DISCUSSION AND CONCLUSION

Thoracic tube insertion, both 'blinded' and fluoroscopically guided are relatively fast to perform, and result in accurate placement with satisfactory drainage. Predicting the tube positioning after thoracic entry may be difficult. By using

fluoroscopy the tube can be visually guided through the thoracic cavity and minor adjustments may be performed during insertion. The overall procedure time may be reduced with fluoroscopy as postoperative radiography is unnecessary.

Prognostic factors in acute-onset feline congestive heart failure: a retrospective study of 34 cases

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INTRODUCTION

Feline congestive heart failure (CHF) is the result of underlying cardiomyopathy. The aim of this retrospective study was to evaluate physical and laboratory findings in admission as prognostic factors in cats with CHF.

MATERIALS AND METHODS

Medical records from 1996 to 2011 were reviewed retrospectively for cats with CHF (presence of pulmonary edema, thoracic effusion or ascites) and a confirmed diagnosis of cardiomyopathy. Incomplete records and any treatment prior to admission were the exclusion criteria. The main physical examination and laboratory findings were recorded and their effect on treatment outcome and survival was evaluated. Correlations were tested by chi-square test and continuous data were compared using t-test and ANOVA tests, or Kruskal-Wallis and Mann-Whitney. The statistical significance level was defined at 0.05.

RESULTS

A total of 34 cats were eligible for the study. Breeds included the Domestic Shorthair (44.1%, 15/34), Siamese (41.2%, 14/34), Domestic Longhair (8.8%, 3/34) and Angora (5.9%, 2/34); 61.8% were males (21/34) and 38.2% were females (13/34). Most affected cats were above the age of 11 years (35.3%, 12/34). Conclusive diagnosis included hypertrophic (67.6%, 23/34), dilated (26.5%, 9/34), unclassified (2.9%, 1/34), and restrictive cardiomyopathy (2.9%, 1/34). Common physical examination findings were dyspnoea (55.9%, 19/34), hypothermia (50%, 16/32), tachycardia (48.5%, 16/33 cats), weak peripheral pulse (34.4%, 11/32), gallop rhythm (29%, 9/31), systolic murmur (23.5%, 8/34) and bradycardia (15.2%, 5/34). Auscultatory findings (rhonchi) were present in 11.8% (4/34), ascites in 32.4% (11/34) and pleural effusion in 94.1% (32/34) of cases. Laboratory findings included anemia (21.9%, 7/32) azotemia (elevation in blood urea nitrogen in 65.4%, 17/26 and in creatinine concentrations in 44.4%, 12/27), hyponatremia (20%, 4/20) hypokalemia (15.4%, 4/26) and hyperkalemia (11.5%, 3/26). From a total of 34 cats, 67.6% of cats (23/34) were hospitalized, 13 of which survived to be discharged and relapsed in 2-270 days (median 10 days). Hypertrophic cardiomyopathy was prevalent in cats older than 11 years. There was a positive association between tachycardia and discharge. Only bradycardia had a statistically significant negative effect on survival.

CLINICAL IMPLICATIONS

A relatively uniform clinical presentation was observed in cats with CHF. Congestive heart failure was noted increasingly in aged cats with hypertrophic cardiomyopathy. Even though hypothermia, respiratory rate and azotemia have been reported as negative prognostic factors in cats, in this study bradycardia was the only clinical finding to negatively affect the short-term prognosis.

Quantifying the role of progestogen and glucocorticoid exposure in the epidemiology of feline diabetes mellitus in Romania

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BACKGROUND

Progestogen and glucocorticoid administration have been documented as a risk factor for the development of feline diabetes mellitus (DM) in a handful of studies. Despite this, they remain popular among veterinarians. Additional information regarding their exact diabetogenic risk could aid

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