

Intra-abdominal mass in a cat

Contributors

Alina Niedrig¹, Agnes Gläsel², Ingo Spitzbarth²

¹ Department of Veterinary Clinical Sciences, Clinical Pathology and Clinical Pathophysiology, Justus-Liebig-University, Giessen, Germany

² Vet Med Labor GmbH, Kornwestheim, Germany

Alina Niedrig: alina.niedrig@vetmed.uni-giessen.de

Specimen

Fine-needle aspiration cytology samples obtained from an intra-abdominal mass of undetermined organ origin.

Signalment

12-year-old spayed female domestic shorthair cat.

History

The cat was presented for excessive licking of the ventral abdomen resulting in alopecia.

Clinical findings

On physical examination, the cat was bright, alert, and responsive. Vital parameters were within normal limits. Symmetrical alopecia was noted on the ventral abdomen and the medial aspects of all limbs.

A complete blood count (XN-V Haematology Analyzer, Sysmex Corporation, Kobe, Japan) was unremarkable, except for a borderline decrease in reticulocyte haemoglobin content (15.2 pg; reference interval [RI]: 15.3 – 22.9 pg). A biochemistry panel (Beckman Coulter AU5800, Brea, CA, USA) revealed a mild increase in lipase activity (49 U/L; RI 0.0 – 45.0 U/L). Serum fructosamine and total thyroxine (T4) levels (Siemens Immulite 2000, Siemens Healthineers, Erlangen, Germany) were within the reference interval.

Abdominal ultrasound revealed an irregular, rounded mass with mildly heterogeneous echotexture located in the mid-cranial abdomen, measuring approximately 30 x 40 mm (**Figure 1**). Based on ultrasonographic findings, no clear association with any abdominal organ could be established. Abdominal lymph node enlargement was suspected, possibly due to neoplasia, particularly lymphoma.

Fine-needle aspiration samples of the intra-abdominal mass were collected and submitted to an external laboratory (IDEXX Laboratories, Kornwestheim, Germany) for cytologic evaluation.

