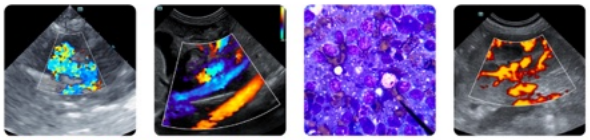


PATIENT

Luca Ellis

SPECIES

Snake

BREED

Ball Python

SEX

Male

AGE

3 years

WEIGHT

1.3 kg

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Agnes E Rupley

HOSPITAL NAME

All Pets Medical Center

REFERRING VET

Dr. Rupley

INVOICE

73813

DATE

3/26/26

PRESENTING CLINICAL SIGNS

- Ultrasound performed due to recent histopathology of two masses on head consistent with cutaneous manifestations of sepsis. A tissue Gram stain identified a mixed population of gram-negative and gram-positive bacteria within the abscesses. An acid-fast stain is negative for mycobacteria. Pathologist reported this snake is likely septic and may have substantial visceral lesions.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The cloaca is normally distended, with a thin and smooth wall. The contents consist of anechoic urine with a physiological amount of urate material.

Both kidneys are visualized, although one is more clearly identified than the other and laterality cannot be confidently assigned. The kidneys have normal shape and echogenicity, ranging from isoechoic to mildly hypoechoic relative to the fat bodies. There is no ultrasonographic evidence of abscess formation, mineralization, gout, or structural abnormalities.

Liver

The liver is subjectively normal in size and contour. The parenchyma is homogeneous with normal echogenicity and echotexture. The hepatic and portal vasculature are identified and appear within normal limits.

The gallbladder is not visualized in the provided images.

Gastrointestinal

The stomach is not visualized in the provided images. The pyloric region appears empty and unremarkable.

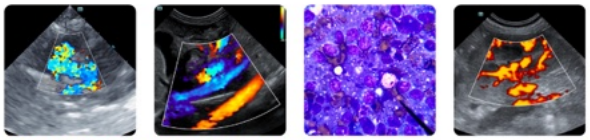
The intestines contain ingesta, which is not typical for fasting snakes; the timing of the last feeding is unknown. The intestinal wall appears normal, with no evidence of obstruction or impaction.

Fat bodies

Fat bodies are subjectively normal in size and echogenicity, with no evidence of abscessation.

Free Coelomic cavity

No coelomic effusion or evidence of coelomitis is identified. No abscesses, granulomas, or areas of necrosis are identified within the provided video clips.



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Pulmonary region

Multiple comet-tail (B-line) artifacts are observed within the pulmonary region. These findings are commonly encountered in reptiles and are of limited diagnostic specificity. Ultrasound is not a reliable modality for the assessment of pulmonary disease in snakes, and these findings should not be interpreted as evidence of pneumonia. Advanced imaging (radiography or CT) is recommended if pulmonary pathology is a clinical concern.

PRIMARY FINDINGS

- No abnormal ultrasonographic findings are identified within the provided video clips.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Within the limits of the study, there is no ultrasonographic evidence of visceral abscessation, granulomatous disease, or coelomic inflammation to support detectable systemic dissemination of infection.

However, it is important to emphasize that early, microscopic, or diffuse infectious processes may not produce detectable ultrasonographic changes, particularly in reptiles.

The absence of ultrasonographic abnormalities does not exclude systemic infection. In reptiles, septic processes may initially remain localized or may not produce detectable visceral changes on imaging, particularly in early or less disseminated stages.

Recommendations

- Pneumonia cannot be excluded based on this study, and alternative imaging (radiography or CT) should be considered if there is clinical concern.
- Given the history of confirmed septic lesions, close clinical monitoring is recommended, with repeat imaging if clinical status worsens or fails to improve, to assess for development of detectable visceral involvement.
- Continued diagnostic workup (bloodwork, microbiology) is recommended as clinically indicated to assess for systemic involvement beyond the limits of ultrasound.

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best integrate these findings with the patient's clinical status.

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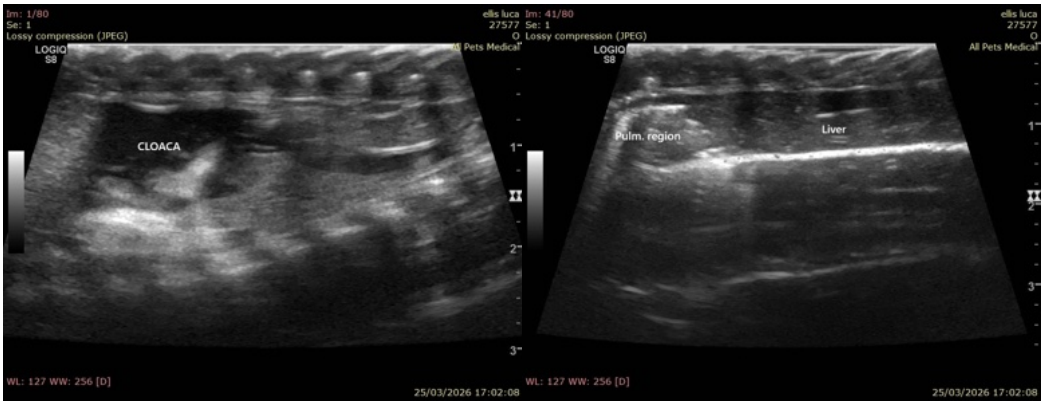

