

## LIPOMA IN A COCKATIEL - “IT AIN’T NECESSARILY SO”

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“Curiouser and curiouser”, cried Alice. A male cockatiel (*Nymphicus hollandicus*), with an apparent lipoma of extensive size over the pectoral region, was not as it seemed. The results were catastrophic. A most unusual interesting presentation and diagnosis.

The cockatiel was five years old, and was referred for surgery by a colleague, who advised that the bird had a large prominent lump on the ventral chest which the owner had noticed about 30 days prior. It had enlarged in that time. The overlying skin was healthy and the mass was about 2 cm in diameter. Although it felt like a lipoma, a fine needle aspirate resulted in a large production of blood. The mass was too big for the colleague to feel confident with surgical intervention.

### Primary Examination

The cockatiel weighed 105.5 grams. The bird was bright, alert, responsive and hydrated. The large apparently bi-lobed mass extended across the pectoral area. Given the history a guarded prognosis was given. The client requested surgical intervention understanding the risks involved.

### Anaesthesia and Surgery

Induction was performed with isoflurane® via a mask at 4% and maintained at 1.5%. The pectoral area was prepared for surgery. The surgical field was draped with a clear drape and the skin incised with an Ellman Surgitron radio scalpel (Ellman International, 400 Karen Lane, Hicksville, N.Y., 11801, USA.), revealing a white, bi-lobed mass, not adhering to the dermis and extending across the pectoral area. As the two halves of the mass were dissected free there was extensive haemorrhage from the tissue as well as the underlying surface of the pectoral muscles. When the haemorrhage was finally controlled, the skin was closed with 4-0 Vicryl in a continuous pattern. There was respiratory arrest at the end of the procedure. Respirations were restarted. Cardiac arrest followed and the bird expired.

### Follow-up

The client was notified and took the remains for burial at home. With the unusual degree of haemorrhage during the surgery there was interest in acquiring a pathological diagnosis and permission was obtained from the client to forward tissues for a non-subsidised evaluation.

### Histopathology

Expanding the subcutis was a reasonably well demarcated mass composed of mature adipocytes which were frequently disrupted and interrupted by a proliferation of spindle cells. The spindle cells were scattered throughout the mass with occasional more dense clusters of cells, often to the periphery. Scattered throughout

the spindle cells were numerous well-differentiated small calibre blood vessels. These cells had poorly defined margins with scant cytoplasm, elongated nuclei with fine chromatin and one or more discernable nucleoli. Scattered mitotic figures were seen within the population of spindle cells. To the centre of the mass was an accumulation of increased mucin and occasional small areas of haemorrhage, There was adipocyte vascular degeneration throughout the mass. This mass infiltrated into the margins.

### **Diagnosis**

Liposarcoma

The question was whether the spindle cells were a reactive population of fibroblasts infiltrating a traumatised lipoma. The distribution of the cells throughout the mass and the lack of accompanying inflammation did not match what is typically seen in these traumatised tumours. The spindle cells were more consistent with a neoplastic proliferation over a reactive one.

### **Conclusion**

What appears to be, "Ain't necessarily so." As clinicians and scientists we have the opportunity to add to the body of knowledge of our patient populations. Economic constraints and client reluctance contributes to losing many opportunities to learn as much as possible from our cases with both successful and unsuccessful results. It has been said that the definition of an adult is: "Someone who is allowed to fail." We do not always have satisfactory conclusions for the cases we provide professional services to but we can always learn as much as possible from them. In the long run it will help other patients and add to our understanding of pathology. Curiosity is one of our greatest strengths. I encourage all to be curious at all times.

### **References**

George and Ira Gershwin, 1935. Porgy and Bess

Lewis Carrol (Charles Lutwidge Dodgson), 1865. Alice's Adventures in Wonderland