

amples of legal cases that are relevant to any clinician who treats reptiles.

It is extremely difficult to find substantial faults with this book. However, considering the all-inclusive character of the book, I am surprised that the publisher did not include a CD-ROM with examination guides for different types of exams, for example, movie clips of the neurologic examination. In addition, because the majority of clinical cases are related to improper husbandry, a CD-ROM with client handouts detailing husbandry recommendations would have been useful. The CD could have also included a few movies showing conditions that are difficult to describe, for example, subtle neurological signs, or the performance of clinical tests or procedures, such as a cerebrospinal fluid tap in an iguana. I was also

surprised that I was unable to find information on the Asian turtle crisis or other conservation issues of pressing importance. Lastly, it is extremely important to cross reference between chapters in a book comprising 70 different authors. I noticed a few cases in which I was stranded in one section reading about a problem and could not identify another section where a treatment to the problem was discussed. For example, constipation in turtles, tortoises, or lizards is described in the section on differential diagnoses, but the text does not reference any section on treatment that would aid the clinician with the proper steps to remedy the condition.

Overall, the book receives a high recommendation for purchase, and all veterinarians treating reptiles should have it on their bookshelf. The most exciting fea-

tures of this book are not only its phenomenal depth of information, but also its readability. It is very practical and just fun to read. As mentioned in the introduction, this book is a milestone in veterinary medicine, and Dr. Mader and all the authors involved should be extremely proud of this text.

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*Disclaimer: The author of this review is also an author of the reviewed book.*

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## Abstracts

**Dickinson VM, Schumacher IM, Jarchow JL, et al: Mycoplasmosis in free-ranging desert tortoises in Utah and Arizona. J Wildl Dis 41:839-842, 2005**

Upper respiratory tract disease (URTD) has been associated with major losses of free-ranging desert tortoises (*Gopherus agassizii*) in the southwestern United States. In this study, 63 free-ranging desert tortoises were examined for signs of URTD and sampled for *Mycoplasma agassizii*, the causative agent. Tortoises were sampled at 3 study sites in the northeastern Mojave Desert and at 3 study sites in the central Sonoran Desert. Twenty-eight Mojave tortoises and 35 Sonoran tortoises were sampled. Evidence of URTD was indicated by mucoid nasal or ocular discharge, occluded nares, conjuncti-

ritis, or palpebral edema. In the 5 years of the study, only 9 (14%) tortoises had clinical signs associated with URTD. Plasma was tested for the presence of *M agassizii* antibodies with an enzyme-linked immunosorbent assay test. Nares were flushed and the aspirate was collected and tested for *M agassizii* by polymerase chain reaction. Nine tortoises from the Mojave Desert and 2 from the Sonoran Desert tested seropositive for *M agassizii*. Two tortoises from the Sonoran Desert tested positive for *M agassizii* 16S ribosomal RNA gene by polymerase chain reaction. Released captive tortoises may be a source of *M agassizii* to free-ranging populations. The average duration of URTD in free-ranging tortoises is unknown. In this study, 2 tortoises had clinical signs for 2 of 5 years.

**Hanley CS, Thomas NJ, Paul-Murphy J, et al: Exertional myopathy in whooping cranes (*Grus americana*) with prognostic guidelines. J Zoo Wildl Med 36:489-497, 2005**

Exertional myopathy developed in 3 whooping cranes secondary to routine capture, handling, and/or trauma. Presumptive diagnosis was based on history, clinical signs, and characteristic changes seen in serum biochemical profiles. Clinical signs ranged from peracute collapse to inability to rise, inability to stand, knuckling of the digits, spastic movements of the limbs, anorexia, and depression. A continued decline in clinical signs over 12 days suggested a grave prognosis. Elevations in aspartate aminotransferase, alanine aminotransferase, creatine kinase, lactate dehydrogenase, and serum

potassium were seen. Biochemical evaluation of muscle enzymes was considered useful for diagnosis but not for prognosis. Treatments with dexamethasone SP, fluid therapy, vitamin E/selenium, antibiotics, antiinflammatory drugs, and physical therapy were ultimately unsuccessful in all 3 cases. Gross and microscopic lesions on necropsy confirmed the diagnosis. These lesions included diffusely pale or streaked skeletal muscle with necrosis and mineralization of the myofibers evident on microscopic examination. Negative prognostic indicators in the chronic cases (up to 12 days of treatment) were disorganization of some of the regenerative myoblast nuclei and early signs of fibrosis. The authors emphasized the importance of prevention including conducting capture under favorable environmental conditions, limited pursuit of animals, rapidly applied handling with proper restraint, and minimizing other stressors.

