

Lymph node cytology or biopsy submission

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Helpful information can be obtained from lymph node samples if the cytologist/histopathologist has as much detail as possible on which to make his comment. Peripheral lymph nodes are generally easy to aspirate as they can be stabilised by hand and therefore, as this is not a painful procedure, a GA is not required only adequate restraint. Biopsy techniques will obviously require a GA. Mandibular lymph nodes are not a good site as they are frequently reactive due to common inflammatory processes in the mouth, and unfortunately it is often the mandibular salivary gland which is sampled in error. Sampling obese animals can result in mainly the aspiration of fat with few relevant cells present – chose your lymph node carefully, where possible.

Techniques for collecting lymph node aspirates involve *Needle only*, *Needle and Syringe with Continuous Negative Pressure* and *Needle and Syringe with Repeated Negative Pressure* – these techniques are detailed in relevant textbooks, but if you require further information please contact us.

Slide preparation again can be a personal choice but includes *Flat Spreader Slide Technique* and *Angled Spreader Slide Technique* (see comment above). Once material is collected it is air dried, and fixed/stained as soon as possible (ideally within 3-7 days). Please store slides for submission in a clean dry and dust/debris-free atmosphere to avoid artefactual deposits prior to staining.

Biopsy material should be submitted fixed in formal saline/formalin.

Submission forms should be fully completed and include the following additional information:

- Presenting clinical signs
- Previous laboratory findings
- Additional investigations performed, with results
- Which lymph node has been sampled
- Whether the lymph node is enlarged, potentially enlarged, or normal
- Whether there are single, multiple(which) or general lymph node enlargements
- Descriptions of the potential clinical disease process requiring the investigation e.g. Leishmaniasis, lymphoma, tumour metastasis, will aid a pertinent comment from the cytologist/histopathologist
- Has there been any previous treatment, in particular glucocorticoids

- Any tumours noticed in the region