



## PATIENT

Hamlet Johnson

## SPECIES

Feline

## BREED

DLH

## SEX

MC

## AGE

2Y

## WEIGHT

14.6lbs

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

Brandi Barry

## HOSPITAL NAME

Bluegrass Animal  
Hospital

## REFERRING VET

Brandi Barry

## INVOICE

75092

## DATE

5-21-26

## PRESENTING CLINICAL SIGNS

Previous feral cat, adopted by owner 11/2025. Patient has a chronic hx of URI signs since time of adoption. Owner reports chronic nasal discharge, sneezing, and audible congestion. Patient tx'd w/ various antibiotics last winter (Convenia, doxycycline, clindamycin)- no response to treatment. No evidence of polyps noted on sedated exam 3/5/26. Most recently treated with a 1 month course of Zeniquin and 2 weeks of doxycycline; completed tx 4-5 days ago. Owner reports that patient is feeling the best he has over the last several months following most recent antibiotic treatment. Nasal discharge and sneezing have resolved. Patient is now more playful at home. Owner thinks she may be hearing mild audible congestion intermittently at home.

Abnormal PE/Chem/CBC/UA Results: RR 40-60 brpm; stressed on PE. Normal RE. No nasal discharge present. Intermittently increased BV sounds noted with inspiration on auscultation of R thorax. CBC/Chem17/Lytes performed 3/5/26: NEU 12.76 (H), GLOB 5.6 (H); all else WNL  
Diagnostics performed early April: Extended feline fungal panel thru MiraVista: negative FIV/FelV (neg/neg) Feline Respiratory PCR thru Texas A&M: positive for Bordetella bronchiseptica (detected 27.50) & Mycoplasma spp. CXR taken 4/16/26 following initial 2w course of Zeniquin. Repeated 4/30/26 and added on doxycycline tx. Patient returned today for repeat CXR following 1m course of Zeniquin and 2w course of doxycycline.

## RADIOGRAPHIC STUDY OF THE THORAX

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

## RADIOGRAPHIC FINDINGS

The surrounding bony structures are within normal limits.

The extrathoracic soft tissues present homogeneous without abnormalities.

Cranial to the heart, an increased soft radiopacity of the lung field is appreciated that is no visible in the VD view – considered as a sequela to mediastinal fat ± remaining thymus.

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 trachea is normal in diameter and presents the anticipated course. The luminal outline of the trachea is smooth.

The bronchial tree presents with thin walls and tapers uniformly towards the periphery as expected.

The lung parenchyma presents the expected architecture and opacity; the intrapulmonary vascular branching is seen up to the third order lung vessels.

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

## RADIOGRAPHIC DIAGNOSIS

- Normal thorax

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic study of the thorax reveals no abnormalities; there are no signs of active pneumonia or bronchitis.



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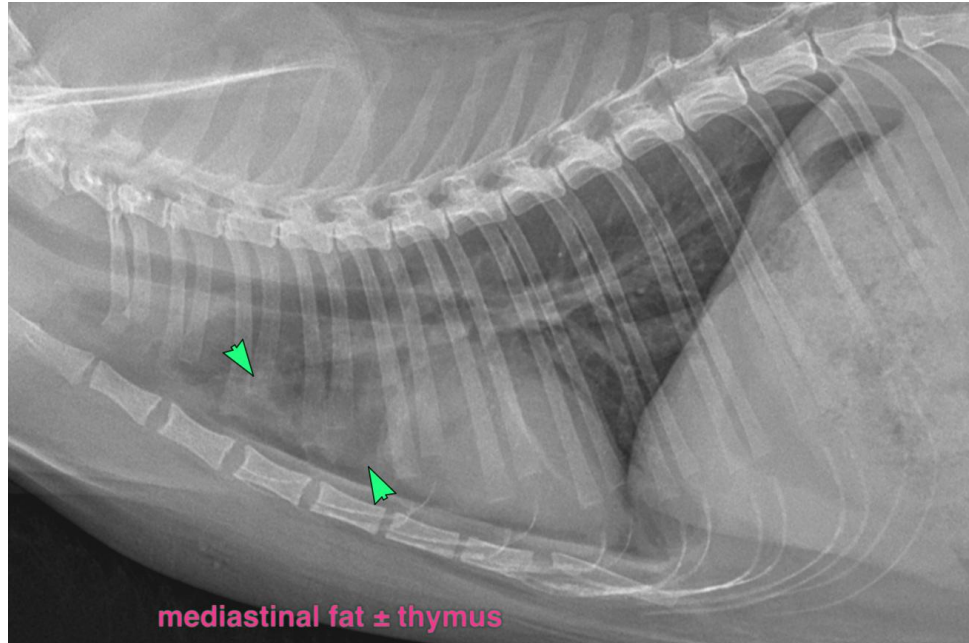
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
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