

Swellings that are normal structures in dogs and cats → Part I

... AND WHEN/WHEN NOT TO BIOPSY!

The **buccal lymph node** (referred to by some as the zygomatic lymph node, or facial lymph node) is located near the zygomatic arch and can be palpated in some dogs as a swelling under the skin, or visualized as a submucosal swelling from the oral cavity (when you lift up the lip).

You may not realize this is a lymph node since it commonly presents as a unilateral swelling. You then remove it for fear of a neoplasm, but rarely is that the case! Histologically, most of these turn out to be either normal or hyperplastic lymph nodes (hyperplasia of unknown etiology/significance).

If you find a swelling in this area, it would be less invasive (and less costly) to take a fine needle aspirate to confirm it is the buccal lymph node, and evaluate all other peripheral nodes for enlargement; if any other nodes are enlarged, aspirate all enlarged nodes to rule out lymphoma and lymphadenitis.

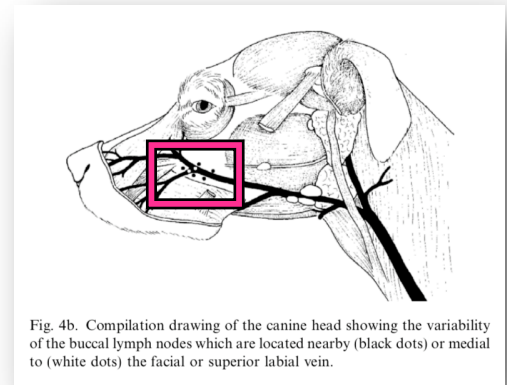


Fig. 4b. Compilation drawing of the canine head showing the variability of the buccal lymph nodes which are located nearby (black dots) or medial to (white dots) the facial or superior labial vein.

C.R. Casteleyn et al. *The Veterinary Journal* 175 (2008) 379-383 383

The **carpal whiskers** in cats are located proximal to the carpus on the caudal aspect of each forelimb. Whiskers are also known as “vibrissae” or “tactile hairs”.

We often think of these as being only on the face, but yes, they are also found near the carpus! These hairs are surrounded by a rich blood supply and are innervated, helping cats to sense movement of prey once captured in their grasp, or sense movement of air currents.

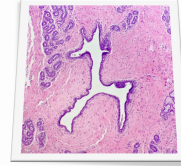
Some carpal whiskers do not have obvious hairs protruding from them, so all you can feel is a firm “bump”. These should be bilateral, so if you feel a “bump” in the same spot on the other forelimb, it is probably the base of a carpal whisker. There is no need to biopsy!



<http://about.cats-paradise.net/explanation-behind-foreleg-whiskers>

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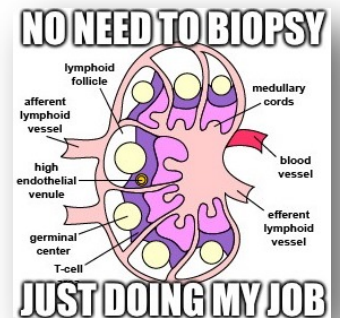
→ Part II ...AND WHEN/WHEN NOT TO BIOPSY!



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So, you're in the abdomen for a spay on a young dog or cat and you notice prominent lymph nodes.

Intraperitoneal lymph nodes (mesenteric/jejunal nodes, particularly) are often quite prominent in young dogs and cats. Most commonly, this is because of **physiologic hyperplasia**, as these nodes are continually exposed to new environmental antigens originating from the gastrointestinal tract. There is no need to biopsy these nodes if the animal is clinically healthy. The nodes are doing what they are supposed to do!



When should I biopsy prominent intraperitoneal lymph nodes, then?

→ If the animal is clinically ill, and you're in the abdomen for an exploratory anyway.

→ If there is a primary intestinal lesion/mass, and regional lymph nodes are obviously enormous - always sample **BOTH the affected intestine and the nodes**, not just the nodes (*see below for explanation).

EXAMPLES:

→ When you see prominent intraperitoneal lymph nodes in a **clinically ill cat** with **colonic swelling**. **Why?** The submucosa of the colon and the regional lymph nodes are a predilection site for FIP (feline infectious peritonitis). For investigating FIP, we need a **full thickness biopsy of the colon**, as well as **biopsies of the enlarged regional nodes** (or just remove an entire node).

Note: Although we can "highly suspect FIP" based on lesions we see on routine histopathology, immunohistochemistry remains the gold standard for diagnosis (additional \$50 through VETPATH).



***Limitations of intraperitoneal lymph node biopsies:**

→ **In cats with suspected primary small intestinal small cell lymphocytic lymphoma.** The neoplastic lymphocytes are small and resemble normal lymphocytes. This means if the lymphoma has metastasized to the mesenteric/jejunal lymph nodes, we still may not be able to diagnose metastasis via histopathology. **You're welcome to biopsy the nodes, but ALWAYS take full thickness biopsies of the thickened small intestine as well. A wedge biopsy of liver is helpful for evaluating metastasis.**