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THE DAVIS-THOMPSON FOUNDATION NEWSLETTER

April

VOL. 54

What species of ruminal parasite is pictured?

A. *Gongylonema* sp.
B. *Paramphistomum* sp.
C. *Fasciola* sp.
D. *Moniezia* sp.

INSIDE THIS ISSUE

Monthly cover photograph winners:
Kátia R. Groch and Brian Porter

College of Veterinary Medicine & Biomedical Sciences, Texas A&M University

Answer: B. *Paramphistomum* sp. (rumen fluke)

A Longhorn cow with lymphoplasmacytic rumenitis and a trematode (*Paramphistomum* sp.) attached to the mucosa.

-Dr. Katherine D. Watson - Cover Image Editor
-Dr. M. Donald McGavin - Cover Image Composition Analyst

MESSAGE FROM THE CEO

Dear Colleagues

Please join me in welcoming the April issue of the Davis-Thompson Foundation Newsletter, prepared, as usual, by our outstanding editors Javier Asin and Jeann Leal.

Please peruse these pages for an amazing amount of free or low-cost training opportunities all over the world, in several languages. In particular, have a look at the announcements for CLIIC, POLA and CLASS. The organization of these courses is in full swing. Look them up in the following pages or in our **website.**

Remember that our classic Descriptive Veterinary Pathology Course is being reimagined, to what we expect to be a 3-day virtual component followed by a 2-half-day in-person component at the 2024 ACVP/ASVCP Annual Meeting. Stay tuned for more information!

This month we also include a full-year calendar for free virtual seminars in Spanish with an impressive selection of speakers from Latin America and Europe. A similar program of free seminars in Portuguese is in the works. These come to complement the already classic histopathology rounds in Spanish and Portuguese, which are of course, offered monthly.

Looking forward to seeing you in one of our training seminars.

Kind regards,

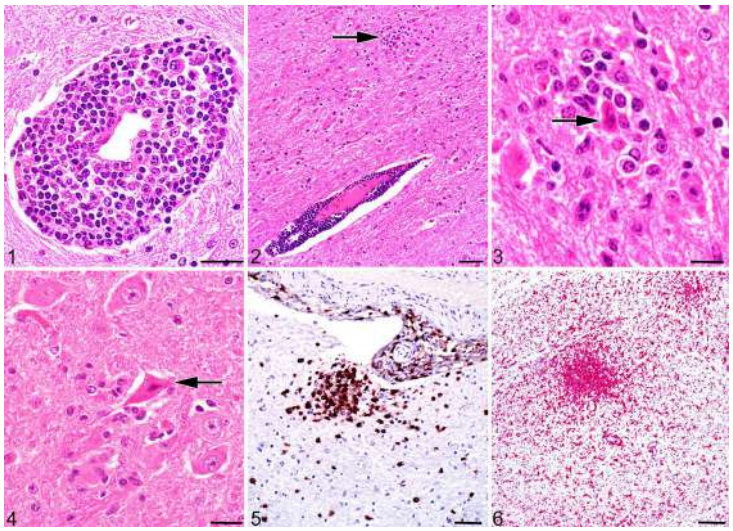
Francisco (Paco) Uzal
Chief Executive Officer
Davis-Thompson Foundation

JVDI IN FOCUS

Our April focus is an article appearing in the upcoming May issue: "**Bovine astrovirus and its role in lymphocytic encephalitis in cattle in Ontario, Canada, 1988–2019**" by Dominique Comeau, Maria T. Spinato, Davor Ojkic, Robert A. Foster, Jeff L. Caswell.

J Vet Diagn Invest 2023;35(3). **https://journals.sagepub.com/doi/epdf/10.1177/10406387241237192**

Astroviruses have been found in cattle and other species with encephalitis. Our objective was to determine the frequency of neurotropic bovine astrovirus (BoAstV) in cases of encephalitis in cattle ≥4-mo-old. Of 56 cases of idiopathic lymphocytic encephalitis examined retrospectively (1988–2019), fixed brain from 11 cases (19%) tested positive by semi-quantitative RT-PCR for BoAstV CH13/NeuroS1. None of the control cases tested positive, including 32 with other forms of encephalitis and 40 with no neurologic disease. Most astrovirus-positive cases were 1–2-y-old, with a range of 7 mo to 7 y, and affected both beef and dairy breeds with wide geographic distribution. BoAstV-positive cases had acute onset of neurologic signs of 12 h to 7 d before death or euthanasia. Affected cattle had lymphocytic inflammation throughout the brain including cerebrum, thalamus, midbrain, cerebellum, medulla oblongata, and spinal cord, and affecting gray and white matter. Further PCR testing identified a possible cause in 9 of the 45 (20%) remaining idiopathic cases of lymphocytic encephalitis, including eastern equine encephalitis virus, *Listeria monocytogenes*, bovine viral diarrhea virus, bovine alphaherpesvirus 1, and ovine gammaherpesvirus 2 (malignant catarrhal fever); we found no cases of infection by West Nile virus, rabies virus, or *Chlamydia* spp. No cause was identified in 36 of 56 (64%) cases of lymphocytic encephalitis. We frequently identified neurotropic BoAstV in cases of lymphocytic encephalitis that had no previously identified cause. Neurotropic BoAstV infections had gone undetected for decades, but the frequency of BoAstV infections has not increased among contemporary cases.



