What Is Your Diagnosis?

History

A 12-year-old, male pied cockatiel (*Nymphicus hollandicus*) was referred to the Ontario Veterinary College-Health Sciences Centre, Avian and Exotics Service, for evaluation of chronic dyspnea and regurgitation. Approximately 1 month before presentation, the cockatiel was treated by the referring veterinarian for crop stasis and mild dyspnea. The owner had also noticed a voice change and a lack of whistling sounds at that time. The bird had a history of recurrent bacterial crop infections that were accompanied by yeast overgrowth. Various antimicrobial agents were prescribed to treat the bacterial and yeast infections. “Box” (standing ventrodorsal) radiographic imaging of the patient by the referring veterinarian did not show any appreciable abnormalities. The cockatiel was hospitalized in an oxygen-rich environment for several days and was treated with nystatin, trimethoprim-sulfamethoxazole, pimobendan, theophylline, metoclopramide, and albuterol (by inhalation). On presentation to the Ontario Veterinary College-Health Sciences Center, the cockatiel was bright and alert and in good body condition with a weight of 97 g. A moderate degree of inspiratory dyspnea was noted, especially after restraint. To further evaluate the potential causes for the dyspnea, a basic clinical workup was performed. The bird was preoxygenated for 15 minutes and then anesthetized via a facemask with 5% isoflurane in 100% oxygen with an oxygen flow rate of 1 L/min. Once an appropriate plane of anesthesia was achieved, the bird was intubated with a 2-mm, uncuffed endotracheal tube and maintained on 2%–3% isoflurane and the same flow rate of oxygen. Anesthesia was monitored with a Doppler unit, and body temperature was maintained with a convective air warming blanket.

A 1-mL blood sample was drawn from the right jugular vein for a complete blood count (CBC) and a plasma biochemical profile at the Animal Health Laboratory, University of Guelph. Lateral and ventrodorsal radiographic images were obtained while the patient was under general anesthesia (Figs 1 and 2). Crystalloid fluids were administered (4 mL SC), and the cockatiel recovered uneventfully from anesthesia. Abnormal results in the CBC count were erythrocytosis (packed cell volume [PCV] 63%; reference interval 43%–53%; Animal Health Laboratory, University of Guelph, Guelph, Ontario, Canada) and monocytosis (3.18 × 10⁹/L [3180 cells/μL]; reference interval 0.0–0.1 × 10⁹/L [0–1000 cells/μL]). Results of the plasma biochemical profile revealed mildly low total protein (22 g/L [2.2 mg/dL]; reference interval 29–42 g/L [2.9–4.2 mg/dL]), mildly low calcium (2.08 mmol/L [8.32 mg/dL]; reference interval 2.12–3.24 mmol/L [8.5–13.0 mg/dL]), and a mild increase in cholesterol (6.4 mmol/L [247 mg/dL]; reference interval 2.5–5.9 mmol/L [96–228 mg/dL]).

At discharge, the owners were instructed to administer meloxicam (1 mg/kg PO q12h; Metacam, Boehringer Ingelheim, Burlington, Ontario,