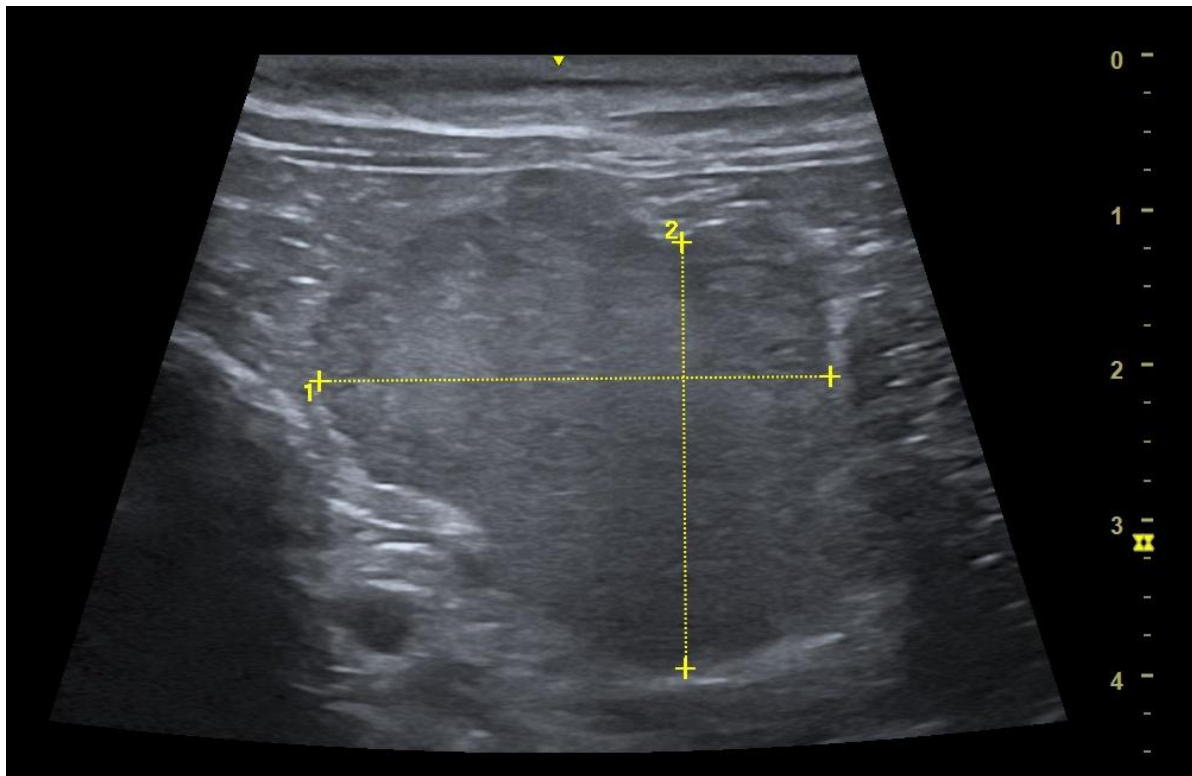


Figure 1. Abdominal ultrasonography showing an approximately 30 x 40 mm mass in the mid-cranial abdomen. Anatomic origin could not be determined.

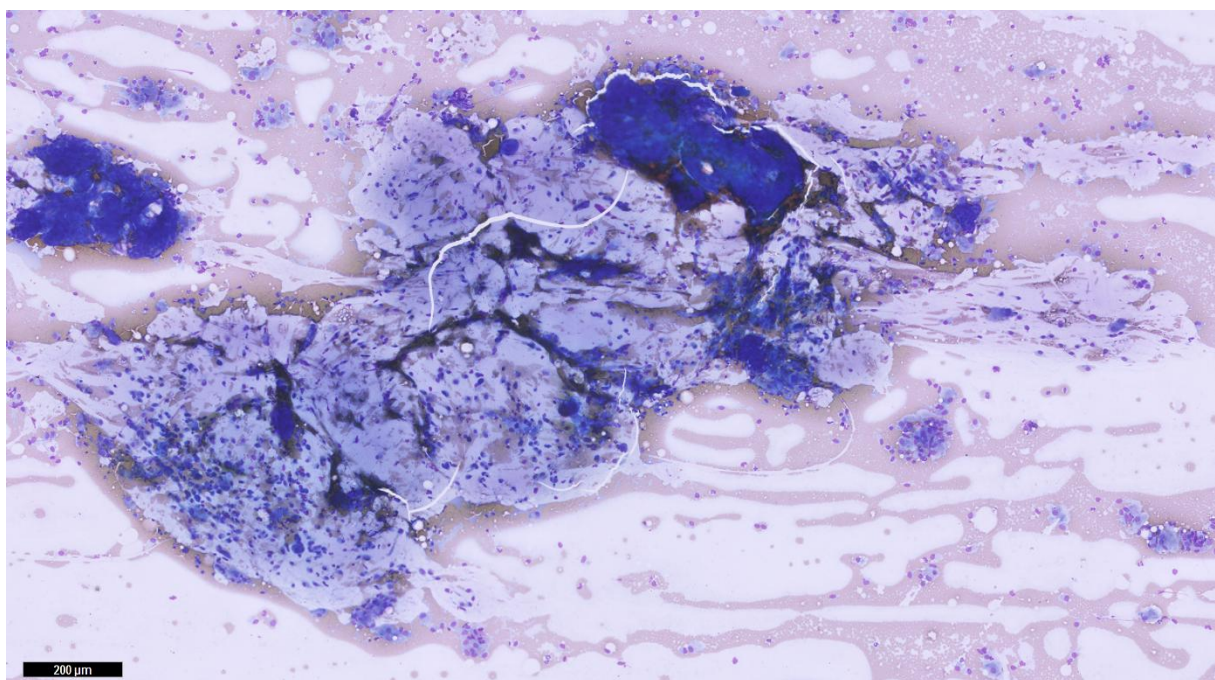


Figure 2. Fine-needle aspiration of an intra-abdominal mass, 50x magnification (May-Grünwald-Giemsa)

