

Multiple Abdominal Granuloma Caused by *Scedosporium* spp. in a Dog

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Infections caused by *Scedosporium* spp. are occasionally described in dogs causing rhinitis, keratitis, osteomyelitis, discospondylitis, and rarely disseminated infections. Granulomatous lesions have been reported in urinary bladder and ureter, and nasal cavity. This case describes multiple abdominal pyogranulomatous lesion secondary to *Scedosporium* spp. infection.

A 2-year-old female spayed mixed-breed dog presented with a 3-week history of vomiting, lethargy and weight loss. Previous history included abdominal evisceration secondary to postsurgical dehiscence 5 days after being spayed, 12 months prior to presentation. Physical examination revealed an abdominal mass, discomfort on palpation and hyperthermia (39,2°C). Systolic blood pressure was 80 mm Hg. Haematology showed a non-regenerative normocytic normochromic anaemia (PCV 30.7; range, 37.3–61.7 percent), moderate neutrophilia 22.64 (range, 2.95–11.64 x 10⁹/L), hypoalbuminemia 21 (range, 23–40 g/L), hyperglobulinemia 60 (range 25–45 g/L) and increased ALP 534 (range, 23–212 U/L). Coagulation profile, urinalysis and culture and thoracic radiographs were unremarkable. Abdominal ultrasound showed an ill-defined mass with irregular margins involving the stomach, spleen, liver and pancreas. The liver parenchyma was heterogeneous, there was portal hypertension and ascites. Computed tomography showed a soft tissue peritoneal mass involving the previously mentioned organs compressing the portal vein with multiple acquired portosystemic shunts and generalised abdominal lymphadenomegaly. Fine-needle aspirations from the liver and spleen and peritoneocentesis were consistent with pyogranulomatous inflammation and pure transudate, respectively. Exploratory laparotomy was performed; complete resection of the mass was not possible. Splenectomy and omental biopsies were taken. Histological examination revealed pyogranulomatous splenitis, peritonitis and omentitis with intralesional fungal organisms. Tissue culture grew *Scedosporium* spp. and *Staphylococcus epidermidis*.

The patient was treated with itraconazole (5 mg/kg PO q24h), marbofloxacin (2 mg/kg PO q24h) and S-adenosylmethionine (10 mg/kg PO q24h). The dog made a full recovery after surgery with transient improvement of clinical signs. However, was euthanized 2 months after diagnosis due to clinical deterioration.

Scedosporium spp. is an opportunistic pathogen and infections are reported in dogs, cats and humans with a very poor outcome. Most of the dogs reported in the literature were immunocompromised. The dog we report here was not

immunosuppressed. There are few reports of granulomatous lesions caused by *Scedosporium* spp. in dogs and one involving liver and abdominal cavity caused by *Pseudallescheria boydii*, actually classified as a distinct specie in the *Pseudallescheria/Scedosporium* complex. This is the first multiple abdominal granuloma caused by *Scedosporium* spp reported in dogs. We hypothesize that this multiple organ involvement was secondary to the previous postsurgical abdominal evisceration.

Disclosures

No disclosures to report.

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