



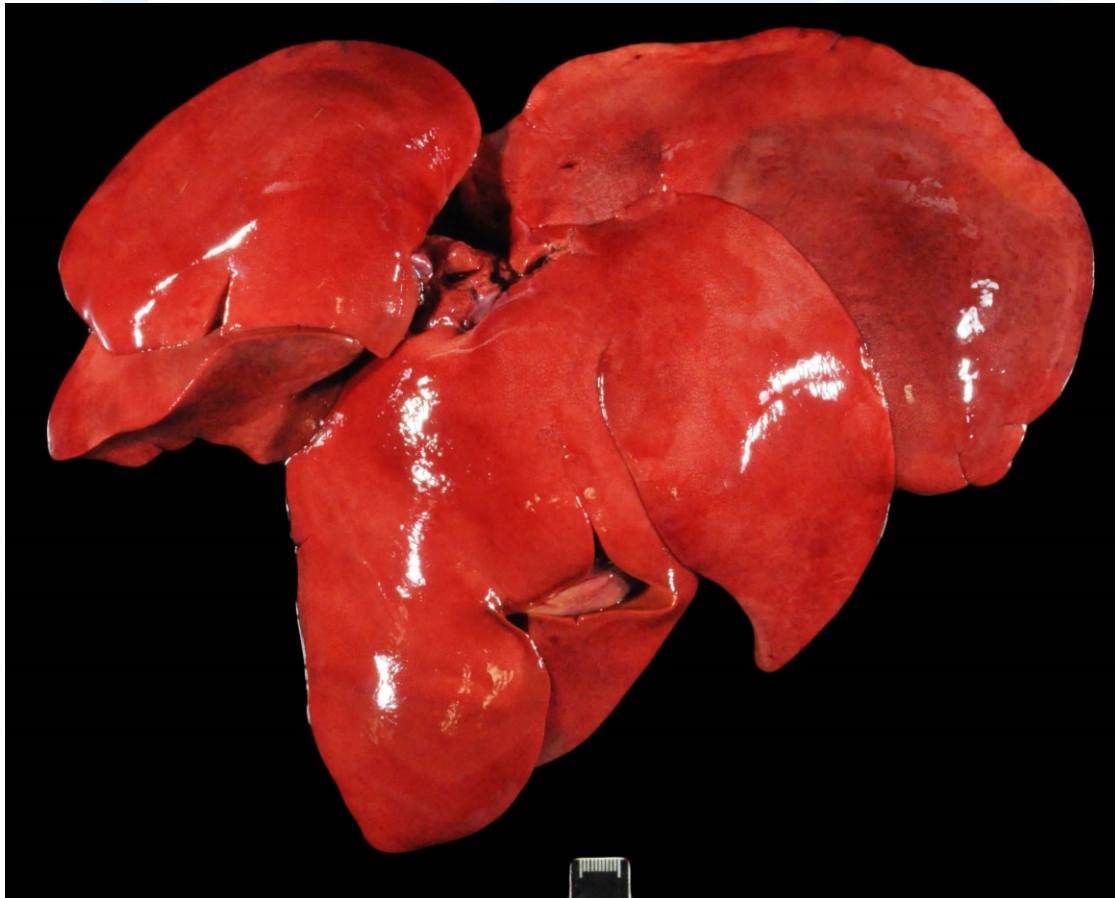
# Diagnostic Exercise

From The Davis-Thompson Foundation\*

Case #: 132 Month: November Year: 2019

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**Clinical History:** The patient was a 4-month old, male intact Mastiff. He had a two-day history of lethargy, anorexia, vomiting and diarrhea. Bloodwork performed at the referring veterinarian revealed prolonged PT and PTT.



**Laboratory Findings:** Abnormalities on the Biochemistry, Blood and Coagulation panels: ALT “too high to read”, blood glucose 23, creatinine normal, AST 805, hyperphosphatemia (9.3), and hypoalbuminemia (2.7), PT>100, PTT>300. The dog was moderately anemic with a normal platelet count of 269 K. There was a leukocytosis with left shift and mild eosinophilia. Other pre-mortem tests included a Leptospirosis antigen “Snap” test, which was negative.

**Necropsy Findings:** The entire length of the small and large intestinal tract was hemorrhagic or had melena. The liver was friable with a prominent reticular pattern and coarse bright to dark red mottling. The kidneys had a sharp line of demarcation between grossly normal appearing outer cortex and mottled pale pink/bright red inner cortex and medulla



**Follow-Up Questions:** Please provide three possible causes.

\*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 ([http://www.cldavis.org/diagnostic\\_exercises.html](http://www.cldavis.org/diagnostic_exercises.html)).

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