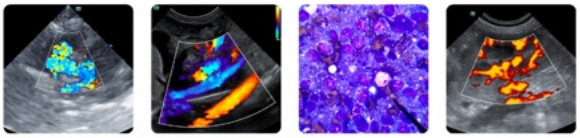


SonoPath www.animalsoundsnw.com info@animalsoundsnw.com 541.357.9423

PATIENT
Tori Lin

SPECIES
Parrot

BREED
African Grey

SEX
Intact female

AGE
32 years

WEIGHT
0.78 lbs

INTERPRETED BY
Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY
Sara Hansen

HOSPITAL NAME
Santa Clara AH

REFERRING VET
Dr. Giddens

INVOICE
71652

DATE
2/17/26

PRESENTING CLINICAL SIGNS

- Diet: Harrison's coarse pellets supplemented with Nutra Berries, Harrison's power pellets, fruits and vegetables (green beans, blueberries)
- Described as picky eater overall
- No current medications
- Timeline of respiratory signs:
  1 week ago: breathing loudly, initially attributed to anxiety/excitement
  Few days later: whistling in breath, sounds wet in throat
  Following day: observed swallowing motions, whistling more prominent when head positioned down at feet
  Following day: loud breathing during play (intermittent), whistling more noticeable
  2 days ago: whistling became more frequent, decreased appetite, new sound described as trying to breathe something out, muffled quality
  Yesterday: quieter than usual, less playful, increased wheeze, gurgling sounds, clicking sounds in breath, increased clinginess, right wing drooping compared to left wing
- - Eating, drinking, and elimination reported as adequate despite decreased appetite
- - Some lethargy noted over last 2 days
- - Occasional eructation or regurgitation sounds noted.
- Will email BW: HCT elevated at 57% Plasma Protein elevated at 6.5 GGT elevated at 15 Na elevated at 163 Current Medications Meloxicam, Clavamox Radiographic Findings Will send- no obvious dz Notes to Specialist (if any) P is Very skinny

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The cloaca is not visualized. The kidneys are not reliably evaluated transcutaneously due to their retrocoelomic location and air sac interference, which is expected in many psittacine.

Reproductive System

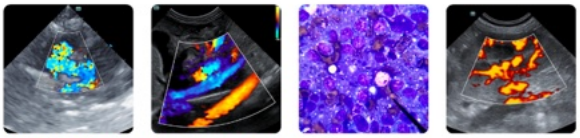
No structures compatible with the reproductive tract (follicles/egg) are identified. No ultrasonographic evidence of egg retention or reproductive tract distension is seen.

Spleen

Not visualized.

Liver

Right and left hepatic lobes are subjectively normal in size. The hepatic parenchyma is largely homogeneous with preserved echogenicity. Multifocal, small, mildly hyperechoic foci (<0.5cm) are noted within the parenchyma.



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Not present/visualized, consistent with psittacine anatomy (many psittacine lack a gallbladder).

Gastrointestinal

Proventriculus: Not visualized, probably empty and collapsed.

Ventriculus: wall thickness 1.86mm with mild luminal content producing distal acoustic shadowing (compatible with expected ventriculus content).

Small intestines: duodenum 0.94mm; other small intestinal segments 1.45mm. Wall layering and peristalsis are preserved.

No ultrasonographic evidence of obstruction, ileus, or foreign material.

Coelomic Cavity

No coelomic effusion or masses are identified in the provided videos.

Cardiac Measurements

As two-dimensional cardiac images were available, basic linear measurements were obtained. However, this should not be interpreted as a complete echocardiographic examination, which requires a more comprehensive and species-specific assessment including standardized planes, Doppler evaluation, and ECG correlation for accurate functional interpretation.

- Left Ventricular Internal Diameter (LVID):

Systole: Measured: 7.50 mm. Reference: 7.0 mm

Diastole: Measured: 9.25 mm. Reference: 9.1 mm

- Fractional Shortening (FS): (9.25 − 7.50) / 9.25 × 100 = 18.9%. Reference mean: 23.1%

- Left Ventricular Length (Longitudinal Dimension)

Systole: Measured: 18.8 mm. Reference: 22.2 mm.

