

Vetnostics Newsletter July 2020

Oral Biopsy, by Dr Louise Sullivan

As with any biopsy, the aim is to obtain a *representative* sample to reach a definitive diagnosis. Important areas for consideration include:

Selection of biopsy site:

- Many oral lesions are heterogeneous. Superficial samples may be non-diagnostic (or worse, misleading)
- Use lesion appearance and imaging results to determine the most significant/severely abnormal region. If this is not readily apparent, collection of multiple samples is recommended
- Obtaining adjacent "normal" tissue is generally contraindicated with oral masses

Biopsy technique:

- Cytology is often a low yield exercise for oral lesions
- Punch biopsies (4-6 mm diameter, 4-5 mm deep) may be useful for strictly mucosal lesions

- Deep incisional wedge biopsies are preferred. If possible avoid penetrating deep or lateral aspects of the lesion to avoid seeding of tumour cells
- Excisional biopsy is most appropriate for small lesions (or if funds preclude further surgery)
- Take care to avoid crushing of samples with forceps
- Avoid use of cautery/laser as this leads to artefact which may interfere with interpretation

Submission of samples to the laboratory:

 Correlation of clinical, imaging and pathology results is critical. Always provide an appropriate history, especially lesion SIZE, rate of growth and radiographic/imaging features

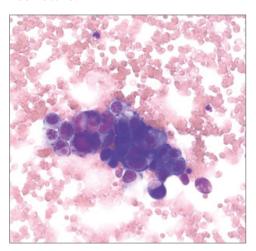
Communication is the key:

 Contact the pathologist if results do not fit with your clinical impressions

What's Your Diagnosis?

(Answer overleaf)

This image is of an FNAB cytologic smear from a urinary bladder mass in a 12 yr old female spayed Border Collie with haematuria.



Giemsa stain. (x40 objective)

Attention Veterinary Cytology Enthusiasts

We know that many veterinarians have a keen interest in cytology or wish to know more about the advanced cytologic techniques available in veterinary cytology such as immunocytochemistry, flow cytometry and PARR (PCR for Antigen Receptor Rearrangements).

Dr Brett Stone has recently presented a 1 hour webinar for a Veterinary Cytology Group that is freely available via their Facebook page: https://www.facebook.com/groups/VeterinaryCytology/

This group is free to join and currently has over 15,000 members from all over the world, including over 100 board certified specialists in different fields of veterinary medicine. If you have an interest in veterinary cytology, consider joining this Facebook group and also watching the Advanced Cytologic Techniques webinar.

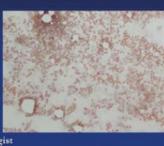
Advanced Cytologic Techniques



Tuesday 19th May 2020 8pm CEST

Dr Brett Stone

Specialist Veterinary Clinical Pathologist



Online Courier Bookings

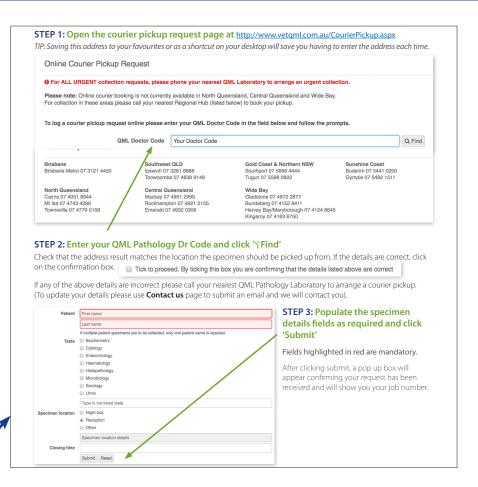
(Available in South East Queensland and Northern New South Wales)

In an effort to increase the ease and efficiency for practices to inform us of specimens they have for submission to QML Pathology Vetnostics, we now offer online courier bookings (routine / non-urgent courier requests only) via the link on our webpage **vetqml.com.au**

This is currently only available for QML Pathology Vetnostics clients in Northern New South Wales and South East Queensland (including Toowoomba).

During this process, you will need to provide your unique QML Pathology Doctor/submitter code (which is provided on your QML Pathology request forms).

Further instructions on using the online courier booking system are shown here.





Visit our Website: vetqml.com.au

The website is an excellent source of information regarding:

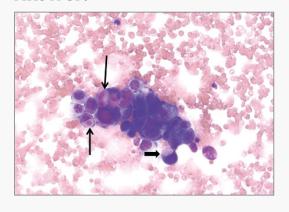
- tests and profiles offered
- contact details
- supply/stores requisition forms
- online results

- test protocols
- courier bookings
- previous newsletters and much more.

Please take some time to browse the website.

We would welcome any feedback regarding additional content you would like to see added.

What's Your Diagnosis? Answer:



1300 VET QML

Please ONLY call your local courier/laboratory number to request sample collections or urgent stores/supplies.

For all other enquiries, please call 1300 VET QML.



Demonstrating Melamed-Wolinska bodies (thin arrows) and signet ring morphology (thick arrow).