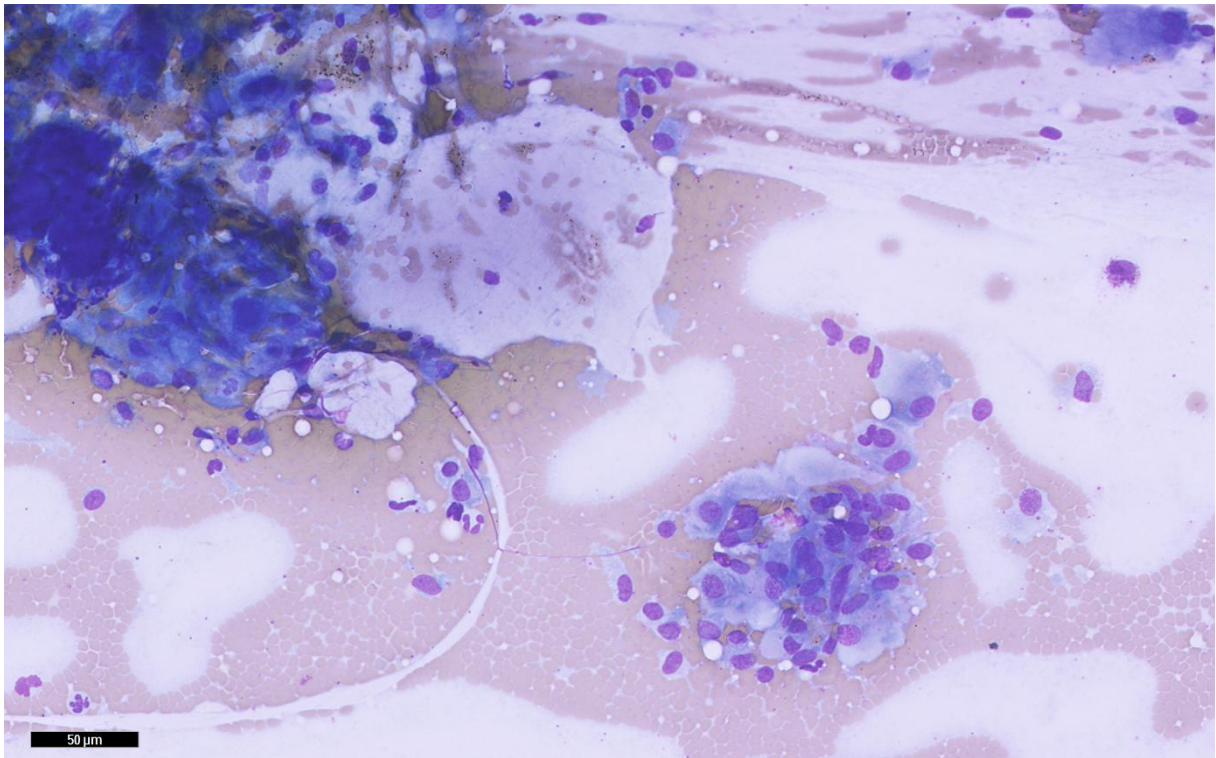


Figure 3. Fine-needle aspiration of an intra-abdominal mass, 200x magnification (May-Grünwald-Giemsa)

