VETERINARY SPECIALIST ADVICE

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

Referring Practice: CityU

Carer's name: Me Kee Mimi Lam		**Pet's name: Bombi**
Species: Canine		
Breed: Yorkie	**Age: 7yrs**	**Sex: M**

Type of consultation: Oncology

Dear Andrea

Diagnosed with DLBCL and a splenic mass in April 2024 and CHOP 19 which finished in Sept 2024. He had chlorambucil and melphalan at the end - do you think this part of a maintenance protocol?

It looks like he gave a combination of cyclophosphamide and chlorambucil or melphalan to make up the alkylating agent dose, I'm guessing that you don't have smaller doses of oral cyclophosphamide than 50mg, and he wanted to avoid the cost and stress of iv cyclophosphamide. If he used a maintenance dose that's OK, but we don't normally do this, and I wouldn't repeat it as there is a risk of bone marrow toxicity with chronic alkylating agent use.

Originally the owners just wanted prednisolone, then they said they wouldn't repeat an IV protocol and then were happy to restart any chemo... To be fair he's done really well after the first protocol, so it's a good shout to go again.

My plan was to just restart the CHOP as it worked last time with the knowledge that it is less likely to respond and the duration of effect may be shorter. Do you agree? Yes, but you need to avoid cumulative toxicity from the doxorubicin, as we don't normally like giving more than 6 doses, and normally repeat an echo after 4 doses. Do you have epirubicin? I normally use this instead of dox in lymphoma patients to avoid the risk of cardiotoxiciy, it is given at the same dose. He previously had dox 1mg/kg instead of a mg/m2 dose as he is so small.

What would you do? I haven't repeated the ultrasound of the splenic mass - would this change anything unless he develops a haemoabdomen? After this length of time it's unlikely that the splenic mass was anything of concern, so have a look if you want to, but you're unlikely to do anything with that information just now. It might be nice to know what's there for peace of mind, or check it at the end of the protocol.

I saw some circulating atypical cells on in house smear which are confirmed on the external haem. How do you determine whether this is stage 5 lymphoma, leukaemia or acceptable for multi centric lymphoma?

It's pretty common for lymphoma patients to have some overspill into the circulation; in this dog the amount of circulating disease and the lack of cytopaenias is consistent with a pretty normal finding in a lymphoma patient without it being stage 5 or leukaemia.

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.