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An Unusual Lipoma in a Dog

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cobalt, was given daily. Several ruminal transplants were made. The animal was discharged after about 10 days of treat­
ment. The Shorthorn cow was discharged to be slaughtered.

E. M. Freeman '52

An Unusual Lipoma in a Dog.
On April 4, 1951, a small, 11-year old male terrier was admitted to Stange Memorial Clinic. A very large tumor was observed on the underline, involving both the abdominal and thoracic walls. An extremely unfavorable prognosis for successful recovery following surgical removal was given due to the size of the tumor and the condition and age of the patient. However, because of the tumor’s large size it was constantly being traumatized so removal was a necessity. The owner realized this was the only possible means of saving his dog's life so requested surgery.

The following morning the patient was given 1 gr. of morphine sulfate and 1/50 gr. of atropine sulfate subcutaneously. The area was clipped, cleaned and defatted and sprayed with alcohol. The eyes and nose were protected with ophthalmic ointment, as ether was the anesthetic of choice. The patient was then restrained on the operating table and a sterile shroud placed over the
operative area. The tumor was grasped with an Ochsner forceps and slight traction was applied. It was dissected free, and found to be in two portions. The muscle and fascia were sutured together with plain catgut. The skin was pulled into apposition with continuous sutures of chromic catgut. The patient was placed in the oxygen tent immediately and died there approximately 1 hour later.

This terrier had twice saved his owner from a bull and for obvious sentimental reasons the patient was returned to the owner without autopsy. Sections of the tumor were sent to the laboratory and a report of lipoma was returned. This type of neoplasm most commonly occurs in the areas of the body where fat is normally abundant.

J. R. Terry '52

Lymphocytomatosis In A Dog.
On Jan 18, 1951 a 6-year-old male Coonhound was admitted to the Stange Memorial Clinic for treatment.

The history revealed that 2 weeks previous the owner had noticed the dog to be developing massive swellings of all the superficial lymph nodes. The appetite was good, but the animal was losing weight and its general condition was poor.

Clinical examination revealed the symptoms of ascites, accelerated pulse and respiration. The patient evidenced pain on palpation over the abdomen. All of the palpable lymph nodes were greatly enlarged. The temperature remained within normal range throughout the patient’s hospitalization.

A blood count was made and the blood picture was as follows:

<table>
<thead>
<tr>
<th>Component</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hemoglobin</td>
<td>50.1%</td>
</tr>
<tr>
<td>Erythrocytes</td>
<td>3,540,000</td>
</tr>
<tr>
<td>Leucocytes</td>
<td>13,220</td>
</tr>
<tr>
<td>Stabs</td>
<td>5,300</td>
</tr>
<tr>
<td>Segments</td>
<td>5,300</td>
</tr>
<tr>
<td>Lymphocytes</td>
<td>2,700</td>
</tr>
</tbody>
</table>

The liver function test revealed a Maclagen flocculation test of eight.

The 1:1 ratio of stabs to segments, the increase in lymphocytes, and the anemia plus the history, symptoms, and radio-