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Esophageal Tumor in a Dog

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In treating lesions produced by this fungus, Nystatin\(^2\) has proven quite effective and is usually applied as an ointment. During the acute stage and prior to secondary bacterial infection a 1 per cent aqueous solution of Gentian violet is an effective therapeutic agent.

This case is representative of those brought to Stange Memorial Clinic and illustrates the difficulty in making a correct diagnosis prior to administering effective therapy.

—Warren Bohnhoff ’58

1. By Prof Paul F. Romberg, Dept. of Botany and Plant Pathology, Iowa State College.
2. Mycostatin® Squibb

Esophageal Tumor in a Dog.

Esophageal tumors are considered a rarity in present day diagnostic interpretations, however, a report from Alabama indicates that such tumors are by no means so rare as have been the indications. In a series of esophageal neoplasms found in dogs over a period of 3 years the esophageal worm, Spirocerca lupi, was found in each tumor. This may possibly indicate the etiological importance of the parasite.\(^1\)

In dogs the esophageal or gullet worm penetrates the mucosa and submucosa of the lower esophagus causing a reaction in the form of subepithelial, fibrous nodules to develop. The smoothly covered, often coalescent, nodules bulge into the lumen as much as 0.5 centimeters. The only neoplasms of significant frequency in the esophagus of domestic animals is a fibrous and bony tumor in the esophagus of the dog. They are most commonly osteosarcomas, the ossification representing a metaplasia from fibrous tissue. Chronic irritation from Spirocerca lupi is thought to be the cause. Smith and Jones conclude, “Indeed the concomitant occurrence of the sarcoma and the parasites would seem too frequent to be a coincidence.”

This report is submitted to point out the possibility of occurrence of tumors of the esophagus when symptoms may indicate some other condition is present.

On March 30, 1958, a 7-year old Red Bone Coonhound male entered the Stange Memorial Clinic. The history revealed that the dog had been vomiting 2-3 times a day for the past 4 weeks. In spite of this, the appetite had remained excellent and the dog was in good physical condition. The patient had been treated in the field for ulcers and hepatitis with no relief of symptoms. Upon entry the dog was given a thorough physical examination. The only item of significance was excessive saliva in the oral cavity. There was no evidence of inflammation in the mouth or throat and the tonsils appeared normal. Vomition occurred sporadically with little or no retching. The vomitus consisted of a mixture of tenacious saliva and mucus.

A lateral radiograph of the thoracic region was taken. Interpretation revealed suspicion of a dilatation of the esophagus dorsal to the heart. The patient was given an ounce of barium sulfate orally in water and another lateral radiograph of the thorax was taken immediately. This picture failed to show anything further, however, there was a small area of greater density just dorsal to the heart.

On April 3, the dog was weighed and given 5 cc. of 4 per cent Surital Sodium®
(Parke-Davis) intravenously followed by 4 cc. gradually to effect. An esophagoscope was passed for examination purposes. Approximately 21 inches from the tip of the nose in the region dorsal to the heart a cheery red, well circumscribed, tumor-like mass was found. This was removed with the aid of the scope and a wire snare. Gross and microscopic examination of the mass, which was about 1-inch in diameter, revealed that it was a traumatized, infected, fibrous nodule with much granulation tissue. There was no evidence of *Spirocerca lupi*. A fecal examination also proved negative for ova of this parasite.

On April 10 the dog was again anesthetized with 8 cc. of 4 per cent Surital Sodium® (Parke-Davis) intravenously. An esophagoscope was passed. Another tumor-like mass was removed with the aid of a snare. This mass was located just posterior to the previous one and was about ¾ inch in diameter. The report of the gross and microscopic examination of the tissue was the same as before.

The patient was put on a soft bland diet and penicillin-streptomycin combination. With regression of symptoms he was discharged on April 16.

—C. Oliver Kenagy '59


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**Chronic Pancreatitis With Secondary Diabetes Mellitus.** On October 28, 1957, a female Weimeraner 1½-years-old was presented at Stange Memorial Veterinary Clinic with the following history. The dog had a litter of four pups on June 25, and a vaginal discharge continued for a long time afterward. A sore foot was lanced on September 25.

The dog had been losing weight since then despite a good appetite. At one time, the dog had weighed 65 pounds. The dog had been treated with vitamin B₁₂ injections and also oral vitamins three times a day. Bowel movements were clay-colored and the dog urinated quite a large volume of urine daily.

Hospitalization was recommended in order to completely examine the dog and do laboratory studies.

A thorough examination revealed these things: The dog was emaciated and listless, exudate accumulated in the conjunctival sacs, the hair coat was dry with some seborrhea, visible mucous membranes were rather light in color, an old interdigital cyst between digits two and three on the left fore-foot, thorax normal upon auscultation, abdominal palpation revealed no pain or anything abnormal, temperature normal and the respiratory and pulse rates were normal.

Laboratory tests of blood, urine and feces were a valuable aid in diagnosis and in measuring the effectiveness of treatment. The first laboratory results were:

**Blood**

- RBC - total .......... 5,900,000
- WBC - total .......... 17,000
- Stabs .................. 4,400
- Segments ............... 11,800
- Monocytes .............. 100
- Clotting time .......... 15 min.+
- Blood sugar ............ 200 mg.+

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**Emaciated female Weimeraner presented for examination.**