



## PATIENT

Sokka Hollerbach

## SPECIES

Feline

## BREED

DSH

## SEX

MN

## AGE

6

## WEIGHT

8.7lbs

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

Dr Jennifer Schiebert

## HOSPITAL NAME

Shadowridge  
Veterinary Hospital

## REFERRING VET

Dr Jennifer Schiebert

## INVOICE

73807

## DATE

2-17-26

## PRESENTING CLINICAL SIGNS

- history of chronic URI and had rhinoscopy in Jan 2026. Enlarged tonsils and was positive for PCR mycoplasma with normal cultures etc at that time.
- Was started on Orbax suspension.
- Had urinary blockage about a week later.
- Had blood in urine on 2/11/26 and placed on Orbax again.
- Not eating or drinking well for last 4 days.
- Breathing heavy
- PE showed heavy raspy and wheezing breath sounds with some referred upper airway congestion as well.
- Tachypneic with increased respiratory effort.

Abnormal PE/Chem/CBC/UA Results: CbC and chem NSF

## RADIOGRAPHIC STUDY OF THE THORAX

Radiographs of the thorax in three image planes are provided for review.

## RADIOGRAPHIC FINDINGS

The surrounding bony structures are within normal limits.

The extrathoracic soft tissues present homogeneous without abnormalities.

In the lateral views, the heart is of normal size and shape, there is no evidence of cardiac chamber or vascular enlargement. The pulmonary vasculature is within normal limits.

The caudal cervical tracheal segment is dorsoventrally flattened.

The right principal bronchus presents an abrupt stop.

The right lung is consolidated and presents a significant decreased volume – a mediastinal shift to the right is appreciated and the cardiac silhouette is effaced in the VD view by the consolidated right lung lobes. Multiple punctuate mineralizations are superimposed on the consolidated right lung.

The left lung is hyperinflated and crossing the midline to the right.

The diaphragm is well delineated with even surface and the expected mild cranial bulging of the diaphragmatic cupola.

## RADIOGRAPHIC DIAGNOSIS

- Atelectasis right lung with interspersed dystrophic mineralization
- Abrupt stop right principal bronchus
- Hyperinflated left lung
- Dorsoventral flattening caudal cervical tracheal segment – considered as a sequela to positioning (extension) of the neck

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The consolidation of the right lung in combination with the history of chronic respiratory clinical signs can be a sequela to chronic bronchial mucus plugging and secondary resorption atelectasis. A differential is a hilar soft tissue mass compressing the right principal bronchus with secondary resorption atelectasis (e.g. peribronchial mass versus intraluminal mass – granuloma versus neoplasia),



