

# What Is Your Diagnosis?

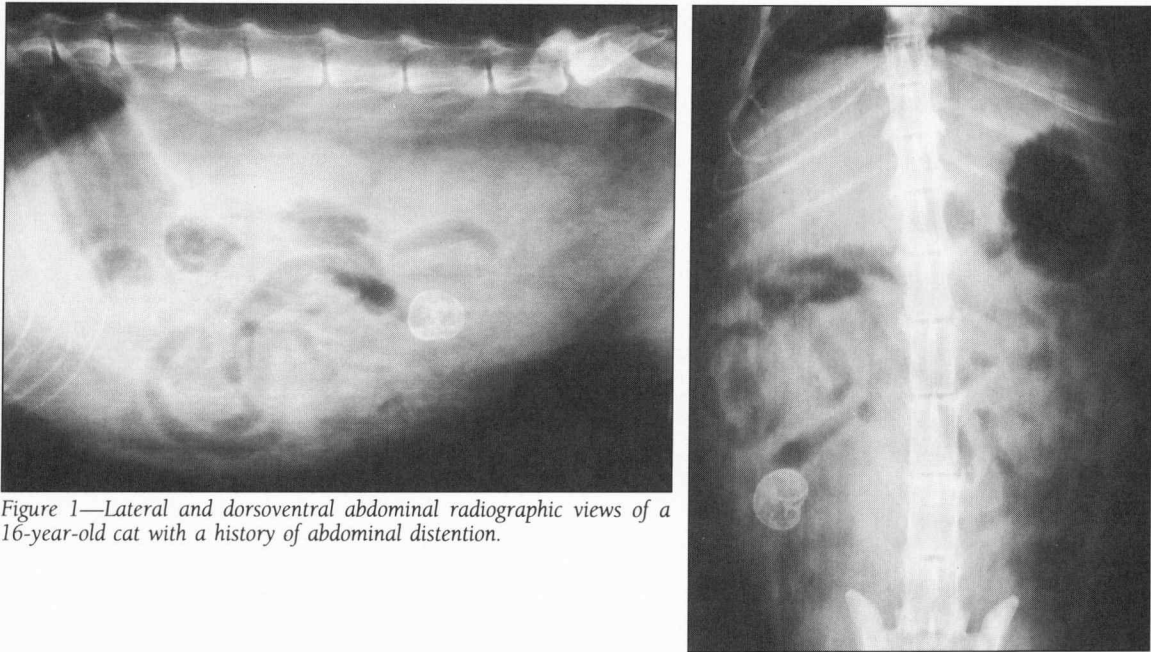


Figure 1—Lateral and dorsoventral abdominal radiographic views of a 16-year-old cat with a history of abdominal distention.

## History

A 16-year-old Himalayan cat was admitted for examination and evaluation of abdominal distention. The formerly active cattery stud, now neutered, had recently been exposed to a cat with feline infectious peritonitis. The only abnormal finding on physical examination was a firm, 8-cm-diameter, easily movable mass in the middle portion of the abdomen.

Pertinent abnormal laboratory findings included high concentrations of total protein (9.1 g/dl; reference range, 5.4 to 8.4); globulin (6.1 g/dl; reference range, 2.3 to 5.0); and potassium (3.7 mEq/L; reference range, 4.0 to 5.0). The feline infectious peritonitis titer was 1:100. Abdominal radiographs were obtained (Fig 1).

Make your diagnosis from Figure 1—then turn the page ▶

## Diagnosis

Radiographic diagnosis—Mineralized mass (1.5 × 2 cm) in the right caudoventral quadrant, and imperceptible serosal surfaces in the middle portion of the abdomen.

## Comments

Exploratory laparotomy revealed a round, firm, 8- to 10-cm mass in the jejunal arcade. Multiple 0.25- to 1-cm masses were in the intestinal omentum and throughout the liver. A gray, oval, 1.5-cm, thinly mineralized mass was attached to the jejunal omentum, adjacent to a small mass and 10 cm from

the base of the large mass. The cat was euthanized at the owner's request.

Histologic examination of multiple sections revealed anaplastic, lymphoblastic lymphosarcoma of high mitotic index in the abdominal mass, omentum, and hepatic tissue. The discrete omental mass was a well-encapsulated, organizing hematoma with multiple foci of mineralization.

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This report was submitted by a Jeffrey R. Wieser, DVM, from the Merrick Animal Hospital, 9115 Ogden Ave, Brookfield, IL 60513. The author thanks Ronald Oyster, DVM, PhD, Colorado Veterinary Laboratory, for histologic diagnosis.