

An abdominal mass in a young dog

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Signalment:

20-month-old, female spayed, mixed breed dog

History:

The dog presented at the UGA veterinary teaching hospital with a 2 week history of vomiting that progressively increased in frequency.

Clinical findings:

On presentation, the dog was quiet, alert, and responsive, and had a body condition score of 4/9. A firm mass was palpated in the mid- to caudal abdomen.

Diagnostic findings:

Hematologic analysis revealed leukocytosis, characterized by lymphocytosis, monocytosis, eosinophilia, and basophilia. No other significant changes were present.

Radiologic examination of the abdomen was performed. The stomach was moderately distended with gas and fluid. A lobulated, soft tissue opacity was seen in the mid-cranial abdomen and was suspected to be small intestinal in origin. A small volume of free abdominal fluid was also suspected due to mild, diffuse, decreased serosal detail.

Ultrasonographic examination of the abdomen was performed. A focal segment of jejunum was thickened and multiple mesenteric lymph nodes were enlarged. A scant volume of free abdominal fluid was also identified. Aspiration of the abdominal fluid (Table 1) and fine needle aspirates (FNA) of the intestinal mass (Figures 1-4) were performed.

Table 1

TEST	RESULT	UNITS
Color	beige	
Transparency	opaque	
Nucleated Cells	53.6	$\times 10^3/\mu\text{l}$
Protein	3.9	g/dl
Differential cell count: <ul style="list-style-type: none">95% non-degenerate neutrophils,5% eosinophils, small mature lymphocytes, and macrophages		

