

#### C.L. DAVIS/S.W. THOMPSON DVM FOUNDATION

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# THE DAVIS-THOMPSON FOUNDATION NEWSLETTER

December VOL.53



Dog, esophagus. What is the name of the structures pointed with asterisks (\*)?

- A. Uteri
- B. Calcareous corpuscules
- C. Lateral chords
- D. Hooks

#### **INSIDE THIS ISSUE**

#### Monthly cover photograph winners: Marta Mainenti<sup>1,2</sup>, Arnaud J. Van Wettere<sup>2</sup>, Thomas J. Baldwin<sup>2</sup>

(1) Iowa State University Veterinary Diagnostic Laboratory, Veterinary Diagnostic and Production Animal Medicine, College of Veterinary Medicine, Iowa State University, Ames, IA; (2) Utah Veterinary Diagnostic Laboratory, Animal, Dairy and Veterinary Sciences, Utah State University, Logan, UT.

Cross section of Spirocerca lupi in the esophagus of a 15-month-old German shepherd dog. Numerous eosinophils, fewer neutrophils, macrophages, and necrotic debris surround the nematode.

**Answer: C.** Lateral chords

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

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### MESSAGE FROM THE CEO

#### Dear colleagues

Welcome to the last issue of 2023 of the Davis-Thompson Foundation Newsletter, with the compliments of our outstanding managing editors: Javier Asin and Jeann Leal.

Although the year is coming to an end, we continue offering training opportunities in person and virtual all over the world. Look them up in the following pages and/or in our website: https://davisthompsonfoundation.org/events-calendar/

Organization of the "Big 4" courses of the Foundation for 2024 is in full swing. Registration for the General Pathology Course (January-February) is already open and registration for CLIIC will be opening soon. Please stay tuned for this and for additional information on the course on Pathology of Laboratory Animals and the Descriptive Course on Veterinary Pathology.

Also, make sure you do not miss "Evolution of uncertainty in surgical pathology, Part 1: recognition and acceptance" a brilliant article by Paul Stromberg, an icon of veterinary pathology and a long-standing member of the Foundation's Board of Directors. Part 2 to follow in January. Thank you, Paul.

This month we are also proud to share links to a large amount of outstanding teaching material on musculoskeletal pathology of multiple animal species, generously shared by Dr Roy Pool, from Texas A&M. Thank you, Roy!

Last but not least, please do not miss our great volunteer appreciation campaign that started a few months ago and that will continue for several months to come.

Looking forward to see you in one of our upcoming training activities.

With my warmest regards

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



#### Evolution of uncertainty in surgical pathology

#### Part 1: Recognition & Acceptance

Paul C. Stromberg DVM, PhD, DACVP Professor Emeritus, Ohio State University

"We shall not cease from exploration And the end of all our exploring Will be to arrive where we started, And know the place for the first time." T.S. Elliot

"Life is short, the art is long Opportunity is fleeting, Experience delusive. Judgement difficult." Hippocrates of Cos, 466BC

It is human nature to desire certainty in our affairs. We want to see a world of binary choices; of issues that are black and white without shades of grey. If we can see the data clearly and unambiguously we think this leads to confidence in our judgment. This is especially true for health care professionals because we feel the responsibility to make an accurate diagnosis. Anything that simplifies decision making and judgment supports our confidence and seemingly certainty that we are correct. But certainty in medicine is an illusion and the sooner we abandon the pursuit of this, the sooner we will be more effective diagnosticians.

In his insightful book "How Doctors Think" (Houghton Mifflin Company, 2007) Jerome Groopman states. "...every doctor is fallible. No doctor is right all the

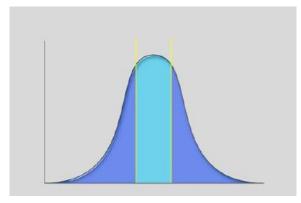
time. Every physician, even the most brilliant, makes a misdiagnosis or chooses the wrong therapy." This is intuitively true for veterinarians as well as physicians and that of course includes veterinary pathologists. However, the majority of the errors are not caused by lack of medical facts but how we think about what we see. This is especially problematic for pathologists (and radiologists) whose principle clinical skill is visual pattern recognition, a highly subjective, experience-based ability to observe patterns of pathologic processes and interpret them. It is not an objective evaluation of quantitative data generated by a machine and reported in metric units with a reference range for normal. A hematocrit of 32 with a reference range of 40-50 can be confidently interpreted to be slightly anemic. But the visual pattern of cells in a lymph node is either

malignant lymphoma or it's not. It's never "slightly lymphoma." You can't hedge. So dealing with uncertainty in pathologic evaluation challenges our confidence which in turn can affect our judgment. We have a unique skill possessed by no one else in the biomedical community but the mastering of it is a long arduous journey that never ends ("Life is short, the art is long"). The best example of pattern recognition is the approach used in dermatopathology recently reviewed in Veterinary Pathology (Vol 60. No. 6, November 2023). But the idea of recognizing patterns of pathologic processes is useful in other organs and tissues and at the gross, subgross and ultrastructural levels as well. Although it's not as well developed as in dermatopathology, the process is essentially the same. It's the observation and recognition of one or several abnormal anatomic changes seen in the tissue that when assembled constitutes a definition of a disease pattern that we call a morphologic diagnosis (i.e. a type of inflammation, a neoplasm, a degenerative change) and which we ultimately connect to a clinical disease entity. The rationale for the histopathology cases and essays on certification examinations is to test how well the candidate can recognize the various histologic changes and assemble them into a morphologic diagnosis (es) then relate it to

