

Seminar on Cage Bird Medicine Presented by Dr. T. J. Lafeber

by
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Dr. T. J. Lafeber, Niles Animal Hospital, Niles, Illinois, presented his annual Junior and Senior seminar on Cage Bird Medicine May 15, 1973. Dr. Lafeber believes that this facet of veterinary medicine should be as comprehensive as any other medical discipline. The following procedures for management of cage birds were presented at this seminar by this highly qualified clinician.

PHYSICAL EXAMINATION

In his clinic Dr. Lafeber supplies his technicians with a handy history-taking form. In this way the owner is routinely questioned concerning the main symptom, its onset, duration, and frequency, previous history of illness, diet and liquid consumption. The number and quality of the droppings in the cage are particularly noted as they are the most reliable indicator of appetite and liquid consumption. A normal bird's dropping resembles a fried egg in gross appearance. The center is raised and black while the outer edges are white. Any change from this is indicative of a sick bird. One must be careful to instruct the owner to leave papers in the cage when he brings the bird to the hospital for examination.

When examining the bird it is grasped quickly, then held between thumb and forefinger or, if easier, between the index finger and the next finger. The free hand is used for careful examination.

The head, eyes, nares, cere, ears and mouth parts are examined. By palpation one may examine the neck area, crop, pectoral muscles, sternum, gizzard, and

pelvis. In the normal budgerigar the distance from the sternum to the pubis measures less than 5 millimeters. A common cause for a greater measurement may be a female that is eggbound.

SEXING A BUDGERIGAR

This is a difficult task at best so try to leave yourself room for error. Generally a bird with a light blue cere is a male and one with a pink cere is a female. An immature bird may be either color though.

SICK BIRD SYMPTOMS

The bird with the acute problem is a poor risk for examination according to Dr. Lafeber. Often a bird that is showing sign or dyspnea or on the floor of the cage will die suddenly and without warning. Beware!

The bird with the subacute problem is more apt to be seen by the veterinarian. Symptoms include decreased appetite, ruffled plumage (sick birds are chilled), lethargy and decreased vocalization.

Most chronic problems originate from malnutrition. It is not within the scope of this article to discuss nutritional requirements though. Dr. Lafeber suggests that budgerigar feed be supplemented with many foods since nutritional needs aren't actually known. Table scraps, ripe fruits and vegetables, greens, and other seed preparations may be added to the diet.

DIAGNOSIS

Following history and physical examination a tentative diagnosis is made if possible and treatment is begun. Laboratory tests and radiography are used whenever possible. Both ventral-dorsal

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and lateral view radiographs are taken. A 25% suspension of barium may be placed in the crop by catheter tube to aid in diagnosis.

In his short course, Dr. Lafeber instructed us to clip the long anterior toenail short and collect a blood sample directly into a microhematocrit tube. Blood smears and white blood counts may be performed in this way or on samples taken from wing or jugular veins.

MEDICATION

Dr. Lafeber recommends tube feeding every bird that is hospitalized. He uses a No. 14 size rubber urethral catheter and passes it into the crop. A 1:1 mixture of Borden's Neo-mull-soy and Gevral Protein is given. Three milliliters are given a day to budgerigars and five milliliters of this mix to cockateels. One may palpate the crop to ascertain how full it is. A special note—grit is not essential in a diet and if in the cage it is best to remove it.

Drugs are administered to cage birds mainly by injection. Few are given in drinking water since consumption drops in sick birds. Normal birds can survive on metabolic water. The following equipment is necessary for parenteral injections:

Syringes:—Tuberculin syringes are used in measuring doses of 0.05 ml or larger. For dosages smaller than this Dr. Lafeber recommends using a 0.1 ml microliter syringe No. 710 obtainable from the Hamilton Co., Whittier, California.

Needles:—The best size is 27 gauge ½ inch needle.

Site of Injection

The natural area for intramuscular injection is in the heavy pectoral muscles.