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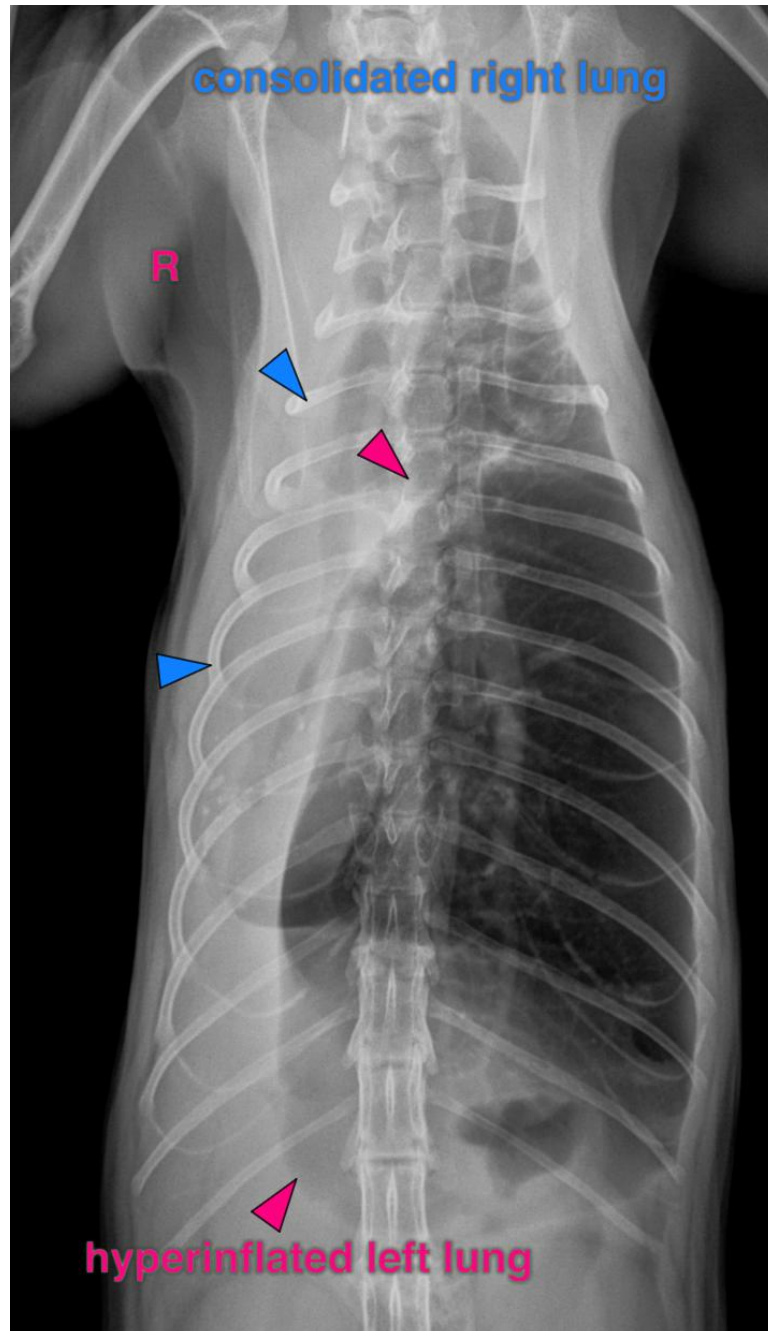
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aspirated foreign body or chronic pneumonia. A CT study can be used to rule in/out any obliterating mass entirely.





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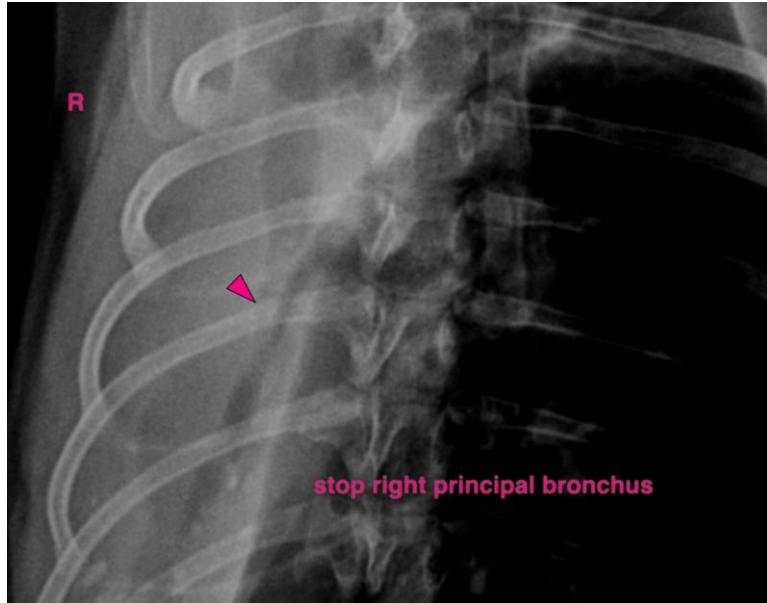
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
[info@sonopath.com](mailto:info@sonopath.com)