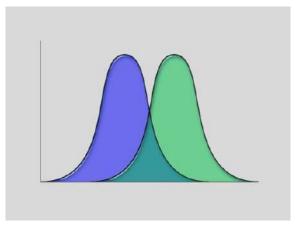
a clinical disease. There is great subjectivity in our judgment of patterns which can lead to uncertainty in the process and it requires constant reinforcement. Generally I am interpreting biopsies 5-6 days a week. I have noticed when I am away from my microscope for a couple of weeks I am not as sharp the first day when I resume reading cases. It takes me a bit longer to work through the cases. My uncertainty is greater. I have to be more deliberate in my judgments. But within a day, I return to my normal state. Much of this is the uncertainty in what we see that accompanies lack of daily reinforcement.

We all began our exploration of pathology in residency training or earlier which was fraught with uncertainty as we began to learn the various visual patterns of different disease processes. It was (and still is) a bewildering collection of visual images gleaned from formal lectures reinforced by case material from the autopsy and surgical biopsy services supplemented by seminars, textbooks, research papers and study sets. In the main we learned by spending many hours over a double-headed microscope with an expert pathologist who guided us through the patterns; a very effective but highly inefficient method of learning. The learning was complicated by two foundational prin-

principles in anatomic pathology which make the process more difficult, further fueling our uncertainty. One, **lesions** have a range of expression.



Lesion pattern variation



Lesion pattern overlap

Not every case of pemphigus or toxoplasmosis looks alike. Not every histiocytoma or mast cell tumor looks the same. Cirrhosis, pneumonia, enteritis all present with varying patterns. I think of this as a bell curve with the common classic "textbook" lesion as the mean in the middle and the variations from that on the shoulders of the curve. As our experience grew we

learned to sift through the variable nature of pathologic entities and build confidence in our abilities to recognize not only the classic patterns but the variations around them. But with broadening experience we became aware of a second principle of anatomic pathology; that the variable lesion patterns of different pathologic entities may overlap making it difficult to confidently differentiate them. Histiocytomas and reactive histiocytosis look very similar. Some spindle cell tumors can look like immature granulation tissue. It is the ability to operate confidently in the ranges of variation and lesion pattern overlap that marks the expert or experienced pathologist.

We worked hard to master this unique skill in preparation for the certification examination and our eventual career. Success brought a new professional status and the confidence it engenders. We had arrived. We're Diplomates. We're experts! But at that point we entered "The Danger Zone," a space in which we worked with supreme confidence in our ability but impunity with respect to error because we had not yet experienced a major mistake. None of us wants to admit error (and we still don't want to confront it in ourselves!). Time in the Danger Zone is highly variable among individuals but eventually we

all have "The Crisis" which ends the illusion of experience and certainty. For me it was the misdiagnosis of a nasal fibrosarcoma in a dog that was actually granulation tissue. I was depressed for a week. Thought I was incompetent; did not deserve to be a member of the ACVP. How could I have done this? The feeling was enhanced by a well-meaning mentor who wanted to reinforce the lesson by adding to my guilt and depression. I eventually got over this and accepted the knowledge that error was possible if I was not careful. I had emerged from the "Danger Zone." Three months later, another illusion about experience was burst when my mentor made the exact same error of diagnosis in the nasal cavity of a rat. Experts are fallible. Experience is no guarantor against mistakes as Dr. Groopman tells us. ("Experience delusive").

Several times since, I subjected myself to an informal audit to get an estimate of my potential for error. Both times my error rate was estimated to be in the 1% range; not bad, huh? But considering I was reading about 10,000 cases per year that amounted to about 100 erroneous diagnoses per year or about 8-9/month. Admittedly some of the errors were moot. Whether it's a sebaceous adenoma or sebaceous hyperplasia does not

impact the clinical course. Nevertheless, 8-9 errors/month seemed to be too many. But I wanted to better manage it somehow and that led to the issue of uncertainty in interpreting pathologic processes, how it can impact judgment and lead to diagnostic errors.

Everyone must learn to practice with uncertainty if you are going to maintain your effectiveness as a pathologist. For you younger folks, uncertainty does not go away as you gain experience. You just get used to it. Uncertainty is with us all the time but it can be managed. Remember it's not ignorance of medical facts but how you think about what you see that is the problem. The majority of your cases will be straight forward and present little uncertainty. But it's that 10-15% of cases which initially seem confusing that make the difference in your performance. A rock solid principle of science and medicine is to value or weight objective data more than subjective data. But this is a problem for the surgical pathologist who may only have a small portion of tissue with an image pattern that may overlap with the image pattern of other pathological entities. You often get little objective information in a biopsy submission such as history, physical findings, a description of the gross lesions and what the clinician thinks:

information that could reinforce your judgment and reduce your uncertainty. Histiocytomas can be highly variable and by themselves can generate considerable uncertainty. But if you are told it's a solitary 1cm circular, red, raised ulcerated "Button lesion" on the ear of a 6-month old boxer, that supports your diagnosis and decreases your uncertainty. This is quite different from autopsy pathology where you have most of the facts about the case and the luxury of seeing the entire patient and the gross lesions.