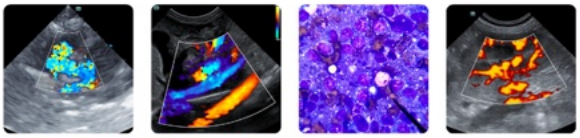
Diastole: Measured: 22.4 mm. Reference: 23.9 mm.

- Interventricular Septum Thickness (IVS) Systole: Measured: 2.96 mm. Reference: 2.9 mm

Diastole: Measured: 2.05 mm. Reference: 2.5 mm

- Left Ventricular Free Wall Thickness. Systole: 2.63 mm. Diastole: 1.99 mm

Although specific reference values for the free wall were not provided, measurements appear symmetric relative to septal thickness and do not suggest concentric hypertrophy or abnormal thinning.



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ULTRASONOGRAPHIC FINDINGS

- Multifocal small hyperechoic hepatic foci (<0.5cm).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The elevated GGT indicates hepatobiliary involvement and may be compatible with intrahepatic cholestasis, biliary epithelial activation, or chronic hepatocellular remodeling. However, interpretation of GGT activity in avian species should be made cautiously, as is generally less sensitive and less specific for hepatobiliary disease in birds compared to mammals. Correlation with other avian-relevant parameters such as AST, GLDH, and bile acids is recommended for a more comprehensive assessment of hepatic function. Ultrasonographically, the liver is subjectively normal in size with preserved overall echotexture; however, the presence of multiple small mildly hyperechoic foci (<0.5 cm) is compatible with chronic parenchymal change. Differential considerations for these lesions include nodular hyperplasia, focal fibrosis, mild lipidosis, age-related remodeling, and microcalcifications. Additionally, granulomatous disease, particularly fungal granulomas (Aspergillus spp.) should be considered, especially in geriatric psittacines and in patients with concurrent respiratory signs. Taken together, the biochemical and ultrasonographic findings support the presence of a chronic hepatobiliary or parenchymal process. At this stage, these hepatic abnormalities are interpreted as a concurrent chronic condition rather than the primary cause of the acute and progressive respiratory signs.

Absence of coelomic effusion reduces suspicion for advanced cardiac failure with ascites, ruptured viscus, or severe coelomitis at this moment.

Based on the available measurements, there is no echocardiographic evidence of clinically significant structural heart disease. The mildly reduced fractional shortening should be interpreted cautiously given known technical limitations in avian echocardiography and absence of ECG gating. Overall, cardiac disease does not appear to be the primary driver of the patient's respiratory signs at this time.

Given the progressive audible respiratory noise, intermittent effort, and concurrent regurgitation-type sounds, the highest-yield clinical localization remains the upper airway to lower respiratory tract (choana/sinuses, trachea/syrinx, air sacs, lungs). In psittacines—particularly geriatric African Greys—differentials that can produce this pattern despite a relatively unrevealing coelomic ultrasound include tracheitis/syringitis, bacterial/fungal airsacculitis (notably aspergillosis), aspiration secondary to regurgitation, or less commonly an intrathoracic mass not accessible sonographically due to air sac interference.

HCT 57% with elevated plasma protein 6.5 support hemoconcentration/dehydration.

Recommendations

- Targeted choanal and tracheal/syringeal evaluation (cytology ± culture/sensitivity) and careful oral/choanal exam for mucus/foreign material. Only if feasible, air sac endoscopy is the most direct way to assess for airsacculitis/aspergillosis and obtain diagnostic samples.
- Aspergillosis screening strongly recommended given age, poor body condition, and progressive respiratory noise: consider Aspergillus antigen/antibody testing (interpret in context), and/or endoscopic visualization/sampling when possible.

