the hind limbs (Fig 1). The hind limbs were rigid, flexed and partially developed. Based on these characteristics, the fetus was diagnosed as amorphous globosus monster. The cow was administered 1500 ml of DNS and 250 ml of calcium borogluconate. The dam expelled the placenta normally after 3 hours.

Amorphousglobosus has been reported in cows (Kamimura et al., 1993) and goats (Anwar et al., 2009). Kamimura et al. (loc.cit) reported that amorphousglobosus fetus had the same chromosomal sex as the co-twin. However, Hishinuma et al. (1988) suggested that the fetal monster can develop from dizygotic twins. In the present case report, it clearly indicates that the two fetuses had originated as dizygotic twins as the normal calf was male and the anomalous monster amorphousglobosus was female (Fig 2).

References

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Puppy Strangles in a Great Dane Pup
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Abstract
A sixty days old male Great dane pup was presented with the history of anorexia, nodules on the bilateral neck, right flank and bilateral thigh, swelling of jaws, bilateral ear discharge since seven days after the administration of primary vaccination. Physical examination revealed erythema, haemorrhage and crusted nodular lesions on face, swollen eyelids, bilateral otitis externa and swelling of sub-mandibular, superficial inguinal and axillary lymph nodes. Impression smears and skin biopsies revealed pyogranulomatous inflammation consistent with canine juvenile cellulitis (CJC). Skin lesions and pain greatly improved following immunosuppressive corticosteroid therapy. Animal recovered uneventfully after 14 days of therapy.

Key words: Puppy strangles, management, pup

Juvenile cellulitis, also called juvenile pyoderma, juvenile sterile granulomatous dermatitis and lymphadenitis or puppy strangles is an uncommon granulomatous and purulent sterile dermatitis of the face, pinnae, and submandibular lymph nodes in puppies (Mason and Jones, 1989). The present paper reports the successful management of puppy strangles in a Great dane pup.

Case History and Observations
A sixty days old male Great dane pup was brought with the history of anorexia, nodules in and around the body (bilateral neck, thigh and right flank), jaws swelling, bilateral ear discharge since seven days after the administration of primary vaccination. Clinical examination revealed many small papules on right side pinna, bilateral otitis externa and
swollen superficial inguinal lymph nodes. After two days animal was presented with erythema, haemorrhage, and crusted nodular lesions of the face (Fig. 1), swollen eyelids and bilateral otitis externa. Physical examination revealed high fever (104.8 °F), generalised swelling of all superficial lymph nodes and painful response was present on the palpation of the right stifle joint and hip. Haematological examination revealed neutrophilic leukocytosis. Biochemical analysis of serum presented hypercholesterolemia (total cholesterol: 489 mg/dL, reference range: 135~270 mg/dL), mild hyperglobulinaemia (globulin: 4.9 g/dL, reference range: 2.7~4.4 g/dL), and hypoalbuminaemia (albumin: 2.1 g/dL, reference range: 2.7-3.5 g/dL). Impression smears from the lips and ear revealed numerous degenerative neutrophils with activated macrophages, and a few small lymphocytes, consistent with pyogranulomatous inflammation. Microbiological and fungal culture swab of mucopurulent discharge were negative for bacterial, fungal and viral infections.

**Treatment and Discussion**

The animal was first stabilized with 150 mL of DNS intravenously followed by Ceftriazone 50 mg/kg Body weight intravenously and immunosuppressive dose of prednisolone 2 mg/kg Body weight intramuscularly (Miller et al., 2013), twice daily for seven days in tapering dose. Periodically, the hard swollen lymph nodes got softened and ruptured. The discharge was drained and cleaned by povidone iodine solution. Owner was advised to spray Topicure thrice daily on opened cavities, to repel flies and maggots to develop and to avoid secondary bacterial infections. After initial therapy, the pain of stifle joint resolved and the skin improved dramatically remaining some crusts of the face and all medication was maintained for seven days. After seven days, oral antibiotics (Ceftriazone) BID for a week was advised and most skin of the lesions disappeared by 14th day. Relapse was not observed at follow up 3 months after treatment.

Usually, CJC is a clinically striking disease of puppies (Miller et al., loc cit). Similar to CJC of puppies present case showed pustular and granulomatous lesions of the face, eyelids, and pinnae as well as additional findings, such as pyrexia, lethargy, regional or generalized lymphadenopathy and pain in stifle. Lameness and paresis in association with spinal cord lesions, hypertrophic osteodystrophy, and sterile inflammation of cerebrospinal fluid was reported (Park et al., 2010; Wentzell, 2011). The haematological and biochemical results are in agreement with White et al., (1989). The cause CJC may be due to heritability and immune dysfunction, infectious causes like canine distemper virus (Malik et al., 1995), because of systemic nature and occurrence in several littermates. However, bacterial, fungal, or viral agents have not been revealed by cultures, special stains, and microscopic examination of tissues (Reimann et al., 1989). In this case, isolation of infectious agents was not observed on microbiological culture, impression and blood smear. Previous report suggested a temporal association with CJC and vaccination against CDV, adenovirus-2, and parainfluenza (Reimann et al., loc cit). Because this disease is observed at the time of vaccinations (Hovarth et al., 2007) and juvenile cellulitis has preceded diseases such as hypertrophic osteodystrophy (Wentzell et al., loc cit), The infection with vaccine or other viruses plays a direct or indirect role in the evolution of this disease remains speculative (Reimann et al., loc cit). Concurrent treatment with antibiotics (Ceftriazone) and prednisolone (2 mg/kg of Body weight) proved to be effective treatment in the present case.
**References**


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**Pathomorphology of Cutaneous Histiocytoma in a Non-descript Dog**

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**Abstract**

A one and half years old female Non-descript dog was presented with a small mass on the medial aspect of the left thigh for the past two months. The mass was solitary, soft raised red tinged and measured 2-3 cm. Cytological examination revealed round cells with pale basophilic cytoplasm, eccentrically placed round to oval nucleus and multinucleated cells along with nuclear clefts. Histopathological examination revealed sheets of round neoplastic cells with moderate amount of cytoplasm along with mitotic figures. It was diagnosed as cutaneous histiocytoma.

**Key words:** Non-descript dog, cutaneous histiocytoma, pathology

This is a record of occurrence of cutaneous histiocytoma in a one and half years old female Non-descript dog.

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**Case History and Observations**

A one and half year old female Non-descript dog was brought to the Veterinary Dispensary, Melakidaram, Ramnad District with the history of a small mass on the medial aspect of the left thigh for the past two months. Blood was collected to rule out any alterations in the haematology and serum biochemistry. Then the mass was examined and fine needle aspiration cytology was performed as per the standard procedure described by Cowell *et al.* (2008) and the specimen was stained with Leishman and Giemsa (L&G) cocktail stain. Surgically excised mass was collected and paraffin embedded tissue sections were cut and stained with Haematoxylin and Eosin (H&E).

**Results and Discussion**

The haematobiochemical changes were within the normal range is in accordance with earlier reports of Paterson *et al.* (1995). The mass revealed a solitary, soft, raised or dome shaped,