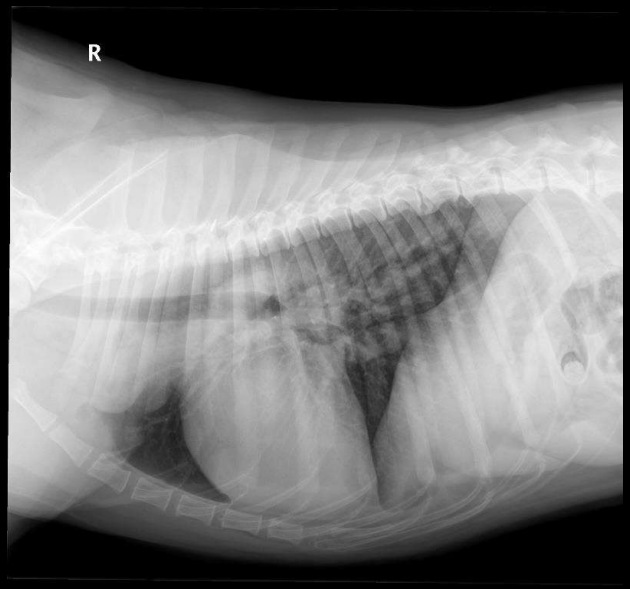
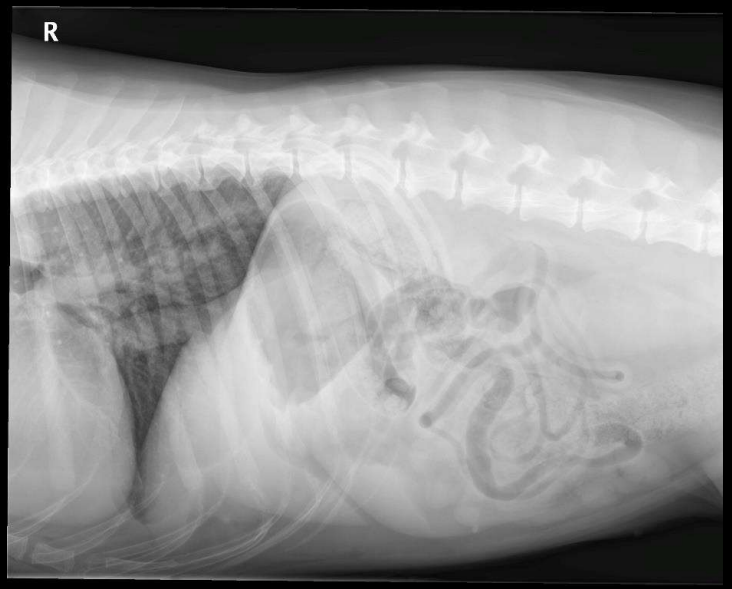
BEAU: LABRADOR RETRIEVER, TEEF GECASTREERD, 8J

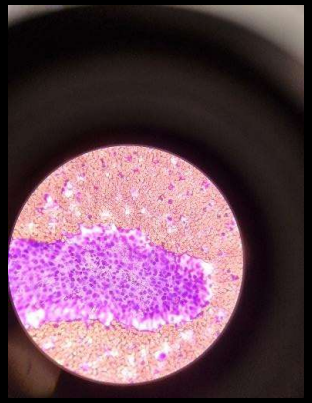
Beau:
oncologisch consult, eigenaren hebben van eigen DA te horen gekregen dat de hond kanker heeft en willen met jou bespreken hoe en wat. DA gaat het dossier opsturen

BEAU: LABRADOR RETRIEVER, TEEF GECASTREERD, 8J

16 bijlagen…..







