What Is Your Diagnosis?

History

A female barred owl (*Strix varia*) was presented to the Tufts University Cummings School of Veterinary Medicine Wildlife Clinic with a 2-month history of partial anorexia and lethargy. The bird had sustained severe traumatic injuries as an adult in the wild that necessitated a wing amputation and had been living in an educational facility for 8 years. Two months before presentation, the bird had been moved to a different enclosure after a conspecific pen mate died of an undetermined cause. After the move, the bird became anorectic. It was moved back to its former enclosure but remained anorectic and lethargic. The bird would accept minimal amounts of food, but any attempts to force or tube feed the bird had failed. On inquiry, the owners could not recall the last time the bird had cast a pellet.

On physical examination, the bird weighed 620 g on admission, was in fair to poor body condition, and was moderately dehydrated, weak, and depressed but responded appropriately to stimulation. A preliminary workup included a complete blood count and plasma biochemical analysis. Results were within reference ranges except for a regenerative anemia (packed cell volume, 23%) and a high white blood cell count of $30 \times 10^3$ cells/µl. The bird was given lactated Ringer’s solution (30 ml SC q12h) and kept in a warm, quiet environment. Several attempts to orally administer fluids, pieces of mice, or antibiotics resulted in regurgitation within minutes. The small amount of feces that were passed were very dark, tarry, and malodorous. The owl was anesthetized with isoflurane administered by face mask and was intubated, and whole body radiographs were obtained (Figs 1 and 2).

![Lateral radiograph of a captive, adult barred owl that presented because of anorexia and lethargy.](image-url)