

START OF REPORT

Patient:	<b>OLSEN Emma</b>	<b>Kt</b>
Access Number:	01081832513	<b>Haderslev Dyrehospital (75D)</b>
ID:		. Moltrupvej 49A
ASG:	6 Years   Dog (Canine - Domestic) (Pomeranian)   Female	HADERSLEV
Report Date:	15/08/2018	DENMARK
Date Sample Received:	13/08/2018	6100

## Test Results

### (HIST01) Histology upto 3 sites

#### Histology report

##### MICROSCOPIC DESCRIPTION:

4 x skin biopsies, summary of changes: There is moderate to marked acanthosis, orthokeratotic and patchy parakeratotic hyperkeratosis, spongiosis, exocytosis of inflammatory cells and subcorneal pustules which contain degenerate polymorphonuclear cells. There is a moderate to marked mixed (neutrophils, eosinophils and mixed mononuclear cells represented) mainly mononuclear superficial perivascular dermatitis, perifolliculitis and folliculitis. The adnexal glands appear normal. There are no demodex mites or dermatophytes in the sections examined.

MORPHOLOGICAL / PATHOLOGICAL DIAGNOSIS: Subcorneal pustular dermatitis and folliculitis

AETIOLOGICAL / CLINICAL DIAGNOSIS: This cannot be confirmed from the histological features

COMMENTS: As a general rule dermatohistopathology must be interpreted by the clinician within the clinical context and histopathological interpretation itself may not be diagnostic.

The features correlate with your clinical description but do not indicate why the pyoderma recurs.

The changes are consistent with a chronic dermatitis (cause unknown) and some degree of superficial pyoderma, either primary idiopathic or secondary. Parasites can also lead to a superficial pustular dermatitis. There are no histological clues to an underlying cause.

I failed to find any evidence of an autoimmune skin disease; if this patient has autoimmune skin disease then the samples are unrepresentative. In general terms, possible underlying causes of canine pyoderma include

- 1) Parasites - e.g. demodex, cheyletiella, sarcoptes.
- 2) Allergies e.g. flea, atopy (environmental and / or food allergens).

- 3) Endocrinopathies (middle aged and older animals in particular).
- 4) Local predisposing microenvironmental abnormalities, e.g. folds, foreign bodies, trauma, infection and licking.
- 5) Internal disease, especially in older animals e.g. hepatocutaneous syndrome/Superficial necrolytic dermatitis.

Although no dermatophytes were seen in the sections examined, sampling for fungal culture should be considered in an attempt to rule out dermatophytosis if they are considered to be a likely differential diagnosis.

In cases failing to respond to treatment consider the following factors effecting antibiotic efficacy in bacterial pyoderma:

- 1) Failure to identify and control the underlying disease process e.g. allergy
  - 2) Insufficient topical antibacterial therapy (the cornerstone of therapy for pyoderma)
  - 3) Inappropriate choice of antibiotic.
  - 4) Dosage inadequate to maintain cutaneous MIC.
  - 5) Duration of therapy is insufficient
  - 6) Owner non-compliance.
  - 7) There is some other complicating factor or infection e.g. severe allergic disease or Malassezia dermatitis.
  - 8) Organism resistance
- OR a combination of the above.

David Shearer

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10:07:54 15/08/2018

Laboratory List Price            £44.55

END OF REPORT