病理报告书

SQ LAB 兽丘参考实验室 SQ Reference Lab

病例信息

工单号：SH260215038

宠物名：	Toby	病历编号：	91460	性别：	公	是否绝育：	未绝育
物种：	犬	品种：	瑞典柯基犬	年龄：	8Y 7M	宠主姓名：	温女士
采样日期：	2026.02.14	样本抵达日期：	2026.02.15	报告日期：	2026.02.20		
送检医院：	上海-鹏峰 犬（安安）-闵行			送检医师：	唐医师		
联系电话：	021-54****44			电子邮箱：	5****@qq.com		

样本：（数量、采样部位、形状、大小、颜色、质地）

胃底、腹壁肿物、双侧睾丸

（数量：多块，大小：5/0.5cm*5/0.5cm*2/0.5cm）

过往病史：（临床症状、发病时长、发病部位）

前几天尿频

Description:

Stomach, fundus: Sections contain no recognizable gastric mucosa, submucosa, or muscularis. The tissue is composed entirely of expansile fibrovascular tissue and abundant adipose tissue that is extensively disrupted by coalescing granulomatous and lymphoplasmacytic inflammation. Multifocal areas of fat necrosis are present and are characterized by hypereosinophilic anucleate adipocytes with granular basophilic mineralization and cellular debris, often surrounded by macrophages, multinucleated giant cells, lymphocytes, and plasma cells. There is prominent granulation tissue composed of small caliber blood vessels, plump fibroblasts, and loose collagen. Multifocally, dense fibrosis surrounds and partitions the inflammatory infiltrates. No epithelial structures or features of gastric wall architecture are identified in the examined sections.

Abdominal wall mass: The connective tissue is effaced by a densely cellular spindle cell proliferation arranged in interlacing streams and short fascicles within abundant collagenous to myxoid stroma. These spindle cells have indistinct cell borders, moderate amounts of eosinophilic cytoplasm, and oval to elongate nuclei with finely stippled chromatin and inconspicuous nucleoli. Anisocytosis and anisokaryosis are moderate to marked, and rare mitotic figures are seen. The spindle cell component is intimately admixed with marked granulomatous and lymphoplasmacytic inflammation and multifocal granulation tissue. Reactive capillaries are prominent. There are occasional areas of necrosis and multinucleation. Multifocally, the surface is lined by a layer of plump, reactive mesothelial cells.

	Left testis: The interstitium is expanded by a well demarcated, unencapsulated, densely cellular neoplasm composed of sheets and packets of round polygonal cells supported by a delicate fibrovascular stroma. Neoplastic cells have distinct cell borders, abundant finely granular to vacuolated eosinophilic cytoplasm, and centrally located round nuclei with finely stippled chromatin and single nucleoli. Anisocytosis and anisokaryosis are mild and mitotic figures are rare. Adjacent seminiferous tubules are diffusely atrophic and lack spermatogenesis. Right testis (seminoma): There is a densely cellular, unencapsulated neoplasm that expands and effaces the testicular parenchyma and is composed of sheets of round cells separated by scant fibrous stroma. Neoplastic cells have distinct cell borders, moderate amounts of pale eosinophilic to clear cytoplasm, and large round nuclei with vesicular chromatin and one to multiple prominent nucleoli. Anisocytosis and anisokaryosis are moderate. The mitotic rate averages 10 per 10 high-powered fields (2.37mm^2). Multifocally, neoplastic cells dissect between and expand beyond the confines of preexisting seminiferous tubules (extratubular growth). Small aggregates of lymphocytes are scattered throughout the neoplasm. Remaining seminiferous tubules are markedly atrophic and devoid of spermatogenesis. Right testis (interstitial cell tumor): Within the remaining parenchyma, there is a second, well-demarcated, unencapsulated proliferation of polygonal cells arranged in packets and cords supported by a fine fibrovascular stroma. Cells contain abundant finely granular eosinophilic cytoplasm and round central nuclei with inconspicuous nucleoli. Cellular atypia is minimal and no mitotic figures are seen. Testes, bilateral, background parenchyma: Seminiferous tubules are diffusely small and lined by a single layer of Sertoli cells with complete absence of germ cells. Tubular lumina are often collapsed. The interstitium is moderately expanded by fibrous connective tissue.
Diagnosis:	1. Stomach fundus: Granulomatous and lymphoplasmacytic inflammation with fibrosis, necrotic fat, and granulation tissue 2. Abdominal wall mass: Marked spindle cell proliferation with marked granulomatous and lymphoplasmacytic inflammation with granulation tissue and reactive mesothelium (SEE COMMENT) 3. Left testis: Interstitial (Leydig) cell tumor, completely excised 4. Right testis: Seminoma, extratubular, potentially malignant, completely excised 5. Right testis: Interstitial (Leydig) cell tumor, completely excised 6. Testes, right and left: Seminiferous tubule degeneration and atrophy, diffuse, severe with aspermatogenesis

