

DERMATOPATHOLOGY SERVICE

**Please complete the attached “Dermatopathology submission”
for all dermatopathology cases.**

Dermatopathology service will help you sort out those difficult and often frustrating skin cases that often determine if a lesion is immune-mediated or allergic, fungal or parasitic, endocrine or neoplastic.

Many dermatology patients have a primary, underlying disease that causes secondary infections. The goal of a dermpath service is to help identify the primary disease, which in turn will prevent secondary infections. We generally suggest that a patient with obvious secondary bacterial lesions such as folliculitis and superficial pyoderma be treated with appropriate antimicrobial therapy (Staphyllocidal antimicrobial such as cefpodoxime, cephalexin, amoxicillin/clavulanate) prior to performing skin biopsies.

Sample collection:

Biopsies can be either punch biopsies (4-8mm) or incisional elliptical biopsies of the affected areas. Try and sample from several different representative areas. If possible, try to sample lesions representing the evolution of the disease process.

There is no need to take samples of marginal lesions and do not scrub or prep the skin before the biopsy. Crusts are a dermatopathologist's friend. A local anesthetic may be used but take care not to inject too superficially.

We discourage the use of cautery in the collection of samples as this will cause significant artifact that will impact the interpretation of the biopsies.

Things we need to know...

Is the dog smelly, is the cat licking and chewing, are symptoms seasonal? If this is an ongoing problem, how did the animal respond to therapy. Is more than 1 animal affected? How are the people in the household? Are they itchy too? We also want to know what **you** think might be going on because you have seen the patient in real life and you know the patient.

It is also important to tell us the breed, especially with dogs as so many skin diseases are breed-associated.

A thorough history and description of the lesions and even the distribution of lesions can help us make a diagnosis or narrow down our lists of differential diagnoses

Communication can be a key with skin cases, do not hesitate to contact the pathologist if there are questions regarding the diagnosis.



Location: 2831 N. Freeway Tucson AZ 85705 Phone: (520) 621-2356 Fax: (520) 626-8696 Email: azvdl@ag.arizona.edu Website: <https://azvdl.arizona.edu>

(1) DATE: _____ Specimen Relinquished by: _____

Financial Responsibility terms: Payment is due at time of submission for owners and new clients. Payment is due upon presentation of statement for established clients. Accounts past due over 30 days will be assessed a finance charge of 1.5%, or a minimum of \$3.00, of the past due balance. Accounts greater than 90 days past due will be referred to a collection agency unless payment arrangements have been established with AZVDL business unit. You will be fully responsible for all collection costs. Agreement to submission of this sample constitutes a contract with AZVDL.

(2) BILL TO: (check appropriate box)

| | |
|--|---------------------------------|
| <input type="checkbox"/> Veterinarian: | <input type="checkbox"/> Owner: |
| Clinic: | Address: |
| Address: | City/State/Zip code: |
| City/State/Zip code: | Phone: |
| Phone: | Fax: |
| Fax: | E-Mail: |
| E-Mail: | |

REPORT BY: Phone Fax Email Add a Contact? Email: _____

(3) Animal Name/ID(s): _____

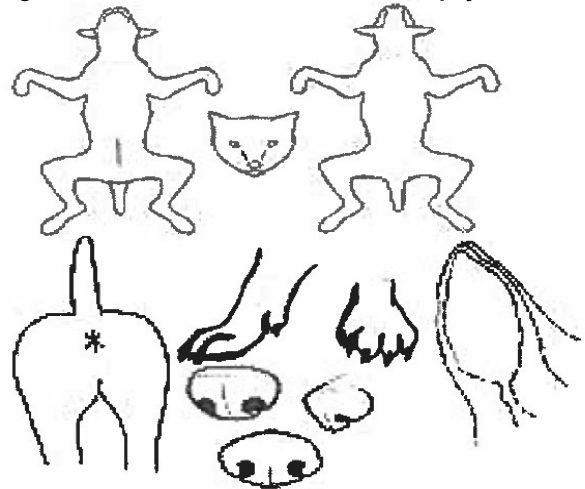
Species: _____ Breed: _____ Age: _____ Y M W D Sex: Male Female I S N

DERMATOPATHOLOGY SUBMISSION

Circle lesion type

- | | | |
|----------------|------------------|-------------------|
| Primary | Secondary | |
| Bulla | Abscess | Excoriation |
| Macule | Alopecia | Fissure |
| Nodule | Callus | Hyperkeratosis |
| Papule | Collarette | Hyperpigmentation |
| Patch | Comedone | Hypopigmentation |
| Plaque | Crust | Scale |
| Tumor | Cyst | Scar |
| Vesicle | Erythema | Ulcer |
| Wheal | Erosion | |

On diagram shade areas and mark "X" as biopsy sites



Duration of problem _____
Animal is pruritic YES ___ NO ___ Unknown ___

Clinical History:

List any previous diagnostic tests and results _____

List any previous treatment / response and tentative diagnosis: _____

FOR AZVDL USE ONLY: Opened by _____ Condition of Specimen: ___ Acceptable ___ Not Acceptable
fft samples received _____ Carrier: Drop off Courier FedEx UPS USPS

REPORT SENT: Phone Fax Email: _____ Billed: _____ Prepaid: _____