

South Carolina Veterinary Specialists
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**Internal Medicine
Discharge Summary**

Client:

Sophia Lieberman

Patient:

Basil

Patient ID #:

41075

9 years 4.46 kg Neutered Male DSH

Referring Veterinarian:

Dr. Wendi Lilly-Bare

Date:

January 12, 2011

Presenting Complaint: Abdominal mass involving small intestine

Visit Summary: Basil presented for consultation regarding his abdominal mass. He presented to Dr. Hardin for weight loss, not eating and lethargy. Bloodwork at that time was fairly unremarkable. Abdominal radiographs revealed a large mass on the right side of the abdomen. He was given fluids under the skin and medications for nausea and referred.

ON presentation, Basil was bright and alert. His vitals were within normal limits. Thoracic auscultation was unremarkable. On abdominal palpation, there is a firm, nonpainful mass spanning the right side of the abdomen. Basil had an abdominal ultrasound today and the mass is not encompassing the kidney, but it does seem to originate from the small intestine. There are also a few lymph nodes that are enlarged. We aspirated the mass and we are sending the slides for analysis. We suspect the mass is an intestinal mast cell tumor, but we are awaiting the pathologists reports.

Our largest concern is his lack of appetite. We are starting him on a steroid to increase his appetite and hopefully decrease inflammation around the tumor. please continue feeding him the a/d and call me if you have questions or concerns.

MEDICATIONS:

Dexamethasone 2mg/ml: Give 0.5 ml under the skin once daily. This is a steroid that may increase appetite, thirst and urination.

Diagnosis:

Abdominal mass Diagnoses

Prognosis: Unknown at this time

Additional Client Information: Visceral mast cell disease in cats occurs more commonly than in dogs and the spleen is the most common primary site. Older cats are usually affected and no breed or sex predilection has been determined. The etiology is unknown. Cats with cutaneous mast cell tumors should also be evaluated for visceral disease. Recommended staging procedures include CBC, chemistry panel, urinalysis, thoracic radiographs (3 views), abdominal ultrasound, and cytology of the spleen or other suspicious masses (cutaneous or visceral). Splenic mast cell disease is usually treated with surgery. Even if cats have metastatic disease at diagnosis they will likely benefit from splenectomy. Bone marrow involvement can be found in up to 50% of affected cats and many of these cats are anemic. Poor prognostic factors include anorexia, significant weight loss, the intestinal form of the disease, and the male sex. The median survival time is 1 year but it can vary depending on extent of disease and response to therapy. The benefit of adjunctive chemotherapy is unknown but it may be indicated in cats with a high tumor burden. Chemotherapy drugs that have been used for feline mast cell tumors include vincristine, cyclophosphamide, chlorambucil, prednisone, lomustine, and vinblastine.

Pending Diagnostics: Cytology of the abdominal mass

Recheck Examination (by appointment): As needed pending the cytology results and his response to the steroid.

Lieberman, Sophia & Brian Grainger

Pam Lucas, DVM, MS, DACVIM (onc)