Comments:	The gastric and abdominal wall lesions are characterized by chronic active granulomatous and lymphoplasmacytic inflammation with abundant fibrosis, granulation tissue, necrotic adipose tissue, and reactive mesothelial hyperplasia. Within the abdominal wall mass there is a prominent spindle cell proliferation embedded in this inflammatory process. Based on the cytologic features and the intimate association with granulation tissue and inflammation, this proliferation is favored to represent reactive fibroplasia or myofibroblastic proliferation rather than a primary mesenchymal neoplasm. Nevertheless, marked fibroplasia can closely mimic a low grade sarcoma histologically and a well differentiated sarcoma cannot be completely excluded on the examined sections. Correlation with surgical findings and clinical behavior is recommended, and if the lesion recurs or enlarges, additional sampling and ancillary testing may be helpful. The granulomatous inflammation with fat necrosis suggests a chronic inciting cause. Differential considerations include a penetrating foreign body with secondary steatitis or peritonitis, chronic leakage of luminal contents, prior trauma or surgery, or an infectious etiology such as fungal or mycobacterial organisms. The bilateral testicular neoplasms represent common tumors in older intact dogs. The interstitial (Leydig) cell tumors are benign and complete excision is considered curative. The seminoma in the right testis is extratubular, which is less common than the intratubular form and is considered to have a greater potential for malignant behavior, although most seminomas in dogs have a low metastatic rate. Complete excision may be curative, but clinical staging and monitoring of regional lymph nodes and abdominal organs are recommended. The diffuse seminiferous tubular degeneration and atrophy with aspermatogenesis is consistent with chronic testicular dysfunction and is commonly associated with age, the presence of testicular neoplasia, and altered hormonal environment.

病理描述：	
	胃底： 切片内未见可辨认的胃黏膜、黏膜下层或肌层。组织完全由扩张的纤维血管组织和大量脂肪组织组成，后者被融合的肉芽肿性和淋巴浆细胞性炎症广泛破坏。可见多灶性脂肪坏死区域，特征为嗜酸性无核脂肪细胞，伴有颗粒状嗜碱性矿化和细胞碎片，常被巨噬细胞、多核巨细胞、淋巴细胞及浆细胞包围。可见显著的肉芽组织，由小管径血管、肥大的成纤维细胞和疏松的胶原组成。多灶性致密纤维化包绕并分隔炎症浸润。所检切片中未发现上皮结构或胃壁结构的特征。 腹壁肿物： 结缔组织被高细胞密度的梭形细胞增生所覆盖，这些细胞在丰富的胶原至黏液样间质内排列成交织的流样和短束状。这些梭形细胞边界不清晰，含有中等量嗜酸性细胞质，细胞核呈椭圆形至长条形，伴有细点状染色质且核仁不明显。可见中度至显著的细胞及细胞核大小不等，偶见有丝分裂象。梭形细胞成分与显著的肉芽肿性及淋巴浆细胞性炎症以及多灶性肉芽组织紧密混杂。反应性毛细血管显著。偶见坏死和多核化区域。多灶性表面内衬有一层肥大的反应性间皮细胞。 左侧睾丸： 间质被一个边界清晰、无包膜、高细胞密度的肿瘤所扩张，肿瘤由排列成片状和小包状的圆形多边形细胞组成，并由细纤维血管间质支持。肿瘤细胞边界清晰，含有丰富的细颗粒状至空泡化嗜酸性细胞质，细胞核位于中央，呈圆形，伴细点状染色质和单个核仁。细胞及细胞核大小不等轻微，有丝分裂象罕见。相邻生精小管弥漫性萎缩，缺乏精子生成。 右侧睾丸（精母细胞瘤）： 可见一个高细胞密度、无包膜的肿瘤，其扩张并覆盖睾丸实质，由排列成片状的圆形细胞组成，被稀少的纤维间质分隔。肿瘤细胞边界清晰，含有中等量浅嗜酸性至透明细胞质，细胞核大且圆，伴有囊泡状染色质和一至多个明显的核仁。细胞及细胞核大小不等中度。有丝分裂计数平均为 10。多灶性肿瘤细胞在原有生精小管之间浸润并扩张至其范围之外（管外生长）。肿瘤内散在少量聚集的淋巴细胞。剩余生精小管显著萎缩，无精子生成。 右侧睾丸（间质细胞瘤）： 在剩余实质内，可见第二处边界清晰、无包膜的多边形细胞增生，排列成小包状和索状，由细纤维血管间质支持。细胞含有丰富的细颗粒状嗜酸性细胞质，细胞核位于中央且呈圆形，核仁不明显。细胞异型性极小，未见有丝分裂象。 睾丸，双侧，背景实质： 生精小管弥漫性变小，内衬一层支持细胞（Sertoli 细胞），生殖细胞完全缺失。管腔常塌陷。间质由纤维结缔组织中度扩张。

