



# ECVP/ESVP Summer School in Veterinary Pathology

## Summer School 2014 – Gastrointestinal Tract

N12-318-2. An 11 year-old Fox Terrier with chronic vomiting and weight loss

A section of the gastric pyloric duodenal junction is examined. The pylorus at one end is normal with only slight cryptal hyperplasia and a moderate plasmacytic, lymphocytic and histiocytic lamina propria infiltrate. Crypts are distended by protein or protein and cell debris. The pylorus continues as a goblet cell-rich mucosa that acutely becomes proliferative over the crypts of Lieberkuhn. The proliferation is orderly and respects all basement membranes, and does not extend into glandular crypts. Proliferating cells are short columnar to very tall, columnar cells with an oval, hyperchromatic, coarsely stippled nucleus with eosinophilic cytoplasm that is indistinctly bordered as cells pile up and are admixed with variable numbers of goblet cells, exocytosing cells, eosinophils, dendritic-like cells, and some epithelial lymphocytes. Mitoses are 0-3/hpf. Cells form folded papillae on a thin fibrovascular stroma that has an eosinophil-rich, lymphoplasmacytic and histiocytic infiltrate. Deeply, cysts lined by these proliferating cells are distended by neutrophils, eosinophils, cell debris and protein. At the interface of the crypts of Lieberkuhn are lymphoid foci and an eosinophil-rich infiltrate that later gives way to normal histoarchitecture.

MDx: Gastroduodenal junction: Foveolar, pyloric hyperplasia

Condition: Hypertrophic pyloric gastropathy