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Carcinoma in a Cat

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applied. While the hips of the fetus passed through the pelvic inlet the stump of the right femur was carefully guided to prevent injury of the cervical and vaginal mucosa. The thorax passed out through the dam's pelvis with more resistance due to the position of the fore limbs which were ankylosed in a position extending under the thorax. The placenta came away with the fetus.

The interior of the uterus was palpated to see if any trauma attended the delivery, but no evidence of injury was found. Four one-ounce capsules of boric acid were placed in the uterus. The cow made an uneventful recovery.

The fetus was of approximately normal size and apparently suffered no deformity other than the ankylosed joints and contracted tendons of the legs. An interesting sidelight is that the fetus was the result of a mother-son mating.

—R. E. Kyner, '41

Carcinoma in a Cat. On Nov. 6, 1940, an eight-year-old male Maltese cat was presented at the Stange Memorial Clinic. The history received was that the cat had been off feed for a period of about ten days. Examination of the patient revealed extensive emaciation, difficulty in deglutition, and tumor formation involving the pharynx and base of the tongue. Euthanasia was advised and the cat was destroyed by Nembutal.

The following morning a complete post-mortem examination was performed, and no pathological lesions were noted until the pharynx and surrounding tissues were examined. An enlargement of the right pharyngeal lymph node was noted which caused it to exert pressure against the esophagus and trachea. The node was white in color, and about three inches in diameter, and firm to the touch. The tissue surrounding the node, the wall of the pharynx and the base of the tongue were of the same character. These structures were white in color, and the base of the tongue was so enlarged that it almost filled the posterior part of the oral cavity.

Micro-sections were made of the tongue, lymph node, and surrounding tissue.

A longitudinal section through the tongue revealed that the basal portion was infiltrated with squamous cells. A few islands of isolated, atrophied muscle cells were still present. In progressing from the base of the tongue to the anterior tip, the infiltration of squamous cells decreased while the muscle cells became more abundant in number.

The section through the lymph node revealed extensive replacement of lymphoid tissue by squamous cells except for a crescent-shaped area on one side of the node. At the junction of the areas, finger-like projections of squamous cells extended into the lymphoid tissue. The surrounding tissue showed a chronic inflammatory process with a leucocytic infiltration. Areas of dead tissue were walled off and surrounded by a thick ring of leucocytes. This tissue was also heavily infiltrated with squamous cells.

The entire pathological picture could be summarized as a malignant squamous cell carcinoma involving the base of the tongue, pharyngeal lymph node and pharynx. Due to its location it produced the clinical symptoms noted. It had not progressed to the stage of metastasis to other parts of the body.

—E. Paul Eder, '41

Fetal Ascites. The dam was a grade Shorthorn about six years old. She had been in labor several hours and parturition was one month premature.

Upon palpation of the calf in the birth canal it was found to be an anterior presentation with dorso-sacral position, the