Chronic vomiting and weight loss in a cat

An 8-year-old, female, spayed, domestic shorthaired cat presented with a history of chronic vomiting. An abdominal mass and weight loss were detected on physical examination. In this case report, the main differential diagnoses and indicated investigations for this frequent clinical presentation in feline practice will be discussed. Treatment and clinical follow-up will be addressed with a brief update on clinical management of feline alimentary lymphoma.

Key words: lymphoma, feline, chemotherapy, vomiting, stomach

Clinical Presentation

An 8-year-old, female spayed, 3.7 kg, domestic shorthaired cat presented to the veterinary surgeon with a 2-month history of intermittent vomiting (2-3 times per week) and progressive weight loss. Vomiting was reported to occur a few hours after feeding and to consist of digested, bile-stained food with no blood. Vaccinations and worming (fenbendazole 100 mg/kg PO every three months) were up-to-date. Owners reported that the cat appeared well, with good appetite and energy, and defecation was normal. She was fed a commercial hypoallergenic dry diet.

On physical examination, the cat was bright with a Body Condition Score (BCS) of 4/9 and normal hydration status. Coat was in good condition. Oral cavity, ocular (including fundic) and lymph node examination was unremarkable; there was no palpable goitre. Pupillary light reflex and anal tone were normal. Cardiovascular and respiratory examination was unremarkable. A 5x5 cm irregular hard, movable, non-painful mass was palpated in the cranial abdomen. Formed faeces were present in the descending colon. The perineal region was clean. Rectal temperature was 38.9°C.

Problem List and Differential Diagnosis

The main problem list formulated after the physical examination included an abdominal mass in the cranial abdomen, chronic vomiting and weight loss. Table 1 shows the main differential diagnoses for these problems. In this case, vomiting was likely to result from mechanical gastrointestinal disease, including obstruction due to an intraluminal or extraluminal compressive mass and/or gastrointestinal inflammation.

Diagnostic Testing

A general health profile was performed to detect metabolic, inflammatory and/or autoimmune disease. On full

Table 1. Main differential diagnoses for the presenting clinical problems in an 8 year old DSH cat with a 2-month history of intermittent vomiting, progressive weight loss and palpable abdominal mass.

Abdominal mass in the cranial abdomen:
• Foreign body
• Pyloric hypertrophy
• Intussusception
• Abscess/granuloma
• Benign/malignant neoplasia of stomach or small intestine
• Lymphadenopathy (infectious/inflammatory/neoplastic)
• Hepatic, splenic or pancreatic mass: couldn’t be excluded with palpation

Chronic vomiting:
• Primary gastrointestinal diseases involving stomach or small intestine (rarely colon) or extraintestinal diseases

Weight loss:
• Malabsorption/maldigestion in presence of gastrointestinal/pancreatic disease
• Increased energy loss/use from systemic disease (metabolic, neoplastic, autoimmune, infectious)
• Insufficient food intake and increased exercise: unlikely from history

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