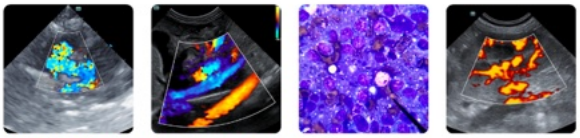


SonoPath www.animalsoundsnw.com info@animalsoundsnw.com 541.357.9423

PATIENT
Squirt Labeur

SPECIES
Avian

BREED
Blue Fronted Amazon

SEX
Female

AGE
30 years

WEIGHT
0.91 lbs

INTERPRETED BY
Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY
Rebecca Hamilton

HOSPITAL NAME
Creekside VC

REFERRING VET
Dr. Eggert

INVOICE
69950

DATE
1/9/26

PRESENTING CLINICAL SIGNS

History: Previous Ultrasound performed by Animal Sounds 9/11/25. Sig. hepatomegaly w/ hyperechogenicity of liver parenchyma. Non-shadowing suspected organized bile sludge in gallbladder, ~1cm diameter. Osteoarthritis of the hocks. Recent feather pulling. Bumble foot on plantar aspect of L foot. 1cm semi-firm mass R vent. 4-5mm semi-firm movable mass cranial to the vent. Meds: Cholchicine 1mg/mL 0.1mL PO BID. Ursodial 100mg/mL 0.06mL PO SID.
Abnormal PE/Chem/CBC/UA Results: 6/18/25: Bile Acids Preprandial 331.6 µmol/L AST 668 U/L Cholesterol 495mg/dL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The cloaca is not visualized in the provided images.

The kidneys are not routinely visualized by ultrasound in birds due to their retrocoelomic location and the presence of air sacs.

Reproductive Tract

No structures compatible with the reproductive tract, follicles, or eggs are identified in any of the provided videos.

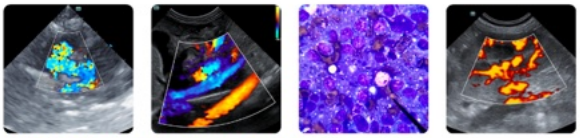
Spleen

Adjacent to the liver and located between the liver and the proventriculus, a completely rounded structure with well-defined, regular margins is identified. This structure is homogeneous and hypoechoic relative to the liver parenchyma and is compatible with the spleen.
On the previous ultrasound examination, the spleen measured approximately 0.5x0.8 cm. On the current study, it measures 0.6×0.83 cm.

Liver

The liver exhibits markedly irregular margins and a more pronounced parenchymal heterogeneity, with several nodules. The previously identified hepatic nodules do not appear to have increased significantly in size compared to the prior ultrasound examination. Current measurements include nodules measuring approximately 4.19×2.57 mm and 2.0×1.20 mm (previously measured at approximately 4.4×3.0 mm and 2.0×0.8 mm, respectively). Despite the relative stability in nodule size, the liver appears subjectively worse on the current examination, with and the presence of free fluid surrounding the liver.

The gallbladder is identified adjacent to the liver. The gallbladder lumen contains a well-demarcated, ovoid, markedly echogenic intraluminal structure, slightly more heterogeneous than on the previous ultrasound examination, measuring approximately 1.01×0.90 cm.



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Gastrointestinal

Proventriculus: Not visualized.

Ventriculus: The ventricular wall thickness measures approximately 1.73 mm. Very small amounts of luminal content are present, producing mild distal acoustic shadowing.

Small Intestines: The small intestinal wall thickness measures approximately 0.65 mm. No intraluminal fluid is identified. Wall layering and peristalsis appear normal.

Coelomic Cavity

A new coelomic effusion is observed.

ULTRASONOGRAPHIC FINDINGS

- Markedly irregular hepatic margins with severely heterogeneous parenchymal echotexture.
- Multiple hepatic nodules with minimal interval change compared to prior examination.
- Coelomic effusion.
- Echogenic intraluminal gallbladder structure.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver shows markedly irregular margins, heterogeneous parenchymal echotexture, multiple small nodular structures, and newly developed coelomic effusion, indicating advanced hepatic disease. The hepatic nodules identified on the current examination are similar in size to those previously documented, with no substantial interval growth over approximately one month. The absence of a dominant mass lesion, combined with the multifocal and relatively stable nature of the nodules, favors a chronic hepatopathic process with fibrosis and regenerative nodular change. However, a primary hepatic neoplasm cannot be definitively excluded, particularly in the context of poor ultrasonographic image quality and species-related limitations. Based on the lack of rapid nodule progression, diffuse hepatic involvement, and overall imaging pattern, chronic fibrosing hepatopathy with regenerative nodules is considered the leading diagnosis, but definitive differentiation between regenerative and neoplastic nodules would require histopathologic evaluation, which may not be clinically feasible in this patient.

In psittacine birds, advanced chronic hepatopathies may result in a markedly nodular hepatic appearance, loss of normal parenchymal architecture, and coelomic effusion, while remaining poorly distinguishable from neoplastic processes on ultrasonography alone. Given the severe elevations in bile acids, AST, and cholesterol, the imaging findings are most consistent with end-stage chronic liver disease.

