Primary Pulmonary Adenomas of the Feline

Robert Glock

Iowa State University

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Ranula in the dog. A small female, mixed Manchester, six months of age was presented to Stange Memorial Clinic for diagnosis and treatment on January 17, 1961. She had been sick four days and had been given penicillin the day before presentation. There was an intermandibular swelling protruding sublingually into the mouth. There was an oral discharge of blood mixed with saliva. Pain was exhibited upon palpation of the throat region. A temperature of 103° was recorded. A diagnosis of ranula was made.

On the following day, the temperature was 100.2°, appetite was slightly increased but no bowel activity was observed. The depression exhibited upon presentation was somewhat lessened. Blood-tinged saliva was still dripping from the mouth.

On the third day the swelling in the intermandibular space was hot-packed for twenty minutes and one half cc Pen-Strep was given intramuscularly. On the fourth day the swelling had decreased and the temperature was normal. Five cc of serum was withdrawn from the swelling using a syringe and needle. The swelling under the tongue was lanced releasing more blood-tinged fluid. The incision and the lining of the cyst were cauterized with silver nitrate sticks and a hyfercator was used to control the hemorrhage. Thirty cc of blood was given intravenously as a precautionary measure since it was unknown how much blood had been lost.

One cc of Pen-Strep and one half cc of Chymotrypsin was given on each of the following two days. During this time the appetite and bowel activity returned to normal and the swelling receded. Another 40 cc blood transfusion was administered to combat the anemia.

The case was released January 25 at which time full recovery had been attained.

Larry Tadlock ’62

Primary pulmonary adenomas of the feline are reported very infrequently. It is with this in mind that the following case is reported.

One evening in September 1960 a six year old feline was admitted to Stange Memorial Clinic. Her owner reported that she had been losing weight gradually for several months and her condition had become worse the past month. She would eat canned food and milk but only in small amounts and she had been showing persistent retching but no vomition.

Her history revealed that she had been vaccinated for feline distemper as a kitten. The owner had become alarmed recently and had taken the cat to a local veterinarian who referred her to Stange Memorial Clinic for diagnosis. He had considered the possibility of a diaphragmatic hernia.

The cat was examined the following morning. She had a temperature of 102° F. and showed dyspnea and harsh rales. She was given barium orally but it was not retained. Dorsoventral and lateral radiographs were taken. They showed a grossly distended stomach and possible foreign material in the intestine. A more significant finding was in the pulmonary area. The right lung appeared to be collapsed or degenerated. The left lung appeared to be somewhat emphysematous and there was some pneumothorax.

Larry Tadlock ’62

1 Antibiotic combination Corn States Laboratories, Inc.
2 Kymar Armour Pharmaceutical Co.

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The right side of the thorax was scrubbed and disinfected. Thoracentesis was performed using a sterile 5 cc syringe and a 20 gauge needle. It was hoped that it would be possible to aspirate and determine the character of any exudate which might be present. No exudate was found but some air was aspirated.

The cat began retching soon after the thoracentesis and extreme respiratory distress led to death in a few minutes.

Post-mortem examination revealed a large mass protruding from the wall of the trachea at its bifurcation. This had apparently worked as a valve and prevented respiration when the cat began breathing harder as a result of the examination. The entire right lung was consolidated and the respiratory tract distal to the neoplastic mass was filled with a mucoid material. There were no significant lesions in the alimentary canal.

Sections from the lungs were examined microscopically. The mass found at the bifurcation of the trachea was an adenoma which had apparently originated from the submucous glands. There was also considerable bone metaplasia.

Robert Glock '61

Adenocarcinoma of the Ovary in a Toy Terrier. A six year old, female Toy Terrier was admitted to Stange Memorial Clinic on January 3, 1961. The dog had a history of a prolonged estrus prior to admission. It was showing symptoms of anorexia, depression, dehydration and listlessness when it entered the clinic.

Upon examination a hard, movable mass was palpated high on the right side in the abdominal area. A laboratory examination of a blood sample showed a leucocytosis. A radiograph showed an abnormal growth in the abdominal cavity, but was held to be inconclusive for a positive diagnosis. With this information a tentative diagnosis of a tumorous condition of the right ovary was made and surgery was recommended.

The animal was anesthetized using Demoral1 as a pre-anesthetic and Surital2 as the anesthetic. A two inch ventral midline incision was made one inch posterior to the umbilicus. Upon entering the peritoneal cavity 150–175 cc. of fluid escaped. The mass was located by intra-abdominal palpation and brought to the exterior. The mass, identified as the right ovary, was greatly enlarged, (8cm by 5 cm), and appeared lobulated and congested. It appeared that possibly some metastasis had occurred to the uterus so an ovariohysterectomy was performed. Upon completion of surgery 15cc of warm isotonic saline was introduced into the peritoneal cavity to help alleviate dehydration. The peritoneum was closed with chromic catgut and interrupted sutures. A subcutaneous layer of interrupted catgut sutures were placed and the skin was closed with horizontal mattress sutures.

A section of the ovary was sent to the pathology laboratory for histopathological examination.

Post-operative care consisted of penicillin and streptomycin injections twice a day for three days, five percent dextrose with vitamin B complex administered subcutaneously for two days, Vi-Sorbin (Norden) for the three succeeding days, after which the dog was eating well and feeling well.

The report from the pathology laboratory disclosed the tumor to be an adenocarcinoma of the ovary. Another radiograph was taken to check again for evidence of metastasis to other organs. This radiograph showed no positive metastasis, and the dog was discharged.

Ronald Larson '62

1. Demerol, Winthrop.
2. Surital, Parke-Davis.

Tetanus in a Filly. Tetanus is a highly fatal disease of domestic animals characterized by a wound infection which elaborates a powerful neurotoxin causing tetanic muscle spasms and rigidity.

The etiology of tetanus is Clostridium tetani, an anaerobic, gram-positive, slender rod with terminal spores. In order to grow and produce an infection, the organisms must have previous tissue damage. The organism produces two toxins, tetanoylcholine,