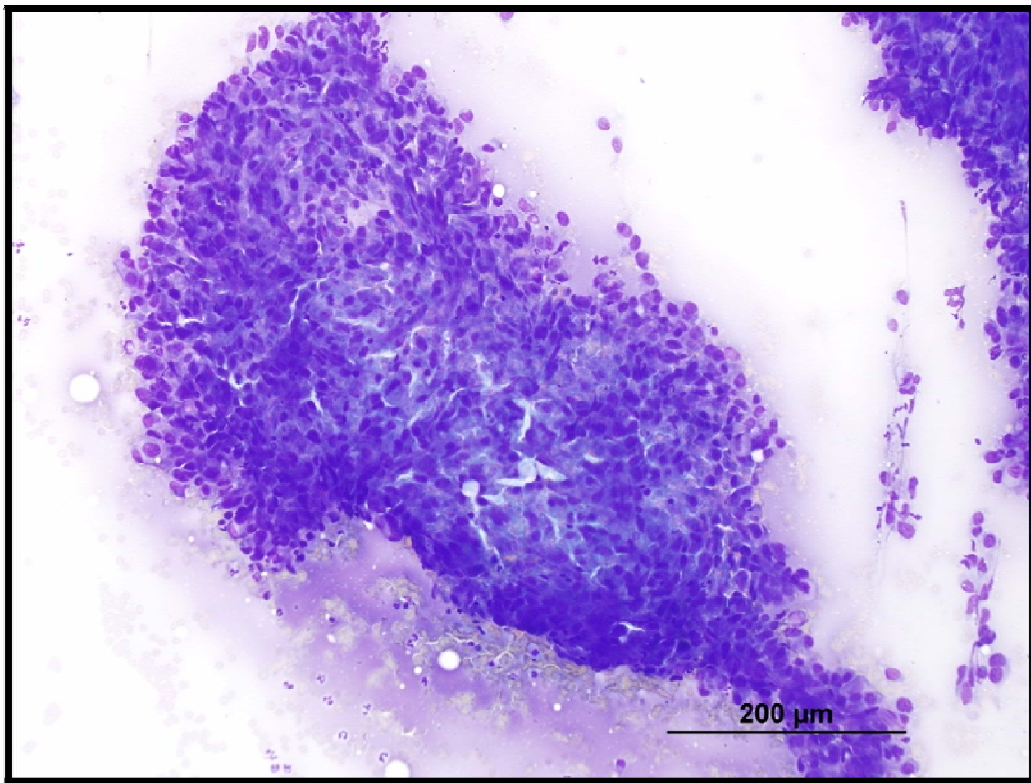


Figure 1. FNA of the abdominal mass, Wright-Leishman-stain

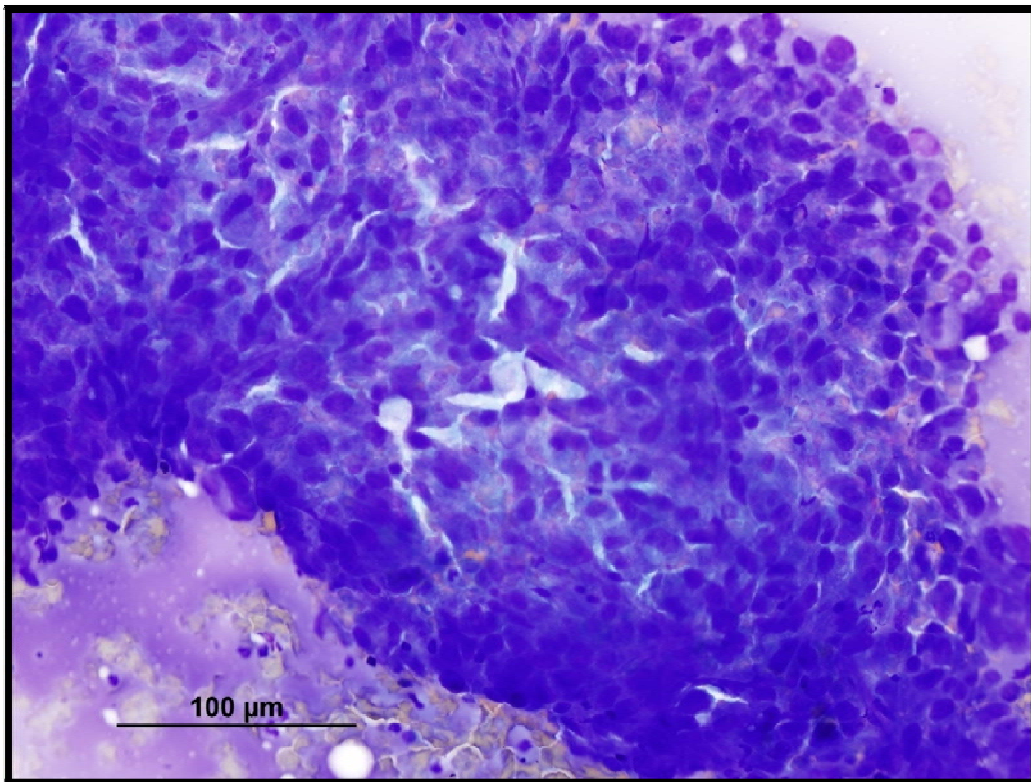


Figure 2. Higher magnification of figure 1, Wright-Leishman-stain

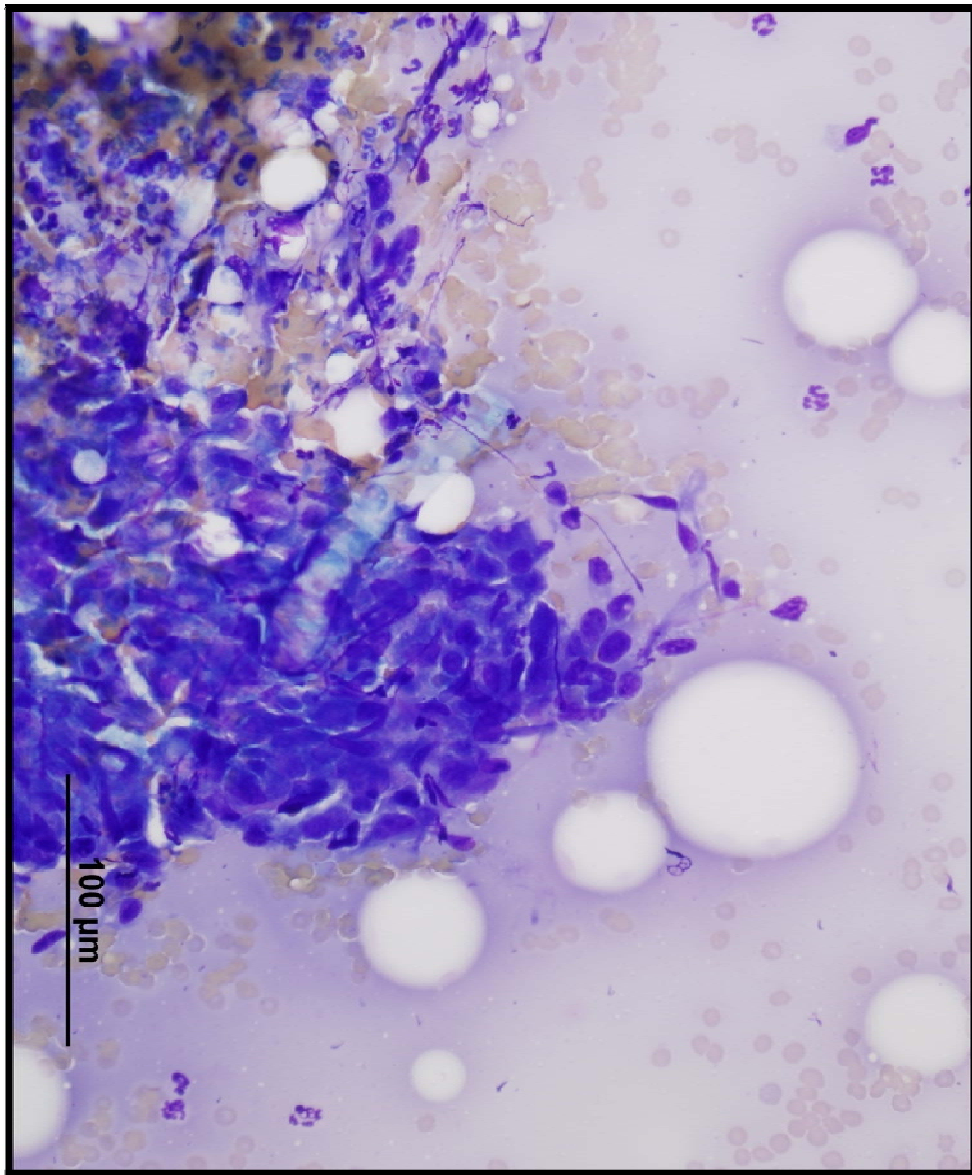


Figure 3. FNA of the abdominal mass, Wright-Leishman-stain

