



PATIENT

Momo Beane

SPECIES

Hyacinth Macaw

BREED

Hyacinth Macaw

SEX

Male

AGE

24

WEIGHT

1.16kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Ivana Levy and Rachel
Jacobs

HOSPITAL NAME

Emergency Veterinary
Hospital of Ann Arbor

REFERRING VET

Ivana Levy

INVOICE

74014

DATE

3-2-26

PRESENTING CLINICAL SIGNS

- Waxing/waning 2 month history of "wheezing" and lethargy with shivering -very vague clinical signs of hyporexia and not acting like self, 6% weight loss since July 2024
- rDVM performed radiographs and bloodwork that were largely unremarkable
- minimal response to treatment with enalapril, prednisolone, meloxicam, enrofloxacin, doxycycline

Abnormal PE/Chem/CBC/UA Results: PE: underconditioned, mild inflammation in choanal slit, open for Grade II/VI caudal left murmur CBC: pending Chemistry including GGT: WNL, mild hypocalcemia, hyperglycemia consistent with stress, elevated AST/CK post handling BP: 5 readings medial metatarsal, appropriate at 130mmHg Lipoprotein panel collected, have not submitted

COMPUTED TOMOGRAPHY OF THE THORAX

A high resolution pre- and post-contrast CT study of the coelomic cavity is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

The bony and surrounding soft tissue structures are within normal limits.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

The lung parenchyma presents the expected architecture and attenuation behavior.

The air-sacs present smooth and thin serosal lining.

Small incidental gas pockets are seen within the esophageal lumen.

The spleen is prominent, measuring 1.5 cm in diameter.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Normal lower airways
- Subjective prominent spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals no abnormalities of the lower airways nor the cardiovascular structures – rule out primary upper respiratory tract disease.

The prominent spleen may still present normal anatomical variation and or can be indicative for underlying infectious disease with splenitis or neoplastic infiltration.



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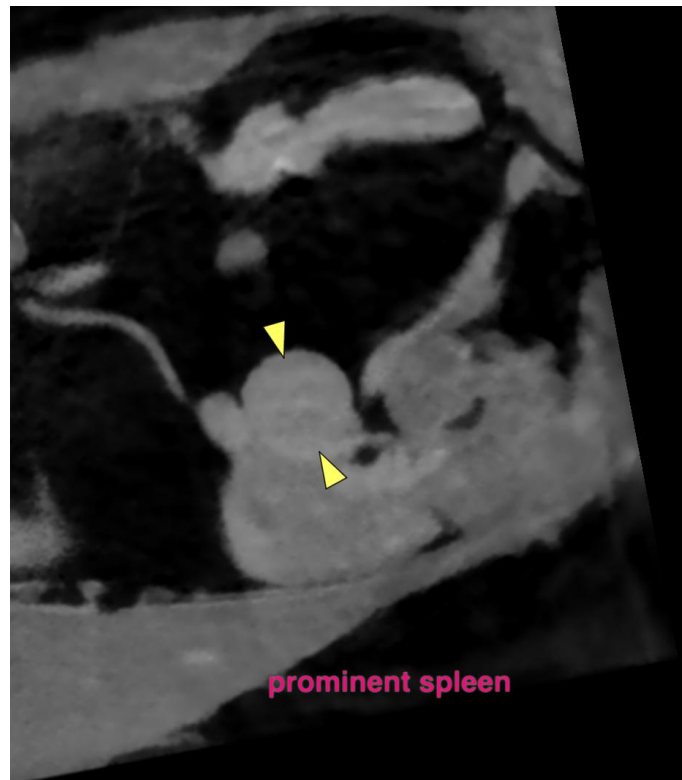
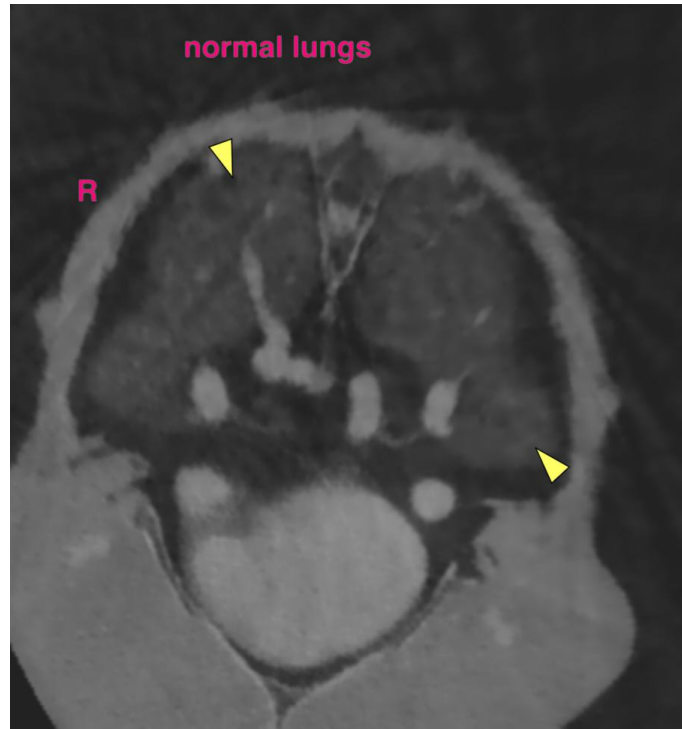
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
info@sonopath.com