诊断:	1. 胃底： 肉芽肿性及淋巴浆细胞性炎症，伴纤维化、脂肪坏死及肉芽组织形成。 2. 腹壁肿物： 显著的梭形细胞增生，伴显著的肉芽肿性及淋巴浆细胞性炎症、肉芽组织形成及反应性间皮增生（见判读）。 3. 左侧睾丸： 间质细胞瘤，已完全切除。 4. 右侧睾丸： 精母细胞瘤，管外型，具有潜在恶性，已完全切除。 5. 右侧睾丸： 间质细胞瘤，已完全切除。 6. 睾丸（左右两侧）： 生精小管退行性变化及萎缩，弥漫性，严重，伴无精子生成。
总结:	胃和腹壁病变的特征是慢性活动性肉芽肿性和淋巴浆细胞性炎症，伴有大量纤维化、肉芽组织、坏死脂肪组织和反应性间皮增生。在腹壁肿物内，该炎症过程中嵌入了显著的梭形细胞增生。基于细胞学特征及其与肉芽组织和炎症的紧密联系，此增生更倾向于代表反应性纤维组织增生或肌成纤维细胞增生，而非原发性间质肿瘤。尽管如此，显著的纤维组织增生在组织学上可与低级别肉瘤极度相似，在所检切片中无法完全排除分化良好的肉瘤。建议结合手术发现和临床表现进行评估，若病变复发或增大，额外的采样和辅助检测可能会有帮助。 伴有脂肪坏死的肉芽肿性炎症提示存在慢性致病因素。鉴别诊断包括继发于异物穿刺的脂肪炎或腹膜炎、管腔内容物的慢性渗漏、既往创伤或手术，或真菌、分枝杆菌等感染性病因。 双侧睾丸肿瘤是老年未绝育犬的常见肿瘤。间质细胞瘤为良性，完全切除被视为可治愈。右侧睾丸的精母细胞瘤为管外型，这比管内型少见，被认为具有更大的恶性行为潜力，尽管犬的大多数精母细胞瘤转移率较低。完全切除可能治愈，但建议进行临床分期并监测区域淋巴结及腹腔器官。 弥漫性生精小管退行性变化及萎缩伴无精子生成与慢性睾丸功能障碍一致，通常与年龄、睾丸肿瘤的存在以及激素环境的改变有关。

