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DIAGNOSTIC CHALLENGE

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Diagnostic Challenge

History

A juvenile intact male groundhog (*Marmota monax)* was presented to the Avian and Exotics Service at the University of Tennessee College of Veterinary Medicine (Knoxville, TN USA) after being found in a dog's mouth approximately 4.5 hours prior to presentation. On physical examination, the groundhog was considered thin (body condition score 3/9) at 0.405 kg, had a superficial 1 cm laceration over the left carpus, and tachypnea with increased respiratory effort that did not improve with supplemental oxygen. Normosol-R with 2.5% dextrose (20 ml, subcutaneously;), enrofloxacin (10 mg/kg subcutaneously; Baytril, Bayer, Pittsburg, PA USA) and meloxicam (0.5 mg/kg intramuscularly; Metacam, Boehringer Ingelheim, St. Joseph, MO USA) was administered to the patient. The animal was induced with 5% isoflurane in a 1.5L flow of oxygen through a gas mask and maintained on 2.5% isoflurane in a 1.5L flow of oxygen. Once anesthetized right lateral and ventrodorsal total body radiographic images of the groundhog were obtained. An interstitial to alveolar pattern was noted throughout the lungs with a marked leftward mediastinal shift and a moderate dorsal deviation of the sternum into the thoracic cavity. There was also a left zygomatic arch fracture as well as a rib fracture (Fig. 1).

At this time, evaluate the history, physical examination findings, and Figure 1. Formulate a list of differential diagnoses and plan of action before proceeding.