

The Voice of PDS



Farewell to Leslie Read

After many years of dedicated service as the **Voice of PDS**, **Leslie Read** has retired. Leslie has been a familiar and trusted presence for clients and staff alike, and her professionalism, warmth, and commitment to service have left a lasting impact. As she moves into the next chapter of her life, we extend our heartfelt thanks and best wishes. Congratulations Leslie — you will be missed!



Welcome to Janelle Hren

We are pleased to welcome **Janelle Hren** as the new **Voice of PDS**. Janelle brings with her a wealth of experience in the veterinary services industry and a strong commitment to client service. We are excited to have her on board and confident she will be a great addition to the team.

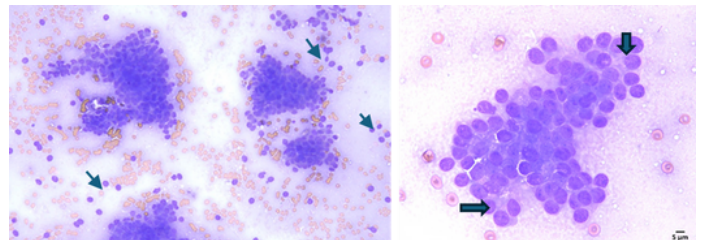
Please join us in celebrating Leslie's retirement and welcoming Janelle to PDS!

Suspected Clitoral Adenocarcinoma in a dog: Clinical and Cytologic Findings

Lilani Munasinghe, Clinical Pathologist (PDS) & Parneet Jandi, MVetSc Candidate (Clinical Pathology)

A nine-year-old spayed female Bullmastiff was referred for evaluation of a large, firm, highly vascular mass that filled the vaginal vault. The mass could not be exteriorized through the vulva because of its size. The owner reported that the dog asked to go outside more frequently than usual, and blood was observed where the dog had been sitting. On abdominal palpation the urinary bladder was distended, suggesting difficulty with complete voiding.

A fine-needle aspirate (FNA) of the mass was submitted for cytology. The sample was highly cellular, composed predominantly of loosely cohesive clusters of epithelial cells with indistinct borders. Nuclei were round to oval with variably prominent nucleoli, and the scant basophilic cytoplasm occasionally contained fine vacuoles. Mild to moderate anisocytosis and anisokaryosis were present. Occasional acinar-like arrangements (thick arrows) were seen, and several “naked” nuclei (thin arrows) were scattered in the background.



Given the anatomic location and the neuroendocrine-like cytologic features, the lesion was interpreted as a presumptive clitoral adenocarcinoma — a neoplasm rarely reported in dogs. Clitoral adenocarcinomas resemble apocrine-gland anal-sac adenocarcinomas cytologically, histologically, and clinically; both tumors commonly metastasize to regional lymph nodes and may induce paraneoplastic hypercalcemia. Unfortunately, no follow-up information was available for this patient.

References

Rose E. Raskin, Denny Meyer, Katie. M Boes (2022). Canine and Feline Cytopathology. A Color Atlas and Interpretation Guide (4th Edition). Saunders.

Suspect Anthrax Submissions

- Ensure that Suspect RG3 is checked on the submission form.
- Place a copy of the submission form in an envelope and attach the envelope to the outside of the package.
- Notify PDS that an Anthrax suspect submission is being shipped and expected day of arrival.
- For additional information, refer to [Anthrax Sample Collection and Shipping Guidelines](#) on the PDS website.

New Tests Available at PDS

- Atypical Porcine Pestivirus PCR (APPV)
- Avian Adenovirus - Genotyping by Sequencing
- Avian Adenovirus PCR
- Avian metapneumovirus type A, B, C – PCR
- Avian Reovirus PCR
- Avian Reovirus Genotyping by Sequencing
- Cache Valley Virus PCR
- Dermatophilus Culture
- Fasted Canine Standard / Triglyceride Panel
- NIRS Feed and Forages Nutritional Analysis
- Infectious Bronchitis Virus PCR
- Infectious Bursal Disease Virus PCR
- Infectious Bursal Disease Virus (IBDV) Genotyping by Sequencing
- Necropsy - Whole Fetus - Ruminant (maximum 2 fetus from same Dam) - Gross and Histo
- Necropsy - Whole Fetus - Ruminant (up to 2 additional fetus from the same Dam) - Gross and Histo
- Neospora Caninum PCR
- Porcine Astrovirus Type 3 PCR (PAstV3)
- Porcine Astrovirus Type 4 PCR (PAstV4)
- Porcine Parainfluenza Virus Type 1 PCR
- Porcine Sapelovirus PCR
- Porcine Sapovirus Genogroup III VP1 sequencing
- Porcine Teschovirus PCR (PTV)
- Porcine Diarrhea Panels now include Porcine Sapovirus PCR

Discontinued Testing

- Bovine Coronavirus Antibody ELISA
- Bovine Parainfluenza 3 ELISA
- Bovine Respiratory Syncytial Virus ELISA
- Infectious Bovine Rhinotracheitis ELISA
- Bovine Respiratory Panel – Antibody (includes IBR, BRSV, PI-3 and BCV ELISA)
- Strychnine – submissions will be referred to AHL Guelph.
- SIV H1N1/H3N2 ELISA (Biovet) – Biovet discontinued testing effective April 2025.

Suspect RG3 Clinical Pathology Submissions

Please be advised that the Clinical Pathology Laboratory is *not* equipped to process Risk Group 3 (RG3) pathogens, including **suspected *Blastomyces spp.*** As such, **we will not accept or test any samples suspected of containing RG3 pathogens** until a **negative result for RG3 pathogens has been confirmed** through appropriate preliminary screening. This measure is in place to ensure the safety of our personnel and maintain compliance with biosafety regulations. This is a common practice for other labs, such as Animal Health Lab Guelph and IDEXX. We appreciate your understanding and cooperation.

Sudden Death vs Found Dead - Guidelines on How to Use These Terms

- **Sudden Death:**
 - The animal was observed alive and in apparent good health but died unexpectedly within a short period.
 - There were no noticeable premonitory signs of illness or distress.
 - These cases often require urgent investigation due to the potential involvement of infectious diseases, toxins, or metabolic disturbances.
- **Found Dead:**
 - The animal was discovered deceased, but the time and cause of death are unclear.
 - The animal might have shown signs of illness before death, but these were either unnoticed or not reported.
 - Investigation relies on post-mortem findings rather than clinical history.
- **Key Investigative Differences:**
 - Sudden death cases often trigger urgent biosecurity concerns due to the potential for contagious or toxic causes.
 - Found dead cases may require a detailed history to determine if the death was due to natural aging, chronic illness, or environmental factors.
- **Sudden Death possible causes:**
 - Clostridial diseases (e.g., blackleg, enterotoxemia)
 - Anthrax
 - Toxicity (e.g., lead, nitrates, cyanide poisoning)
 - Bloat or acute ruminal tympany
 - Metabolic disorders (e.g., hypocalcemia, hypomagnesemia)
 - Acute hemorrhages (e.g., ruptured aneurysm, trauma)
- **Found Dead possible causes:**
 - Prolonged illness leading to unnoticed deterioration (e.g., pneumonia, parasitism, malnutrition)
 - Predation or injury-related death
 - Chronic conditions or neglected metabolic disorders
 - Environmental factors (e.g., extreme weather conditions)