

Case #2

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This 6-year-old male cocker spaniel dog was presented with a history of head tilt to the left, progressive ataxia with occasional falling and circling movements. At presentation, there were head tilting to the left, right sided palsy of the 5th and 6th cranial nerves and exaggerated spinal reflexes. The cerebrospinal fluid contained no cells and protein value was normal. Skull radiographs and angiography showed no abnormality. The animal was killed in lateral recumbancy.

Necropsy revealed a granular pink tumor mass occupying the right lateral region of the fourth ventricle and infiltrating the adjacent brain parenchyma. Ventrally, the leptomeninges in the region of the pons and right trigeminal nerve appeared infiltrated.

Microscopic Pathology: Hematoxylin-eosin stained section of the cerebellum-medulla with the gross tumor. Also note neoplastic tissue in the adjacent cerebellar roof nuclear area and tumor tissue in the left medulla oblongata especially involving the left sensory 5th and vestibular areas.

Points for Discussion:

1. Diagnosis.
2. Is this a single mixed tumor or more than one tumor?
3. Are there intranuclear inclusions in that area simulating a gemistocytic astrocytoma.
4. Is this an example of neoplastic "field" transformation and multicentricity?