Pearls of Veterinary Practice
Feline Seizure Control

Cardiology
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Evaluation of Canine Congenital Heart Disease Using an Echocardiographic Algorithm

Dermatology
Efficacy of Once-Daily Clindamycin Hydrochloride in the Treatment of Superficial Bacterial Pyoderma in Dogs

Internal Medicine
Thoracoscopic Anatomy of Dogs Positioned in Lateral Recumbency
Idiopathic Pneumoperitoneum in a Dog

Oncology
Intracranial Metastases From an Ovarian Dysgerminoma in a 2-Year-Old Dog

Ophthalmology
Ultrasoundographic Findings in 50 Dogs With Retrolubular Disease

Radiography
Accuracy of Localization of Cervical Intervertebral Disk Extrusion or Protrusion Using Survey Radiography in Dogs
Radiographic Diagnosis of a Rectourethral Fistula in a Dog

Soft-Tissue Surgery
Thoracoscopic Correction of Persistent Right Aortic Arch in a Dog
Primary Bronchotomy for Removal of an Intrabronchial Foreign Body in a Dog
Intracranial Metastases From an Ovarian Dysgermininoma in a 2-Year-Old Dog

A 2-year-old, intact female rottweiler was presented for signs of lethargy. A mass was ultrasonographically observed, cranial and lateral to the left kidney. Exploratory laparotomy revealed a mass in the left ovary that was diagnosed histopathologically as an ovarian dysgerminoma. Two weeks after surgery, the dog was readmitted with signs of peripheral vestibular disease that progressed to central vestibular disease. Magnetic resonance imaging of the brain revealed the presence of a mass in the caudal fossa. The histopathological diagnosis of the mass was metastases from the ovarian dysgerminoma. J Am Anim Hosp Assoc 2001;37:553–556.

Tomás Fernández, DVM, PhD
Natalia Diez-Bru, DVM, PhD
Ana Rios, DVM
Lucía Gómez, DVM
Martí Pumarola, DVM, PhD

Introduction

Ovarian germ-cell tumors include dysgerminomas and teratomas. They account for 6% to 12% of reported canine ovarian tumors.1,2 Dysgerminomas occur more frequently than teratomas and have a mean presentation age of 10 to 13 years. There seems to be no breed predilection.2,3 The major clinical finding is related to the presence of an intra-abdominal mass lesion. Other signs that may appear are due to metastatic spread, hormonal disturbances, or both.3,4 Dysgerminomas are usually unilateral, frequently affecting the right ovary.4 Macroscopically, they are usually spherical or ovoid and have a smooth and coarsely lobulated surface. They may show areas of hemorrhage and necrosis.5 Histopathologically, they are made up of large vesicular cells that cannot be distinguished from the primary germ cells of the undifferentiated embryonic gonad. Dysgerminomas resemble testicular seminomas.1

Metastases are reported in 10% to 20% of patients with dysgerminomas;6 they have been reported in regional mesenteric and mediastinal lymph nodes, liver, kidney, adrenal glands, omentum, and lungs.7,8 To the authors' knowledge, there are no reports of metastases to the central nervous system (CNS) in dogs. Primary intracranial tumors have an incidence of 14.5 per 100,000 in dogs.7,8 Metastatic tumors seem to be less common, although their real incidence is unknown, as the cranial vault is not frequently evaluated as a metastatic site.7,9 However, the advent of advanced imaging techniques in veterinary medicine, such as magnetic resonance imaging (MRI), has broadened the scope of the diagnostic capabilities.10

The ultrasonographic appearance of ovarian tumors in the dog has been described. These reports include the description of a bilateral granulosa cell tumor,11 a bilateral ovarian adenocarcinoma,12 and the description of 10 ovarian tumors, one of which was a dysgerminoma.13

Case Report

A 2-year-old, intact female rottweiler was presented because of a 1-week history of lethargy. On physical examination, an abdominal mass was palpated. No other abnormalities were detected. On plain abdominal radiographs, an ovoid mass was observed in the left midabdomen.