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

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