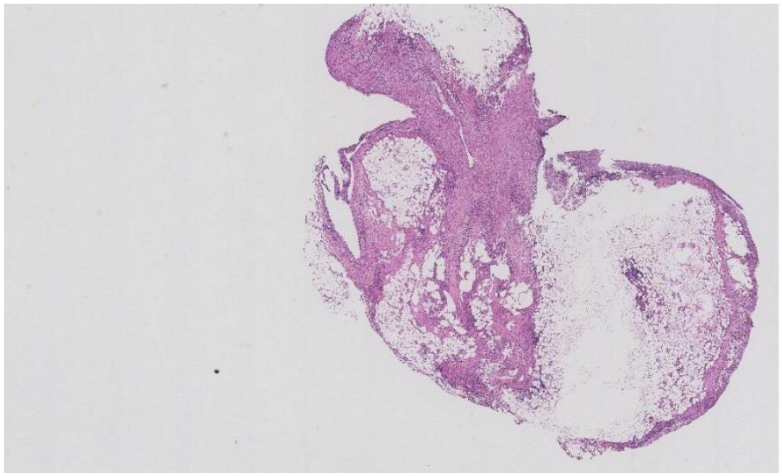
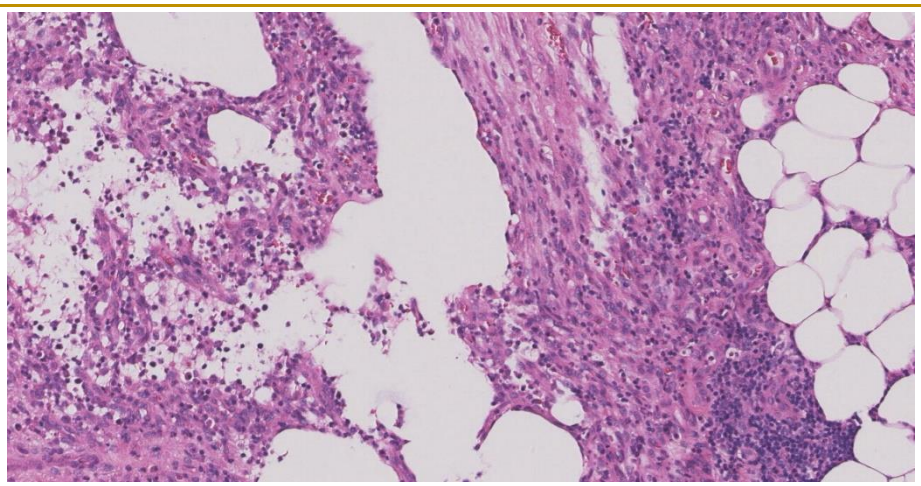
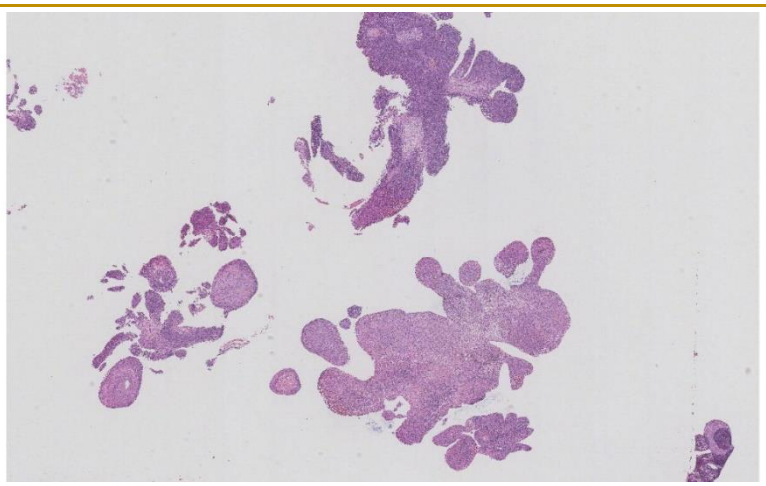
实验室人员 李鑫阳	病理兽医师 ***Jason J. Thornton*** Jason Thornton

