


PATIENT PRESENTING CLINICAL SIGNS

Ferrug Hawks Aloft P had right distal wing fractures/amputation as a fledgling and has been in captivity as an educational bird since then. 6 days ago, p lost use of L leg.

SPECIES Abnormal PE/Chem/CBC/UA Results: On exam today, there is no voluntary control of the left leg.

Ferruginous Hawk **RADIOGRAPHIC STUDY OF THE COELOMIC CAVITY**

An overview study of the coelomic cavity is provided for review.

BREED RADIOGRAPHIC FINDINGS

Ferruginous Hawk The heart is of normal size and shape, there is no evidence of cardiac chamber or vascular enlargement. The trachea is normal in diameter and presents the anticipated course. The luminal outline of the trachea is smooth.

SEX The lung parenchyma presents the expected architecture and opacity.
Male

No abnormalities of the extraabdominal soft tissues are noted. The abdominal wall is smooth and thin. The serosal detail is maintained throughout the peritoneal and retroperitoneal space.

AGE The liver is appropriate in position, size and presents uniform opacity.
27 Years

Significant enlargement of the renal-gonadal shadow is appreciated – in the VD projection a convex shaped soft tissue opacity is seen level with the left renal-gonadal shadow. The intestinal tract is deviated ventrally.

INTERPRETED BY

Sebastian Schaub,
DVM Dr. med. vet.
DipECVDI

RADIOGRAPHIC DIAGNOSIS

- Right renal or less likely gonadal mass

HOSPITAL NAME

Petroglyph AH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic changes are highly suggestive for left renal or less likely gonadal mass compressing the left sciatic nerve. Neoplastic transformation would be a common source for monoparesis. Ultrasound can be used to confirm the diagnosis.

REFERRING VET

Dr. Kariana Atkinson

INVOICE

44625

DATE

8/10/23



PATIENT

Ferrug Hawks Aloft

SPECIES

Ferruginous Hawk

BREED

Ferruginous Hawk

SEX

Male

AGE

27 Years



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The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

HOSPITAL NAME

Petroglyph AH

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