In Part Two of this essay I will discuss how to manage your uncertainty and the steps you can take to increase your confidence, improve your judgment and potentiate the correct diagnosis. Part of the solution is to educate veterinary students, and clinicians about the importance of their role in the surgical biopsy process. Hint: It's not just collecting a piece of tissue, putting it in a jar and waiting for the report.

Check the January 2024 issue of the DTF newsletter for Part 2 of the series!

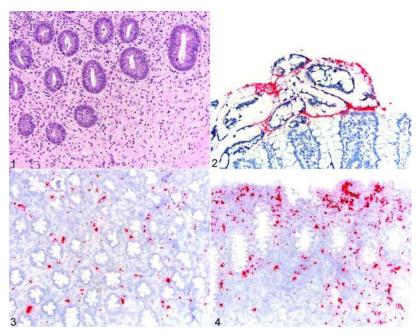
#### JVDI IN FOCUS

Our December focus is an article appearing in the January issue: "In situ hybridization to detect *Escherichia coli* in canine granulomatous colitis" by Carmen R. Smith, Andrew D. Miller.

#### J Vet Diagn Invest 2024;36(1).

https://journals.sagepub.com/doi/full/10.1177/10406387231213358

Canine granulomatous colitis (histiocytic ulcerative colitis) is an uncommon disease, predominantly of young French Bulldogs and Boxer dogs, that manifests from a dysregulated immune response, primarily to adherent-invasive *Escherichia coli* (AIEC). In conjunction with histopathology and periodic acid–Schiff staining, the diagnosis of granulomatous colitis currently relies on fluorescence in situ hybridization (ISH) or immunohistochemistry to identify and localize AIEC organisms within macrophages in the mucosa and/or submucosa. We investigated the utility of ISH for *E. coli* using formalin-fixed, paraffin-embedded specimens collected from 29 cases of suspected granulomatous colitis. Most confirmed cases of granulomatous colitis were in French Bulldogs (12 of 20; 60%) and Boxers (3 of 20; 15%), and the mean age was  $25 \pm 6$  mo with no sex predilection. *E. coli* ISH signal localized bacterial genetic material within the mucosa in 20 of 29 (69%) cases, supporting the diagnosis. ISH signal was limited to the lumen in 8 of 29 (28%) cases, which did not support the identification of these organisms as AIEC. The remaining case had no hybridization signal, and the diagnosis of granulomatous colitis was not supported. Our results revealed that ISH is a quick and specific detection method that can effectively confirm the diagnosis of canine granulomatous colitis.



**Figures 1–4.** Escherichia coli in situ hybridization (ISH) in canine granulomatous colitis. Figure 1. Sheets of foamy, eosinophilic macrophages expand the lamina propria and extend into the submucosa. H&E. Figure 2. E. coli hybridization signal limited to luminal material. ISH. Figure 3. E. coli hybridization signal in the lamina propria associated with a moderate inflammatory infiltrate. ISH. **Figure 4.** Robust *E. coli* hybridization signal associated with dense proprial inflammation. ISH.

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 Joanna Echenique

# What's your background?

I am from Pelotas, in the south of Brazil. I received my veterinary degree from Universidade Federal de Pelotas in 2016, a MSc in wildlife pathology in 2019 and a PhD in 2023. I've worked extensively in wildlife pathology actively contributing to the One Health initiative. I'm currently a first-year Anatomic Pathology resident at the University of Minnesota College of Veterinary Medicine.

What's your role at the foundation? I host and moderate webinars in English, Portuguese and spanish. It is a great opportunity to team up with people from all around the world. I also update the website events. I love it!



Davis-Thompson Foundation

## Tell us more about yourself!

I have always been a curious person, and this drives me until today. In this sense I like to listen pretty much any podcast that talk about culture

I also appreciate contemporary art. One might argue the contrary, but I consider meme contemporary art. My superpower is to make the finest



### DIAGNOSTIC EXERCISE



Case #: 224; Month: November; Year: 2023

**Contributors:** Haley E. Dodson, DVM, MS; Dallas Clontz, DVM, MS; Raquel Rech, MV, MS, PhD, DACVP. School of Veterinary Medicine and Biomedical Sciences, Department of Veterinary Pathobiology, Texas A&M University. Corresponding author: rrech@cvm.tamu.edu

**Clinical History:** A 26.2 kg (57.8 lb), 3-month-old male mixed breed show pig had increased respiratory effort one-week after purchase. The clinical signs progressed to abdominal breathing, lethargy and lateral recumbency. The pig was kept in isolation from the herd. On clinical presentation, the pig was pyrexic with continued increased respiratory effort despite medical management. Thoracic radiographs showed bilateral lung consolidation.

