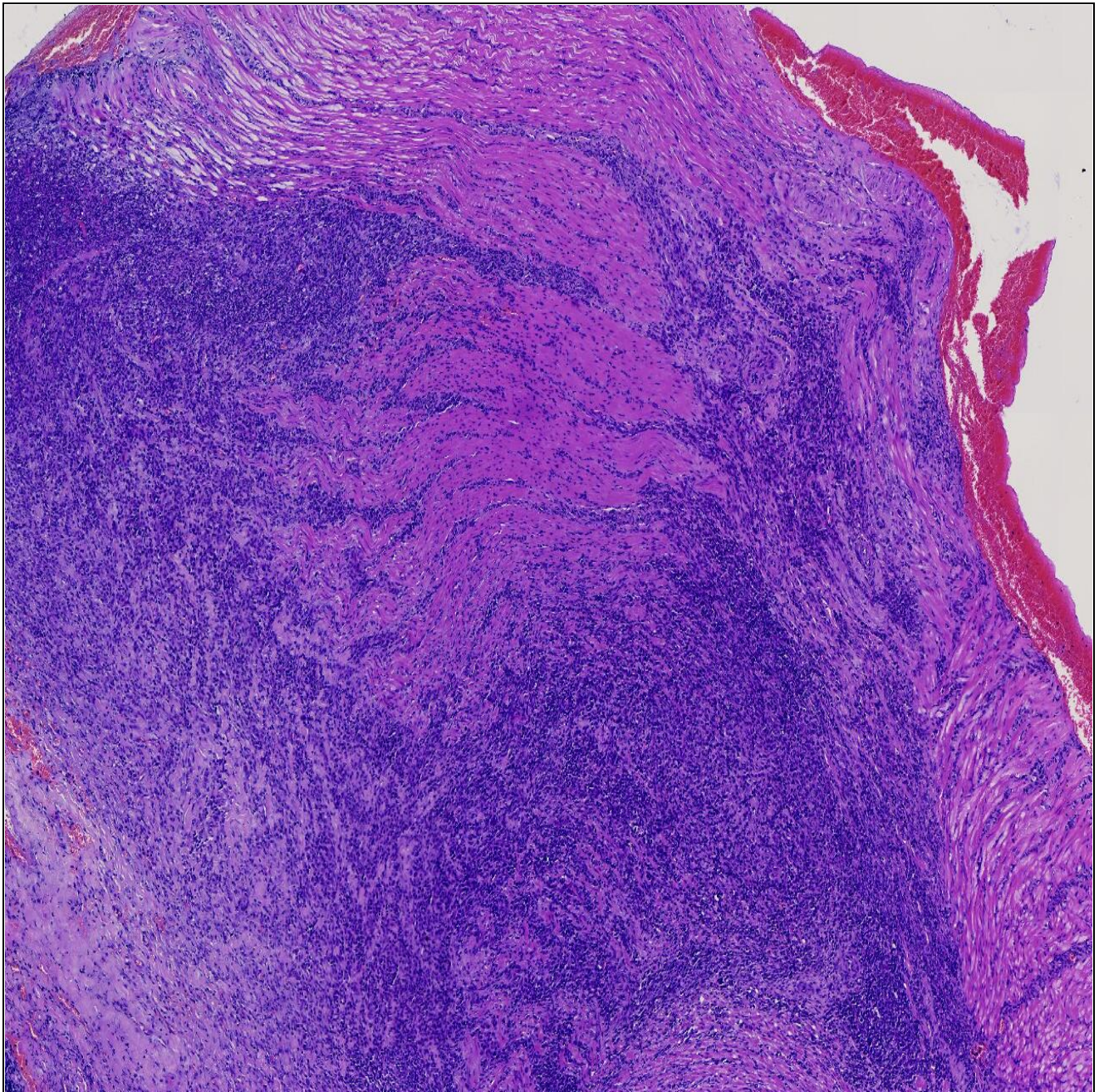
Digital Image:



There is a mixed infiltration with neutrophils, macrophages, lymphocytes and plasma cells without prominent granuloma formation.

