



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Yoshi Trimble P presented with a fever, progressive lethary, anorexia, and failure of continued weight gain (kitten). He was ill ~1 mo prior with lethargy and a fever and prescribed amoxicillin (1 week). Radiographs were obtained, but, unavailable for review by ER. He seemed to improve, but, did not normalize.

SPECIES Pt has a littermate he was purchased with from a breeder in Colorado, and the littermate is fine; gaining weight and very energetic.

Feline Labs: CBC: Mono 0.94, CHEM: BUN 24.7, Phos 8.8, Chol 244.

BREED Radiographs showed large volume pleural effusion. Cytology was consistent with a pyothorax, so bilateral chest tubes were placed. Fluid has been submitted for cytology. Radiographs after placement show significantly more pulmonary, parenchymal disease on the R side than the L with moderate alveolar pattern.

Maine Coon CT performed to determine if surgery may be indicated for FB, abscess, etc. given pt young age, recent antibiotic administration, and lack of wounds, etc. on PE.

SEX COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

M Post contrast study is available for review.

COMPUTED TOMOGRAPHIC FINDINGS

AGE The lungs are well expanded following thoracic fluid drainage. No discrete pulmonary mass lesions or pleural mass lesions are identified. No evidence of foreign material is seen within the airways, lung parenchyma or pleural space. Mild residual interstitial changes are present compatible with partial dystelectases. Moderate diffuse pleural thickening is seen. Irregular thickening and enhancement of the ventral pleura and ventral mediastinum is present throughout the entire length of the thorax. A small volume of pleural fluid and pleural gas is present. The pleural gas is likely secondary to a recent chest tube placement. No discrete abscess formation is identified.

INTERPRETED BY

Nele Eley (Ondreka),
DVM Dr. med. vet.,
DipECVDI

Mediastinal fat stranding is noted.

HOSPITAL NAME

Mountain West
Veterinary Specialists

Remnants of thymic tissue are present in the cranioventral mediastinum which is consistent with age.

Mild mediastinal lymphadenopathy is present, likely reactive in nature.

The trachea is intact and remarkable.

REFERRING VET

Dr Claus

The esophagus is unremarkable; no evidence of foreign material is seen.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Mild residual bilateral pleural fluid
- Mild iatrogenic pneumothorax
- Partial dystelectasis, otherwise no structural pulmonary lesions identified
- No evidence of foreign body, pulmonary abscess or pleural abscess
- No evidence of esophageal perforation
- Mild reactive mediastinal lymphadenopathy

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS



PATIENT

Yoshi Trimble

The CT findings are most consistent with severe infectious pleuritis and mediastinitis with associated pleural inflammation. Evidence of foreign body, penetrating trauma or abscess is not identified on CT which is not uncommon in feline pyothorax cases. The presence of diffuse pleural thickening, ventral mediastinal and pleural enhancement as well as reactive lymphadenopathy supports an active inflammatory/infectious process, most likely bacterial in origin.

SPECIES

Feline

Continued thoracic drainage and intensive medical management, broad-spectrum antibiotic therapy adjusted according to C/S if available can be considered. Re-evaluation should be considered if clinical response is incomplete.

BREED

Maine Coon

SEX

M

AGE

7m

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PATIENT

Yoshi Trimble

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Feline

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

BREED

Maine Coon

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SEX

M

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7m

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