Additional information for Animal Shelters: A Vital Part of BC's Social Safety Net By Emilia Wong Gordon, DVM and Onyx's FGESF Journey: Not All Abdominal Masses Are Neoplasia! By Susan Sanders

Animal Shelters: A Vital Part of BC's Social Safety Net
By Emilia Wong Gordon, DVM

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Onyx's FGESF Journey: Not All Abdominal Masses Are Neoplasia!
By Susan Sanders

CT SCAN RESULTS
Focal partially cavitated ileocecocolic mass (5.7 cm in diameter), moderate to severe ileocolic and hepatic lymphadenopathy, mild local peritoneal steatitis, and mild peritoneal effusion. The specific anatomic origin (cecal, distal ileum, or proximal ascending colon) is not clearly determined due to severe lesion size and complete obliteration of the normal anatomy. Differential diagnosis includes lymphoma, gastrointestinal stromal tumor, leiomyosarcoma, and less likely adenocarcinoma, although it cannot be completely excluded. Granuloma such as feline eosinophilic sclerosing fibroplasia is also less likely, although it cannot be completely excluded. There is no evidence of gastrointestinal mechanical obstruction or pneumoperitoneum such as intestinal wall perforation.
(Jae Yoon Park, BVSc, DACVR)

ABDOMINAL ULTRASOUND RESULTS
1. Ulcerated ileal mass (at the ICJ) with regional severe lymphadenopathy and peritonitis. A round cell neoplasm (e.g., large cell lymphoma) is strongly suspected though a granulomatous process (e.g., FGESF) should also be considered. Other neoplasia (e.g., GIST or intestinal carcinoma) is possible but would not adequately explain the diffuse intestinal thickening, so a concurrent chronic enteropathy (e.g., IBD or small cell lymphoma) would also need to be present.
2. The mild hepatic and colic lymphadenopathy as well as the splenic mottling/reticulation is likely related to the intestinal mass and in the case of lymphoma is likely due to metastatic/multicentric disease whereas could also be a consequence of reactivity in the event of an inflammatory or granulomatous process.
3. Focal mild pancreatitis.
4. Mild degenerative renal changes.
(Mason Wanamaker, DVM, DACVR, VCA Central Victoria)

FNA RESULTS
Ileal mass: A scanned aspirate is of low cellularity and consists of a large amount of blood admixed with leukocytes and platelets in proportion to peripheral blood.
Mesenteric lymph node: A scanned aspirate is of high cellularity and good quality. It consists of a heterogeneous lymphoid population admixed with frequent eosinophils, scattered uniform histiocytes/macrophages, few non-degenerate neutrophils and few individual uniform vacuolated mast cells within a proteinaceous minimally hemodilute background. Lymphocytes are predominantly small with low numbers of well-differentiated plasma cells. Obvious neoplastic cells are not observed in the submitted samples.

An additional moderately cellular smear contains numerous neutrophils, eosinophils, and plump mildly pleomorphic spindled cells within a markedly hemodilute background. Spindled cells are arranged individually and in frequent aggregates associated with abundant eosinophilic amorphous extracellular matrix. Few individual uniform mast cells are noted as are scattered small lymphocytes.
These cytologic findings could be seen with feline eosinophilic gastrointestinal sclerosing fibroplasia as well as with inflammation/fibroplasia associated with an underlying neoplasm (e.g. mast cell tumor, carcinoma). Histopathology will be required for a definitive diagnosis.
(Julie Tomlinson, DVM, DACVP, Antech Diagnostics)

HISTOPATHOLOGY RESULTS
Ileal mass: Feline gastrointestinal eosinophilic sclerosing fibroplasia (FGESF) was confirmed. Neoplasia (e.g., sclerosing mast cell tumor) was not identified. Replacing and expanding the mucosa/submucosa/muscularis externa, surrounding a mesenteric lymph node, and extending into the

attached adipose tissue are aggregates and sheets of eosinophils, foamy macrophages, and lymphoid follicles that are surrounded by exuberant sclerosing fibroplasia. Foci of coagulative necrosis are scattered throughout this inflammation with occasional fragments of plant material that are surrounded by mixed bacteria (confirmed with Gram staining; fungal and acid-fast organisms are not identified with GMS and Fite-Faraco staining, respectively). The surrounding intact mucosa contains neutrophils, lymphocytes, and plasma cells that are scattered throughout the lamina propria (chronic mild eosinophilic/lymphoplasmacytic enterocolitis) with hyperplastic Peyer's patches. The excision was complete with margins being free of the lesion.

Liver: The portal changes were thought to represent reactive hepatitis likely due to ascending inflammation from the GI tract. The patchy hepatic lipidosis was either reactive or secondary due to hyporexia. Neoplasia and infectious organisms were not identified.

(Jade Fisher, DVM, DACVP Anatomic Pathologist, Antech Diagnostics)

Table 1: Select parameters from six sets of bloodwork done between Jan 29, 2025, and May 5, 2026, at several veterinary clinics and urine specific gravity (USG) values on the corresponding dates.
Abnormal values are shown in red, bolded text. Orthopaedic and Referral Center for Animals (ORCA), Harbour City Animal Hospital (HCAH), True North Veterinary Diagnostics (TNVD). Please contact the author for the remainder of the bloodwork and urinalyses if desired.

