VETERINARY SPECIALIST ADVICE

Date: 07/05/2025 **Referring veterinarian: R. Neagu**

Referring Practice: Swale Barn Vets

Carer's name:	**C. Weir**		**Pet's name: Dylan**	
Species: Feline				
Breed:	**DSH**	**Age:**	**14y**	**Sex: MN**

Type of consultation: Internal Medicine

Dear Radu

Thank you for your advice request. This is a very interesting case.

I have reviewed the documents attached. A few of them were attached twice.

I will try to address all points separately and below you can see my thoughts:

-HAEMATOLOGY AND BONE MARROW RESULTS:

In all haematology testing, the results are pretty consistent between them. There is pancytopenia of different levels but it persistent. Another interesting thing is that there is also persistent hypochromia among the results and in a few results this is also seen together with an elevation of the urea. The combination of these two together would make me worry about the possibility of slow bleeding from somewhere and considering that there is a caecal mass, I would be worried that there is some sort of erosion within the mass leading to a slow bleed. I cannot however confirm this without directly visualizing the mass and of course other sites of bleeding remain possible (e.g GI tract etc).

Now the bone marrow seems to produce enough cells, and the cytological evidence of hypoplasia for megakaryocytes and myeloid cells was not supported on the histopathology. Overall the bone marrow seems to try to produce RBC, WBC and PLT normally. However we do not see this on the periphery. As the pathologist states, most likely this is PIMA. It has many characteristics to make us believe this is the case, however if the bone marrow is lacking nutrients like VitB12, or iron, then the capacity to produce blood can be reduced. The patient has low VitB12 which should be supplemented, and also is persistently presenting with low MCHC. This can be due to iron deficiency (I tend to see this specifically in cases with slow but chronic bleeding from somewhere like GI tract, tumors, etc), but also tentative regeneration can present like this. As previously stated, the combination of low MCHC and high urea would make me worry about a bleeding from somewhere. If this is the case, it may affect what the bone marrow is doing and also how the numbers present in the periphery (some loss maybe due to bleeding). I would not be able to exclude two distinct pathologies happening here at the same time (an immune mediated

destruction and maybe bleeding from somewhere). They can be connected with each other, especially if both are trigged by a cancerous process.

CT REPORT:

On the CT report I can see that enlarged liver, spleen and several lymph nodes including the sternal are identified. A caecum mass is also identified which doesn't see to cause obstruction for now. I would be very concerned about infiltrative disease here seeing how many lymph nodes are involved. I would try to FNA all these organs, the caecal mass, the spleen again, the liver and as many lymph nodes as possible. If cytology is again not rewarding, I would discuss further immunocytochemistry and also PARR but I would keep in mind that a negative PARR doesn't exclude in cats the possibility of lymphoma. Flow cytometry can also be considered especially from the lymph nodes. Please remember to check clotting time prior to FNA from the liver along with the PLT numbers as if they are too low an FNA would be contraindicated.

Interesting also here to remember that in human medicine it seems to be a connection between the spleen and immune mediated destruction (the spleen sometimes can contribute to the killing due to the macrophages present in there) and splenectomy has shown good results. Some preliminary evidence exists in dogs, for which I also have personal experience, but I don't have any data or enough experience in cats.

FELV

I have nothing more to add compare to what the pathologist has already said on the report. I would trust the PCR more than the ELISA test.

VITB12:

This is low and would indicate a GI disease present. This most likely is another pathology that Dylan most likely has for a long period of time but went undetected as

it happened in most cases due to the wax and waning clinical signs. I would supplement with SC administration first and then orally for 6 weeks. Low VitB12 levels can affect regeneration although I am not sure how much it is contributing here.

LUNG AND CARDIAC ABNORMALITIES reported on CT SCAN:
I am not sure how much we need to worry about the abnormalities reported on the lungs on the CT scan, I guess it depends on clinical signs. However, the cardiac, focal distention on the L atrium should be checked by a cardiologist, especially in view of use of steroids. If there is an underlying cardiac pathology, high doses of steroids have the possibility to "push" the patient in CHF.

Now to answer specifically your questions:
Questions:
- *Is this true PIMA? is there enough evidence to support PIMA? If not, which would be most reasonable diagnosis?*

I believe most likely there is PIMA, the bone marrow examination supports that and Coombs test was positive. However I am worried that this patient maybe bleeding as well, slowly and chronically from somewhere. The most usual sites are a mass or the GI tract.

- *Would high dose steroids and monitoring haematology be a reasonable way forward?*

Steroids could be part of the treatment but here I am worried that everything is tied together through a cancerous process such as lymphoma, although other tumors as reported by the radiologist (carcinoma) cannot be completely excluded without

further diagnostics. It is possible that the haematological picture is secondary to this and if this is the case the steroids will not be effective (as seen so far anyway).

- at which point would you consider chlorambucil, if at all an option?

I would add a second immunosuppressant, such as mycophenolate or chlorambucil only if the haematological process is primary, so once we have an answer about the mass/spleen /liver and mostly lymph nodes. If there is no cancer underneath (which I consider less likely at this point) then I would add a second immunosuppressant. If there is cancer identified, treatment with chemotherapy and potentially surgery (depending on the nature of the mass) maybe needed.

- Do you agree the cat does not have FeLV or we just can't tell yet even if PCR from bone marrow was negative?

Yes I do. I think the ELISA was a false positive.

- is the abdominal mass related in any way to his anaemia?

I am worried it is, thus why further investigations are needed

- Any other tests or investigations you would suggest?

As described previously, I would investigate further with an FNA the mass, the liver (if possible and safe), the spleen again, the lymph nodes and would submit for cytology and if this is not enough then I would add immunocytochemistry (ICC) and potentially PARR. You could consider also flow cytometry from the lymph nodes (to be sent to Dick White so there is a procedure you need to follow prior to FNA the lymph nodes

and you can find this in their website). Flow cytometry can be considered in the spleen and liver as well but I would perform this on the lymph nodes for now.

I hope you can find my thoughts in this case useful to create a plan, but please do not hesitate to contact me again If you would like to discuss something more. I also would like an update please if you can, once you have the final diagnosis, I am very curious to know what it is.

Kindest regards

Magda

Disclaimer:

This report relies exclusively on the information provided by the referring practice. If any details have been omitted or are inaccurate, the conclusions and recommendations in this report may be affected.