

Diagnostic Exercise

From The Davis-Thompson Foundation*

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Clinical History: An adult male Darwin's or Lesser Rhea (*Rhea pennata* – locally known as ñandu) showed claudication of the right leg. Clinical evaluation revealed multiple to coalescing, 1 to 5 cm diameter, nodular dermal masses on wings, limbs, thoracic and lumbar areas. Skin biopsies, blood tests, and x rays of the right tibio-tarsal joint were obtained. Biopsies resulted in a presumptive diagnosis of xanthomas. Blood chemistry showed elevated aspartate transaminase (AST), lactate dehydrogenase (LDH) and creatine phosphokinase (CPK). Complete blood count and x-rays were unremarkable. One month later, lameness persisted, and there was lower feed intake and significant increase in the extension of skin masses, most of them ulcerated. Due to the extension of the lesions and animal welfare concerns, the animal was euthanized. At necropsy, several round, well delimited, white to tan, 1 to 3 cm diameter masses in different organs were found. In the oropharynx, at the base of the tongue, two contiguous, pedunculated, ulcerated masses of approximately 1.5 cm in diameter were found (Figure 1).

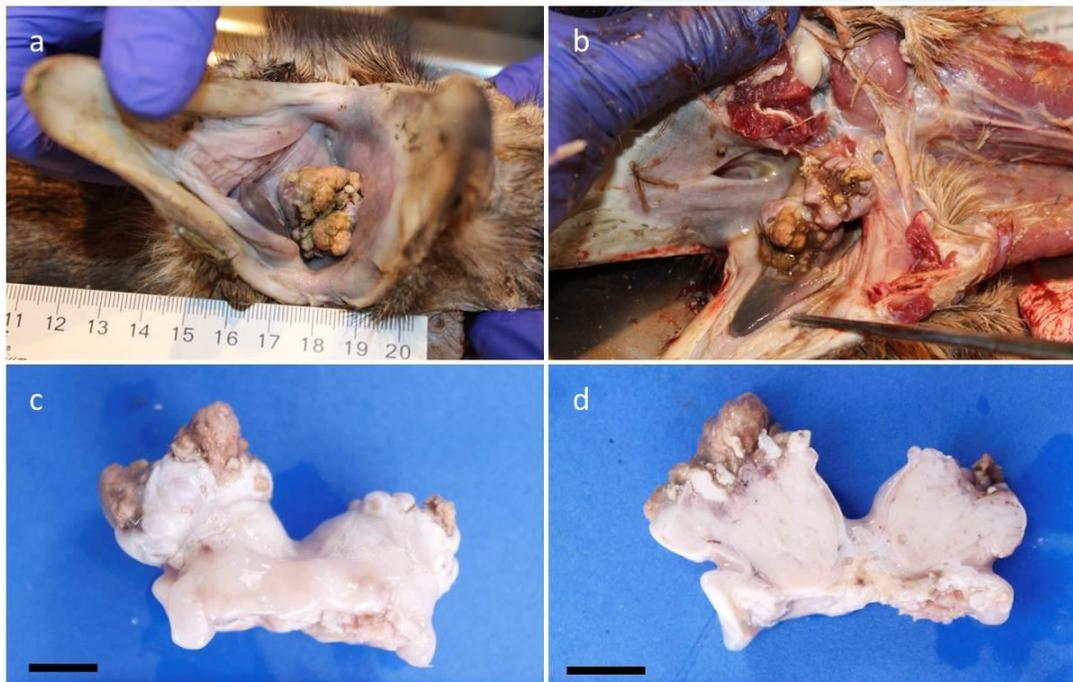


Figure 1. Gross images of the oropharyngeal masses during necropsy (a-b) and after formalin fixation (c-d). Bar= 1 cm.

Follow-up questions: Morphologic diagnosis, probable etiology, and differential diagnosis for the oropharyngeal masses.

*The Diagnostic Exercises are an initiative of the **Latin Comparative Pathology Group (LCPG)**, the Latin American subdivision of The Davis-Thompson Foundation. These exercises are contributed by members and non-members from any country of residence. Consider submitting an exercise! A final document containing this material with answers and a brief discussion will be posted on the CL Davis website (http://www.cldavis.org/diagnostic_exercises.html).

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