Gross Findings: The pig was in good body condition. All lung lobes contained multifocal, dark red, firm areas (consolidation), resembling a checkerboard pattern (Fig. 1). The affected percentage of each lung lobe were as follows: 30% cranial portion of the left cranial, 50% caudal portion of the left cranial, 20% left caudal, 70% right caudal, 30% right cranial, 50% right middle, and 40% accessory. The remainder of the lungs were diffusely wet, heavy, and failed to collapse (edema). The lumen of the trachea and mainstem bronchi contained mucus admixed with hemorrhage and foam. The tracheobronchial and inguinal lymph nodes were mildly to moderately enlarged and homogeneously pale tan on cut surface (reactive lymphadenopathy).

#### Follow-up questions:

- Histological description?
- Morphologic diagnosis?
- Ancillary testing?
- Differential diagnoses?



### **DIAGNOSTIC EXERCISE**





Figure 1

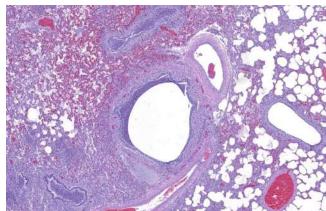


Figure 2

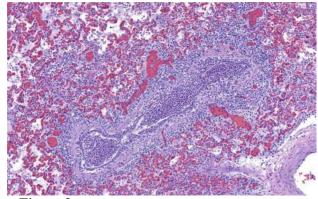


Figure 3

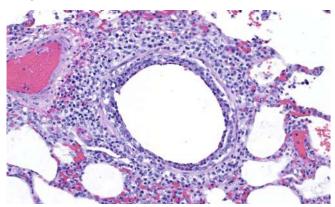


Figure 4

Click here for answers

#### Editor-in-chief: Raquel Rech Associate Editor for this Diagnostic Exercise: Ingeborg Langohr

\*The Diagnostic Exercises are an initiative of the Latin Comparative Pathology Group (LCPG), the Latin American subdivision of The Davis-Thompson Foundation. These exercises are contributed by members and non-members from any country of residence. Consider submitting an exercise! A final document containing this material with answers and a brief discussion will be posted on the CL Davis website (https://davisthompsonfoundation.org/diagnostic-exercise/).

### NECROPSY COURSE NOVEMBER, 2023

RAFELA DE NEGRI







The 3rd Necropsy Course was held on November 11 and 12, 2023. Ten veterinarians from Argentina, Egypt, India, Mexico, Puerto Rico and Turkey (or Türkiye) gathered at Murray State University, Breathitt Veterinary Center in Hopkinsville, KY to practice and improve their necropsy skills guided by Drs. Rafaela De Negri and Nathan Helgert.

This course is a new offering on the Foundation's menu, developed in 2022 to provide an opportunity for veterinarians interested in practicing necropsy. In particular, it caters to foreign graduate veterinarians on track to obtain their license to practice in the USA by preparing for the AVMA Educational Commission for Foreign Veterinary Graduates Clinical Proficiency Exam (CPE).



Participants were provided introductory instruction and a necropsy demonstration followed by instrument handling guidelines and cadaver to practice necropsy. On day 2, a mock exam was presented.

The group quickly connected and shared many experiences in this long journey for license equivalence. It is incredible to watch how fast their skills improve from the first cut to the last and the tremendous impact a little practice does for their confidence level.



With the continued interest for this opportunity, the course will be offered bi-annually, once in the Spring/Summer and once in the Fall.

## 1st Brazilian Northeast Seminar of the Davis-Thompson Foundation

by Drs Fábio Mendonça and Francisco Uzal

What a fabulous seminar! The 1<sup>st</sup> Brazilian Northeast Seminar of the Davis-Thompson Foundation was held on 24 September in Recife, Pernambuco, Brazil. The meeting was organized by the Laboratory of Animal Diagnosis of the Veterinary Medicine Graduate Program, Federal Rural University of Pernambuco (UFRPE). The Organizing Committee was comprised of Dr. Fábio Mendonça, Dr. Franscisco Souza and Dr. Joaquim Evêncio-Neto, and was supported by a group of dedicated students and other trainees. Financial support was provided by the Coordination for the Improvement of Higher Education Personnel (CAPES), and the Davis-Thompson Foundation. In addition to the face-to-face presentations, the meeting was broadcasted on the YouTube Channel of the Brazilian Association of Veterinary Pathology.

The meeting was attended by over 110 people, including in person and online. The audience included pathologists, professors, residents, undergraduate and postgraduate students, and private veterinarians from Brazil and other Latin-American countries.



All smiles from the attendees who are thoroughly enjoying the presentation on clostridial diseases of animals.

The scientific director of the Brazilian Association of Veterinary Pathology, Dr Francisco Souza, opened the meeting. This was followed by a presentation given by Dr. Fábio Mendonça (UFRPE, Brazil) on toxic plants for livestock. Dr. Francisco Uzal (UC Davis, USA) concluded with a comprehensive discussion on clostridial diseases of animals. The presentations were extremely interactive, with great participation by the audience. This brilliant seminar is available also at: https://www.youtube.com/live/j5nyCGcsfFk?si=P8vdELEMf3aTUaHP

Our sincere thanks to all the organizers and supporters of this seminar. Well done everyone!!