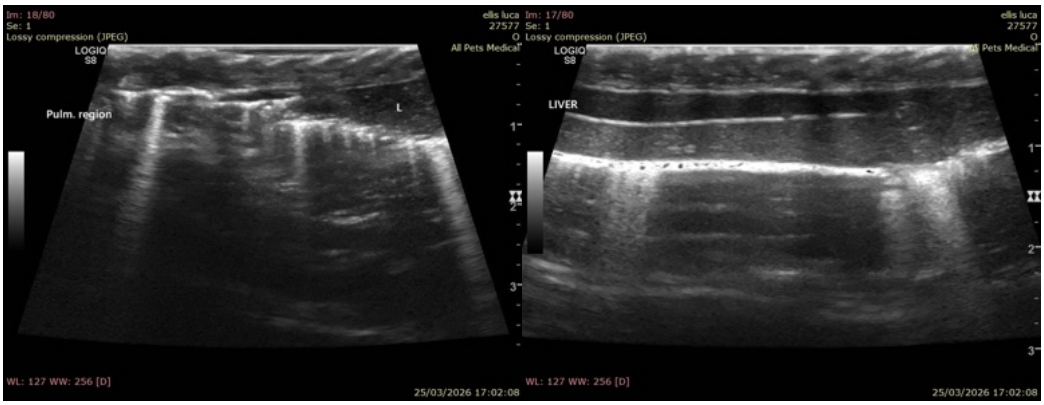

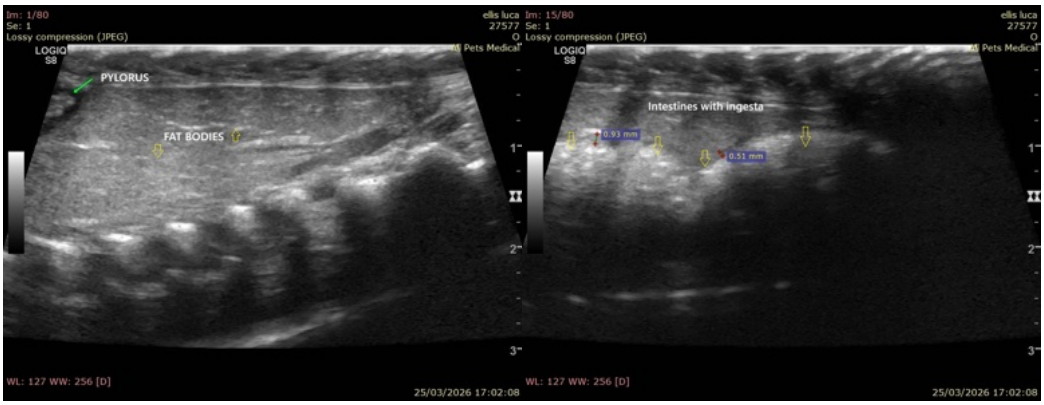

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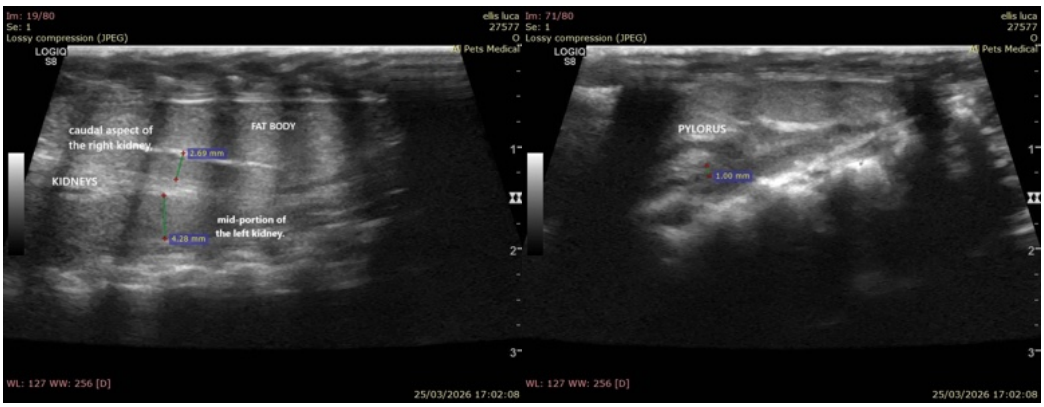

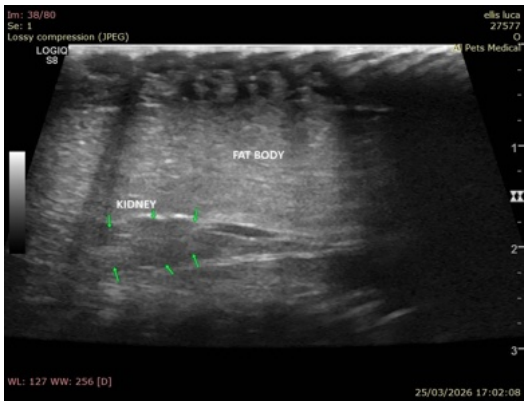

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

info@SonoPath.com