

Common Emergencies in Pet Birds

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KEYWORDS

• Emergency • Bird • Dyspnea • Regurgitation • Dystocia • Seizure • Trauma • Toxin

KEY POINTS

- Regardless of the emergency presentation of a pet bird, initiation of supportive care to stabilize the patient is the clinician's primary goal.
- Additional therapeutics and diagnostics should only be attempted once the patient is stable and may be better implemented by an avian veterinarian.
- The duration and severity of the avian patient's disease and the clinician's initiation of appropriate therapy often determines clinical outcome.

INTRODUCTION

Treating avian emergencies can be a challenging task. Pet birds often mask signs of illness until they are critically ill. Also, during regular and illness examinations, metabolic stress resulting from prolonged restraint, diagnostics, and treatment may result in further decompensation of the avian patient. Likewise, a bird's small stature and high metabolic rate may cause additional stress related to hypothermia, dehydration, and blood loss, all of which are experienced more acutely than in cats or dogs. Accordingly, quick identification of the patient's affliction and initiation of appropriate supportive care are essential. This article discusses common avian emergency presentations, diagnostics, and initial treatment options that clinicians may implement in the emergency room.

EMERGENCIES THAT PRESENT WITH RESPIRATORY SIGNS

Birds commonly present with respiratory clinical signs. These patients can be categorized as critical and may decompensate quickly. Accordingly, rapid and minimal handling is often required. Luckily, a thorough history, observation of the bird before handling, and a brief examination can often assist the clinician in identifying the region of respiratory disease (**Tables 1** and **2**).¹

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Table 1
History, clinical signs, and common etiologies of respiratory disease categorized by location within the respiratory tract

	History	Clinical Signs	Differential Diagnoses
Upper Airway (nares and sinus)	<ul style="list-style-type: none"> • Poor diet • Exposure to new bird • Exposure to a mild respiratory irritant • Sneezing, yawning, head shaking, or beak rubbing behavior • History of ocular or nasal discharge 	<ul style="list-style-type: none"> • Inflamed nares ± discharge • Nasal foreign body • Ocular discharge • Conjunctivitis • Blunted choanal papillae ± choanal discharge or abscesses • Swollen periorbital sinuses • Possible nasal stridor • May have increased RR but usually no increase in RE or respiratory distress • If there is bilateral occlusion of the nares there may be open mouth breathing 	<ul style="list-style-type: none"> • Bacterial infection (consider gram-negative spp., <i>Chlamidophial psittaci</i>, and <i>Mycoplasma</i> spp.) • Fungal infection (consider <i>Aspergillus</i> spp.) • Papillomas • Nutritional deficiencies (hypovitaminosis A) • Respiratory irritants • Allergies • Nasal foreign bodies • Neoplasia
Lower airway (glottis, trachea, syrinx)	<ul style="list-style-type: none"> • History of recent surgery or anesthetic procedure with intubation • Acute onset of labored breathing while eating • Acute respiratory distress • History of a voice change 	<ul style="list-style-type: none"> • Inspiratory stridor • Canaries with tracheal mites have a respiratory click • Increased RR/RE • Respiratory distress with neck extended and open mouth breathing in cases of complete tracheal obstruction • Physical examination may otherwise be normal 	<ul style="list-style-type: none"> • Parasitic infection (<i>Trichomonas</i>, tracheal mites) • Viral (Amazon tracheitis, papilloma) • Granuloma (<i>Aspergillus</i>, bacterial, hypovitaminosis A) • Foreign body obstruction • Compressive extraluminal mass (Goiter in budgerigars, neoplasia) • Tracheal fibrinous seal secondary to endotracheal tube compression • Neoplasia
Lower airway (bronchi, lungs, air sacs)	<ul style="list-style-type: none"> • Exposure to respiratory irritant or toxin • Macaw housed with a cockatoo or African gray parrot • A history of lethargy, decreased appetite, and weight loss • May have a history of vomiting • Exercise intolerance 	<ul style="list-style-type: none"> • Poor body condition • Tail bob or increased RR/RE • Open mouth breathing • Expiratory wheeze • Cough 	<ul style="list-style-type: none"> • Exposure to respiratory irritants or toxin • Pulmonary hypersensitivity of blue and gold macaws • Aspiration pneumonia • Infectious pneumonia (bacterial or fungal) • Air sacculitis (bacterial or fungal) • Air sac rupture

Abbreviations: RE, respiratory effort; RR, respiratory rate.

Data from Refs.²⁻⁵

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