What Is Your Diagnosis?

History

An adult red-rumped parakeet (*Psephotus haematonotus*) was presented to the Louisiana State University School of Veterinary Medicine with clinical signs of lethargy, anorexia, and bilateral conjunctivitis. The bird was owned by a local breeder who had recently imported the bird from Europe, then quarantined it in south Florida before it was shipped to his residence.

On physical examination, the bird weighed 57 g and was in moderate body condition. A slit-lamp ophthalmologic examination revealed bilateral ulcerative blepharitis, after which a conjunctival swab sample was collected from the affected tissue. A blood sample was collected from the right jugular vein and submitted for a complete blood cell count (CBC). Results of the CBC revealed a mild monocytosis at $1.8 \times 10^3/\mu l$ (reference range for a related species, a rosella, *Platycercus* species: $0–0.3 \times 10^3/\mu l$). The bird was initially treated with oxytetracycline ophthalmic ointment (topical application OU q8h; Terramycin, Pfizer Animal Health, Exton, PA, USA), flurbiprofen (1 drop OU q12h; Ocufen, Allergan, Irvine, CA), doxycycline (50 mg/kg IM once; Vibramycin, Pfizer, Capelle a/d IJssel, the Netherlands), and meloxicam (0.3 mg/kg PO q12h; Metacam, Boehringer Ingelheim, Saint Joseph, CO, USA). *Staphylococcus cohnii* ssp *cohnii* was isolated from the conjunctival culture and was sensitive to doxycycline. The bird’s ophthalmic condition slightly improved over the next 2 days. However, 4 days after presentation, the parakeet developed severe dyspnea characterized by tail-bobbing and open-mouth breathing. The patient was immediately placed in an oxygen cage. Thirty minutes after placement in the oxygen chamber, the bird was anesthetized with isoflurane to examine the glottis and trachea for possible causes of the sudden onset of respiratory distress. The parakeet was induced with a face mask, then intubated and ventilated while being maintained in a surgical plane of anesthesia. Transillumination of the trachea did not reveal any abnormalities or obvious foreign bodies. Soon after intubation, the bird started breathing better and recovered without complications. The bird was supported in an oxygen/critical care unit after recovery but died approximately 12 hours later. The next day, the breeder brought 3 more red-rumped parakeets from his aviary that had died after exhibiting the same antemortem clinical signs as those described in the initial patient. All birds had bilateral conjunctivitis and blepharitis with thickened periorbital skin (Fig 1).

Please evaluate Figure 1, the history and the results of physical examination, and ancillary diagnostic tests. Formulate a list of differential diagnoses before continuing.

Figure 1. Red-rumped parakeet that was presented for lethargy and blepharitis. Note the thickened eyelids.