Dr. Uzal demonstrating, with a group of eager volunteers from the audience, the way antibiotics wipe out normal intestinal flora (members of the audience on the floor), and open the door for proliferation of *Clostridioides difficile*.



A great team!! Organizers and speakers of the seminar. From left to right: Joaquim Evêncio-Neto, Fábio Mendonça, Francisco Uzal, and Franscisco Souza.



Attendees, speakers and organizers of the 1st Brazilian Northeast Seminar of the Davis- Thompson Foundation.

#### Latin America Roadshow 2023: Dr. Martí Pumarola

by Dr. Francisco Carvallo & local organizers

The 2023 edition of the Latin American Roadshow took place. Dr. Martí Pumarola, from Universitat Autònoma de Barcelona, Spain, took this challenging task with the topic "Veterinary Neuropathology", visiting four countries in two weeks, reaching hundreds of veterinarians and students. These are the details of his trip, a history told by the organizers in each country:



Dr. Martí Pumarola

**I. Mexico** (by Dr. Luary Martinez, Facultad de Medicina Veterinaria y Zootecnia -FMVZ-, Universidad Nacional Autonoma de Mexico -UNAM-).

Dr. Martí Pumarola arrived in Mexico on October 21<sup>st</sup>. On Sunday 22<sup>nd</sup>, he visited the campus of our university and also visited some museums and touristic places in Mexico City. The talks were held on Monday 23<sup>th</sup> and Tuesday 24<sup>th</sup> at the FMVZ, UNAM. Dr Pumarola presented 6 outstanding talks each day, that were attended by 135 attendees in person and virtually.



Dr. Pumarola lecturing in Mexico



Dr. Pumarola with students of the Pathology Department.

In addition to all the members of the pathology department (faculty, undergraduate and graduate students), faculties and students from other departments attended the lectures.

On Wednesday 25<sup>th</sup>, Dr. Pumarola left Mexico. We are all very grateful for the opportunity to have Dr. Pumarola as a guest, we really enjoyed his talks. He was a great professional and it was a fantastic experience for everyone!



Dr Pumarola departing from Mexico. A picture worth more than a thousand words. A similar feeling was shared by all colleagues when Dr. Pumarola left their country...

II. Brazil (by Dr. Fabiano Sant'Ana and Dr. Francisco Leite, Universidade de Brasília).

A group of 66 pathologists, professors, graduate and vet students, residents, and neurologists from eight Brazilian states attended the sessions. The venue was the Universidade de Brasília (UnB) in Brasília (Brazil). Dr Pumarola shared his experience and knowledge of many years working on veterinary neuropathology with the audience. During the two days, Dr Pumarola constantly interacted with the audience discussing mostly gross and microscopic images as well as many interesting neuropathology cases in various species. Sessions were highly interactive with many questions and comments from the audience. Discussions about clinical and pathological aspects of many neurological disorders based on the input of participating neurologists and pathologists were extremely enriching. This was an excellent meeting, as indicated by the very positive feedback from attendees.





Dr Pumarola and attendees to the roadshow in Brasilia

III. Perú (by Dr. Antonio Herrera Rosalino, Universidad Nacional Mayor de San Marcos, Perú).

Dr. Pumarola arrived to Lima on October 29<sup>th</sup>. On Monday the 30<sup>th</sup>, he visited the College of Veterinary Medicine, Universidad Nacional Mayor de San Marcos. He was received by the Dean, Dr. Alfredo Delgado Castro, and the academic vice-dean, Dr. Rosa Perales Camacho. After a short ceremony, Dr. Pumarola visited the district of Miraflores and the downtown historic area. The seminar took place on Tuesday October 31<sup>st</sup> and Wednesday November 1<sup>st</sup>, with the attendance of 15 students. All attendees were deeply satisfied and grateful for the visit of Dr. Pumarola to Perú.



Dr. Rosa Perales Camacho, Dr. Alfredo Delgado Castro, Dr. Marti Pumarola, Dr. Antonio Herrera



Some of the attendees to the neuropathology sessions in Perú.

**IV. Chile** (by by Dr. Claudia Lopez – Histovet - and Dr. Carlos Gonzalez – Universidad Andres Bello, Chile).

Dr Pumarola arrived to Santiago on November 2<sup>nd</sup>. On Friday November 3<sup>rd</sup>, Dr Pumarola began his presentations at the Campus Casona, Universidad Andres Bello, with an audience of 83 attendees. The VII Chilean meeting of veterinary histopathology took place simultaneously with the roadshow, and included the presentation of 10 histologic cases. Dr Pumarola's presentations finished on Saturday November 4<sup>th</sup>.



Some of the attendees to the Latin American roadshow in Chile

After that, Dr. Pumarola was "abducted" by some Chilean pathologists, and taken to visit some wineries close to Santiago. On November 6th, the Veterinary Neurologic Institute (Dr. Enzo Bosco) invited Dr Pumarola to spend an academic session with students and veterinarians of this institute, of course with the final dinner in a special gourmet place. After all academic sessions, Dr Pumarola decided to spend a few more days in Chile, enjoying the wine and the new friends.



