



ECVP/ESVP Summer School in Veterinary Pathology

Summer School 2014 – Gastrointestinal Tract

N06-0402-4. A 3 year-old dog with chronic diarrhea, 4-5 months of weight loss

A partial cross section of thickened colon is examined. While the mucosal surface is superficially digested or lost, it is not ulcerated. However, the lamina propria has a mild lymphohistiocytic and neutrophilic infiltrate [2]. Crypts are lined by a hyperplastic epithelium, and some cell debris is in a few crypts [1]. The colon is thickened due to rarified tissues (edema) [1], and the colon has a severe, histiocytic infiltrate with some lymphocytes and plasma cells and many, multinucleated, Langerhans giant cells and epithelioid macrophages [4] accompanied by proliferating small blood vessels, fibroblasts, and adventitial cells [2]. Masses and nests of this reaction dissect through and replace the muscle layers, and the serosa is thickened with many layers of separated, (edema), thin, spindle cells, but it is not ruptured (serosal fibrosis) [1]. Within giant cells are 7-8u diameter hyphae with thin, both parallel and non-parallel walls with no discernable protoplasm (fungal hyphae) [2]. Peripheral histiocytes contain a granular, grey/brown pigment (lipofuscin, urobilinogen and stercobilinogen pigments, presumed)[1]. Vasculitis is not noted.

MDx: [4] Colon: Transmural granulomatous colitis; fungal hyphae.

Etiologic Dx: [2] Mycotic colitis, zygomycosis presumed.