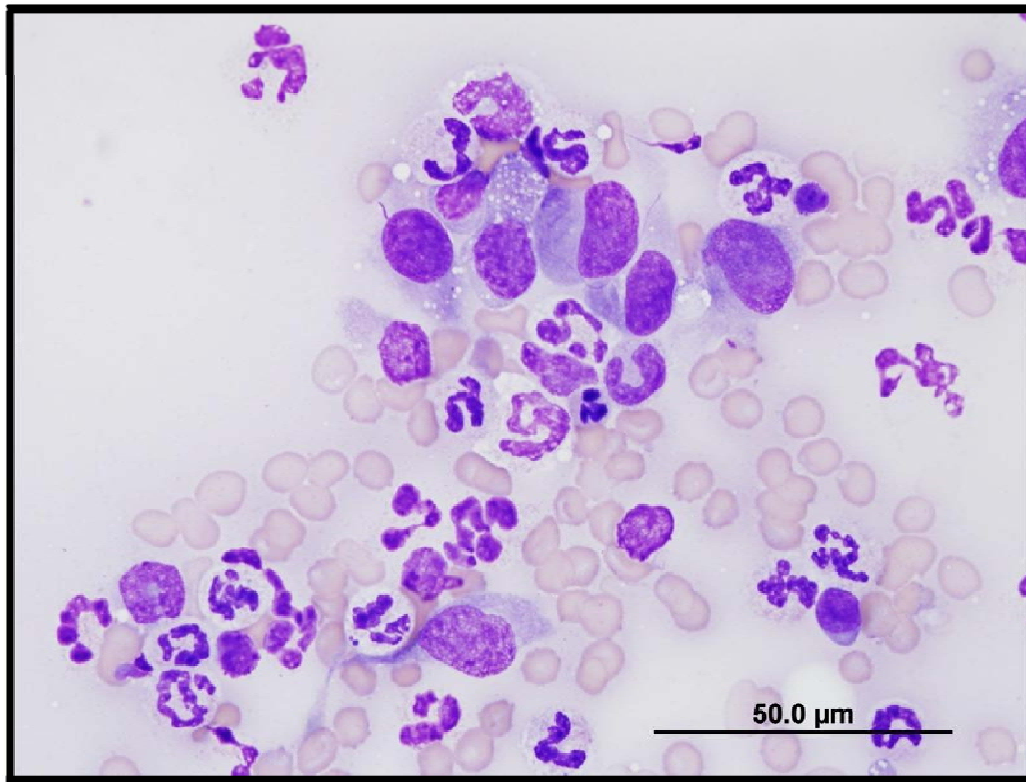


Figure 4. FNA of the abdominal mass, Wright-Leishman-stain

Questions:

What are your differential diagnoses?

What stains can you use to support your hypothesis?

What additional testing do you need so confirm your hypothesis?