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Diagnostic Challenge

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Diagnostic Challenge

HISTORY

A 1.5-year-old male, castrated, sugar glider (*Petaurus breviceps*) presented with a history of intermittent dyspnea and dysphagia of three days' duration. Dysphagia was appreciated clinically affecting the patient as coughing or gagging upon attempting to swallow. The sugar glider would also paw at its mouth when trying to eat and rub its face on the bars of its cage, and forceful sneezing fits and a clicking noise from the nose were described by the owner. The animal was housed in a non-galvanized 2' x 3' x 3' bird cage equipped with a wheel, bed, ladder, and hanging wooden blocks, with one other female sugar glider that died shortly before presentation, of unknown cause.

On presentation, the sugar glider was bright, alert, and responsive, but quickly went into respiratory distress when handled. To alleviate the stress of handling, the animal was anesthetized with an induction flow of 5% isoflurane (IsoFlo; Abbott Laboratories, North Chicago, IL USA) mixed with oxygen (1.5 L/min) in an induction chamber; once induced, a face mask was placed to maintain anesthesia with the isoflurane flow at 2%. Physical examination approximated the patient to be 7-8% dehydrated, with a normal heart rate and respiration rate. Thoracic auscultation revealed normal heart sounds and rhythm; no wheezes, crackles, or muffled lung sounds were appreciated. Further diagnostic testing was declined by the owner, including radiographic imaging. The top differential disease diagnoses at this time included pneumonia, upper respiratory or upper gastrointestinal (GI) partial obstruction (foreign body), gastrointestinal and/or esophageal ulceration, and upper respiratory or upper GI neoplasia.

The sugar glider was hospitalized for five days with oxygen supplementation at 40%; fluid therapy 100 mL/kg, subcutaneously, twice daily for three days, followed by 100 mL/kg, once daily for two days (Plasmalyte-A; Baxter Healthcare Corporation, Deerfield, IL USA). Antibiotic treatment was also initiated with amoxicillin/clavulanic acid 20 mg/kg orally, twice a day (Clavamox drops®; Zoetis, Parsippany, NJ USA), enrofloxacin 5 mg/kg, orally, twice a day (Baytril®; Bayer Animal Health, Shawnee Mission, KS USA), and meloxicam 1 mg/kg orally, once a day (Metacam®; Boehringer Ingelheim Vetmedica, Inc., St. Joseph, MO USA), as well as famotidine 0.5 mg/kg, subcutaneous, twice a day (Pepcid®; West-Ward Pharmaceuticals corp., Eatontown, New Jersey, 07724). Although the sugar glider appeared interested in food, it was unable to eat on its own; gavage feeding with a liquid omnivore diet (Emeraid Omnivore, Emeraid, LLC, Cornell, Illinois, 61319) (3% body weight once a day) via 3.5 FR feeding tube into the stomach was well-tolerated. All treatments were administered under light anesthesia, as the patient exhibited respiratory distress during excitation, such as handling, and during eating, although it was able to breathe with minimal effort when left alone. Throughout hospitalization, the animal showed no sign of clinical improvement and would intermittently exhibit signs of respiratory distress in the

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