

AAFP/EveryCat Feline Infectious Peritonitis Diagnosis Guidelines



A Complicated Differential Diagnostic Case in a Cat Suspected of Having FIP

Patient signalment: One-year-old M/N domestic longhaired cat

Presentation: Lethargy, fever, anorexia

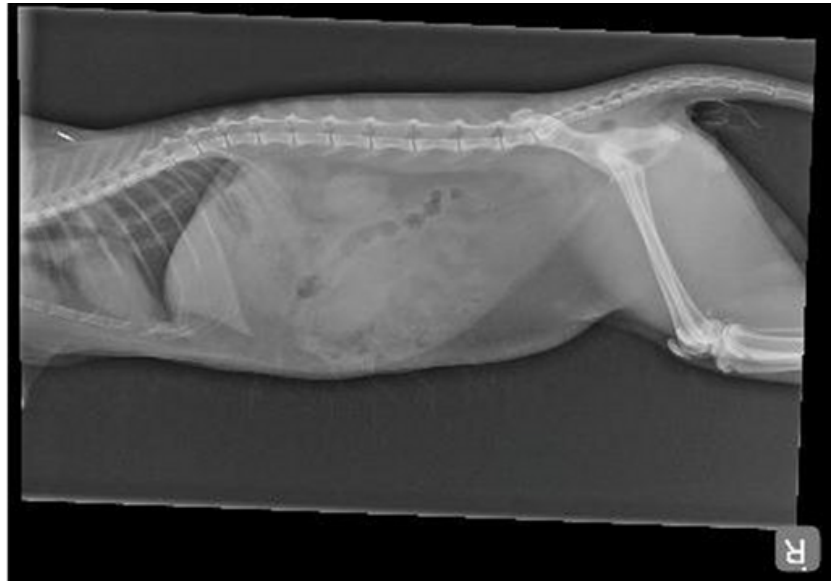
Physical examination: Palpation of large abdominal mass. Enlarged inguinal and popliteal lymph nodes.

CBC/serum biochemistry: A:G ratio was 0.7

Retrovirus test: FeLV – negative, FIV – negative

Radiographs (lateral view):

Large mid-abdominal mass, possibly enlarged mesenteric lymph nodes, mild abdominal effusion



Abdominal ultrasound:

Significant lymphadenomegaly of mesenteric lymph nodes

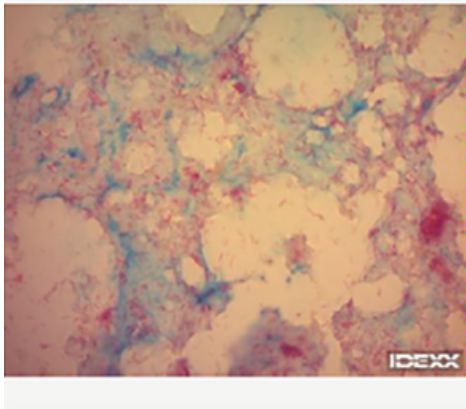
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For more information, visit catvets.com/fip & everycat.org/aafp-fip-guidelines.

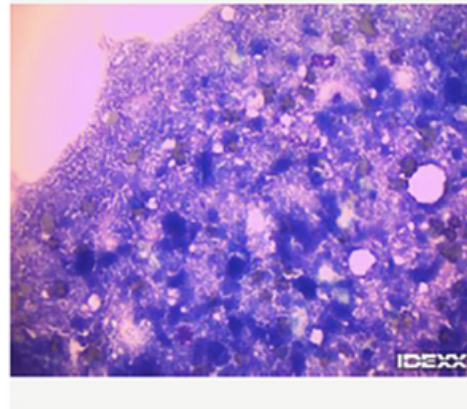
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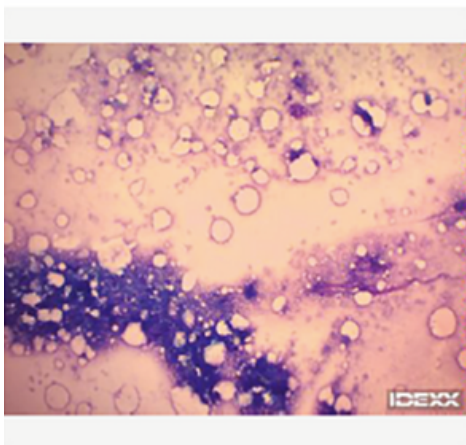
Cytology:



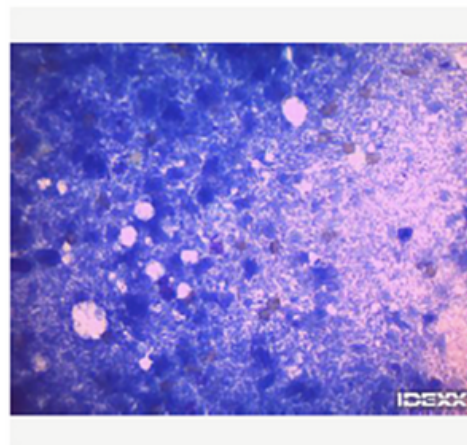
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Interpretation: Marked cellular degeneration/necrosis with large numbers of nonstaining bacterial rods compatible with mycobacterial infection. Acid-fast staining is positive, and findings consistent with diagnosis of disseminated mycobacterial infection

SUPPLEMENTAL 12: A Complicated Differential Diagnostic Case in a Cat Suspected of Having FIP

Fever, lymphadenopathy, respiratory signs, abdominal masses and uveitis can occur with *Mycobacteria* species infections. Hyperglobinemia or a lower albumin:globulin ratio can also be present. Cytology can demonstrate (acid-fast) bacteria in tissue samples. PCR and culture can be diagnostic. Results of disseminated disease resulting from *M. bovis* or *M. microti* may include abdominal masses, organ enlargement, generalized lymphadenopathy, anorexia, weight loss, and fever (1,2).

Case and images courtesy of Kaarin Muller

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References:

1. O'Halloran C, Gunn-Moore D. Mycobacteria in cats: An update. *In Pract* 2017; 39: 399–406
2. Kennedy M, Little SE, Baral RM. Bacterial Infections. In: Little SE (ed) *The Cat: Clinical Medicine and Management*. Elsevier Saunders, 2012, pp. 1070–1082

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