difference between groups (Wilks Lambda 0.167 F(7,15) 10.67, $p < 0.001$), with buprenorphine associated with shortest extubation times (buprenorphine vs butorphanol M.D. -3.1 minutes (mins) $p < 0.001$, buprenorphine vs methadone M.D. -2.3mins $p < 0.001$). There was a significant difference of total recovery time (Wilks Lambda 0.241 F(7,15) 6.75, $p = 0.001$), with buprenorphine associated with shortest recovery time (buprenorphine vs

butorphanol M.D. -16.3mins $p < 0.001$, buprenorphine vs methadone M.D. -9.9mins $p < 0.001$).

STATEMENT (CONCLUSIONS)

Buprenorphine reduced isoflurane usage and recovery times and appears to be the drug of choice for these patients.

Collision tumour of two nodal metastases (apocrine adenocarcinoma and mast cell tumour) in a dog. (A case study)

**Danielle Gibson¹, Samuel Beck²,
Esteban Gonzalez-Gasch¹, Aaron Harper¹**

¹ Southfields Veterinary Specialists, Laindon, United Kingdom
² Bridge Pathology, Bristol, United Kingdom

An eleven-year-old female neutered Labrador retriever was referred for a large cytologically-diagnosed vulvar mast cell tumour that extended into the vagina. On clinical examination an approximately 1.5cm right anal gland mass was incidentally palpated. Abdominal ultrasound revealed an enlarged right medial iliac lymph node. Fine needle

aspirates were taken from the liver, spleen and bilateral medial iliac lymph nodes. Cytology of the right medial iliac lymph node was consistent with a neuroendocrine tumour. Hepatic and splenic cytology was unremarkable.

Medial iliac lymphadenectomy, right anal saccullectomy and marginal vulvar mass resection were performed. Histopathology was consistent with an incompletely excised right anal sac adenocarcinoma and an incompletely excised vulvar subcutaneous mast cell tumour. The mast cell tumour exhibited a mitotic index of <1 per 10hpf, with minimal anisocytosis/anisokaryosis and an absence of multinucleated cells (Kiupel low grade). The right medial iliac lymph node showed metastatic collision of both the adenocarcinoma and the mast cell tumour. Adjunctive chemotherapy and radiotherapy were recommended to address the risk of local recurrence and further metastasis but were declined by the owner. The dog remains alive and asymptomatic with no visible evidence of recurrence 6 months after presentation.

Collision tumours are rarely reported in animals and there is minimal information regarding treatment and outcome. To the authors' knowledge this is the first report of a collision tumour comprising metastatic mast cell tumour and adenocarcinoma in a lymph node. The report further confirms the aggressive biological nature of vulvar mast cell tumours despite low histological grade.

Computed tomography and magnetic resonance imaging findings in a dog with anal sac adenocarcinoma with vertebral and spinal cord metastasis

**Dan Kenny, Vasiliki Lantzaki,
Rodney Ayl, David Barker**

Paragon Veterinary Referrals, Wakefield, United Kingdom

OBJECTIVES

To describe the presentation, computed tomography (CT) and magnetic resonance imaging (MRI) findings in a dog with anal sac adenocarcinoma (ASAC) with vertebral and spinal cord metastasis.

METHODS

A 10-year-old neutered male cocker spaniel presented for further investigation of lethargy with concurrent medial iliac lymphadenomegaly, which was cytologically consistent with malignant epithelial neoplasia and bacterial infection. At referral, initial CT imaging revealed moderate to severe left medial iliac and internal iliac lymphadenomegaly with mild lumboaortic lymphadenomegaly. Extirpation of both iliac and the left lumboaortic lymph nodes was performed, and histopathological analysis confirmed carcinomatous lymph node infiltration. Although there was no gross lesion, carcinoma presence within these lymph nodes raised suspicion of local metastasis of ASAC and the patient was started on carboplatin chemotherapy. 18-days later the dog

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