Figures 1–6. Encephalitis in bovine astrovirus (BoAstV)-positive cattle. **Figure 1.** Perivascular cuff of leukocytes. H&E. Bar = 20 µm. **Figure 2.** Perivascular cuff of leukocytes near a glial nodule (arrow), in the region of the thalamus and basal nuclei. H&E. Bar = 50 µm. **Figure 3.** Higher magnification of Fig. 2; a glial nodule with neuronophagia (arrow). H&E. Bar = 10 µm. **Figure 4.** Necrotic neuron with pyknotic nucleus and shrunken, angular, hypereosinophilic cytoplasm (arrow), and gliosis of the neuroparenchyma. H&E. Bar = 20 µm. **Figure 5.** CD3-immunoreactive T lymphocytes in a perivascular cuff and in a glial nodule, with scattered CD3-positive T cells in the adjacent neuroparenchyma. Midbrain. Immunohistochemistry (IHC) for CD3. Bar = 50 µm. **Figure 6.** A glial nodule contains Iba1-immunoreactive macrophages. Dispersed Iba1-positive cells in the surrounding neuroparenchyma are consistent with microglia. Cerebrum. IHC for Iba1. Bar = 100 µm.

The Journal of Veterinary Diagnostic Investigation is the official journal of the American Association of Veterinary Laboratory Diagnosticians. The mission of the Journal is to educate by informing readers of progress in veterinary laboratory medicine and related fields of endeavor. The key objectives of the JVDI are to promote the science of veterinary laboratory medicine and the betterment of animal and public health. JVDI fully supports diversity, equity, and inclusion in our publishing activities.

Editor-in-chief, Dr. Grant Maxie / https://journals.sagepub.com/home/VDI

VOLUNTEER CORNER

Hello! I'm Francisco Uzal (Paco)

What's your role?

I am the CEO (Chief Executive Officer) of the Davis-Thompson Foundation.

What's your background?

I was born in Buenos Aires, Argentina. I graduated as a veterinarian at the University of Buenos Aires in 1982, then I moved to Bariloche, Patagonia, Argentina, where I worked for 18 years as a diagnostic "pathologist" at INTA (the National Institute of Agricultural Technology). I said "pathologist" in brackets because I never received any formal training from the institution and most of my knowledge was "self-made". However, during those years I managed to get scholarships to do a MSc in pathology at the Swedish University of Agricultural Sciences in Uppsala, Sweden, under the supervision of Dr. Ricardo Feinstein, and then a PhD in pathobiology at the University of Queensland, Brisbane, Australia, under the supervision of Dr. Roger Kelly. That was followed by a brief post-doc period at the same University. My PhD thesis was on goat enterotoxaemia. Those two experiences really opened my eyes to all the possibilities that were out there. In 2001 I joined the California Animal Health and Food Safety Lab, UCDavis in San Bernardino, California as an Assistant Professor of Diagnostic Pathology. I have been at this laboratory since then, moving through the ranks. In 2006 I became ACVP Board Certified. I am currently the Branch Chief of the San Bernardino lab (since 2016) and a Distinguished Professor. Since I came to California, I started volunteering for the CLDavis (now Davis-Thompson) Foundation, and I became vice-president for Latin America, then President of the Foundation and now, since 2020, CEO. I am also a Foundation member of the LCPG and I was President for two consecutive periods; I am currently President elect. During my whole career, I was fortunate to have great mentors and friends.

Tell us more about yourself and your philosophy on productivity

My two jobs, as veterinary pathologist, Professor and Branch Chief of the San Bernardino Lab of CAHFS and as the CEO of the Davis-Thompson Foundation are my major hobbies, for which I am very lucky.

I strive to foster as much collaboration as possible, particularly mentoring young colleagues, and that often results in great outcomes. In my early career in Argentina I had very limited access to training opportunities. That is why I am so passionate about mentoring/helping young colleagues.

I live in a beautiful area in California with lots of hiking opportunities, daily hiking is my other passion.

DIAGNOSTIC EXERCISE

Case #: 231; **Month:** February; **Year:** 2024

Contributors: Megan Crawford[1], Annette Lundberg[2], Rachel Neto[3].
[1]College of Veterinary Medicine, Michigan State University
[2]Department of Clinical Sciences, Auburn University,
[3]Department of Pathobiology, Auburn University
Corresponding author: rtn0004@auburn.edu

Clinical History: A 6-year-old spayed female Samoyed dog was presented to the Dermatology Service at Auburn University Veterinary Teaching Hospital (AUVTH) for a 6-month history of non-pruritic alopecia on the hips and back, with the skin turning black in those areas (Figures 1 and 2). The animal had a prior history of hypothyroidism (controlled at the time of evaluation) and a urinary tract infection. The dog was on levothyroxine, Interceptor plus, Nexgard, fish oil, and Royal Canin Veterinary Diet Adult Urinary SO Dry Dog Food. There was no travel history outside the Southern United States. This animal was cohoused with another healthy dog. Bloodwork was unremarkable and testing for Cushing's disease was negative. Skin scrapes, cytology, and dermatophyte and bacterial cultures were negative.

Clinical Photographs:

Figure 1

Figure 2

DIAGNOSTIC EXERCISE

Gross Findings: Three 3 x 8 mm punch biopsies from the dorsum are examined. Two of the samples are hyperpigmented and alopecic, from the hypotrichotic areas. One of the samples is from the shoulder region with mild hypotrichosis.

