

A Case Series of 5 Cats With Bacterial Pericarditis With Purulent Pericardial Effusion

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Bacterial pericarditis is a rare cause of pericardial effusion in cats, with only 6 case reports published in the literature. Only one had an identifiable cause (a grass awn foreign body) and bacteremia was suspected in 4 cats. Treatment including antibiotics, pericardiocentesis and pericardectomy has been reported, with 4 out of 6 cats surviving to discharge. This retrospective case series describes the clinical presentation, management, and outcome of 5 cats with bacterial pericarditis. Cases were 3 domestic cats, 1 Maine coon, and 1 Chartreux, including 3 males and 2 females. The median (range) age and weight at presentation were 6.5 years (0.4–10) and 2.5 kg (1.9–4.8). Main presenting complaints were anorexia (3), lethargy (3), and dyspnea (2). On physical examination, muffled heart sounds (4), hypothermia (3) and respiratory discordance (2) were the most common abnormalities. Initially 2 cats had neutropenia and 3 cats had a severe left shift confirmed on blood smear. Point-of-care ultrasound revealed pericardial and pleural effusion in all cats, associated with abdominal effusion in 2. Cardiac tamponade was identified in only a single case. Initial pericardiocentesis revealed an exudate (5) with intracellular bacteria (4). Pericardial drainage was performed using a single pericardiocentesis (1) or placement of a pericardial drain (4), after which cats were hospitalized (duration 4–9 days), receiving antibiotic mono- (2) or combination therapy (3), including amoxicillin-clavulanic acid, enrofloxacin, penicillin, marbofloxacin, and trimethoprim/sulfamethoxazole. Echocardiography was performed on all cats and revealed valve abnormalities suggestive of endocarditis and suspicion of myocarditis in one cat. Thoracic CT scan showed no visualization of infectious foci or foreign bodies (2). Culture and sensitivity testing of pericardial effusion revealed *Neisseria animaloris* (3) and *Streptococcus canis* (2), which all were sensitive to the initial antibiotic(s). Pericardectomy was performed on one cat. One cat died during hospitalization secondary to septic shock. Histopathological examination of the pericardium of these two cats confirmed pyogranulomatous pericarditis and fibropurulent pericarditis, respectively. Four cats survived to discharge, with 3 cats fully recovered with a survival time of 25, 93 and 121 days after diagnosis and 1 cat lost to follow-up. This case series described 5 cats with bacterial pericarditis, of which 4 survived until discharge. The origin of the bacterial pericarditis was unclear in all cases, however *Neisseria animaloris*, a common pathogen of the oral cavity, was isolated in 3 cats, suggesting a hematogenous spread secondary to periodontal disease, as described in endocarditis.

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