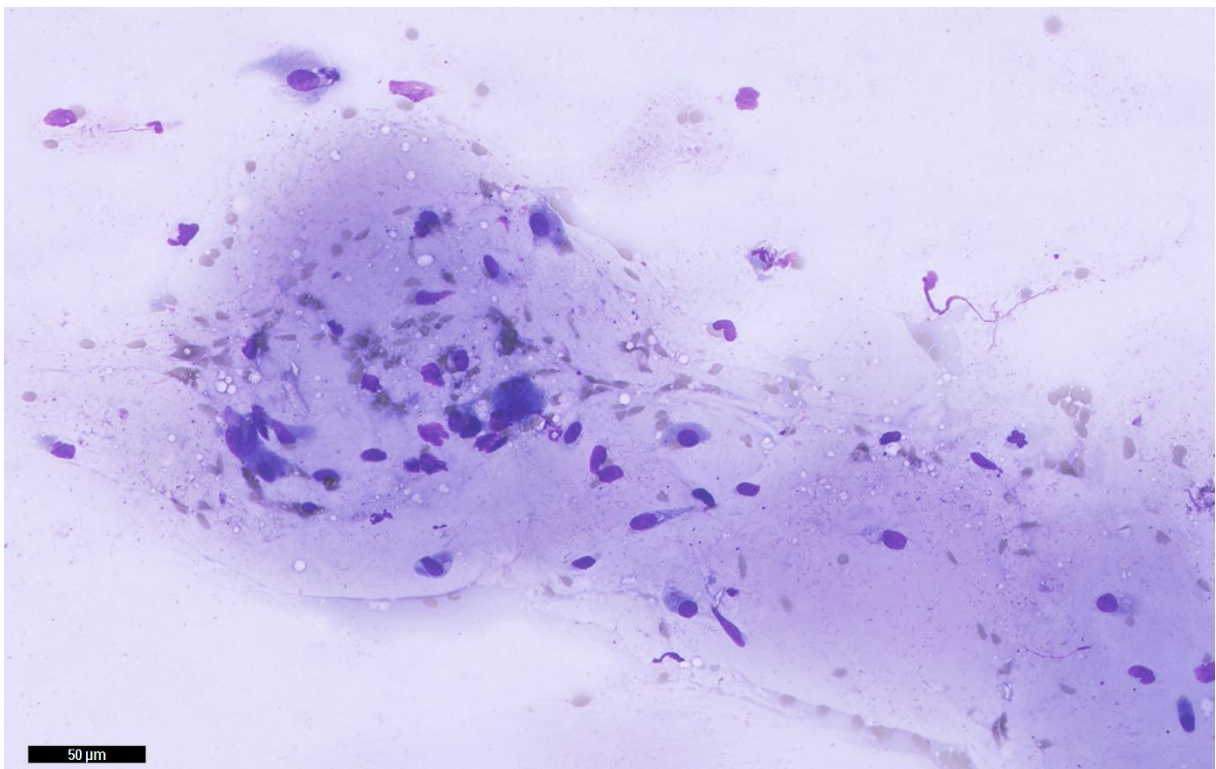


Figure 4. Fine-needle aspiration of an intra-abdominal mass, 200x magnification (May-Grünwald-Giemsa)