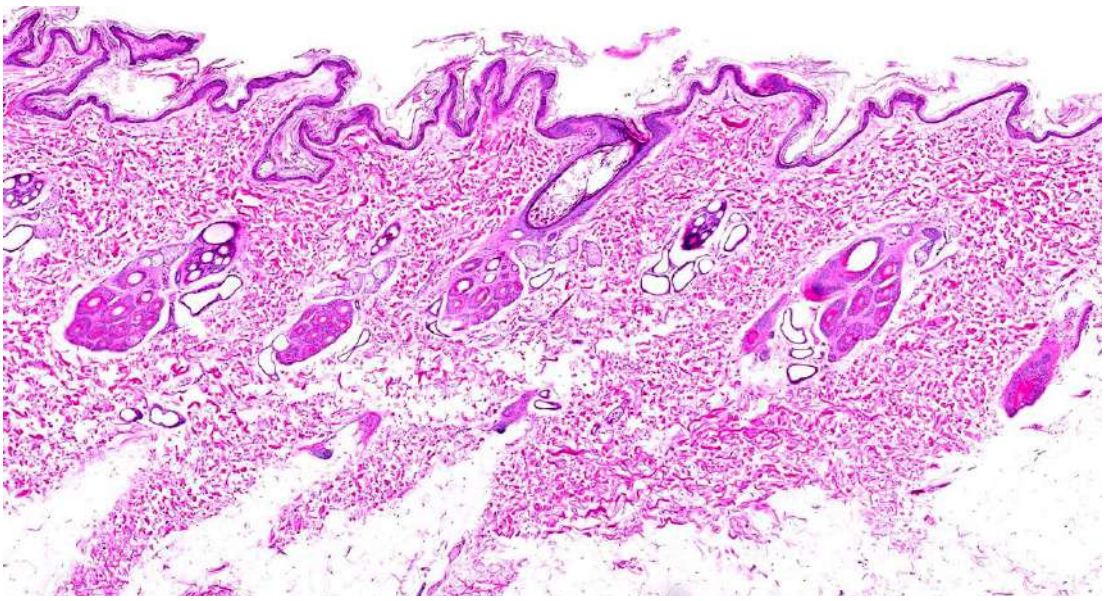


Figure 3. Haired skin H&E

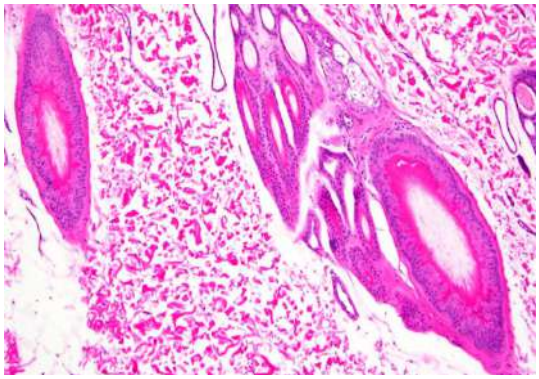


Figure 4. Haired skin H&E

Follow-up questions:

- Using the history and clinical photographs, what would be the main differential diagnoses for the lesions shown?
- Based on the photomicrographs, what is your morphologic diagnosis?

Click here for answers

Associate Editor for this Diagnostic Exercise: Saulo Pavarini
Editor-in-chief: Claudio Barros

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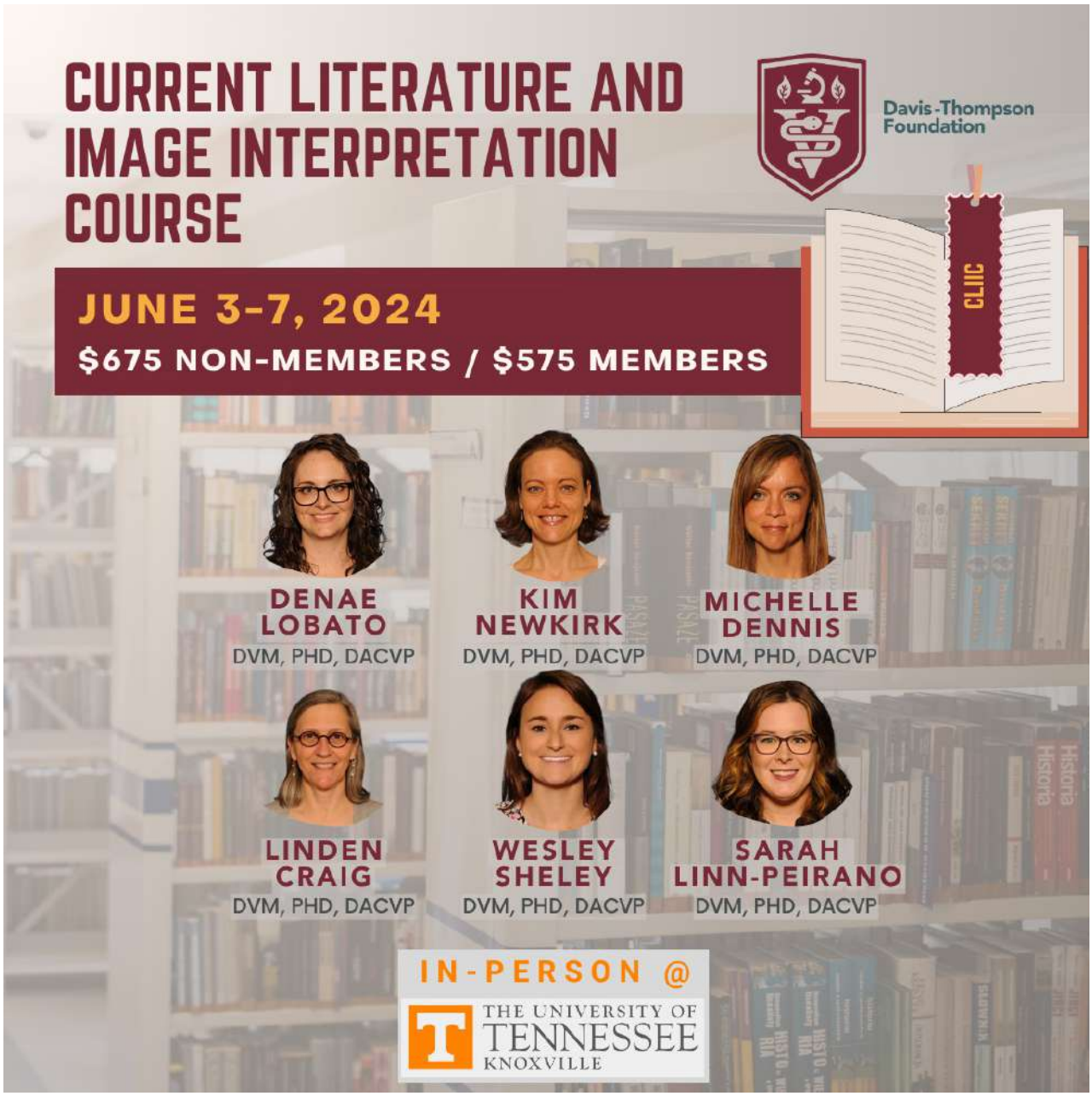

