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Small Animal Review
By
Thomas Silberhorn*

Introduction

This is a review of a recent case record of Iowa State University Veterinary Clinic. Included is the significant history, physical and laboratory work done in the clinic, including diagnosis, therapy, and prognosis.

Case

A six-year old, male Vizsla was admitted to the clinic with the chief complaint being an edematous swelling on the right rear hock. The history indicated that the swelling had been progressively getting worse over a five-month period. No lameness had been observed. Initially a phlebitis was suspected.

A physical examination demonstrated the soft tissue swelling on the right hind leg to be the only abnormality. A blood sample drawn for examination proved to be essentially normal.

A radiograph of the right hind leg indicated no foreign bodies or soft tissue swellings. A follow-up venography showed the leg to be normal. Palpation indicated that the popliteal lymph node of the corresponding leg was involved.

A tissue fluid smear was made from fluid aspirated from the swollen area. The smear demonstrated large round or ovoid cells containing central nucleoli and a cytoplasm which was granular around the nucleus.

What is your diagnosis, therapy, and prognosis?

The tissue fluid smear was indicative of a mastocytoma. Surgery was performed and a large, diffuse and gelatinous mass of tissue was removed from the area of the hock. Normally a mastocytoma consists of a solid and identifiable mass which can be excised fairly readily. In this case the tumor was quite amorphous and diffusely spread around the hock. It was impossible to tell whether all of the neoplastic tissue had been excised.

Tissue submitted for histopathology included the popliteal lymph node on the right side and another lymph node high up on the medial side of the same leg, and tissue from the swollen area. The results verified the tentative diagnosis of mastocytoma (malignant):

Lymph node: The lymph node was infiltrated with large ovoid or round cells with centrally located nucleoli. The cytoplasm around the nucleus contained granules which stained metachromatic with toluidine blue. There was some lymphoid depletion.

Subcutaneous tissue: This was infiltrated with the same cell type. The neoplastic cells formed cords between collagenous fibers.

Following surgery the dog was put on tetracycline and the leg was bandaged over the surgery site. The lower leg became quite edematous and was somewhat painful. Tetracycline therapy and bandaging of the leg was continued and swelling and pain had disappeared after nine days. The length of time required for healing was abnormally long due to the fact that the dog had torn the wound open more than once.

Examination of tissue fluid about two weeks after surgery revealed the neoplastic mast cells were beginning to multiply in the lesion site again. X-ray therapy of the hock was begun about three weeks after surgery. The dog received a total of five doses at four-day intervals. The area where the popliteal lymph node was removed had become swollen and it was radiated once along with the hock. After the three weeks of X-ray therapy the dog was released. The hock, at that time, had become extremely painful again. The prognosis was guarded to poor since histopathology examination showed the popliteal lymph node to be involved. Metastasis had already occurred.

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