

AVTCP CASE LOG

Applicant's name: Best Tech Ever, CVT

Case log # 5

Date October 12, 2010 **Patient ID:** 14-34-50 **Species/Breed:** Avian/African Grey Parrot (*Psittacus erithacus*) **Age:** 1 yr **Sex:** M **Wt:** 0.420 kg

Diagnosis: Severe inappropriate bilateral wing trim resulting in frequent falls and subsequent trauma, lacerations, chronic ulceration, and fracture of sternal keel.

Treatment Plan: Cleaning and debriding of the wound. Butorphanol 0.42mg (1 mg/kg IM q 2-4h) and ampicillin/sulbactam 42mg (100 mg/kg IM Q12H). Client education for diet and husbandry changes.

Advanced skills & procedures performed: Restraint and venipuncture of the right jugular vein (12). Submission of blood to external laboratory for CBC and plasma biochemistry (55). Determination of the American Society of Anesthesiologists (ASA) status of 1 (23). Set-up of anesthesia machine with a non-rebreathing system and active scavenge (42, 44). IM injections of midazolam 0.42 mg (1mg/kg) and butorphanol 0.42mg (1mg/kg) (11). Mask induction with isoflurane in oxygen. Endotracheal (ET) intubation with a non-cuffed 3.5 mm ET tube (29). Maintenance of anesthesia of isoflurane in oxygen via ET tube (30). Administration of intermittent positive pressure ventilations (IPPV) (33). Intraosseous (IO) catheter placement in the proximal tibiotarsus (14). IO fluid therapy administration via syringe pump at 5ml/kg/hr. (15, 38) Monitoring of anesthetic parameters with the following: end-tidal CO₂, pulse oximetry, non-invasive blood pressure (NIBP), ECG, heart rate (HR), respiratory rate (RR). Monitoring of core body temperature with an esophageal probe passed via the oral cavity into the proventriculus (20, 31, 35, 37). Extubation and monitoring of patient recovery until conscious control and ambulation returned (39). IM administration of medications. Logging of medical records including surgical procedure, anesthesia duration, pharmaceuticals, and controlled substances (82). Collection of whole body radiographs including ventrodorsal and right laterolateral views (60, 61, 62,63, 65, 66). Billing of charges. Patient discharge and follow-up phone calls regarding status (88).

Advanced skills & procedures assisted: Physical examination (5). Determination of anesthetic protocol (24). Corrective wing trim. Calculation of sedation, analgesia and antibiotic drugs (10). Evaluation of diagnostic radiographs. Client education regarding recommended diet and husbandry improvements. Client and veterinary student counseling on behavior modification techniques for aggressive behaviors in psittacines (78, 79, 80, 81).

Final Outcome: The patient presented for evaluation of a non-healing wound on the sternal keel. History revealed that the client was a new bird owner and had been misinformed about appropriate wing trimming techniques. The bird's wing feathers had been excessively trimmed including all of the primary and secondary feathers. Consequently, the bird was lacking coordination during flight, was unable to glide to the ground safely, and was experiencing multiple hard landings on it's keel. The physical examination revealed a large open wound on the sternal keel with exposed bone. CBC and plasma biochemistry evaluations were within normal limits. Radiographs confirmed a fracture of the sternal keel resulting in a loose bony fragment. The bony fragment was removed surgically, the wound was copiously lavaged with warm irrigation saline, and extensive surgical debridement was performed. The tissue was closed using a horizontal mattress primary closure with 4-0 Monocryl (poliglecaprone 25). The patient was given butorphanol 0.42mg (1 mg/kg IM q 2-4h) and ampicillin/sulbactam 42mg (100 mg/kg IM Q12H) for two days while in the hospital. He was sent home with tramadol 1.68mg (4mg/kg PO Q12H) and amoxicillin clavulanate 52.5mg (125mg/kg PO Q12H). The client was educated on appropriate wing trimming, which included the importance of exercise and conservatively trimming only 1-5 of the primary flight feathers in African Grey parrots. They were also counseled on diet and husbandry practices including how to convert the bird to a commercially available pelleted diet with the addition of appropriate fresh produce, discontinuing the use of water soluble vitamins, relocating the cage to a more appropriate location in the home and the reasons why, and instructions for how and how often to clean the cage for improved hygiene. The client was also counseled on behavior modification for aggressive behaviors presumed to be the result of a lack of socialization. The patient was rechecked 14 days later revealing that the wound had healed, however, the client had failed to make the recommended diet, husbandry and behavioral changes at home.