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EUROPEAN DESCRIPTIVE PATHOLOGY COURSE

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...and EuroPOLA!

More information in our website soon

EUROPEAN SYMPOSIUM ON DERMATOPATHOLOGY

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SOUTHCENTRAL DIVISION MEETING

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WESTERN ROUND ROBIN CASE

CONTRIBUTING LABORATORY:
Faculty of Veterinary Sciences, University of Buenos Aires

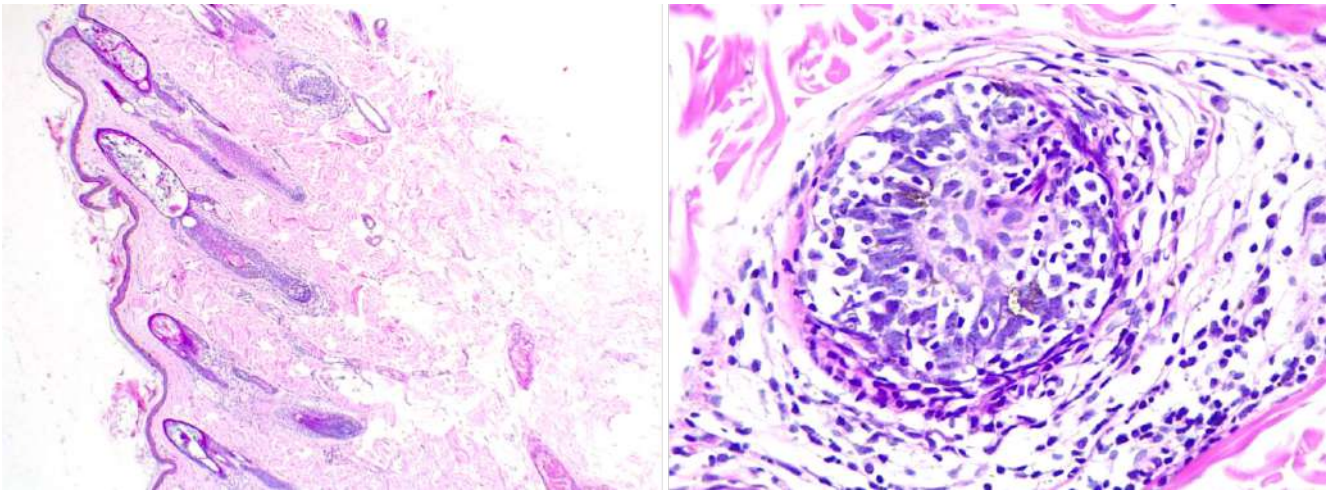
Clinical history: An eight-year-old male Jack Rusell Terrier canine with multifocal areas of well-circumscribed alopecia in the face, non-pruritic and hyperpigmented.

Histopathologic description: Skin: The skin presents a mild to moderate periadnexal inflammatory reaction, composed mainly of lymphocytes. These cells invade the bulb of some hair follicles. Along with the lymphocytes, few plasma cells, macrophages, some with phagocytosed melanin, and neutrophils are observed. The infundibular portion presents hyperkeratosis and generally lacks hairs. The epidermis exhibits mild hyperkeratosis.

Morphologic diagnosis: Generalized lymphocytic bulbitis and perifolliculitis, moderate, subacute, with infundibular and epidermal hyperkertosis.

Etiology: Unknown, although an autoimmune cause is postulated

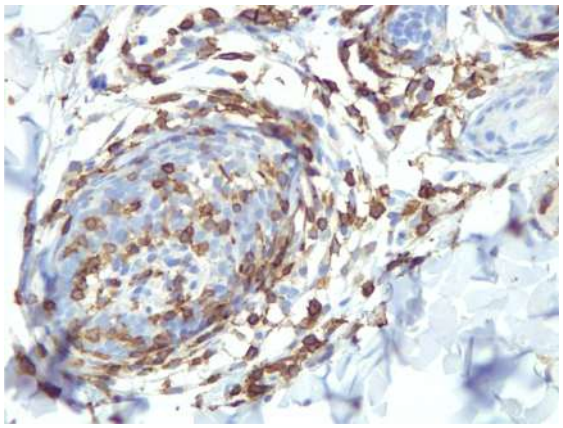
Name of the disease: Alopecia areata



Figures 1 & 2. Haired skin. H&E.