L to R: Dr. Claudia Lopez, Dr. Martí Pumarola, Dr. Pia Saavedra, Dr. Claudio Lecocq and Dr. Carlos Gonzalez.

Dr Pumarola made it back home safely, and he expressed his gratitude with all the hosts. He was able to meet old friends and make new ones, bringing part of his vast knowledge and years of experience to different countries. Thanks, Martí, for all your efforts and your "Buena onda" with all the pathologists and students.

#### Roadshow in 2024

For 2024, the third Latin American roadshow is already planned. Dr. Francisco Uzal will be going to Argentina, Uruguay, Paraguay, Colombia and Guatemala on another back-to-back teaching trip, with the topic: "Gastrointestinal pathology". If you are around, make sure you don't miss this opportunity to join this real Latin American celebration!





### **GROSS SEMINARS ABPV & DTF**



Click here for additional information

#### SEMINAR SERIES IN PORTUGUESE



Click here to register

#### LATIN AMERICAN DESCRIPTIVE COURSE



Click here to register

### GENERAL PATHOLOGY REVIEW COURSE



### GENERAL PATHOLOGY REVIEW COURSE

**SPEAKERS** 

JANUARY 29 - FEBRUARY 2 + FEB 8, 2024



James Stanton DVM, PhD, DACVP



Kaori Sakamoto DVM, PhD, DACVP



Patricia Pesavento DVM, PhD, DACVP



Jairo Nunes DVM, MS, PhD, DACVP



Kevin Woolard DVM, PhD, DACVP



Samantha Schlemmer DVM, MS, DACVP



Bridget C. Garner DVM, PhD, DACVP

Click here to register

#### **BSTP CORNER**

Here are 5 reasons why you should attend virtual events organised by the BSTP:

Easy access and inclusivity – with current budget and travel restrictions, delegates who live in remote parts of the world and would not otherwise be able to travel to the UK can now attend.

Sustainability – attending the event from home or your office means fewer planes, trains and cars which helps reduce everyone's carbon footprint.

Cost effective – no travel and accommodation for you to book adding to the cost of the event.

Reduced logistical effort – saving time both for you being away from your family and anyone who organises your travel and accommodation.

Networking – still have contact with the speakers and benefit from their experience.

So, break out of your comfort zone to learn something new and invest in yourself to improve your employment opportunities!

#### Future BSTP events are due to take place in:

15th/16th November 2023 38th Annual Scientific Meeting & AGM

February/March 2024 CES 9 - Gastrointestinal System
July 2024 CES 10 - Urinary System

November 2024 39th Annual Scientific Meeting & AGM March 2025 CES 11 - Cardiovascular System

CES 12 - Endocrine System

July 2025 CES 12 - Endocrine System

November 2025 40th Annual Scientific Meeting & AGM

March 2026 CES 13 - Lymphoid & Haematopoietic Systems
July 2026 CES 14 - Musculoskeletal System & Skin
November 2026 41st Annual Scientific Meeting & AGM

The order of the CES will depend on the availability of high-quality speakers who are world experts in their particular field to present at the relevant meeting.

If you would like to receive information on any of these events as soon as the information becomes available, you need to make sure that the BSTP have your contact details on the mailing list. You can withdraw your consent to receive communications from the BSTP at any time, by means of a written/emailed request for removal from the database.

Although the BSTP is in contact with similar organisations in Europe and the USA it is the policy of the BSTP **NOT** to pass on details of our mailing list.

The BSTP's Data Protection Policy can be found at <a href="https://www.bstp.org.uk/governance/">https://www.bstp.org.uk/governance/</a>



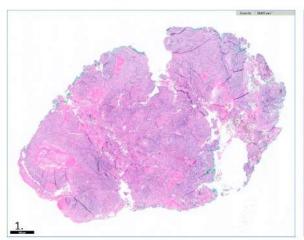
For registration and more information about the events, visit the BSTP website:

https://www.bstp.org.uk/events/bstp-events/

### **IDEXX CASECONNEXX CORNER**

Signalment: 11-year-old, male neutered, Domestic shorthaired feline

Source/ History: Left lower maxillary arcade near first molar round raised mass. About 2 cm in diameter.



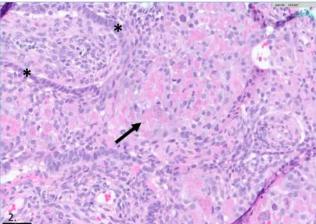
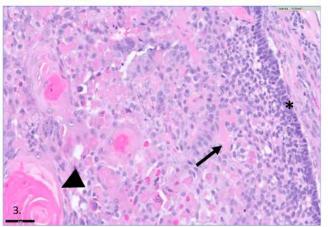


Figure 1. (1X magnification, H&E stain) The submucosa is expanded by a multilobular, unencapsulated, neoplasm.