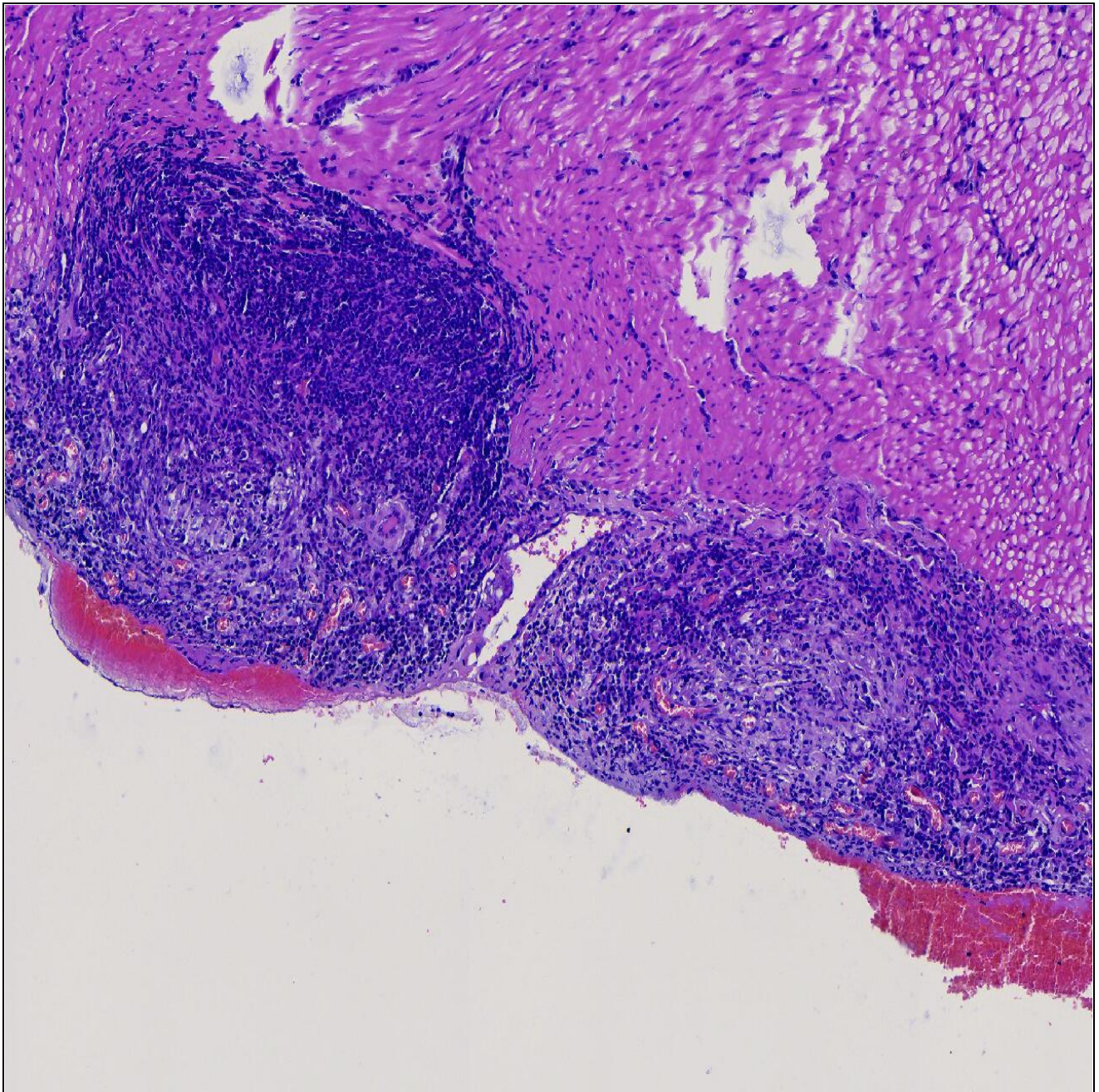
可见中性粒细胞、巨噬细胞、淋巴细胞和浆细胞的混合性浸润，无明显肉芽肿形成。

Digital Image:



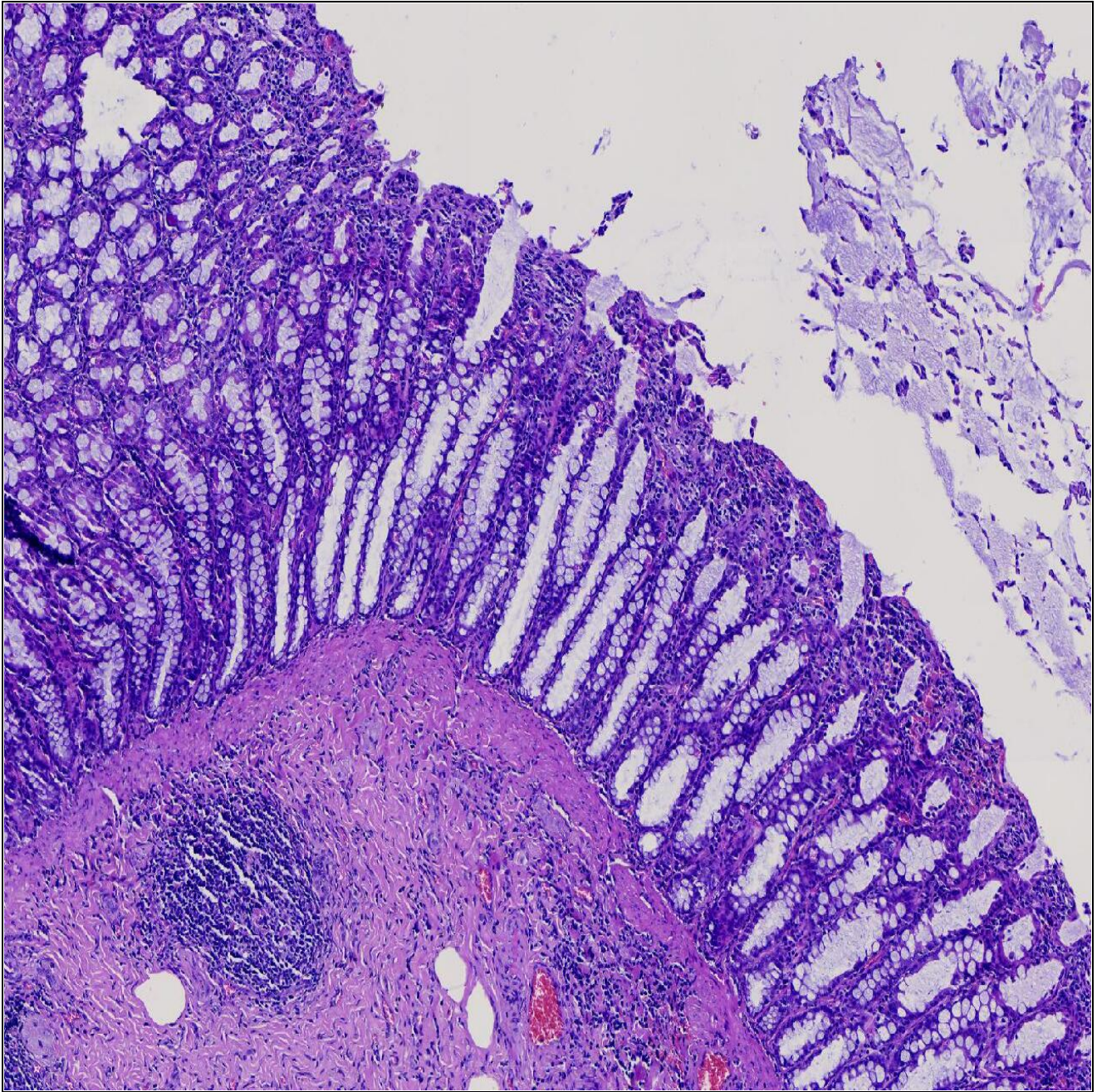
The tunica muscularis of the intestinal wall is partially obscured by a highly cellular infiltrate.
肠壁肌层被高细胞量浸润部分取代。

Digital Image:



Here are distinct subserosal inflammatory nodules.
此为明显的浆膜下炎性结节。

Digital Image:



The mucosa is mostly preserved.
粘膜大部分得以保留。

*** END of report ***

FTA, Pathologist:
Fr. Dr. A. Khairova

样本编号: 55550-09421
样本到达日期: 2023-01-04
报告日期: 2023-01-09

1. 病患信息: 猫, 狸花猫, 饭饭
2. 性别/年龄: 雄性, 2岁龄
3. 采样时间: 2023-01-03
4. 主人/医院: 叶女士, 深圳派特堡动物医院 (扬子)
5. 样本类型: 组织 - 结肠肿物, 肠系膜淋巴结

样本大体描述:

送检3份组织样本, 来自3个部位, 大小为0.9x0.8x0.4 cm至0.7x0.5x0.3 cm, 将组织样本切分为14个部位并全部包埋, 以用于组织病理学检查。

显微镜检查:

按照标准操作程序进行以下染色: H&E。

淋巴结: 在呈现的样本中, 淋巴结的结构部分保留, 但包膜明显增厚, 并被大量合并性的边界不清晰的化脓性肉芽肿所取代, H&E染色上未见特定微生物的迹象。淋巴结皮质中滤泡的异质性和结构排列得以保留。

在肠壁内, 肌层被类似的炎性浸润广泛扩张, 粘膜相对保留。浆膜下可见几个分离的脓肉芽肿结节。

诊断:

淋巴结炎和腹膜炎/血管炎, 混合性, 重度, 伴纤维化

报告判读:

炎性细胞群的组成与患者的幼龄相结合, 引起了对猫腹膜炎病毒感染的高度怀疑。可能需要与其他临床发现相结合考虑 (如其他内脏器官的变化、高球蛋白血症等)。IHC或PCR检测猫冠状病毒也会有助于排除可疑病例。其他可能的原因包括肠道细菌移位引起的细菌性腹膜炎等 (同样需要与临床数据相结合考虑)。

参考文献:

Stranieri A, Scavone D, Paltrinieri S, Giordano A, Bonsembiante F, Ferro S, Gelain ME, Meazzi S, Lauzi S. Concordance between Histology, Immunohistochemistry, and RT-PCR in the Diagnosis of Feline Infectious Peritonitis. Pathogens. 2020 Oct 18;9(10):852.

*** 报告结束 ***

兽医病理学家:

Fr. Dr. A. Khairova