WESTERN ROUND ROBIN CASE

Comments:



Figures 3. Haired skin. CD3 IHC.

Alopecia areata (AA) is an uncommon skin disease seen in the dog, characterized by non-scarring alopecia. It is said that it is a "benign cosmetic disease", most commonly present in the skin of the head or face and can have a self-cure, respond to immunosuppressive therapy, or seemingly be resistant to therapy. Leukotrichia is occasionally observed. The areas of alopecia may become variably pigmented and may be bilaterally symmetrical. There is no apparent age predilection and there are no studies on breed predisposition, but it is thought that German shepherds, dachshunds and beagles may be predisposed.

The main lesion is a selective and reversible damage to anagen hair follicles caused by cytotoxic T lymphocytes, helper T cells, and dendritic antigen-presenting cells. In alopecia areata cycling is interrupted. It is believed that the lesions are caused by an immune-mediated mechanism directed against hair follicles in humans, nonhuman primates, dogs, cats, horses and cattle, which may be modulated by genetics and hormones. Immunostaining to detect CD3+ and CD8+ lymphocytes may be helpful in some cases. Differential diagnosis should include other syndromes with mural/isthmus folliculitis, such as pseudopelade, as in some severe cases, the lymphocytic infiltration of alopecia areata may progress towards the isthmus of the hair follicle, and isthmus and mural folliculitis of other syndromes may progress towards the bulb. It is important to note though, that in other syndromes, the follicular bulb is not affected.

The differential diagnosis is of prognostic importance because hair loss in alopecia areata is usually transient.

The prognosis for alopecia areata is good, with 60% of the cases having spontaneous and complete hair regrowth. However, sometimes the hair regrowth is white.

WESTERN ROUND ROBIN CASE

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6. Tobin, D.J. & Olivry, T. (2004) Spontaneous canine homologue of human alopecia areata. In: Animal Models of Inflammatory Skin Diseases (ed. L.S. Chan), pp. 469–81. CRC Press, Boca Raton. Tobin, D.J., Fenton

Submitters: Andrea Schapira and Leonardo Minatel

Acknowledgements: Dra. Sandra Caceres and Dr. Gabriel Rodriguez

Click here to see this slide in Noah's slidebox

BSTP CORNER

BRITISH SOCIETY OF TOXICOLOGICAL PATHOLOGY

Notice of Future Meetings

Virtual Continuing Education Symposium 9: Digestive System
20th – 29th February 2024
Tuesday, Wednesday and Thursday
13.00 – 17.00 (GMT+0, London/UCT+0/ET-5)

CES 9 will be held over two weeks - on the afternoons of Tuesday 20th, Wednesday 21st, Thursday 22nd, Tuesday 27th, Wednesday 28th and Thursday 29th February 2024, from 13.00 – 17.00 (GMT+0, London/UCT+0) each day.

REGISTRATION IS NOW OPEN WITH AN EARLY BIRD DEADLINE OF FRIDAY 26th JANUARY 2024

This CES will give you the opportunity to have an overview of the normal anatomy and physiology of the digestive system; repair and regeneration mechanisms; spontaneous lesions of the rodent, rabbit, and non-human primate GI tract; toxicology and carcinogenesis of the exocrine pancreas; health monitoring of laboratory rodent colonies; pathology of infectious GI diseases of rodents, rabbits and non-human primates; anatomy, physiology, histology and pathology of the teeth. Other topics to be covered include spontaneous pathology and infectious disease in the canine and minipig digestive system; rodent models of inflammatory bowel disease; from biomarkers to AI; bioaccumulation of therapeutic drugs.

Reduced fee funding opportunities are also available for trainee/early career pathologists as well as a number of free registration bursary places.

If you would like further information, have any queries, or would like to reserve a place, please contact the Hg3 Conferences Ltd - **events@hg3.co.uk**

This symposium will be organised by Hg3 Conferences Ltd, who have been appointed by the Council of the BSTP to take over the administrative organisation of all BSTP events – events@hg3.co.uk

or visit: **https://www.bstp.org.uk/events/ces-9-digestive-system/**

Virtual Continuing Education Symposium 10: Urinary System
9th – 18th July 2024
Tuesday, Wednesday and Thursday
13.00 – 17.00 (GMT+1, London/UCT+1)

CES 10 will be held over two weeks – on the afternoons of Tuesday 9th, Wednesday 10th, Thursday 11th, Tuesday 16th, Wednesday 17th and Thursday 18th July 2024, from 13.00 – 17.00 (GMT+1, London/UCT+1) each day.

This CES will give you the opportunity to learn about the urinary system. There will also be roundtable/share knowledge discussions and questions.

Updated information about this symposium will be posted on the BSTP website and BSTP group LinkedIn pages as it becomes available.