DE UITSLAG VAN DE PATHOLOOG

BEAU: LABRADOR RETRIEVER, TEEF GECATSREERD, 8J

Clinical information
Dog
Labrador Retriever
8 yrs
Beau
Cranial nodular structure just behind front entrance to thorax.
Macroscopy
5 tissue sections are examined measuring up to 9×1×1 mm.
Microscopy
C1.1 Thoracic region (multiple sections). These sections lack natural borders, are composed of fibrous connective tissue that is infiltrated, effaced and replaced by a moderately well demarcated, nonencapsulated, densely cellular neoplasm arranged forming cords, trabeculae and nests supported and subdivided by a moderately dense collagenous stroma. Individual neoplastic cells are moderate to large in size, cuboidal to polygonal, with indistinct cell borders, moderate eosinophilic cytoplasm that contains a single round-oval nucleus. Nuclei contain indistinct nucleoli and stippled chromatin. There is mild to moderate anisocytosis and anisokaryosis, with 5 mitoses observed in 10 high-power fields (2.37 mm^2). Pre-existing lymph node architecture is not overtly identified.
05/05/2022: The neoplastic population exhibits diffuse moderate cytoplasmic labelling for pan- cytokeratin and does not label with chromogranin-A.
Conclusion
C1.1 Adenocarcinoma; thoracic region.
The submitted tissue from the region of the thorax represents a locally infiltrative neoplasm of epithelial origin arranged forming patterns suggestive of a glandular origin and therefore the presence of an adenocarcinoma. A neuroendocrine origin cannot completely be excluded therefore, immunohistochemistry will be performed for completeness. There is potential for local and distant metastasis from this site, for which monitoring is recommended.
05/05/2022: The neoplastic population exhibits diffuse labelling for cytokeratin, consistent with an epithelial origin. The neoplasm does not label with chromogranin-A therefore is less likely to represent a neoplasm of neuroendocrine origin. The immunohistochemistry supports a diagnosis of adenocarcinoma.

DE UITSLAG VAN DE PATHOLOOG

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Even bellen……
Even mailen…..

DE UITSLAG VAN DE PATHOLOOG

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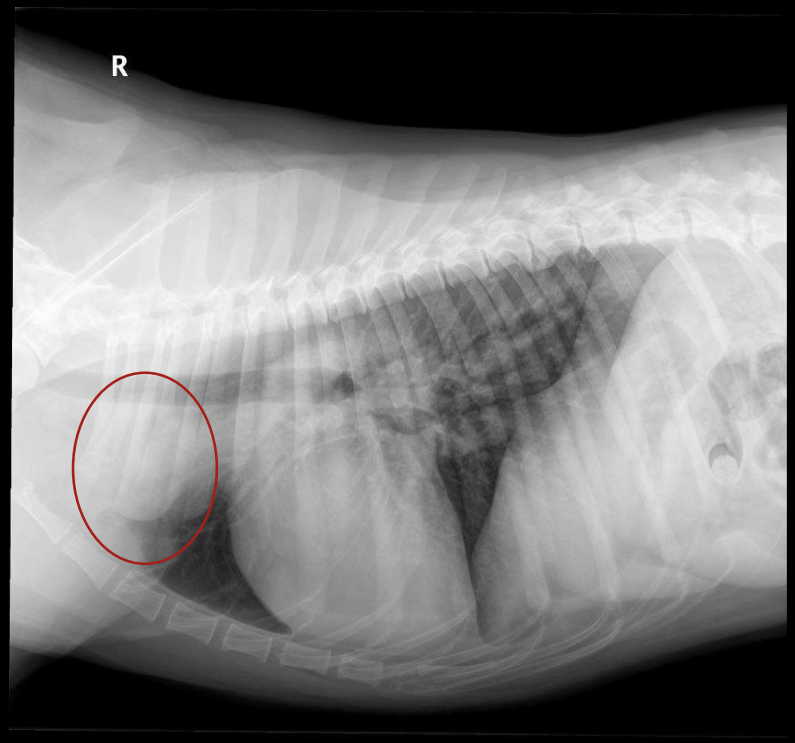
Ik heb de hond pas als derde dierenarts gezien dus niet zeker wat er eerst speelde maar ik vermoed ergens eerst de thoraxmassa.
De punctie komt van de abdominale massa , locatie leek de iliacale mediale lln (maar dan wel heel groot) te zijn, dus ik ging eerst van lymfoid weefsel uit maar op mijn DNAB leek dit toch eerder epitheliaal te zijn). Bleek uit pathologie ook zo te zijn.
Op het pathologie verslag staat dat het biopt uit de thoracale massa komt maar dat is fout, het is de abdominale massa
Vandaar ook dat ik denk dat het primair uit de thoracale massa komt (thymus tumor of iets dergelijke?) Uiteraard stel ik eerder de vraag aan jou of de patholoog ;)

