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**Path. Number** 0807959  
**Charge Code** 02  
**Date Rec/Rep** 14/05/2008 / 15/05/2008  
**Owner ref** Pallkka Petra  
**Animal ID** Lempi  
**Species** Canine  
**Breed** Finnish lapphund  
**Age** 11y  
**Sex** Female  
**Previous ref**  
**Sample/site** Mammary gland

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#### DESCRIPTION

**SPECIMEN 1:** Left cranial mammary: There is a focal dilated duct with multifocal moderate epithelial papillary hyperplasia and secretions. There is a smaller well circumscribed encapsulated mass of tubular to cords of pleomorphic epithelium with marked anisokaryosis and scattered mitoses.  
**SPECIMEN 2:** Left caudal mammary: There is an extensive well circumscribed partly encapsulated multilobular mass of dense lobular to tubular epithelial proliferation with moderate to marked anisokaryosis and extensive areas of necrosis.

#### DIAGNOSIS

**SPECIMEN 1:** Duct ectasia and papillary hyperplasia with adjacent small focal non invasive carcinoma  
**SPECIMEN 2:** Non invasive tubular to solid carcinoma

#### PROGNOSIS

Fair to cautious, monitor for recurrence and further similar or different new mass formation at other sites.

#### COMMENTS

The duct ectasia may be associated with hormonal or exogenous stimulation. This is benign but there may be progression from ectasia to hyperplasia, adenoma and malignancy so caution is advisable. The smaller adjacent mass is suggestive of a non invasive carcinoma but this raises concern that this nodule is part of a metastatic carcinoma elsewhere. Careful evaluation of mammary glands for other masses is advisable. Both masses appear completely removed.

The larger mass is a non invasive carcinoma and appears completely removed so this may be curative. Mammary neoplasia can be progressive, and many dogs have multiple growths of the same or different histological type. Individuals that develop either benign or malignant mammary neoplasms are at increased risk for the development of future malignant mammary neoplasms. Prognostic indicators for canine mammary tumours are invasion, histopathological pattern, lymph node involvement (staging), size (tumours <5cm have a better prognosis) and rate of growth. Invasion is the most important. Metastases most commonly involve regional lymph nodes and lung, but can spread to other sites.

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