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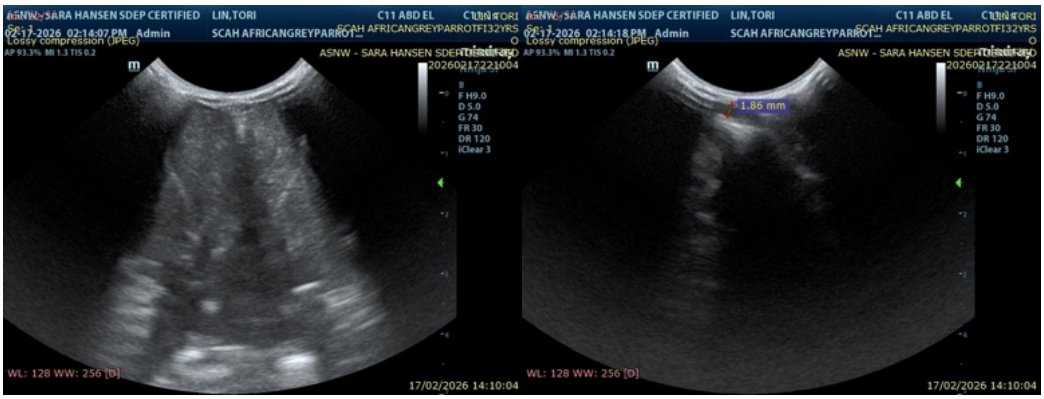
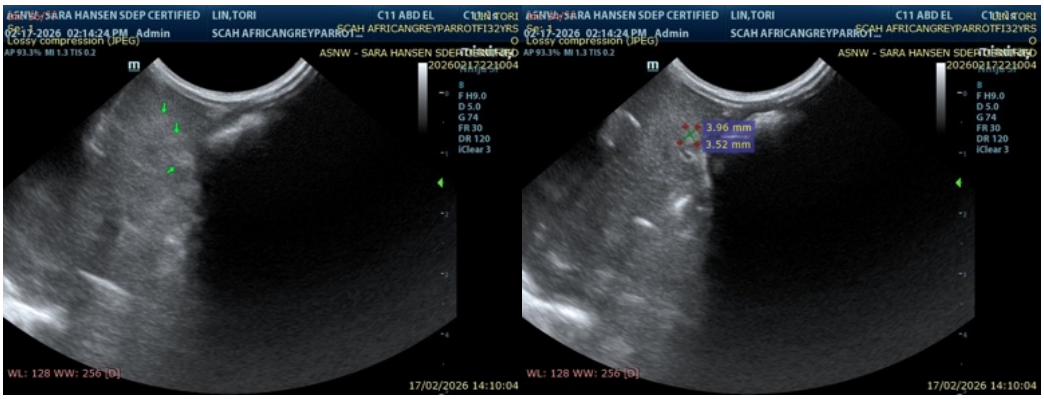
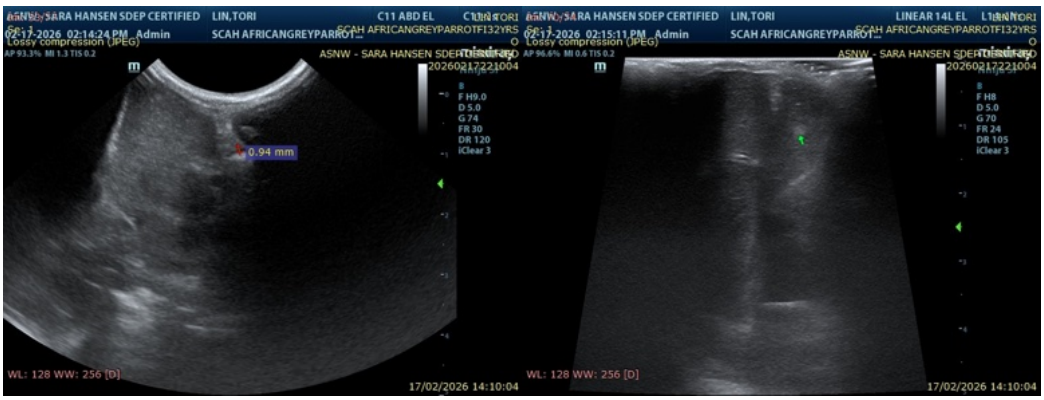
- Repeat/advanced thoracic imaging: CT (if available) is often superior for air sac and intrathoracic lesions when radiographs are nondiagnostic.
- Supportive care: oxygen as needed, hydration, nutritional support/assisted feeding strategy given "very skinny," and nebulization/humidification if tolerated.
- Hepatic follow-up.