Histopathologic Description:
Within and expanding the submucosa, there is a multilobular, unencapsulated, locally infiltrative, neoplastic mass. The neoplastic cells are arranged in lobules, trabeculae, and islands supported by a mild fibrovascular stroma. The neoplastic cells are polygonal with scant to moderate amounts of eosinophilic cytoplasm, distinct cellular borders, and occasional intercellular bridges. Nuclei are oval with stippled to vesicular chromatin and 1-2, small nucleoli; multifocally, the nuclei palisade along the periphery of trabeculae and lobules. There is mild to moderate anisocytosis and anisokaryosis. At the centers of many of the islands and lobules, there are spherules of unmineralized or partially mineralized pale eosinophilic, homogenous to finely fibrillar material (presumed amyloid); dyskeratotic cells and squamous epithelial cells with concentric layers of keratin or islands of keratinized ghost cells; ribbons and trabeculae of mineralized and unmineralized cementoosseous matrix. Within the adjacent submucosa, and throughout the mass, are mild to moderate numbers of lymphocytes, plasma cells, neutrophils, and scattered histiocytes.

Gingiva: Amyloid producing odontogenic tumor (amyloid producing ameloblastoma) producing amelobiastoma) Margin assessment: Not applicable - incisional biopsies



Figures 2 and 3 (40X magnification, H&E stain) Within the mass are lobules and trabeculae of odontogenic epithelial cells with peripheral palisading and scattered basilar vacuolation (asterisk). At the centers of many of the islands and lobules, there are variably sized spherules of unmineralized or partially mineralized pale eosinophilic, homogenous to finely fibrillar material (amyloid; arrows), and squamous epithelial cells with concentric layers of keratin

Amyloid producing odontogenic tumor (APOT) / amyloid producing ameloblastoma is an uncommon tumor that arises from epithelial cells of the dental lamina; tumors can affect the maxilla or mandible and are usually located centrally within the bone. These tumors are characterized by the presence of neoplastic odontogenic epithelium admixed with aggregates of amyloid without induction of dental stroma. Keratin and hard tissue matrices (cemento-osseous matrix) are also often present in variable amounts.

APOTs are most commonly diagnosed in older dogs, though are reported in feline patients as well. APOTs have even been reported to occur in the supraorbital and labial dermis in cats. Biologic behavior is difficult to predict; however, like most odontogenic tumors, the tumors tend to be locally invasive and destructive, non-metastasizing, solitary lesions. Recurrence is possible, and rare metastasis has been reported.









#### RONDAS DE HISTOPATOLOGÍA DEL LCPG 2023 10:30 - 11:30 CT







Casos variados de sistema gastrointestinal Francisco Uzal, DVM, MSC, PhD, DACVP in Spanish!



Setembro



Casos variados de animais de laboratório Ileana Miranda, DVM, MSC, DACVP

Ileana Miranda, DVM, MSC, DACVP in Portuguese!





Enfermedades del Sistema Reproductivo en vacas

en vacas Melissa Macias, DVM, MSC, PhD, DACVP

in Spanish!





Casos variados Rafaela De Negri, DVM, MSc in Portuguese!

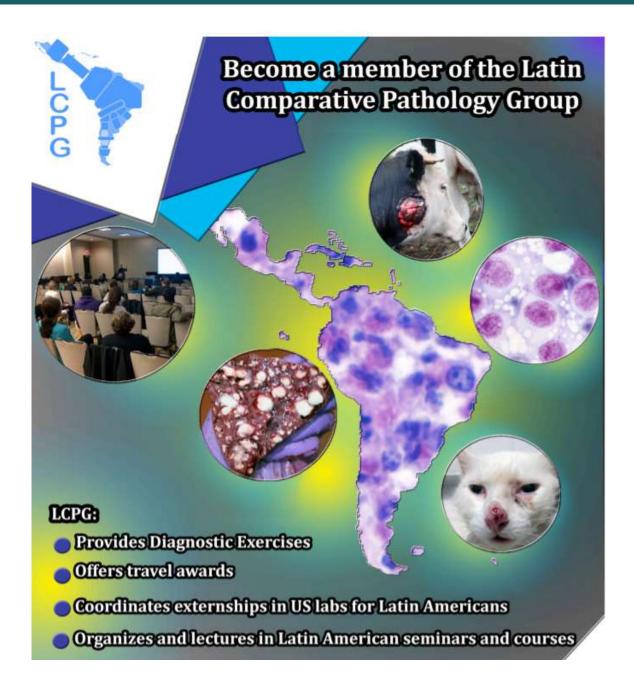
Diciembre

21



Seleccion de casos de enfermedades emergentes de peces de agua dulce. Paola Barato, DVM, PhD in Biotechnology and specialization in aquaculture in Spanish!

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#### **Latin Comparative Pathology group**





#### Award strategy

The LCPG and Davis Thompson Foundation make available five (5) awards, each consisting of a scholarship to attend the *live* session (January 29 – February 2, 2024) of the 2024 General Veterinary Pathology Review Course, offered by the Davis Thompson Foundation. This award has been established for veterinary students and veterinary pathologists that are active members of the LCPG and are currently residing in Latin America.

#### Application process:

The applicant must send the following documents (in English):

- a. Application form
- b. Curriculum vitae (three pages maximum)
- c. Short essay, stating how the applicant and/or their program will benefit from this experience (max. 1 page).