If you would like further information, have any queries or would like to reserve a place, please contact the Hg3 Conferences Ltd - **events@hg3.co.uk**

This symposium will be organised by HG3 Conferences Ltd, who have been appointed by the Council of the BSTP to take over the administrative organisation of all BSTP events – events@hg3.co.uk

or visit: **https://www.bstp.org.uk/events/ces-10-urinary-system/**

For registration and more information about the events, visit the BSTP website:
https://www.bstp.org.uk/events/bstp-events/

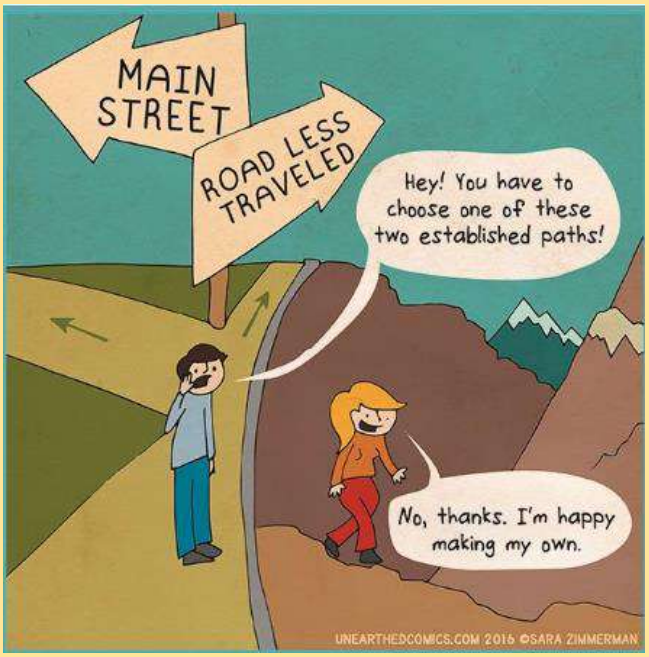
STP VIRTUAL TRAINEE MIXER

Society of Toxicologic Pathology Virtual Trainee Mixer

Facets of Industry: Pharma, Discovery, Toxicology, and Consulting

Thursday, April 4, 2024: **8:00 PM–9:00 PM EDT**

CLICK HERE TO REGISTER ONLINE by Wed, April 3, 2024



Calling all pathology trainees and vet students! Please join us to:

- Hear from our fabulous STP pathologist panelists about different career paths and opportunities within the exciting field of Toxicologic Pathology! The session will primarily be in Q & A format, so please come with your

STP VIRTUAL TRAINEE MIXER

burning questions! Our panelists have many great answers from their respective vast and diverse experiences!
Our panelists are:

- Sherry Morgan at Frontage Laboratories
- Jackie Brassard at Brassard Toxicological Pathology Consultancy
- Tracy Carlson at Greenfield Pathology Services
- Daniel Patrick at Eli Lilly
- Denise Schwahn (moderator) at Wave Life Sciences

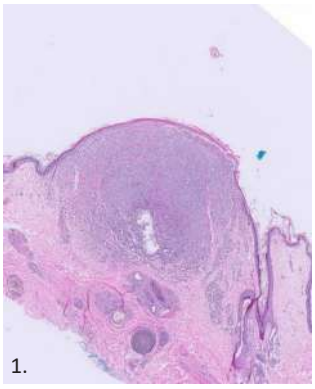
- Network with STP pathologist mentors and fellow trainees and students

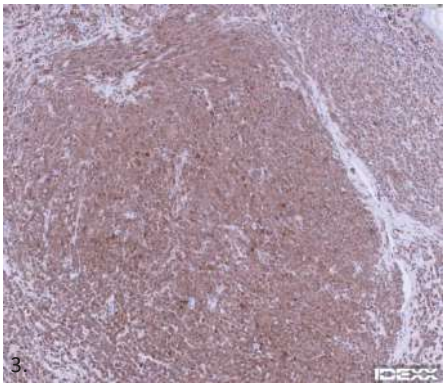
- Learn about trainee opportunities at the 2024 STP Annual Symposium

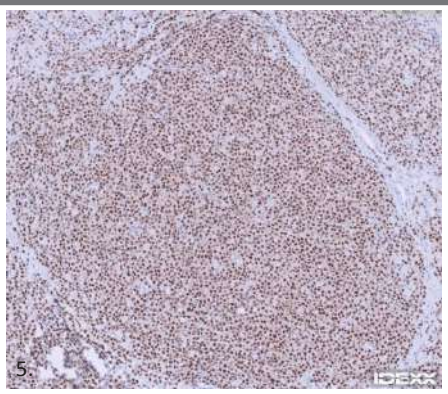
IDEXX CASECONNEXX CORNER

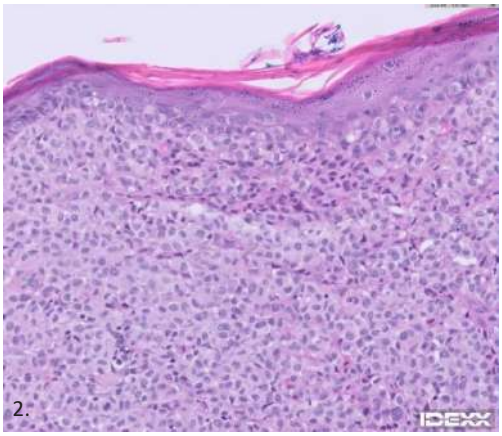
Signalment: 2-year-old, female spayed, Doberman Pinscher

Source/ History: Previous excision of a cutaneous histiocytoma in the periorbital region 5 months prior. Since then, multiple similar red and raised lesions have developed across the face. Increasing in size rapidly.









