



Diagnostic Exercise

From The Davis-Thompson Foundation*

Case 158; Month: April; Year: 2025

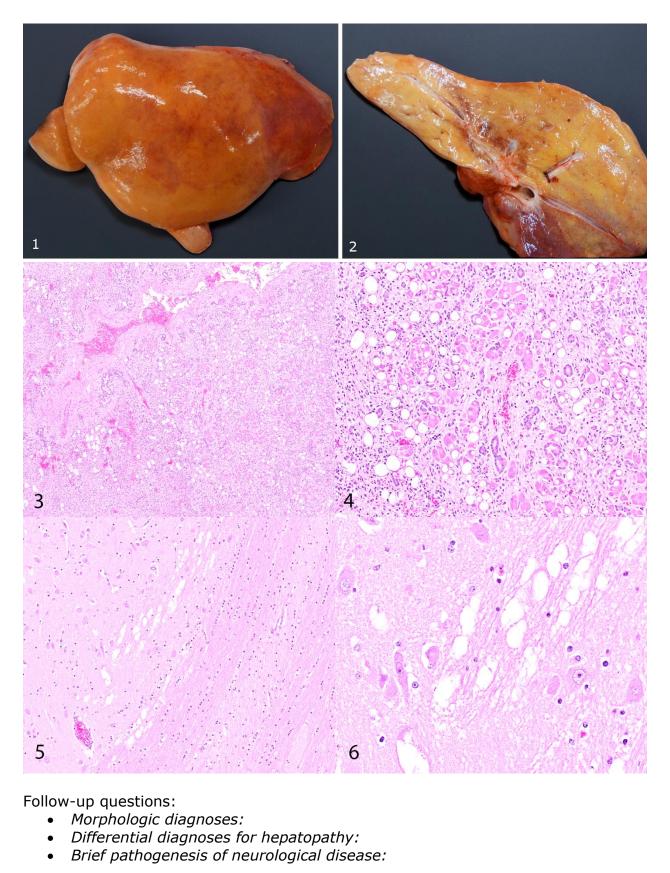
Question sheet

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History: A 7-week-old, male, Galloway calf is presented for postmortem. The calf had a lifelong history of yellow pasty diarrhoea and congenital, bilateral contracted forelimbs that was responding to treatment (splinting and high dose, single parenteral oxytetracycline injection). More recently the calf developed significant mentation changes including dullness, not running away when approached, protruding tongue and poor feeding ability. No nystagmus, lameness or joint effusions were noted on physical exam. Another calf presented with acute neurologic deficits and decline at 6 weeks of age 6 months prior although no postmortem examination was performed. The clinician is concerned for Akabane virus infection vs congenital abnormality given limb contractures and neurologic signs.

Necropsy findings: Generally, the liver is approx. 1.5-fold enlarged, with rounded edges (hepatomegaly), and diffuse tan to yellow parenchyma (hepatopathy) with multifocal to coalescing areas of red discolouration affecting approx. 85% and 15% of the capsule overlying the left and right lobes, respectively (Figure 1). Upon sectioning, the red discoloration affects approx. 20% of the parenchyma, concentrated around the portal vein (haemorrhage – Figure 2). The abdominal cavity is filled with approximately 250ml of orange-red, clear fluid (ascites).



*The Diagnostic Exercises are an initiative of the Latin Comparative Pathology Group (LCPG), the Latin American subdivision of The Davis-Thompson Foundation (DTF). 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 DTF website.

(https://davisthompsonfoundation.org/diagnostic-exercise/)

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