These documents must be sent to the Chair of the committee via email (Dr. Francisco Carvallo; Francisco.carvallo@gmail.com). The Chair of the committee will acknowledge the reception of the documents with a reply email within a week of the documents being received. The application process will close on December 23, 2023 and the names of the awardees will be informed on December 31, 2023.

#### Selection process:

Once the reception of applications is closed, the award committee will have 4 days to deliberate and decide the recipients of the awards. The recipient of the travel award will be notified via email by the chair of the committee.

#### Terms and conditions:

- a. The award is personal and non-transferable.
- b. Awardees must be active members of the LCPG at the time of application.
- c. Awardees should reside in Latin America



# Latin Comparative Pathology Group The Latin Subdivision of the Davis-Thompson Foundation



LCPG "DTF GENERAL VETERINARY PATHOLOGY REVIEW COURSE AWARD –
LIVE SESSIONS" APPLICATION FORM-2024

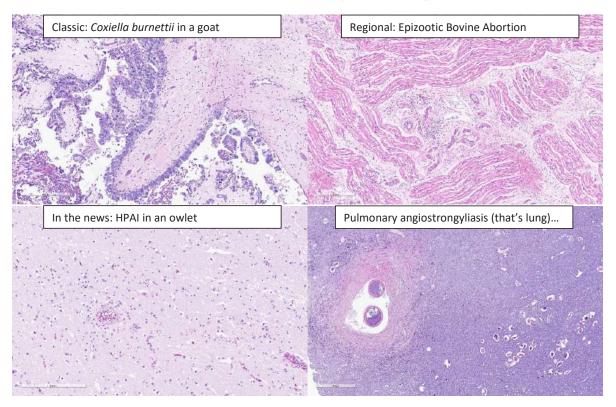
#### DATE RECEIVED

#### Applicants MUST submit the following items (in English) to be considered complete:

- a. Application form
- b. Curriculum vitae (three pages maximum)
- Short essay, stating how the applicant and/or their program will benefit from this experience (max. 1 page).

#### APPLICANT INFORMATION Name: Nationality: Phone: E-mail: Fax: **UNIVERSITY INFORMATION** DVM (or equivalent) Degree (institution), other degrees (MSc, PhD): Year of graduation: State/Province: Country: EMPLOYMENT/STUDENT INFORMATION/ACADEMIC STATUS (FACULTY/POST-GRADUATE STUDENTS/RESIDENTS) Position Title: Length of employment/study: Current employer/University: Employer/University address: State/Province: City: Country: Phone: E-mail: Fax: Is this an academic position? YES / NO (Please circle) I AFFIRM THAT THE INFORMATION THAT I HAVE PROVIDED IS ACCURATE AND TRUE Complete application documents to be submitted to Dr. Francisco Carvallo (francisco.carvallo@gmail.com) **DEADLINE: DECEMBER 23, 2023.**

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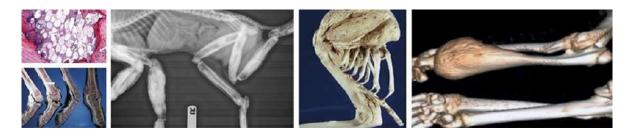
### Discover an Extraordinary Compilation of Complimentary Bone Pathology Slideshows

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Dr. Pool has collected common and uncommon bone pathology cases and examples for decades. The slideshows include seminars, lectures, and collections containing thousands of images and explanations of bone tumors; lesions; oral, dental, and pharyngeal disorders and tumors; and orthopedic disorders.

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The Equine Musculoskeletal Pathology library contains both photographic and radiographic images of equine disorders of the head, spine, appendicular skeleton, bones of face, sinuses, mandible, dental arcade, and vertebral column. The library also addresses and contains examples of mechanical loading, inflammatory effects on bones/joints, stem cell nodules, disorders of the carpus and metacarpus, navicular disease, and laminitis. Review the extensive collection, download resources of interest, and use these resources in your own lectures and presentations at: https://go.veteducator.com/equine-pathology.

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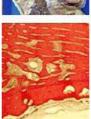
**COMPLIMENTS OF** 

Roy Pool, DVM, PhD,
Clinical Professor, Veterinary Pathology

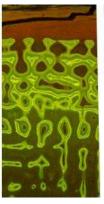
Dr. Pool's Feline Musculoskeletal Pathology library of PowerPoint slideshows contains photographic and radiographic images of feline orthopedic diseases and musculoskeletal tumors. There are scores of images of tumors, spindle cells, osteosarcomas, cancellous bones, malignant transformations, pleomorphic liposarcomas, giant cell stromas, osteogenesis imperfecta, and so much more.







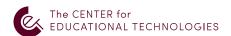






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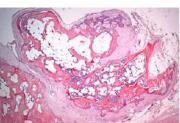
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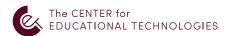




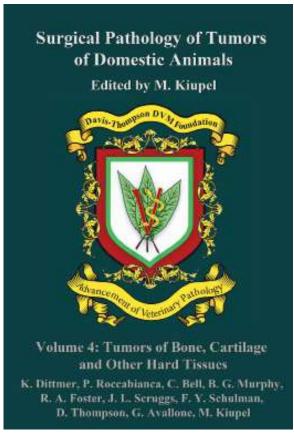




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