

mitted for histologic examination, which yielded a diagnosis of lymphangioma.

Lymphangiomas are rare in humans^{3,4} and horses.⁵⁻⁸ Lymphangiomas in humans commonly occur as a result of congenital lymphatic malformation and typically develop in the head, axilla, or neck regions, but they can develop in other areas of the body. They usually are benign, do not cause pain, and are soft to semifirm masses, and most are not life-threatening. In humans, 80% of lymphoangiomas are detected by 2 years of age, but acquired lymphangiomas can occur in adults.^{3,4} Acquired lymphangiomas are usually secondary to trauma, infection, inflammation, or lymphatic obstructions.⁵ Treatment of choice for lymphangiomas is surgical excision.^{3,4,6,7} Lymphangiomas can recur after incomplete excision.

To the authors' knowledge, lymphangioma of the equine spermatic cord has not been reported previously, but lymphangioma in the inguinal region in a 3-year-old mare⁶ and lymphangioma in the pelvic cavity of a colt⁸ have been reported. Cutaneous lymphangiomas have also been reported in adult horses.^{5,7} Although rare, lymphangiomas can occur in the scrotum of humans.⁴ It is not known whether the lymphangioma in the stallion described here was congenital or acquired. Care was taken during surgery to remove all of the abnormal spermatic cord; therefore, the chance of recurrence was judged to be minimal.

Outcome

Six days after the unilateral orchiectomy, the stallion was discharged to the owner. Discharge instructions included daily hand walking or restricted activity in a small paddock for 15 minutes and hydrotherapy with cold water for 10 minutes 2 times/d until the preputial swelling subsided. It was recommended that the stallion be returned to our hospital for another complete breeding soundness examination prior to the 2015 Northern Hemisphere breeding season.

Three months after surgery, the owner reported that the stallion did not have any postoperative complications and that the preputial swelling had subsided within a few days after hospital discharge. Semen has not been collected from the stallion since the surgery was performed. Thus, until semen collection and evaluation are performed for the stallion, the authors cannot state unequivocally that the spermatic cord lymphangioma was the cause for the decreased spermatozoa quality.

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- Phantom, Paulsonbilt Ltd, Coatesville, Pa.
 - Nasco, Fort Atkinson, Wis.
 - Aloka 3500, Hitachi Aloka Medical America Inc, Wallingford, Conn.
 - Vicryl, Ethicon Inc, Somerville, NJ.
 - Reimer emasculator, Patterson Veterinary Supply Inc, Devens, Mass.
 - Monocryl, Ethicon Inc, Somerville, NJ.
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Correction: Comparison of anamnestic responses to rabies vaccination in dogs and cats with current and out-of-date vaccination status

In the report "Comparison of anamnestic responses to rabies vaccination in dogs and cats with current and out-of-date vaccination status" (*J Am Vet Med Assoc* 2015;246:205-211), the name of the individual in footnote a who provided information regarding rabies vaccine formulations is incorrect. The correct individual is Richard Chambers of Zoetis.

Also, some clarification is needed regarding the statement in the second paragraph of the section on "Classification of rabies vaccination status" that "A cutoff of 3 years since the last vaccination was used regardless of whether the last vaccine administered had been licensed for a 1-year or 3-year duration, because the antigenic mass, carrier, adjuvant, and other characteristics of 1-year and 3-year vaccines from 2 companies^{2,a} were reportedly identical." According to Merck Animal Health, although the formulations for their 1-year and 3-year rabies vaccines may be similar, the resultant potencies can differ and one should not assume that the performance of a 1-year vaccine will reliably be equivalent to the performance of a 3-year vaccine. Both vaccines are tested to ensure that they pass USDA-mandated potency requirements.