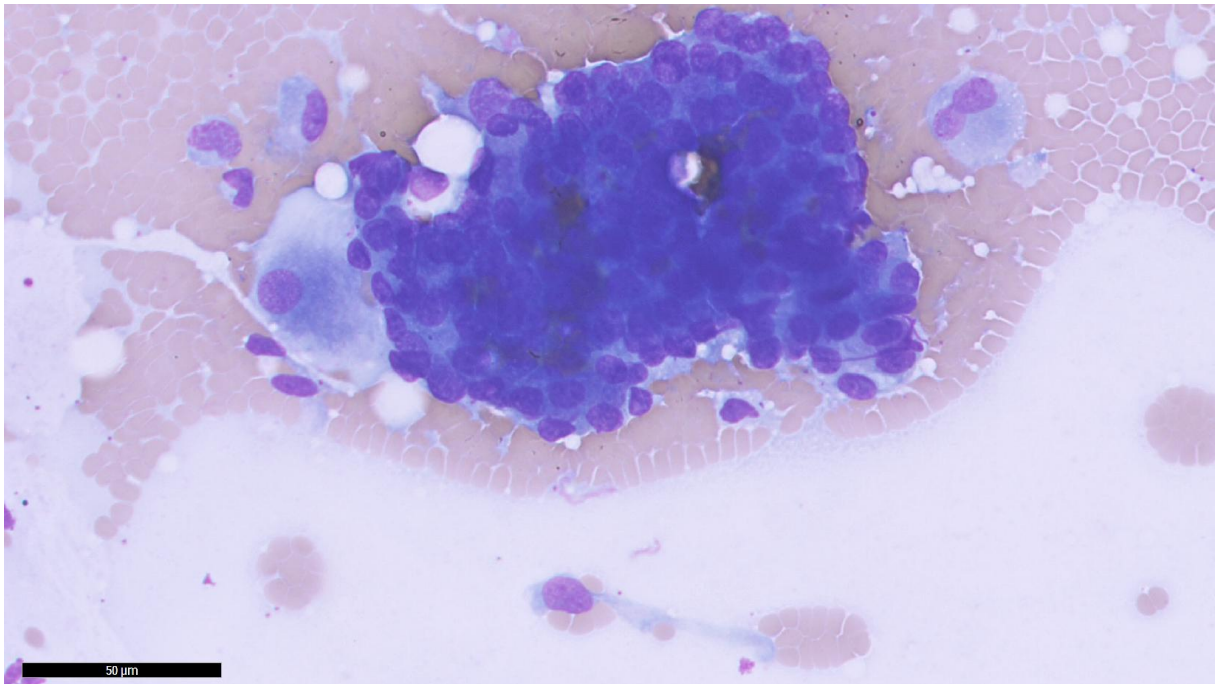


Figure 5. Fine-needle aspiration of an intra-abdominal mass, 400x magnification (May-Grünwald-Giemsa)

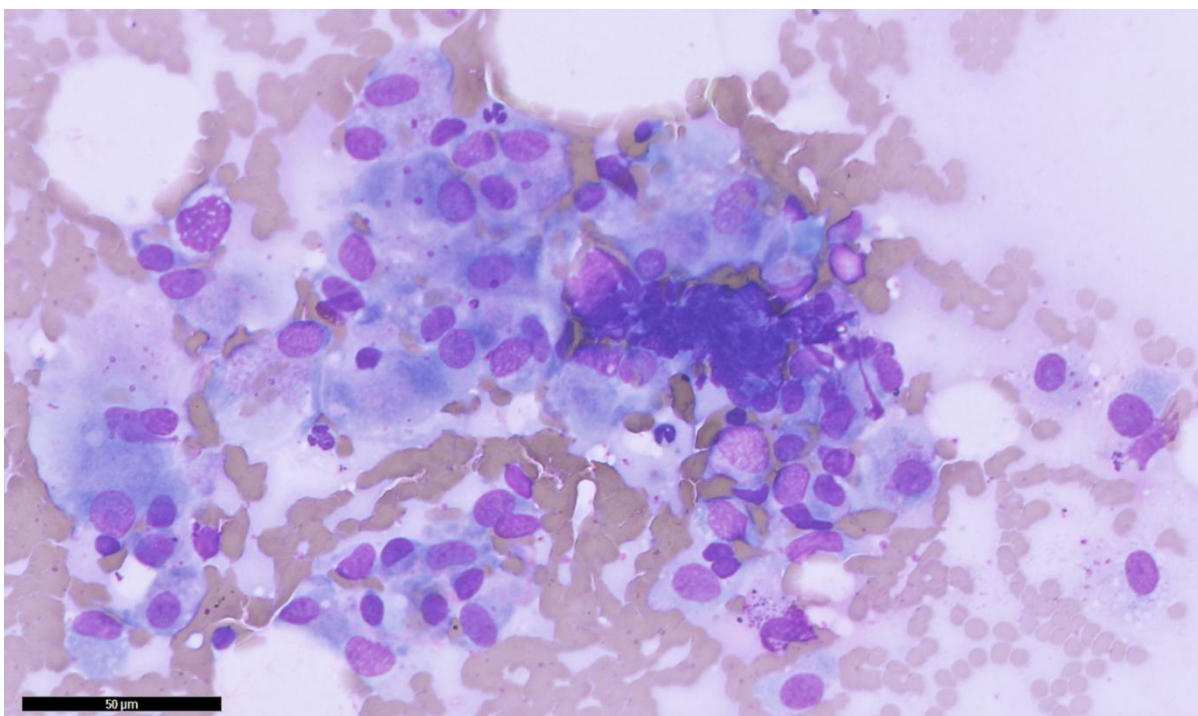


Figure 6. Fine-needle aspiration of an intra-abdominal mass, 400x magnification (May-Grünwald-Giemsa)

Questions

1. How would you describe the origin of the extracellular material observed on the slides?
2. Based on the cytologic picture, what are your top differential diagnoses for the aetiology of the mass and its site of origin?
3. What further diagnostic tests do you think could be helpful in this case?