

Reported causes of secondary spontaneous pneumothorax in cats include inflammatory airway disease, heartworm infection, neoplasia, pulmonary abscess, and lungworm infection.² Neoplasia was documented in 42% of cases with underlying disease in the largest retrospective study² of cats with spontaneous pneumothorax. Spontaneous pneumothorax resulting from bullae rupture has uncommonly been reported in cats secondary to suspected bronchopulmonary dysplasia.³ A potentially life-threatening manifestation of pneumothorax is a tension pneumothorax. This occurs as a result of progressive air accumulation within the pleural space, typically caused by continuous air leakage from damaged lung parenchyma.¹ This progressive air accumulation leads to increased intrathoracic pressure, atelectasis, and increased mechanical pressure on intrathoracic structures.

Clinical signs of pneumothorax in cats and dogs include respiratory distress, tachypnea, lethargy, decreased

appetite, and hiding behavior.^{1,2} Physical examination findings generally include tachypnea and absent lung sounds.^{1,2} Diagnosis is made by findings on thoracic radiography; however, repeated radiography following thoracocentesis, CT, hematologic analysis, and histologic evaluation may all be indicated to determine the underlying cause. Treatment of spontaneous secondary pneumothorax can include intermittent percutaneous thoracocentesis, surgical intervention, and thoracostomy tube placement.^{1,2} Prognosis is variable depending on the underlying etiology but should be considered guarded, with only 54% of cats surviving to discharge in 1 study.²

1. Pawloski DR, Broaddus KD. Pneumothorax: a review. *J Am Anim Hosp Assoc* 2010;46:385–397.
2. Mooney ET, Rozanski EA, King RG, et al. Spontaneous pneumothorax in 35 cats (2001–2010). *J Feline Med Surg* 2012;14:384–391.
3. Milne ME, McCowan C, Landon BP. Spontaneous pneumothorax caused by ruptured pulmonary bullae associated with possible bronchopulmonary dysplasia. *J Am Anim Hosp Assoc* 2010;46:138–142.



Correction: Ultrasonographic visualization of the liver in sites recommended for blind percutaneous liver biopsy in horses

In the report “Ultrasonographic visualization of the liver in sites recommended for blind percutaneous liver biopsy in horses” (*J Am Vet Med Assoc* 2014;245:939–943), 2 corrections are necessary. In the Animals section of the structured abstract, the given age is incorrect. The section should have read as follows:

Animals—36 healthy middle-aged (between 3 and 18 years old) Quarter Horses or Quarter Horse crosses.

Also, in the third paragraph of the Discussion section on page 942, the term hernia is incorrect. The sentence should have read as follows:

A retrospective study¹⁰ evaluating the complications associated with liver biopsy procedures in horses identified 1 case of hemorrhage resulting from diaphragmatic hematoma.