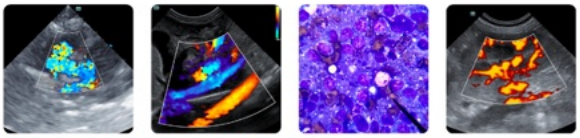


SonoPath www.animalsoundsnw.com info@animalsoundsnw.com 541.357.9423

PATIENT

Hannah Siegel

SPECIES

Parrot

BREED

African Grey

SEX

Intact female

AGE

25 years

WEIGHT

483.8 grams

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Eastgate VC

REFERRING VET

Dr. Lantz

INVOICE

77856

DATE

5/21/26

PRESENTING CLINICAL SIGNS

Annual coelomic ultrasound to monitor heart and liver along with the rest of her coelomic organs/structures
Concerns for atherosclerosis and hepatic enlargement on x-rays 11/2023
4/2024 SGOT (AST) 65 (LOW) 125-339 IU/L, Calcium 18.1 (HIGH) 7.7-11.8 mg/dL, Cholesterol 358 (HIGH) 136-272 mg/dL, 50.8 (HIGH) 10-50 umol/L
5/2024 LIMITED ULTRASONOGRAPHIC EXAMINATION ULTRASONOGRAPHIC FINDINGS
• Stable benign hepatic cyst with normal echocardiogram.
• Minor hepatic remodeling, largely expected for species and age.
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
No progression from the prior sonogram.
3/2025 SGOT(AST) 67 (LOW) 125-339 IU/L 65 IU/L, CALCIUM 16.5 (HIGH), CHOLESTEROL 279 (HIGH), URIC ACID 5.8, Bile Acids 48.6
6/2025 LIMITED ULTRASONOGRAPHIC EXAMINATION ULTRASONOGRAPHIC FINDINGS
• Persistent hepatic cyst and mild to moderate remodeling
• Unremarkable heart
• Unremarkable upper GI tract
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
No evidence of significant disease.
3/2026 SGOT(AST) 84 (LOW)
Current Medications Previously on milk thistle, not on any meds/supplements currently

ULTRASONOGRAPHIC EXAMINATION OF THE COELOM

Cloaca and Urinary System

The cloaca is not confidently visualized.

The kidneys are not reliably evaluated transcutaneously due to their retrocoelomic location and overlying air sac interference, which is expected in most avian patients and represents an inherent limitation of transcoelomic ultrasonography.

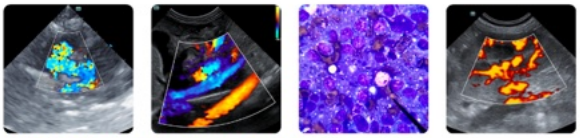
Reproductive System

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

Liver

A previously described large thin-walled hepatic cyst is again identified within the right hepatic lobe, currently measuring approximately 1.66×2.45 cm (maximum orthogonal dimensions obtained from multiple measurements). Direct size comparison with prior examinations is limited due to the absence of documented previous measurements. The wall remains thin and smooth, and the contents are anechoic. An additional small cystic focus measuring approximately 2.77×3.64 mm is also identified within the hepatic parenchyma.

The remaining hepatic parenchyma is mildly diffusely hyperechoic. A few very small hypoechoic foci measuring approximately 2.5 mm are identified within the hepatic parenchyma using the linear



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transducer. No coelomic mass effect or marked hepatic architectural distortion is identified in the submitted views.

A gallbladder is not visualized, consistent with normal psittacine anatomy.

Gastrointestinal tract

The proventriculus is partially visualized, with mural thickness measuring approximately 1.31 mm. The ventriculus demonstrates mural thickness ranging from 3.93–4.62 mm. Both gastric chambers contain material compatible with normal ingesta.

Visualized small intestinal segments measure approximately 1.64 mm in wall thickness, with preserved wall layering and motility. No ultrasonographic evidence of gastrointestinal obstruction, focal mural abnormality, or abnormal distension is identified in the submitted images.

Abdomen Coelomic cavity

No coelomic effusion, pericardial effusion, or discrete coelomic mass lesion is identified in the submitted videos. The visualized cardiac silhouette remains subjectively unremarkable on this examination.

PRIMARY FINDINGS

- Persistent large right hepatic cyst.
- New small hepatic cystic focus.
- Mild diffuse hepatic hyperechogenicity/remodeling.
- Several hepatic hypoechoic foci.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The previously described large thin-walled hepatic cyst is again identified within the right hepatic lobe. Although direct size comparison is limited due to the absence of documented prior measurements, no obvious aggressive ultrasonographic features, progressive mass effect, or associated coelomic effusion are identified on the current examination.

Mild diffuse hepatic hyperechogenicity appears overall subjectively similar to prior examinations. In the context of this patient's chronic mild hypercholesterolemia, previously suspected hepatomegaly, and mildly increased bile acids, the findings remain most compatible with mild chronic hepatocellular metabolic hepatopathy. No convincing ultrasonographic evidence of progressive or severe hepatobiliary disease is identified on the current study.

A few tiny hypoechoic hepatic foci are additionally observed with the high-frequency linear transducer. Given their very small size, lack of associated architectural distortion, and the otherwise relatively unchanged overall hepatic appearance over serial examinations, these foci most likely reflect mild nodular regenerative/hyperplastic remodeling change.