**Hawkins MG, Crossley BM, Osofsky A, et al: Avian influenza A virus subtype H5N2 in a red-lore Amazon parrot. J Am Vet Med Assoc 228:236-241, 2006**

This case report provides details of an infection with avian influenza A virus subtype H5N2 in a 3-month-old red-lore Amazon parrot (*Amazona autumnalis autumnalis*). The bird was 1 of 2 that had been purchased 2 days before presentation from a vendor in a street market in San Diego, California. Approximately 48 hours after purchase, the owners found 1 chick dead and the second chick at the bottom of the cage with fluffed feathers. This chick was brought to an emergency clinic, which then directly referred it to the University of California-Davis Veterinary Medical Teaching Hospital

(VMTH). On initial examination, the chick appeared thin, 8% to 10% dehydrated, and unable to stand, and its right naris was occluded with yellow mucoid material. The same material was found on the head and in the oral cavity, suggesting it had been regurgitated. The crop was full and doughy on palpation. Loose, black fecal material was positive on an occult blood examination. The owners agreed to initial hospitalization and supportive care but did not acquiesce to diagnostic testing. Because of the history of this chick and the recent outbreak of Exotic Newcastle Disease (END) in southern California, END was considered in the differential diagnosis. The owners chose to bury the dead chick rather than submit the carcass for necropsy, as was recommended by clinicians. Aggressive supportive care was provided to the live chick in an infectious disease quarantine area. Because the owners did not remain in contact with the VMTH for 3 days, it was initially suspected that the chick was abandoned. Both the oropharyngeal and cloacal swab specimens were submitted to the California Animal Health and Food Safety Laboratory System for detection of avian paramyxovirus type 1. This laboratory suggested performing a real-time reverse transcriptase polymerase chain reaction (RRT-PCR) assay for avian influenza virus and initiated virus isolation for other potential pathogens. Within 6 hours of submitting samples, the results of the RRT-PCR assay for avian influenza virus were positive. The virus was subsequently determined to be an H5N2 subtype, and genetic sequencing revealed it to be most closely related to avian influenza isolates detected in Central America between 2000 and 2003. A mandatory quarantine period was required. The bird con-

tinued to improve clinically, and a second pharyngeal-cloacal swab for avian influenza was submitted 8 days after admission to the VMTH. This test was negative on RRT-PCR. State and federal agencies allowed the owners to quarantine the bird at home, and a third swab submitted 6 weeks after initial evaluation was negative. The home quarantine was lifted 9 weeks after initial evaluation. This case represents the first report of H5N2 avian influenza A virus isolated from a psittacine bird and the first introduction of this virus into the United States, most likely by illegal importation of the bird.

**Klaphake E, Schumacher J, Greenacre C, et al: Comparative anesthetic and cardiopulmonary effects of pre- versus postoperative butorphanol administration in Hispaniolan Amazon parrots (*Amazona ventralis*) anesthetized with sevoflurane. J Avian Med Surg 20:2-7, 2006**

Anesthetic and cardiopulmonary effects of butorphanol (B) administered preoperatively versus postoperatively were determined and compared in 11 adult Hispaniolan Amazon parrots anesthetized with sevoflurane (S) and subjected to coelomic endoscopy for gonadal examination. Twenty-two adult parrots were used in the study. The birds were randomly assigned to receive butorphanol tartrate (2 mg/kg in the pectoral muscle) either 20 minutes before induction (B-S group, n = 11) or immediately after the anesthetic period (S group, n = 11). The same birds were then assigned to the other group 21 days later in a crossover study. The total length of the anesthetic period was 40 minutes postinduction. Heart rate (HR), respiratory rate (RR), functional oxygen saturation, and end-tidal

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