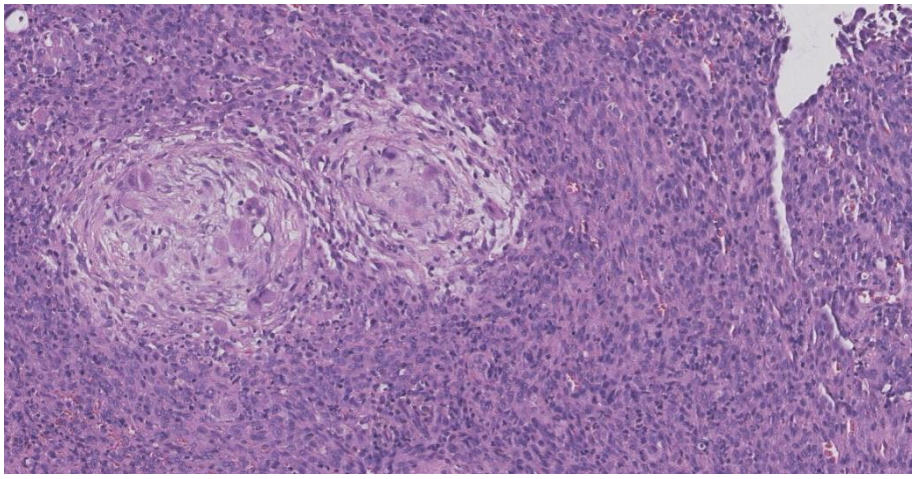
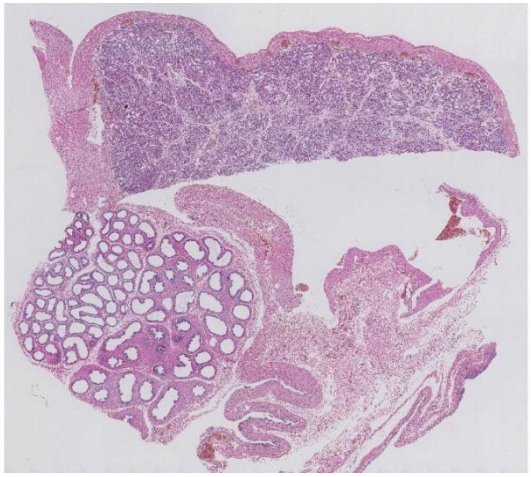
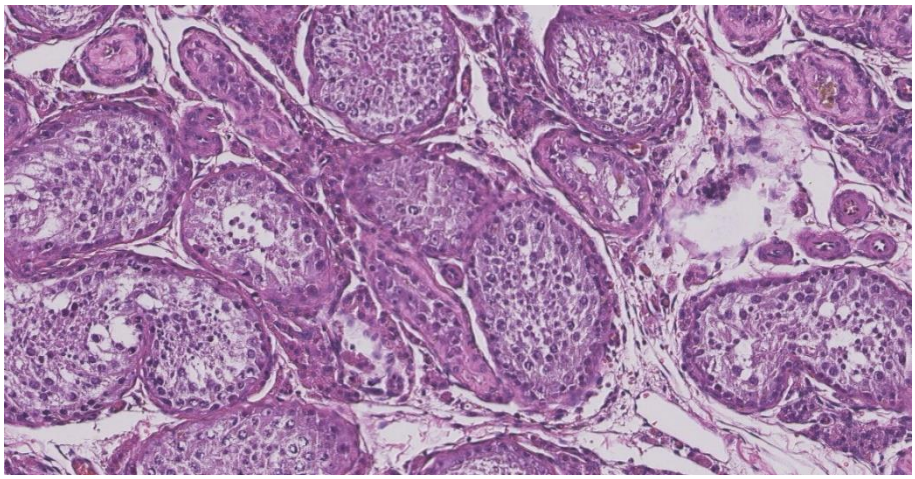
对检测结果如有疑问，请于 5 个工作日内与本公司客服人员联系

