VETERINARY SPECIALIST ADVICE

Date: 6/6/25 **Referring veterinarian:Andrea Holmes**

Referring Practice: CityU

Carer's name: Li Kwok Hung	**Pet's name: Mui Mui**	
Species: Canine		
Breed: Cross	**Age: 14yrs**	**Sex: FN**

Type of consultation: Oncology

Dear Andrea

Thanks for sending the case details, I can't open the surgery report, please can you send it again or email it to me? It can be helpful to have the history included for cases if this is possible.

The dog presented with 2 months of halitosis. There was a 2cm mass oral mass at the level of the canine and crossed midline. Rostral bilateral mandibulectomy and extirpation of the SM and RP lymph nodes performed 20th May. It looks like the mandibular melanoma has been completely excised and the mandibular and retropharyngeal lymph nodes were negative.

Kate saw the dog back for a recheck on 4th June due to halitosis. Under tongue at the front of the mouth there was a swelling/mass. Pink in colour and non ulcerated. She started amoxyclav and NSAIDs. We hope this is a granuloma/infection rather than recurrence as it looks like a complete excision and would be very soon to have recurrence.

The histo report is pretty brief (I am finding that with most reports) and there isn't a mitotic index (I have asked for this). This is needed to decide if the vaccine is required or not isn't it?

You don't need a mitotic index to use the Oncept vaccine for intra-oral melanomas, as they normally will be malignant. We use the mitotic rate as criteria for dermal melanomas. The pathologist should provide a histological description of the tissue, a mitotic rate, and a margin description that includes a measurement from the tumour tissue to the cut edge. Melanomas are very invasive, and the amount of margin (usually in mm), can give you an impression of the likelihood of local recurrence. It isn't clear how this tumour has been diagnosed, as a description has not been provided in these reports; was it previously biopsied? It is described as having been previously described as a melanoma, so I would guess that a biopsy has been assessed prior to excision, but I can't see any details of this. For amelanotic melanomas, then immunohistochemistry is often needed to confirm the diagnosis.

I am seeing the dog back tomorrow. If the mass is still there should I FNA? If this looks like recurrence is carbo indicated or shall I just stick with the vaccine?

It will be difficult to differentiate tumour recurrence from inflammation without a biopsy, an FNA probably won't help you here. If you have local recurrence, then consider revision surgery or radiotherapy, intravenous chemotherapy only has a 20% response rate, and tends to be only used if other treatments have failed.

Silly question - with the vaccine - is the 6 month dose 6 months from starting the course or 6 months after the last fortnightly dose.

We normally do it 6 months from the last dose in the induction protocol.

Frances Taylor, BVSc, DipECVIM-Ca (Onc), MRCVS

EBVS and RCVS Recognised Specialist in Small Animal Oncology

Disclaimer:

This report relies exclusively on the information provided by the referring practice. If any details have been omitted or are inaccurate, the conclusions and recommendations in this report may be affected.