What is Your Diagnosis
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Signalment
A 4-year-old spayed female Domestic Short Hair cat.

History
The cat showed signs of respiratory distress including dyspnea and abdominal breathing. Nasal discharge was absent. Neither traumatic nor accidental history was noticed. Thoracocentesis was performed to relieve large amount of fluid (250 ml of serosanguineous type) after severe pleural effusion was detected by previous radiographs.

Clinical Examination
Mucous membrane was mildly pale appearance. Lung sound was dull via thoracic auscultation. Peripheral lymph nodes were mildly enlarged. The result from feline leukemia virus (FeLV) infection test was positive.

Radiographic Examination
Plain right lateral and ventrodorsal thoracic radiographs were taken to assess volume of pleural fluid and abnormalities of cardio respiratory organs.

Figure 1. Right lateral thoracic radiograph.

Figure 2. Ventrodorsal thoracic radiograph.

Give your diagnosis and turn to the next page.
Discussion

Most of mediastinal lymphomas in cats (80%) are associated with FeLV infection. Lesion at cranial mediastinal region may produce marked caudal displacement of the heart and dorsal displacement of the trachea. Very large mass may occupy both cranial mediastinum and cardiac field, entirely obscuring the heart and thereby mimicking massive cardiomegaly or pericardial effusion. In some cases, mediastinal lymphoma may increase lymphatic pressure which results in pleural effusion. Radiographic findings of pleural effusion that may vary on amounts of fluid are an interlobar fissure line, a retracted lung border from sternum and chest wall, a round lung margin, or disappearance of cardiac and diaphragmatic silhouette.

References