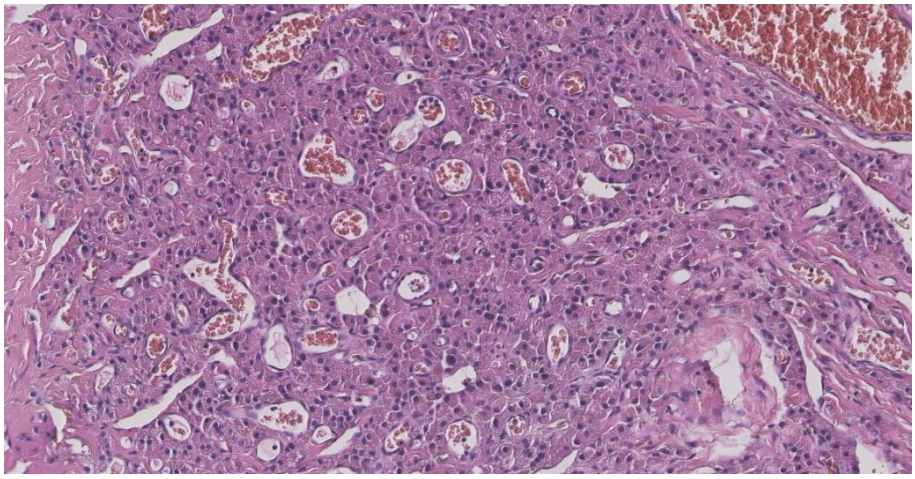
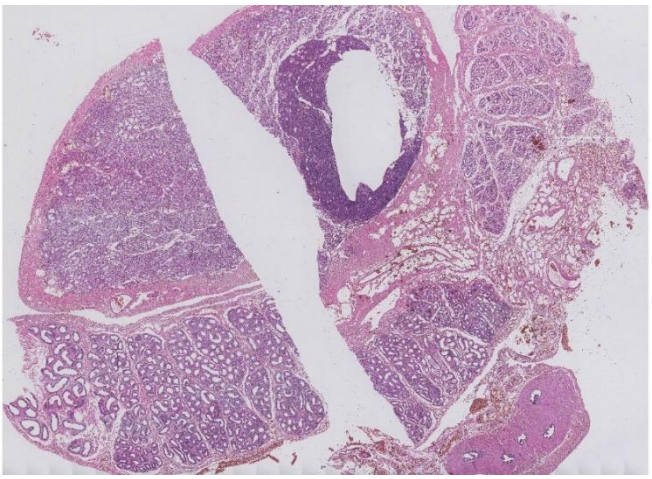
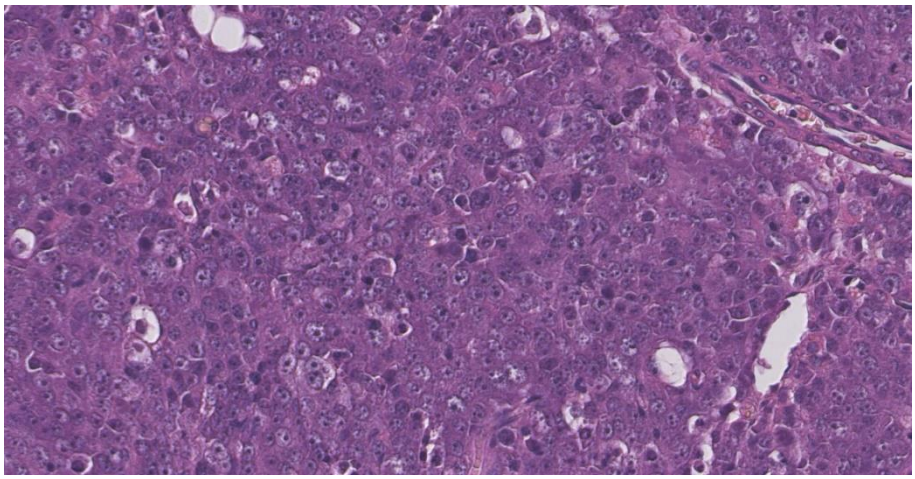
审核： 陈仕魁 日期：2026.02.20

SQ REFERENCE LAB 报告章 Report Seal 兽丘参考实验室

(本报告仅做病理诊断使用，不适用于法律诉讼相关使用)

图片 1：	
图片 2：Subgross and 20X magnification of the mass reported to be from the gastric fundus. There is marked chronic inflammation with fibrosis and granulation tissue mixed with well demarcated areas of necrotic fat.	
图片 3：	

图片 4：Subgross and 20X magnification of the abdominal wall mass. The tissue is effaced by markedly proliferative spindle cells mixed with severe chronic-active inflammation, fibrosis, and granulation tissue. There are multifocal areas of necrosis lined by reactive cells suspected to be mesothelium.	
图片 5：	
图片 6：	

图片 7：Subgross and 20X magnification of the left testis. The seminiferous tubules are diffusely degenerated and atrophic with aspermatogenesis (middle picture). There is also a well-demarcated interstitial cell tumor present within the tissue (bottom picture).	
图片 8：	
图片 9：	

图片 10：Subgross and 20X magnification of the right testis. There are multiple tumors within the testis with diffuse seminiferous tubule degeneration and atrophy. One of the tumors is an extratubular seminoma (middle picture) and an interstitial cell tumor (bottom picture).