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Metastatic Carcinoma in a Bitch.

On May 15, 1951 a 10-year-old female Kerry Blue Terrier was admitted to the Stange Memorial Clinic for treatment. The history indicated that a cystic fibroadenoma was removed from the abdomen on Dec. 7, 1950. The patient had been coughing and seemed sore for several months previous to admittance.

There were enlargements on the abdomen, possibly indicating mammary tumors, and great enlargement of the metatarsals was noted. The swollen and hard metatarsals were not painful when palpated.

The following day the patient was given ¾ gr. of morphine and placed on the operating table in dorsal recumbency. The region around the left inguinal mammary was shaved, scrubbed with soap and water, defatted with ether, and sprayed with isopropyl alcohol. Ether anesthesia was administered to effect. Two parallel incisions about two and one-half in. long were made over the most anterior inguinal mammary tumor. It was found that both tumors were in a common capsule so they were removed together, mostly by blunt dissection. A small inguinal hernia was found beneath the tumorous growth. It was repaired by suturing the inguinal ring with catgut. Twelve dermal sutures were used to close the skin incision and an adhesive bandage was applied.

The histopathology of the mammary neoplasms indicated cystic fibro-adenocarcinoma. A blood sample obtained from the patient had a sedimentation rate of 68 mm. in one hour. Since the average rate is 5 to 25 mm., the high rate of sedimentation indicated the possibility of a malignancy. A lateral thoracic radiograph and one lateral and one A.P. radiograph were made of the left metatarsus.

The x-ray showed subperiosteal proliferation around the metatarsal bones. Adjacent joints were becoming involved. The x-ray of the thorax showed extensive involvement—neoplastic growths destroyed an estimated one-half of the functional lung tissue. The skull was not involved. The metacarpal bones were becoming involved, although not nearly as much as the metatarsals.

The radiographic examination showed hypertrophic pulmonary osteoarthropathy. In man this condition is called "clubbed hand" and causes excessive growth and thickening of fingernails and toenails. Any chronic disease of the lungs or heart may produce this condition. Most commonly the lungs are affected. The exact cause of the bone proliferation is not known, but is believed to be due to edema as the result of anoxemia. Thus, the distal extremities are always affected first. As the condition progresses long bones are involved, then the flat bones, and finally the condition may become generalized. The exostosis forms a ring around the bone beneath the periosteum. There is poor lime content at first, becoming progressively harder until it is impossible to distinguish from normal bone. The condition may be retrogressive, at least partially, if the primary cause is obliterated. In this case, nothing could be done to stop the process.

In this case we assumed that the carcinoma of the mammary glands was the primary condition. Metastasis to the lungs initiated the secondary condition. The lung involvement resulted in anoxemia and development of the hypertrophic pulmonary osteoarthropathy.

The wound edges were in apposition and the area was free of exudate when the bandage was removed on the day following the operation. Although the patient was slightly depressed, it was discharged since the owner had come from a considerable distance. It is not known how long the patient continued to live despite the metastatic involvement of the lungs.

Marvin E. Clark '52

Abscessation in a Bovine.

A yearling Hereford female was admitted to Stange Memorial Clinic on May 7, 1951, with a history that she staggered and fell down at various intervals.

In the clinic the patient rolled on her side and would then get up and try to