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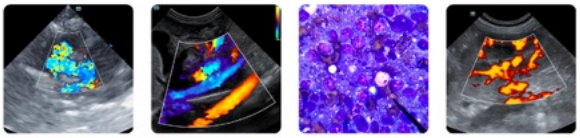

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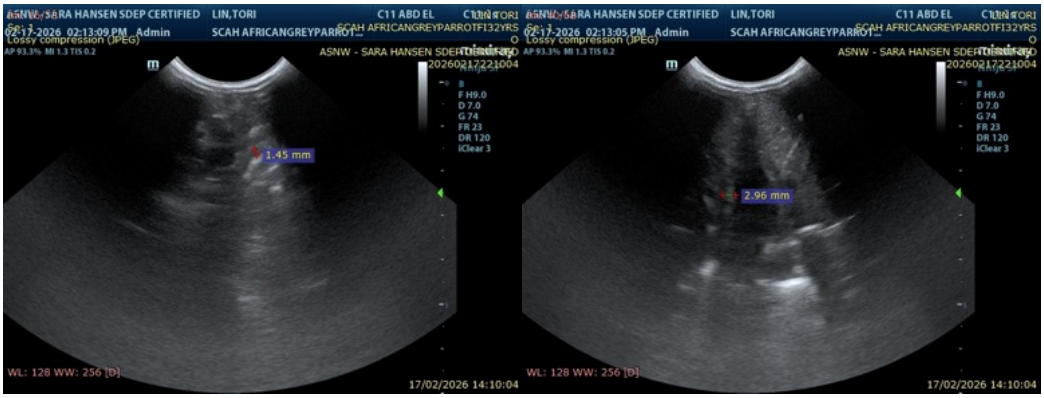

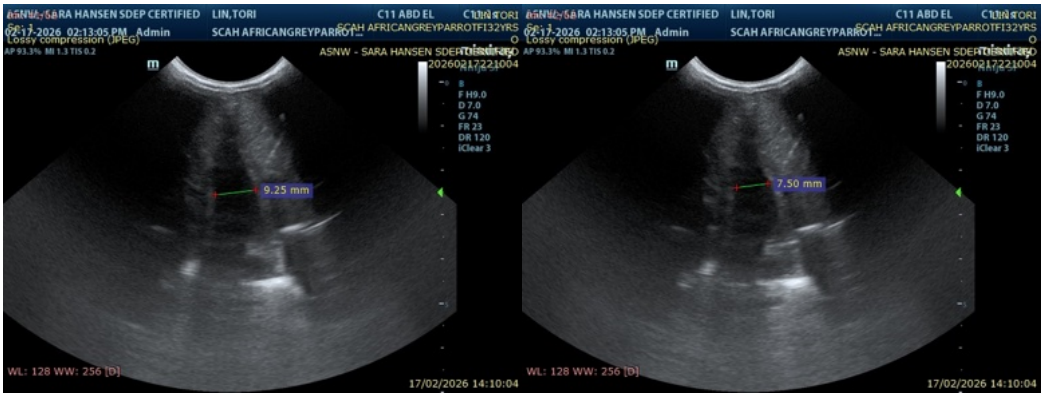

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

MV Esp Ultrasound in Domestic and Wild Animals

info@SonoPath.com