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# Lymphocytoma in the Bovine

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**Lymphocytoma in the Bovine.** A Shorthorn cow, approximately twelve years old, was admitted to Stange Memorial Clinic with a history of indigestion and periodic bloating during the past two weeks. Symptomatic treatment and relief of the bloat by passing a stomach tube was administered by the ambulatory clinic staff which had previously attended the cow. She would eat and appear normal but then would soon bloat again and refuse to eat. At no time was an elevated temperature observed.

At the time of presentation to the clinic, the following symptoms were noted upon examination: The cow was in fair flesh with normal rectal temperature, but had distention of the jugular veins and a visible jugular pulse. There was slight edema of the brisket area, and the heart sounds were muffled, but respiratory sounds were considered normal. Rectal examination revealed no pathology.

Since the symptoms were suggestive of traumatic pericarditis, a thoracentesis was made in the lower third of the left fifth intercostal space but only 30-40 cc. of sanguinous fluid with no odor could be aspirated. This fluid, along with an oxygenated blood sample, was submitted to the clinical pathology laboratory. The fluid from the region around the heart was found to contain numerous mature lymphocytes, but very few neutrophils and erythrocytes. The hematology report gave the following clinical picture: hemoglobin — 6.83 G. %; R.B.C. — 5,930,000; W.B.C. — 12,600; eosinophils — 100; segments — 3,200; stabs — 1,200; monocytes — 400; lymphocytes — 7,700; hematocrit — 29%.

A diagnosis of lymphocytoma was made, based on the history, symptoms and the presence of numerous mature lymphocytes in the fluid aspirated from the pericardial region. An unfavorable prognosis was given and permission for a post mortem examination was requested. This was not immediately granted so the animal was discharged from the clinic.

The cow returned to the clinic within the week with permission for euthanasia and Necropsy. The post mortem examina-

tion revealed a neoplasm of the anterior mediastinum, thoracic inlet and posterior neck. The neoplasm did not involve the lymph nodes of the area and was thought to be thymic in origin.

The similarity between this condition as described and traumatic pericarditis should be noted. The clinical picture of indigestion occurring with distention of the jugular vein and edema of the brisket is suggestive of traumatic pericarditis. However, this was distinguished with the aid of the laboratory and the fact that there was no elevated temperature.

John Carson, '60

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**Infectious Canine Hepatitis.** Infectious canine hepatitis occurs in dogs of all ages, but is primarily important in the early months of life. Most dogs are infected early in life due to the high rate of exposure. Severe leukopenia and impaired liver function usually result in the more severe cases of this viral disease.

A three month old male Dalmatian was admitted to the Stange Memorial Clinic on December 4, 1959. The accompanying history indicated it had a loss of appetite, a high temperature, and that its gums were hemorrhagic.

Symptoms exhibited on admission included icterus of the visible mucous membranes, conjunctiva, and skin. A few petechial hemorrhages were noted in the gums. The abdominal cavity was distended, apparently from ascites. The heart sounds were normal. The temperature had become slightly subnormal. The pup showed complete anorexia.

A tentative diagnosis of infectious canine hepatitis was made.

Laboratory tests showed a WBC count of 6500, which consisted of 1500 stabs, 1500 segments, 100 monocytes, and 3400 lymphocytes. The clotting time was 10.5 minutes. Urine tests indicated a pH of 6.0, 100 mg. of albumin, negative for sugar, and a positive icto-test. The urine revealed excess bilirubin as indicated by 18+ drops of methylene blue where as