No coelomic effusion, pericardial effusion, or overt ultrasonographic evidence of clinically significant cardiovascular decompensation is identified on this limited examination. However, ultrasonography of

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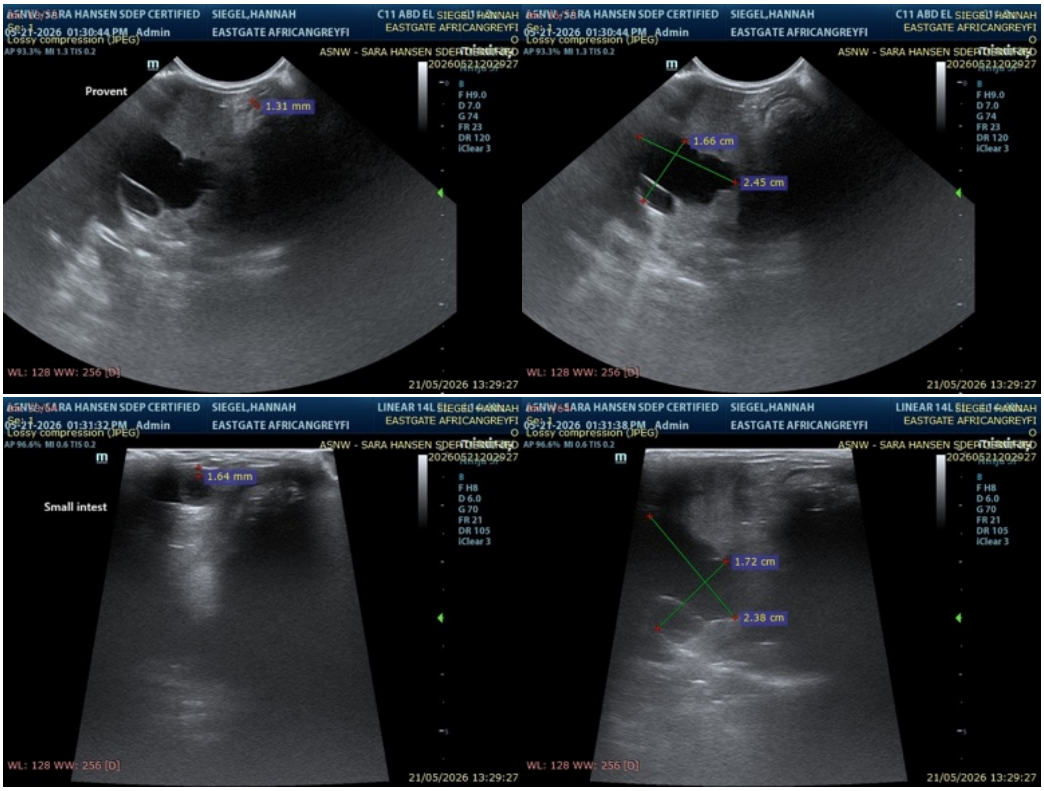
the avian coelom remains inherently limited for complete assessment of systemic vascular disease and atherosclerotic change.

Recommendations

- Continued periodic ultrasonographic monitoring is reasonable given the chronic hepatic cystic/remodeling changes and the patient's metabolic history.
- Correlation with serial cholesterol, bile acids, calcium, and overall clinical status is recommended.

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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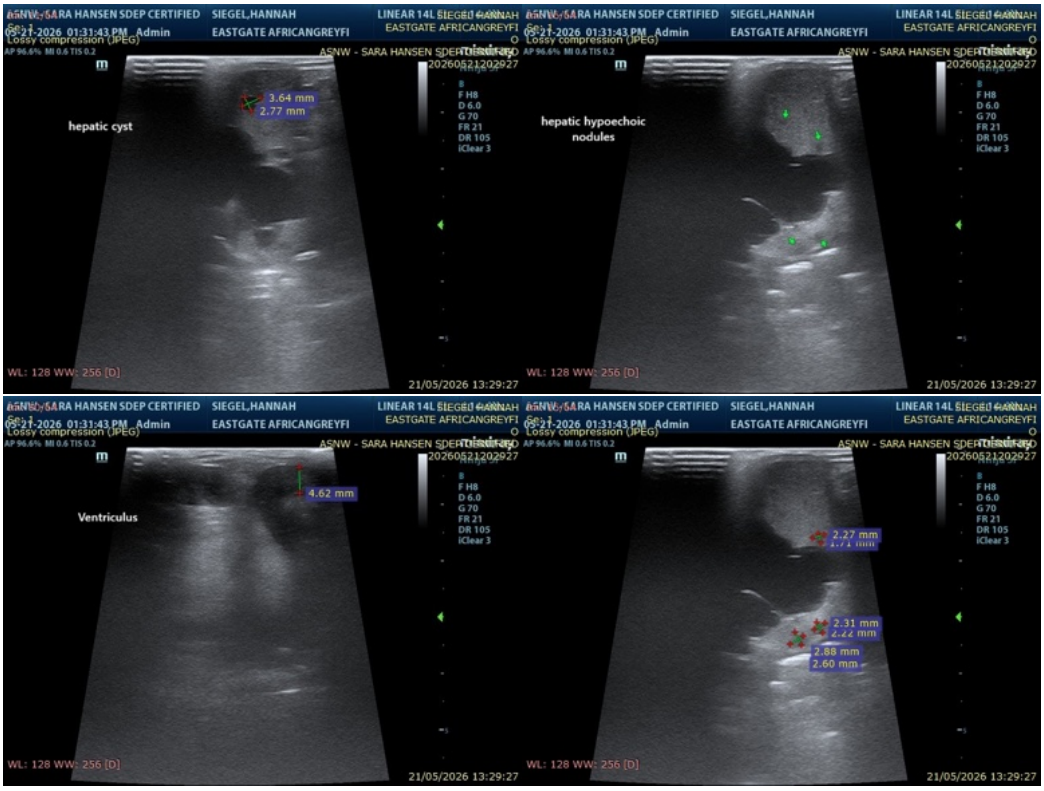

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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