Ik zag op de rx van 2 maand geleden de massa in de thorax zitten maar over de massa in het abdomen kan ik niet veel zeggen want de hond toen zelf niet gezien (maar wegens de massa in de thorax had ik voorgesteld om de echo uit te voeren en toen kwamen we de massa in het abdomen en een opgezette lnn langs de aorta tegen)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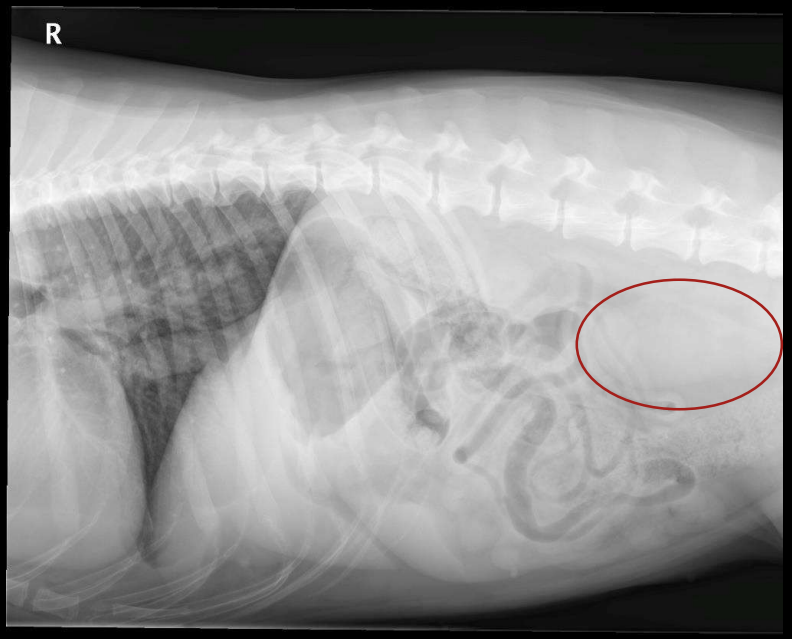
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DE UITSLAG VAN DE PATHOLOOG

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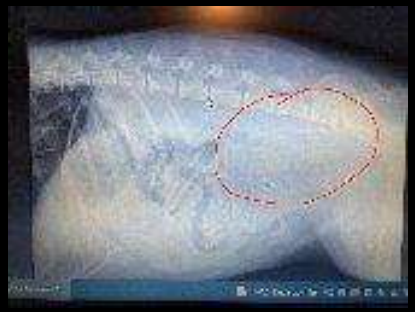
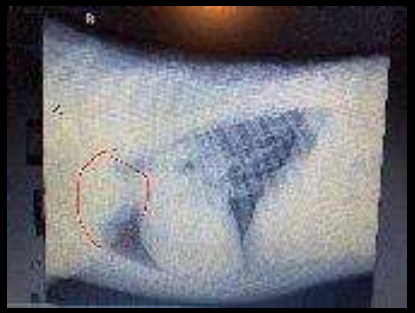
Thank you for your email and the extra clinical information. I think there must have been an error in communication, apologies for the incorrect site of sampling in the report. It is interesting that you have asked about the cell of origin, I was concerned for a neuroendocrine origin and so did immunohistochemistry (only for chromogranin A, however the neoplasm is negative). Given the history of a potential site of metastasis and the appearance of the population then an anal sac/anal gland adenocarcinoma would be the top differential. Lymph node architecture was not appreciable within this sample. An adrenocortical neoplasm/urothelial tumour would be lower on my list. Metastasis of a mammary carcinoma, pancreatic and cholangiocellular carcinoma are possibilities. The patient is marked as neutered on my forms but I have seen adenocarcinoma arising from distal uterus/proximal cervix previously. Is there any indication of a primary mass aside from the mediastinum? I cannot see an obvious mass elsewhere within the abdominal organs (but I am not an expert on imaging!) The other consideration would be metastasis from a primary neoplasm within the thoracic cavity but I think far less likely. I will request further neuroendocrine (synaptophysin)/ adrenocortical (melan-A) markers but it may not prove useful unfortunately. Let me know if you want me to look in to anything else.





