



## PATIENT

Ike Bare

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

12 Years

## WEIGHT

10.6 Pounds

## INTERPRETED BY

Sebastian Jawinski,  
German Board  
Certified Vet Specialist  
in Diagnostic Imaging

## IMAGING PERFORMED BY

Dr. Brandi Barry

## HOSPITAL NAME

Bluegrass AH

## REFERRING VET

Dr. Brandi Barry

## INVOICE

36010

## DATE

12/21/25

## PRESENTING CLINICAL SIGNS

History: Patient presented 12/16/25 with a 1 day history of labored breathing, lethargy, and decreased appetite. Indoor/outdoor. Thoracocentesis performed using Smart-Y centesis device and 21G butterfly catheter. 175mL of cloudy, hemorrhagic fluid removed from left hemithorax. Air bubble opacities noted on rads following thoracocentesis. Increased RE w/ abdominal component noted a few minutes following thoracocentesis and repeat radiographs. Thoracocentesis performed in the same manner for the right hemithorax; continuous air and ~100mL of cloudy, hemorrhagic fluid removed. Recommended chest tube placement and transfer to ER vs. euthanasia. Owner elected ER transfer, but patient unfortunately died during transit.

Abnormal PE/Chem/CBC/UA Results: Abnormal PE: increased RR/RE w/ abdominal component; CV ausc. sl. muffled. CBC/Chem17/Lytes: NEU 11.53 (H), TBIL 1.0 (H); all else WNL TT4: WNL FIV/FelV: neg/neg ProBNP: abnormal CXR: moderate to severe pleural effusion; air bubble opacities noted on repeat CXR following thoracocentesis Fluid analysis: SG 1.035. TP 5.0. Cytology: hemodiluted sample, several neutrophils, suspect small lymphocytes.

## RADIOGRAPHIC STUDY OF THE THORAX

The images pre thoracocentesis present severe and bilateral pleural effusion with secondary retraction of the lung lobes and presenting rounded shapes of the separated lobes. Nodular changes within the pulmonary structures are not noted. The trachea shows a normal course and a mildly alternating diameter. The surrounding bony structures and the diaphragm appear intact and inconspicuous.

The images after thoracocentesis then show residual pleural effusion with multiple gas pockets and a progressive tension pneumothorax with severe hypoinflation/retraction of the lungs and a flattened diaphragm.

## RADIOGRAPHIC DIAGNOSIS

- Severe and bilateral pleural effusion with a progressive tension pneumothorax after thoracocentesis

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are numerous etiologies possible for the severe and bilateral pleural effusion, including -but are not limited to- neoplastic changes with pleural transudate and inflammatory exudate due to bronchopneumonia/ pleuritis. Nodular changes or pulmonary lesions are not fully excluded. The images after thoracocentesis then show a progressive tension pneumothorax. Regarding the multiple gas pockets within the effusion, a perforation/open lesion of the lung is the most likely diagnosis.



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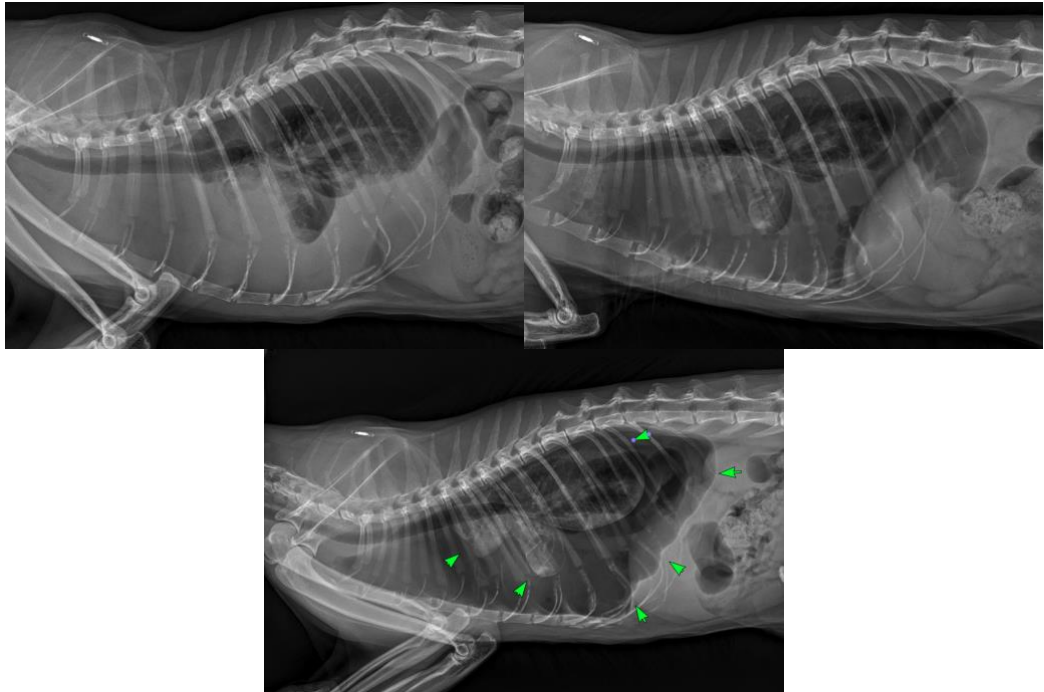
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

**Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging**  
[info@sonopath.com](mailto:info@sonopath.com)

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