Case 100586

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Signalment & History

• 4 yr old MC Labrador Retriever Mix

• Adopted from shelter in Kansas - 2011

• Early 2013 began to have hemorrhagic discharge from prepuce

• No dysuria or stranguria

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Physical Exam

- BAR

- TPR were WNL

- Solitary mass at base of the penis
  - ~3 cm x 2 cm
  - Lobulated
  - Ulcerated
  - Friable
  - Hemorrhagic
Interpretation

Transmissible Venereal Tumor (TVT)
Transmission

- Transmitted between masses & skin contact
  - Typically through sexual contact
  - Can also be transmitted to the face after licking

- Pocket of TVTs in KS

- Shelters and Tropics
Pathogenesis

- Infects the submucosa and expands towards the epidermis
- Tumor associated antigen block antibodies to evade immune system
- Transplanted cells grow like a graft
- Downregulation of MHC
- Chromosomes 59
Clinical Signs

- Masses on the genitals, face or nasal passages
  - Masses may be of any size
  - Can be friable and ulcerated

- Typically no other physical abnormalities

- Can cause hematuria, dysuria, or excessive licking
Diagnosis

- May be suspicious based on history & presentation
- Cytology evaluation of smear or aspirate
- Histopathology
Prognosis and Treatment

- **Prognosis**
  - Frequently benign & typically regress spontaneously
  - Malignant TVTs have been reported
    - Less than 10% of TVT’s will metastasize

- **Treatment**
  - Vincristine
  - Administered weekly for 2 weeks beyond the resolution of the lesion
Case Outcome

- Dog was treated for 7 weeks

- No evidence of regrowth at 6 month follow-up
References


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