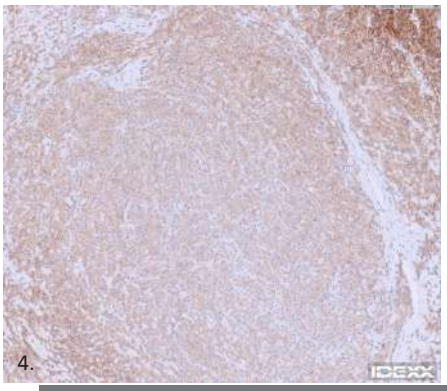


Figure 1. A well circumscribed nodule expands in the superficial dermis and directly abuts and elevates the overlying epidermis. 2x, H&E. **Figure 2.** The nodule consists of dense sheets of atypical histiocytoid round cells that exhibit mild epitheliotropism. 40x, H&E **Figure 3.** Strong diffuse cytoplasmic immunoreactivity for IBA-1. 10x. **Figure 4.** Moderate to strong diffuse membranous immunoreactivity for E-cadherin. 10x. **Figure 5.** Strong diffuse nuclear immunoreactivity for MUM-1. 10x.

Histopathologic Description:
Haired skin, face: Expanding the superficial dermis, there is a well-circumscribed nodule of atypical round cells arranged in dense sheets which directly abut and elevate the overlying epidermis. The round cells exhibit mild epitheliotropism. The round cells have distinct cell borders, moderate amounts of pale eosinophilic cytoplasm, and a round to oval to reniform nucleus which contains euchromatic chromatin and small nucleolus. There is minimal anisocytosis and anisokaryosis, and 7 mitotic figures are counted in 2.37 mm2.

Immunohistochemistry:
IBA-1 (marker for histiocytic cells): Up to 95-100% of proliferating cells exhibit strong cytoplasmic immunoreactivity. The intensity and localization of immunoreactivity is similar to that of the positive control.

E-Cadherin (marker for Langerhans dendritic cells): Up to 95-100% of proliferating cells exhibit moderate to strong membranous immunoreactivity. The intensity and localization of immunoreactivity is similar to that of the positive control.

MUM-1 (marker for plasma cells): Up to 95-100% of proliferating cells exhibit strong nuclear immunoreactivity. The intensity and localization of immunoreactivity is similar to that of the positive control.

Interpretation:
Haired skin, left eye: Langerhans cell histiocytosis

Comments:
The clinical presentation (i.e. multifocal skin lesions in a young dog), histological features (i.e. cutaneous histiocytoid round cell proliferation), and immunohistochemical profile (i.e. strong diffuse immunolabelling for IBA-1 and E-cadherin) are supportive of a diagnosis of Langerhans cell histiocytosis. This lesion was also strongly positive for MUM-1. MUM-1 is traditionally used as an immunohistochemical marker for plasma cells; however, recent research has detailed that this marker is often aberrantly expressed in a wide range of other proliferative round cell conditions including lymphoid neoplasms (Riccardi et al., 2023) and Langerhans cell histiocytosis (Klosowski et al., 2023).

Langerhans cell histiocytosis is an idiopathic histiocytic proliferative disorder which results in the formation of multifocal skin lesions which often grossly and histologically resemble cutaneous histiocytomas. Dogs with Langerhans cell histiocytosis may have hundreds of cutaneous lesions ranging from nodules to masses, which elevate the epidermis and may be accompanied by redness, alopecia, and ulceration. Lesions at mucocutaneous junctions and in tissues of the oral cavity may also occur. Lesions may be initially limited to skin or involve skin and draining lymph nodes. Rarely, internal organ involvement also occurs. Shar Pei dogs were overrepresented in a cohort of dogs afflicted by cutaneous LCH (about 20% of cases), but the disease occurred in many other breeds. Delayed regression of cutaneous LCH was common, and lesions persisted for up to 10 months prior to regression. If cutaneous Langerhans cell histiocytosis involves lymph nodes, the prognosis is considered worse. In all instances in one study, dogs with lymph node involvement were euthanized. The clinical course of dogs that experienced systemic spread of cutaneous Langerhans cell histiocytosis was even more rapid (Moore et al, 2014).

References: Riccardi, E., et al. (2023). MUM-1 in canine lymphoma: A pilot study. Vet Path, 60(3), 316–319; Klosowski ML,et al (2023). MUM1/IRF4 immunolabeling of neoplastic Langerhans histiocytes in a putative case of canine Langerhans cell histiocytosis. Vet Clin Pathol. Dec;52(4):670-675.; Moore, PF. (2014) A review of histiocytic diseases of dogs and cats. Vet Path, 51 (1): 167-184.

