
Diagnosis

Radiologic diagnosis—Splenomegaly and hepatomegaly.

Comments

In large parrots, splenomegaly, hepatomegaly, and heterophilic leukocytosis with monocytosis and left shift are consistent with a diagnosis of aspergillosis, avian tuberculosis, chlamydiosis, or bacterial septicemia, especially salmonellosis. In

the bird of this report, chlamydiosis was diagnosed on the basis of radiologic findings and results of serologic testing and ELISA performed on a fecal specimen. The macaw was given doxycycline at a dosage of 22 mg/kg of body weight, PO, twice a day for 45 days and currently is healthy.

This report was submitted by Michael Bonda, DVM, from the Orchard Park Veterinary Medical Center, P.C. S-3507 Orchard Park Rd, Orchard Park, NY 14127.

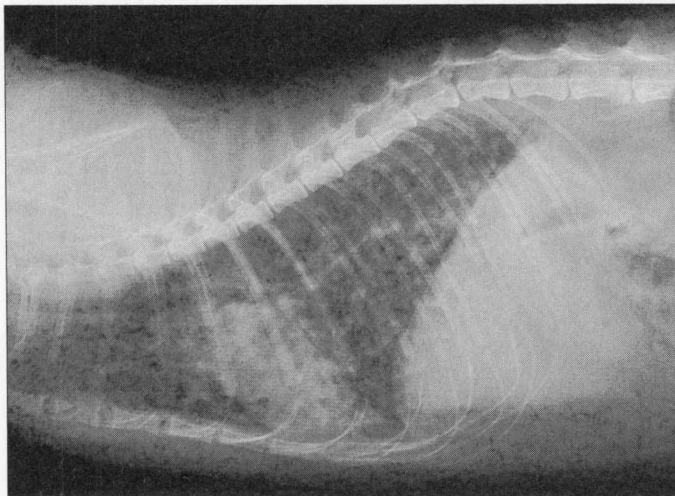
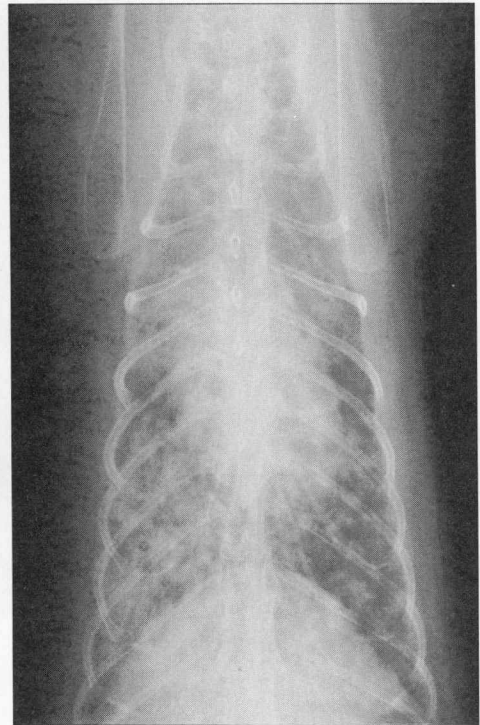
Case 2

Figure 1—Left lateral and ventrodorsal thoracic radiographic views of a 4-year-old cat with a 3-week history of weight loss, lethargy, and decreased appetite.

**History**

A 4-year-old male castrated domestic longhair cat was admitted to the emergency service for evaluation of dyspnea. The cat had a 3-week history of weight loss, lethargy, and decreased appetite. The cat was allowed to hunt outdoors and had recently moved from Texas.

Physical examination revealed tachypnea (90 breaths/min), with an abdominal respiratory component. Pronounced bronchovesicular sounds were auscultated over the lung fields. Thoracic radiographs were obtained (Fig 1).

Make your diagnosis from Figure 1—then turn the page ►

Diagnosis

Diffuse nodular interstitial-to-alveolar pattern throughout the lungs.

Comments

Neither mineralized pulmonary nodules nor tracheobronchial lymphadenopathy were observed radiographically. Differential diagnoses included allergy, fungal pneumonia, toxoplasmosis, pulmonary metastatic neoplasia, or primary lung tumor. Examination of tissues obtained by transoral tracheal lavage and fine needle aspiration of the lung revealed *Histoplasma capsulatum* as the etiologic agent. The organisms appeared within macrophages.

Initially, the cat was treated with amphotericin B (0.25 mg/kg of body weight in 5% dextrose by

slow infusion every other day) and ketoconazole (50 mg, PO, q 12 h). Five days after admission, the cat developed respiratory distress and died.

At necropsy, diffuse, multicentric, granulomatous nodules up to 2 cm in diameter were found in all lung lobes. There was gross evidence of dissemination to the spleen and liver. The cat also had thickening of the left ventricular wall consistent with the hypertrophic form of cardiomyopathy.

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