



PATIENT

Yoscha Lyons

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

8Y, 5M

WEIGHT

9.63lbs

INTERPRETED BY

Nele Eley (Ondreka),
DVM Dr. med. vet.,
DipECVDI

IMAGING PERFORMED BY

Allison

HOSPITAL NAME

Elizabeth Animal
Hospital

REFERRING VET

Kim Allyn, DVM

INVOICE

73600

DATE

2-3-26

PRESENTING CLINICAL SIGNS

History:

- Yoscha presented to the clinic for evaluation after a fight with another cat and a dog. The owner reported that Yoscha was hiding and not eating well after the incident, which raised concerns. Upon examination, Yoscha was found to have subcutaneous emphysema, which is air trapped under the skin, primarily around his neck and back. This condition can occur due to trauma, and while it is concerning, Yoscha's breathing was stable, and no puncture wounds were detected.

Abnormal PE/Chem/CBC/UA Results: Coat/Skin: Subcutaneous emphysema present from neck over back, primarily right side, some on left chest, soft and fluffy on palpation, no puncture wounds or lacerations detected

RADIOGRAPHIC STUDY OF THE THORAX

Right/left lateral and dorsoventral views of the thorax totaling 3 images available for review.

RADIOGRAPHIC FINDINGS

There is extensive subcutaneous emphysema involving the neck, dorsal, and lateral thoracic walls and axillary regions slightly more pronounced on the right side with lesser involvement of the left thoracic wall.

A pneumomediastinum is present predominantly affecting the cranial half of the thorax.

The thoracic trachea is normally positioned and sharply margined with no radiographic evidence of tracheal wall disruption.

The thoracic esophagus is gas distended without focal narrowing or visible discontinuity.

No rib fractures or thoracic wall defects are seen. There is no evidence of pulmonary injury or pneumothorax noted.

There may be a mild amount of mediastinal fluid.

RADIOGRAPHIC DIAGNOSIS

- Marked subcutaneous emphysema involving the cervical and thoracic soft tissues.
- Cranial thoracic pneumomediastinum.
- No radiographic evidence of rib fractures, thoracic wall injury, tracheal rupture, or pulmonary injury.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The presence of extensive subcutaneous emphysema and pneumomediastinum is most consistent with traumatic air leakage likely tracking from cervical soft tissue injury into the mediastinum, even in the absence of visible puncture wounds. Although no definitive injury to the trachea or esophagus is identified radiographically (cervical region not included), occult injury to the trachea, esophagus, or larynx, and/or injury in the cervical area remains an important differential diagnosis particularly given the history of trauma. Close clinical monitoring is advised given the current stability of respiration. If the subcutaneous emphysema or pneumomediastinum do not resolve or if the patient becomes



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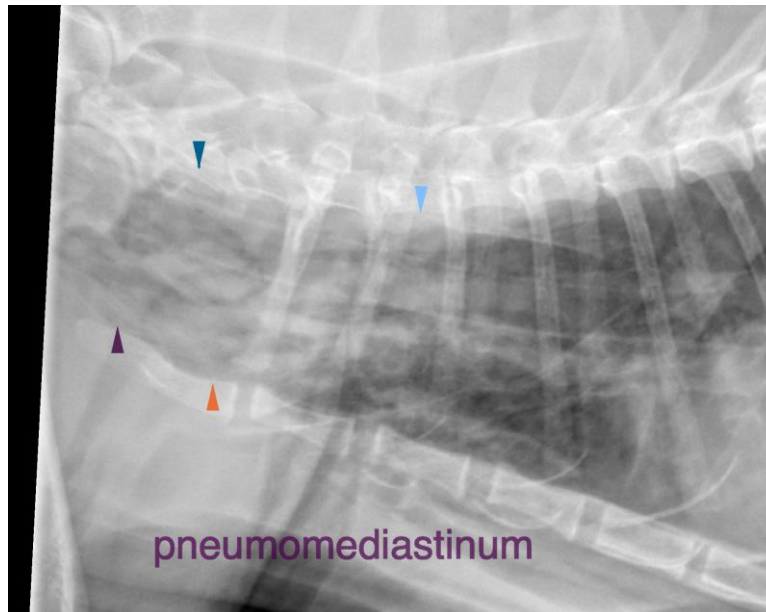
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clinically unstable, further diagnostics are recommended including endoscopic evaluation or the upper airway and esophagus and CT of the neck and thorax for a more sensitive assessment of soft tissue and airway integrity.



The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Nele Eley (Ondreka), DVM, Dr. med. vet., DipECVDI
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