Weight

A prerequisite to anesthetizing or administering any drug to a cage bird is an accurate weight. Weigh in a plastic container on a gram scale and calculate dosages accordingly. Medications appropriate for parenteral treatment of cage birds appear in Table 2 of Dr. Lafeber's Chapter page 360 of *Current Veterinary Therapy IV* edited by Robert W. Kirk.

ANESTHESIA

Some procedures may require anesthesia of the bird. Many avian patients are presented in advanced stages of disease and are poor risks for anesthesia and surgery. The guarded prognosis that is given in such cases need not be carried over to the relatively healthy birds that will be in the majority.

Volatile Anesthetics

Ether and more recently methoxyflurane and halothane have been used for procedures of short duration. Methoxyflurane has been safer than ether, more consistent in its action and produces longer lasting anesthesia. Halothane is safest with short induction and recovery periods. A handy tracheal tube for maintaining air passage patency can be produced from polyethylene catheter tubing. In birds where intubation is impractical the bird's head may be put in a specially adapted face mask. The bird may be placed in a jar with 1ml of ether or 0.1–0.2ml methoxyflurane and removed when it reaches proper surgical plane. Ether lasts only 3–4 minutes while methoxyflurane last 30–40 minutes. A non-rebreathing system (Ayers Y piece) is convenient for halothane and methoxyflurane induction.

Parenteral Anesthesia

Injectable anesthetics have been used in birds with varying degrees of success. It is extremely important that the patient be weighed accurately on a gram scale. The average budgerigar weighs 30 grams and the average canary weighs 20 grams. The intramuscular route in the pectoral muscles is most commonly used. In Dr. Lafeber's seminar course we used Equithesin at 2.5 ml/kg. At this dosage a 30 gram bird needs 0.07 ml. Some in the course used Ketamine. Both worked well with quiet recoveries.

GENERAL COMMENTS

Dr. Lafeber showed a series of slides covering symptomology, diagnosis and clinical treatment of avian diseases, malnutritions, and other conditions. Common practices such as beak trimming and

sinus flushing were discussed and demonstrated.

BEAK TRIMMING

The most common deformity of the beak is simple overgrowth resulting from malocclusion or insufficient normal wear. Cuticle scissors work well for trimming non-psittacine beaks while toenail nippers are excellent for psittacine beaks which are heavier. Dr. Lafeber suggested the average growth rate of a budgerigar's upper beak is about $\frac{1}{4}$ inch per month. One of the most common causes of overgrowth is the parasitic infestation by *Cnemidocoptes* spp. mites. Other causes of beak deformities in both psittacine and soft-billed birds such as malnutrition, specific nutritional deficiencies, rickets and osteodystrophy are seen less often.

SINUSITIS

Infraorbital sinusitis, often associated with conjunctivitis and rhinitis and sometimes blepharitis, is relatively common in the large parrots and mynahs; it is less frequent in most other species of cage

birds. *Staphylococci* and *Aspergillus* are among the important pathogens. The commonest picture is that of a bird with a swelling below the eye on one side or both. Apart from specific antibiotic therapy it is often necessary to remove suppurative exudate surgically from the infraorbital sinus. Dr. Lafeber showed us how to pluck the feathers next to the upper beak and make a small stab incision in the skin with a No. 11 blade. A 24 gauge needle is used to enter the infraorbital sinus by directing the needle slightly posterior and dorsally. Exudate may be aspirated then 5% saline used to irrigate the sinus. The bird must be held head down when using this procedure.

According to Dr. Lafeber cage bird medicine may be profitable and rewarding if certain rules are followed. This article is only a summary of information presented in the seminar conducted by Dr. Lafeber. More detailed information may be obtained in the texts *Diseases of Cage and Aviary Birds* by Margaret C. Petrak and *Current Veterinary Therapy IV* edited by Robert W. Kirk.

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