Case by:
Luke Haydock BVSc (Dist.) DVSc DACVP

LCPG CORNER

Information to register for individual seminars coming soon to our website

LCPG CORNER

Click here to register to individual seminars

LCPG CORNER

2024 LCPG & DTF ACTIVITIES IN LATIN AMERICA

Country	Name of Seminar	Dates	Place/University	Speakers	Organizers
Argentina	XVIII Seminar of the Argentinean Subdivision of the Davis-Thompson Foundation and XII Forum on Teaching Veterinary Pathology.	August	Rosario, Argentina. Facultad de Ciencias Veterinarias, Universidad Nacional de Rosario	TBD	Leonardo Minatel
	Latin American roadshow: Gastrointestinal pathology	Oct 24-25	Buenos Aires, Argentina. Universidad de Buenos Aires.	Francisco Uzal	Leonado Minatel
Brazil	2024 Brazilian Symposium of the DTF - Pathology of zoo and wildlife	September	Universidade Federal de Minas Gerais - Belo Horizonte, MG, Brazil	D. McAloose	Renato de Lima Santos / Ayisa Rodrigues de Oliveira
Chile	Pathology of wildlife	August	Valdivia, Chile. Universidad Austral de Chile	Enrique Paredes, Mauricio Navarro, Manuel Moroni.	Mauricio Navarro
Colombia	Latin American roadshow: Gastrointestinal pathology	Nov 1-2	Barranquilla, Colombia. Universidad San Martin	Francisco Uzal	Paola Barato
Costa Rica	Workshop in freshwater fish medicine and pathology in Latin America	Mar 22-23	San Jose, Costa Rica. Escuela de medicina y cirugia veterinaria San Francisco de Asís	Esteban Soto, Paola Barato	Roberto Olivares
Guatemala	Latin American roadshow: Gastrointestinal pathology	Nov 4-5	Ciudad de Guatemala, Guatemala. Universidad de San Carlos.	Francisco Uzal	Deborah Rodriguez
México	IV on-line necropsy course	Apr 8-19	México (On-line)	Elizabeth Rodriguez, Maria del Carmen Carmona, Alfredo Perez, Mario Bedolla, Carlos Gonzalez, Elizabeth Morales, Gerardo Salas, Mireya Juarez, Luis Garcia-Marquez, Diana Galvan, Ruben Lopez, Laura Romero, Francisco Carvallo.	Ruben Lopez
	V seminar of the mexican subdivision of the Davis-Thompson Foundation	September	Tamaulipas, México. Universidad Autónoma de Tamaulipas	TBD	Ubicelio Martin
	Workshop in freshwater fish medicine and pathology in Latin America	November 21-22	Faculta de Medicina Veterinaria y Zootecnia, Universidad Nacional Autónoma de Mexico.	Esteban Soto, Paola Barato	Ruben Lopez
Paraguay	Latin American roadshow: Gastrointestinal pathology	Oct 28-29	Asunción, Paraguay. Universidad Nacional de Asunción.	Francisco Uzal	Leila Maidana, Mirtha Suarez
Uruguay	Latin American roadshow: Gastrointestinal pathology	Oct 21-22	Montevideo, Uruguay. Universidad de la Republica.	Francisco Uzal	Jose Manuel Verdes
Venezuela	II Seminar of the Venezuelan Subdivision of the Davis-Thompson Foundation	July	TBD	Francisco Uzal	Yaritza Salas

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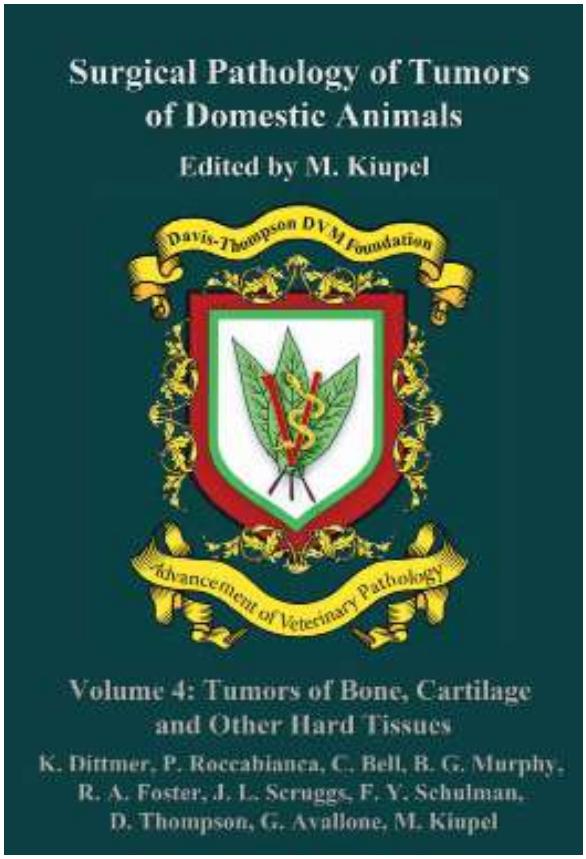

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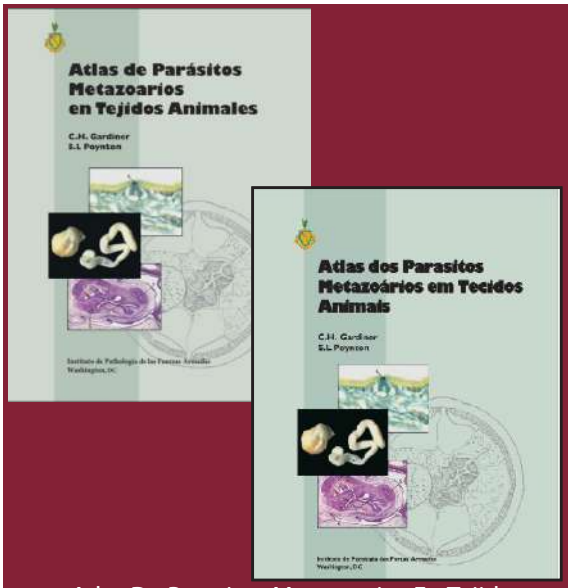
Davis-Thompson Foundation Pathology Externship

Since 1980, the Davis-Thompson Foundation lab sites have hosted more than 125 veterinary students at 8 participating diagnostic laboratories. These students usually have a strong interest in pathology itself or zoo or poultry medicine that require a strong pathology background. The Foundation is always interested in having veterinary students apply for an externship and we would like to add more externship sites that do not usually have veterinary students, to help increase their interest and knowledge of pathology with some off-campus experience. For more information, contact Dr. Jim Britt, **jobritt@sbcglobal.net;** 501-912-1449.



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