Poster presentations

represented with acute paraparesis and trembling, MRI and a second CT were performed.

RESULTS

The second CT illustrated progression of lumboaortic lymphadenomegaly which was consistent with further advancement of metastatic disease. MRI showed left sided spinal cord compression due to a contrast-enhancing extradural mass located at the level of T11–T12, T12 and T12–13. The dog was euthanised. Post-mortem

examination confirmed our suspicion of left sided ASAC and metastasis to the spinal cord and vertebral infiltration.

STATEMENT (CONCLUSIONS)

Metastatic spread of ASAC to the spinal cord is scarcely reported in the veterinary literature, and this is the first case report to illustrate the advanced imaging findings of this rare metastatic site. Increased awareness of this metastatic site may allow for earlier diagnosis and potential treatment in these cases.

Infiltrative canine haemangiosarcoma of the right ventricular free wall with pulmonary metastasis

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OBJECTIVES

To report the first documented case of canine haemangiosarcoma infiltrating and extending through the right ventricular free wall.

METHODS

The dog had an acute history of hyperpnoea, inappetence and diarrhoea. Two-view thoracic radiographs were performed, which showed a marked patchy heterogeneous interstitial pattern within the pulmonary parenchyma. Some regions of the lung had well-defined nodular interstitial densities while other regions were

indistinct. Radiology review suggested the pulmonary pattern may reflect metastatic disease with regional pulmonary haemorrhage. Two-dimensional echocardiography was performed revealing an invasive, irregular, heterogeneous mass, extending from the right ventricular free wall. There was no observed association of the mass with the right atrium and right auricle in multiple echocardiographic views.

RESULTS

Hospice care was elected for the patient with Yunnan Baiyou (2 capsules, PO, q12). Two days following discharge, the patient was euthanized due to progression of clinical signs and poor prognosis. A post mortem examination was carried out. The mass was described to originate from the right ventricular free wall, extending into the lumen of the right ventricle. There was notable infiltration of the mass through the right ventricular musculature. Histopathological evaluation of both heart and lung section was most consistent with canine haemangiosarcoma, with multifocal pulmonary haemangioasarcoma metastases.

STATEMENT (CONCLUSIONS)

Although canine haemangiosarcoma commonly arises, either as a primary tumour or as metastasis, from the right auricle, this is a rare location for the tumour to occur. This case highlights the importance of multiple imaging modalities and diagnostic tools to appropriately diagnose a patient on an emergency basis.

A poorly differentiated ureteral sarcoma treated with surgical excision, nephrectomy and adjuvant doxorubicin-based chemotherapy: a case report

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OBJECTIVES

A 4-year old, male neutered, Labrador presented for evaluation of a palpable, caudal abdominal mass and dysuria.

METHODS

Abdominal ultrasound and subsequent computed tomography (CT) revealed the presence of a caudal

abdominal mass involving the caudal right ureter. Severe hydronephrosis cranial to the mass and concurrent severe hydronephrosis were present, as well as a small additional mass at the right caudoventral aspect of the abdomen. Exploratory coeliotomy and a right sided ureteronephrectomy were performed as excisional biopsy of both the ureteral mass and additional mass in the omentum.

RESULTS

Histopathology and immunohistochemistry of the ureteral mass revealed a poorly differentiated sarcoma with suspected metastases to the omentum that expressed vimentin and did not express pan-cytokeratin, desmin, or S100. Low numbers (estimated <5%) of perivascular neoplastic cells expressed smooth muscle actin. Adjuvant chemotherapy treatment consisting of 5 cycles of doxo-

rubin and alternating cyclophosphamide was administered with the aim of delaying further metastasis and local recurrence. Re-staging with CT was performed 137 days after the initial surgery and revealed a large mass in the right caudal abdomen, closely associated with the urinary bladder. This was considered to be compatible with the recurrence of the ureteral sarcoma. Rescue therapy with metronomic chlorambucil and firocoxib was then initiated. Two weeks later, the dog developed haematuria, progressive lethargy and anorexia. Subsequently euthanasia was performed 175 days after the initial diagnosis.

STATEMENT (CONCLUSIONS)

To the author's knowledge this is the first report of undifferentiated ureteral sarcoma treated with nephrectomy and adjuvant chemotherapy.

Pulmonary Adenocarcinoma: Successful long term outcome after surgical excision, chemotherapy and metastasectomy in a dog

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OBJECTIVES

This report describes the successful use of surgical excision, chemotherapy and metastasectomy for the treatment of primary and metastatic pulmonary adenocarcinoma in a dog.

METHODS

An eight year old female entire Lurcher was referred to the oncology service for a right lung lobe lesion, diagnosed by radiography at her referring vets. Computed tomography (CT) revealed a right accessory lung lobe

lesion (6.5 x 6.0 x 6.4cm) with multifocal nodules in the left cranial (3) and caudal (1) lung lobes. Fine needle aspirate was consistent with pulmonary adenocarcinoma. The accessory lung lobe was surgically excised. Histopathology confirmed pulmonary adenocarcinoma with complete excision. Vinorelbine chemotherapy (eight doses) began post-operatively.

Nine months post-operatively, CT restaging revealed resolution of the left cranial lung lobe lesions; however, the left caudal lung lobe lesion had increased in size. A repeat course of vinorelbine chemotherapy began (eighteen additional doses). At twenty two months post initial surgery, restaging revealed a 35% increase in the size of the lesion. Despite changing chemotherapy agent to carboplatin (3 doses), the lesion increased in size by 20%. Twenty five months after initial surgery a metastasectomy was performed. No chemotherapy treatment was continued.

RESULTS

CT revealed no evidence of metastasis at six and fourteen months post metastasectomy. The patient was subsequently lost to follow up, forty three months after initial presentation.

STATEMENT (CONCLUSIONS)

Surgical removal of primary and metastatic pulmonary adenocarcinoma, combined with chemotherapy, can give good long term outcomes. Metastasectomy is rarely recommended in veterinary patients; however it can be of significant benefit when considered in specific cases.