



**PATIENT PRESENTING CLINICAL SIGNS**

**Zaffer Griffith** History: 11 week history of mass growing on palate. Plan for CT for Surgical planning if possible +/- thorax and abdomen for any evidence of metastasis. hx fractured tib/fib- 2013 was atrophied, but using it post fracture. Now swollen and painful near callus. Over the year started shaking while standing on compromised leg (R) used to stand on R leg and eat with left. Seemed painful over summer, now not using it much. Limping, holds it out to keep weight off of it. Owner concerned as it had been less painful for years and now exacerbated without evidence of a traumatic event.  
**Abnormal PE/Chem/CBC/UA Results:** BG elevated

**BREED COMPUTED TOMOGRAPHIC STUDY OF THE ENTIRE BIRD**

**Hyacinth Macaw** A high-resolution plain CT study of the entire bird is provided for review.

**COMPUTED TOMOGRAPHIC FINDINGS**

**SEX**

**Male** Originating from the rostral segment of the right palatine bone, an expansile, mixed soft tissue and mild mineralizing mass is appreciated, measuring 15 x 15 x 23 mm in size. The underlying palatine bone presents mild osteolytic lesions and moderate sclerosis. The mass is protruding into the caudal aspect of the oral cavity.

**AGE**

**33** The remainder of the osseous and soft tissue structures of the skull present without abnormalities. The air-sacs are generalized aerated and present smooth serosal lining.

**INTERPRETED BY**

**Sebastian Schaub,  
DVM Dr. med. vet.  
DipECVDI**

The cardiovascular structures including the pulmonary vasculature are considered normal. The lung parenchyma presents the expected architecture and attenuation behavior. Both kidneys present within normal limits for size and shape

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The liver presents with normal shape and uniformly attenuating parenchyma. The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

**REFERRING VET**

**Dr. Dan Lewer, DVM**

The most proximal segment of the right ulna presents with osteolytic lesions and loss of cortical distinction. Throughout the medullary cavity of the ulna bilaterally and both femora, patchy zones with sclerosis are appreciated, that are partially associated with local immature periosteal new bone formation

**INVOICE**

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The mid diaphysis of the right tibiotarsus presents a short oblique fracture, completely bridged by smooth callus formation with a coarse trabecular pattern. The distal segment of the right tibiotarsus is displaced moderately cranially and proximally. A moderate circumferential soft tissue swelling is seen

**DATE**

**12/5/22**



**PATIENT**

level with the right tibiotarsus and the right tibiotarsus presents with immature periosteal new bone formation and multifocal osteolytic lesions of the cortex – most accentuated proximal segment.

Zaffer Griffith

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**SPECIES**

Avian

- Aggressive, mild expansile, mild osteoproliferative mass rostral segment right palatine bone
- Polyostotic aggressive mixed osteolytic and osteoproliferative/sclerotic lesions ulna and femora bilaterally
- Malunion of a short oblique mid diaphyseal fracture right tibitarsus – remodeling phase
- Normal lungs
- Normal abdominal organs

**BREED**

Hyacinth Macaw

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

Male

The polyostotic aggressive bone lesions are highly concerning for disseminated neoplastic disease with multifocal metastasis to the bone marrow of the appendicular skeleton, such as polyostotic osteosarcoma, might be related to underlying avian leukosis virus infection. Other potentials would include polyostotic osteomyelitis (e.g. fungal, Mycobacterium, bacterial, Protozoal). Recommend biopsy for further differentiation – although the odds for neoplastic disease are considered higher than underlying infectious causes.

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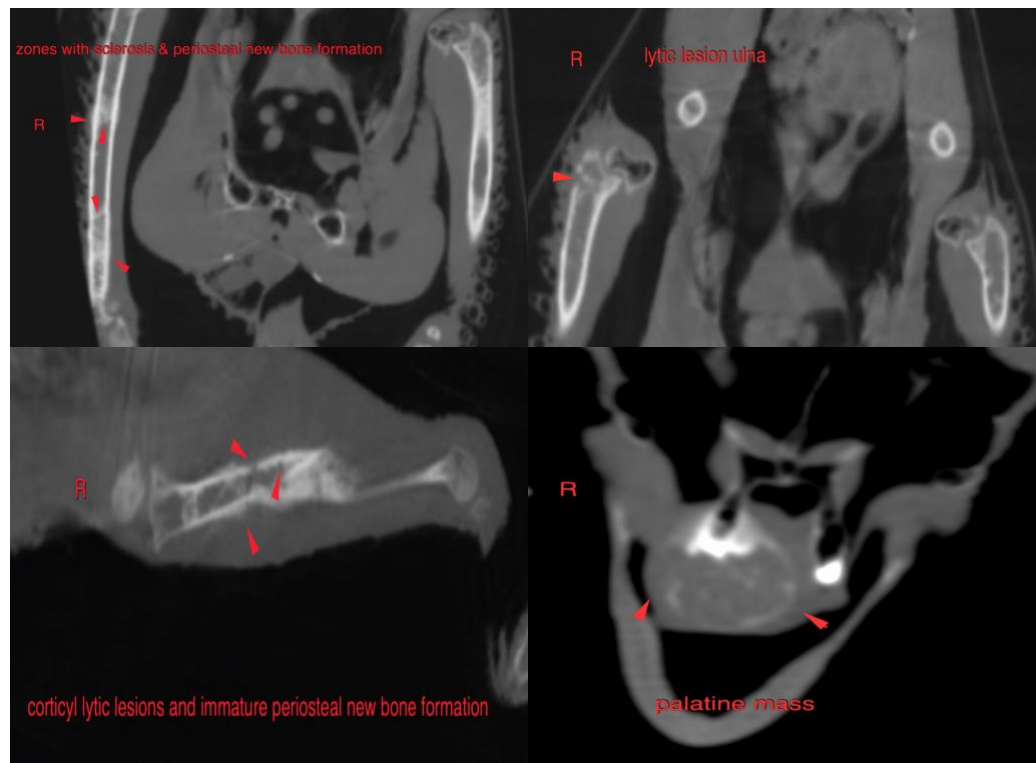
Dr. Dan Lewer, DVM

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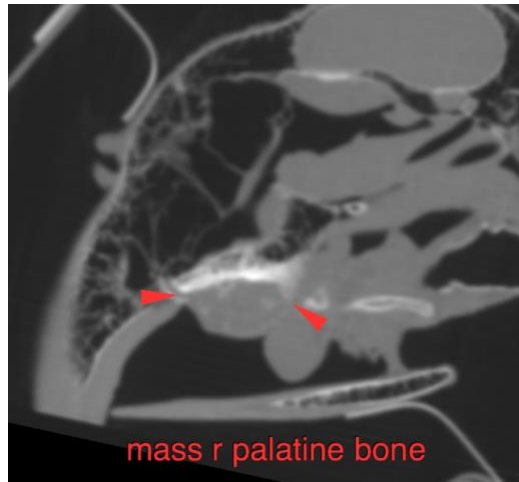
Zaffer Griffith

**SPECIES**

Avian

**BREED**

Hyacinth Macaw



**SEX**

Male

**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.**

**AGE**

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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.

**INTERPRETED BY**

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