	Jan 29/25 IDEXX at ORCA		Feb 11/25 IDEXX at VCA Central Victoria		Mar 28/25 IDEXX at HCAH		May 15/25 HCAH (sent to TNVD)		Oct 29/25 HCAH (sent to TNVD)		May 5/26 HCAH (sent to TNVD)	
Parameter	**Value**	**Range**	**Value**	**Range**	**Value**	**Range**	**Value**	**Range**	**Value**	**Range**	**Value**	**Range**
RBC	**4.63** $x10^{12}$/L	6.54 - 12.20	**4.24** $x10^{12}$/L	6.54 - 12.20	**6.5** $x10^{12}$/L	7.1-11.5	**6.02** $x10^{12}$/L	6.5-11.3	**5.59** $x10^{12}$/L	6.5-11.3	6.59 $x10^{12}$/L	6.5-11.3
Hemoglobin	**73** g/L	98 - 162	**6.2** g/dL	9.8 – 16.2	**90** g/L	103-162	**97** g/L	106-164	**87** g/L	106-164	**103** g/L	106-164
Hematocrit	**0.223** L/L	0.303 - 0.523	**0.183**	0.303 - 0.523	**0.28** L/L	0.29-0.45	**0.276** L/L	0.330-0.520	**0.267** L/L	0.330-0.520	**0.310** L/L	0.330-0.520
Reticulocytes	6.5 K/µL	3.0 - 50.0	**0.2%** 7.2 K/µL	3.0 - 50.0	**0%**	3-50 $x10^3$/ul	0.47% 28.5$x10^9$/L	Not reported	0.63% 35.1 $x10^9$/L	Not reported	Not reported	Not reported
WBC	9.31 $x10^9$/L	2.87 - 17.02	11.72 $x10^9$/L	2.87 - 17.02	3.9 $x10^9$/L	3.9-19.0	5.6 $x10^9$/L	3.4 -12.5	4.8 $x10^9$/L	3.4 -12.5	4.8$x10^9$/L	3.4 -12.5
Lymphocytes	15.2% 1.41 $x10^9$/L	0.92-6.88	12.3% 1.44 $x10^9$/L	0.92-6.88	**11%** **0.4** $x10^9$/L	0.9-5.9	**16%** **0.90** $x10^9$/L	1.00-5.6	**14%** **0.67** $x10^9$/L	1.00-5.6	27% 3.02 $x10^9$/L	1.00-5.6
Eosinophils	10.1% 0.94 $x10^9$/L	0.17-1.57	7.6% 0.89 $x10^9$/L	0.17-1.57	1.3% 0.1 $x10^9$/L	0.0-2.2	3% 0.17 $x10^9$/L	0.0-1.0	1% 0.05 $x10^9$/L	0.0-1.0	6% 0.29 $x10^9$/L	0.0-1.0
Glucose	5.83 mmol/L	3.94-8.33	5.49 mmol/L	3.95-8.84	**11.4** mmol/L	4.0-9.7	7.1 mmol/L	4.0-10.0	6.5 mmol/L	4.0-10.0	6.1	4.0-10.0
SDMA	**21** µg/dL	0 - 14	----	----	13	0 - 14	----	----	----	----	----	----
BUN	12.85 mmol/L	5.71-12.85	**20.4** mmo/L	5.7-12.9	**22.8** mmo/L	5.7-13.2	**21.5** mmo/L	6-14.0	**19.5** mmo/L	6-14.0	**19.2** mmo/L	6-14.0
Creatinine	**221** µmol/L	70.72 - 212.16	**280** µmol/L	71-212	185 µmol/L	80-203	**256.0** µmol/L	77-198	**282.2** µmol/L	77-198	**340.3** µmol/L	77-198
Total Protein	**105** g/L	57 - 89	**112** g/L	57 - 89	76 g/L	63-88	78 g/L	65-88	78 g/L	65-88	86 g/L	65-88
Globulin	**80** g/L	28 - 51	**82** g/L	28 - 51	37 g/L	30-59	45g/L	35-58	44g/L	35-58	50g/L	35-58
T4	19.3	18-40 nmol/L	----	----	----	----	34.7 nmol/L	19.1 – 44.9	39.9 nmol/L	19.1 – 44.9	34.5 nmol/L	19.7 – 46.2
USG	1.016	----	----	----	1.016	----	1.014	----	1.014	----	1.012	----

Table 2: Body weight from 2024 – 2026 in kg.

Most measurements were taken at home on a small animal-specific scale. A few are measurements taken at various clinics, as indicated.

Date	Body Weight (kg)
Feb 8, 2024	6.76
Mar 26, 2024, at Harbour City Animal Hospital	6.44
April 23, 2024, at Harbour City Animal Hospital	6.00
June 13, 2024	6.16
July 10, 2024	6.24
July 27, 2024	5.85
Aug 15, 2024	5.97
Sept 15, 2024	5.75
Oct 1, 2024	5.63
Oct 17, 2024	5.61
Nov 20, 2024	5.64
Dec 15, 2024	5.53
Jan 2, 2025	5.42
Jan 9, 2025	5.33
Jan 21, 2025	5.21
Jan 29, 2025, at Orthopaedic and Referral Center for Animals	5.15
Feb 11, 2025, at VCA Central Victoria Animal Hospital	5.28
Feb 27, 2025, at Harbour City Animal Hospital	5.51
Mar 12, 2025	5.58
Mar 28, 2025, at Harbour City Animal Hospital	5.98
Apr 15, 2025	6.11
May 12, 2025	6.39
June 17, 2025	6.78
July 13, 2025	7.16
Aug 17, 2025	7.16
Sept 25, 2025	7.33
Oct 23, 2025	7.48
Nov 25, 2025	7.57
Dec 22, 2025	8.10
Jan 12, 2026	8.30
Mar 9, 2026	8.27
Apr 8, 2026	8.35
May 5, 2026, at Harbour City Animal Hospital	8.49

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