



ECVP/ESVP Summer School in Veterinary Pathology

Summer School 2014 – Gastrointestinal Tract

N10-0021-2. A 5 year-old Yorkshire Terrier with a distended abdomen and chronic soft stools

Two similar sections of small intestine are examined. Most of the upper villous epithelium is lost without acute inflammation or necrosis. Although some villi are blunted, tags of sloughed epithelium maintain the striated border (post mortem artifact presumed). Remaining epithelium is mildly hyperplastic having an oval hyperchromatic nucleus and mild piling up of cells in crypts with tight cell spacing [2]. Goblet cells are mildly increased [1]. The lamina propria has a prominent, lymphoplasmacytic infiltrate [2], and intraepithelial lymphocytes are mildly increased [1]. Mildly dilated crypts contain a small amount of cell debris. Many villi have prominently dilated lacteals (lymphangiectasia, [2]). A mild lymphocytic cuffing is about mural vessels and myenteric plexes [1]. At or adjacent to the mesenteric attachment, thin-walled vessels without erythrocytes (lymphatics) are distended by cells with a variable amount of ample grey, microvesiculated cytoplasm and a single, but occasionally 2 or 3, dark round slightly crenated nuclei (adipophages,[2]). Lymphatic lumina are often filled by adipophages, but variably sized spaces are common between adipophages (lipid presumed). In remaining lumina, superficial macrophages of the cellular plugs appear to rupture and release their cytoplasm and basophilic nucleic acid into lymphatics. Lymphatics are convoluted/coiled/redundant at the mesenteric attachment. A few lymphocytes and organizing small vessels are among adipophages in lymphatics [1]. Thin, lymphocyte cuffs with macrophages are around mesenteric vessels[1].

MDx: [5] Plasmalymphocytic enteritis with lymphangiectasia and adipophagic/granulomatous lymphangitis .

Condition [2]:Protein Losing Enteropathy with lymphangiectasia and adipophagic lymphangitis