DE UITSLAG VAN DE PATHOLOOG

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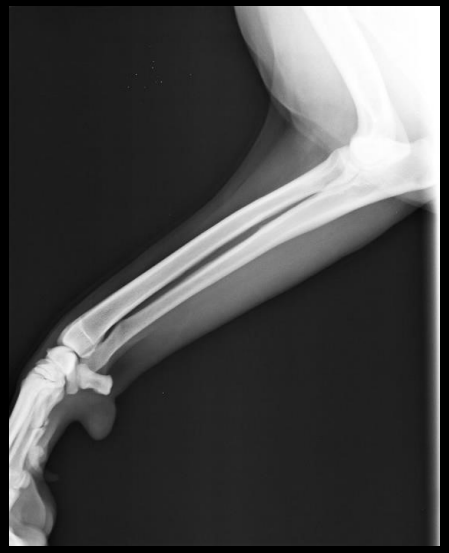
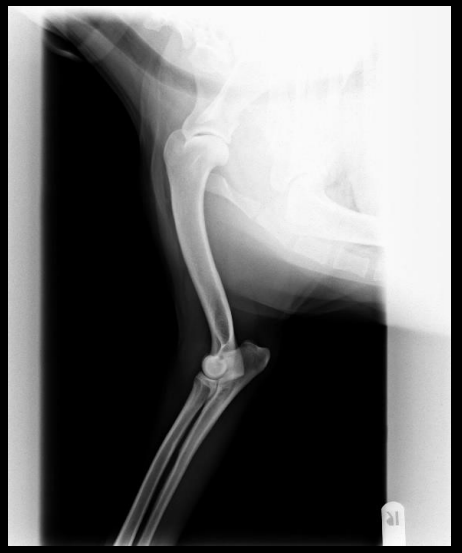
Oorspronkelijke klacht: hoest (maart 2022)
Diagnose kanker mei 2022
Na doorvragen: steeds likken aan de anus/sleetje rijden, al heel lang
Klacht op dit moment: erg mank linker voorpoot, zit de kanker ook hier…?





DE DOORVERWIJZING…

BEAU: LABRADOR RETRIEVER, TEEF GECASTREERD, 8J

Vraagjes:

- Wat kunnen we doen?
- Hoe liep het af…?
- 12 juli 2022 euthanasie

PALLIATIEVE BEHANDELING

Quality of Life Scales

Dr. Alice Villalobos (Pawspice Animal Oncology Center)

"HHHHHMM Quality of Life Scale"

Longen/Hoest?
Sublumbale lymfeklieren?
Pijn voorpoot?

Uithoudingsvermogen?
Eetlust/lichaamsgewicht?

Tabel 1: de levenskwaliteitsschaal op basis van pijn, honger, hydratatie, hygiëne, geluk, mobiliteit en meer goede dagen dan slechte dagen (Uit: Villalobos, 2011).

Score	Criterion
H: 0–10	Hurt: adequate pain control, including breathing ability, is first and foremost on the scale. Is the pet's pain successfully managed? Is oxygen necessary?
H: 0–10	Hunger: is the pet eating enough? Does hand feeding help? Does the patient require a feeding tube?
H: 0–10	Hydration: is the patient dehydrated? For patients not drinking enough water, use subcutaneous fluids once or twice daily to supplement fluid intake
H: 0–10	Hygiene: the patient should be kept brushed and cleaned, particularly after elimination, avoid pressure sores and keep all wounds clean
H: 0–10	Happiness: does the pet express joy and interest? Is it responsive to things around it (eg, family, toys)? Is the pet depressed, lonely, anxious, bored, or afraid? Can the pet's bed be near the kitchen and moved near family activities so as not to be isolated?
M: 0–10	Mobility: can the patient get up without assistance? Does the pet need human or mechanical help, such as a cart? Does it want to go for a walk? Is it having seizures or stumbling? Some caregivers believe euthanasia is preferable to amputation, but an animal with limited mobility may still be alert and responsive and can have a good QoL as long as the family is committed to quality care
M: 0–10	More good days than bad: when bad days outnumber good days, QoL might be too compromised. When a healthy human-animal bond is no longer possible, the caregiver must be made aware that the end is near. The decision needs to be made if the pet is suffering. If death comes peacefully and painlessly, that is OK
Total	A total >35 points is an acceptable QoL for pets to maintain a good Pawspice