Regardless of the underlying etiology, whether neoplastic or non-neoplastic, the liver is severely and diffusely compromised, with loss of normal architecture and function consistent with end-stage hepatic disease. As such, determination of the exact cause is unlikely to alter clinical management or prognosis.

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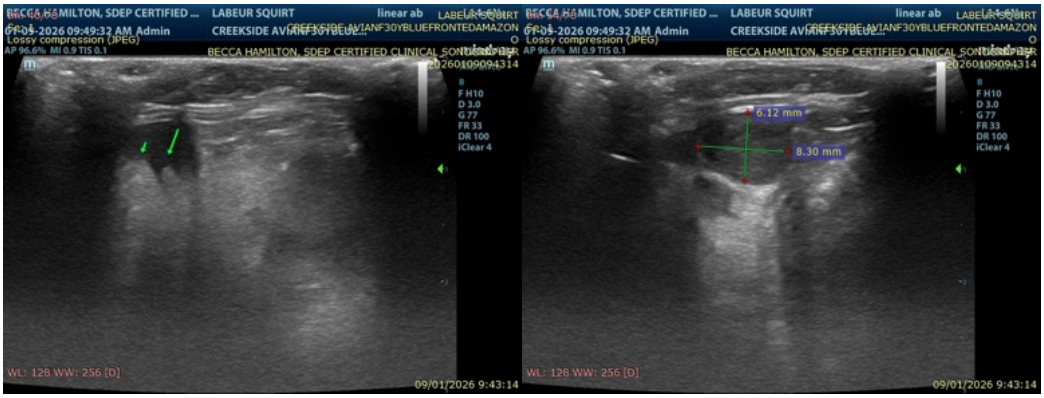
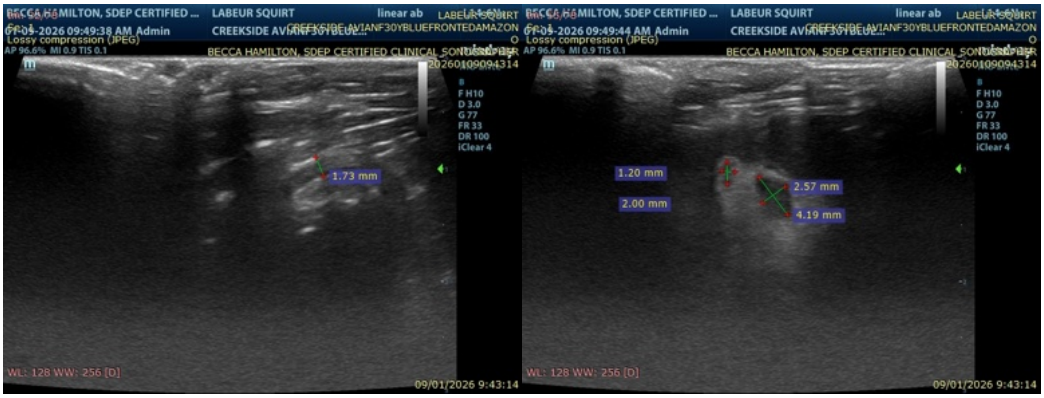
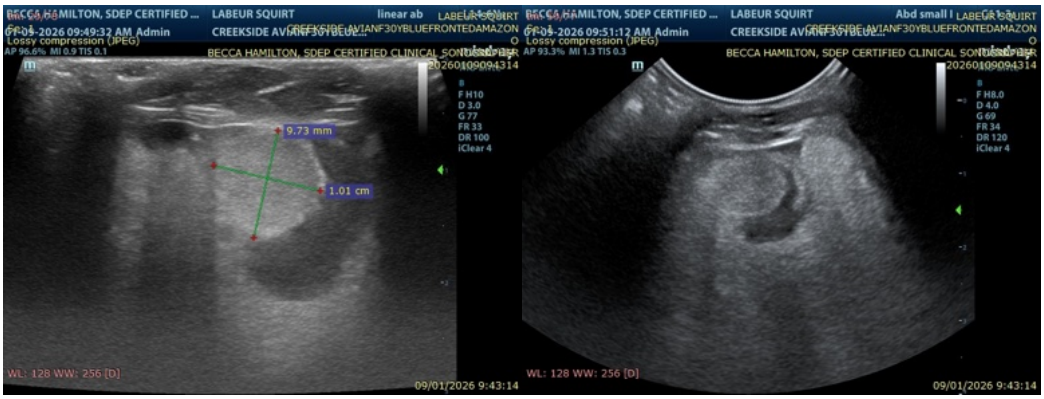
Recommendations

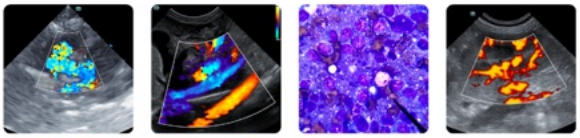
- Continuing current supportive and palliative care as tolerated, with emphasis on comfort, nutrition, and quality of life.
- Monitor clinically for progression of coelomic effusion or signs of decompensation.
- Discuss prognosis with the caregiver focusing on quality-of-life–based decision making.







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.



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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.

MV Esp Ultrasound in Domestic and Wild Animals

info@SonoPath.com