What Is Your Diagnosis?

History

A hatch-year, 1.32-kg, female red-tailed hawk (*Buteo jamaicensis*) was presented to The Raptor Center with a history of colliding with a window. Physical examination at the time of admission revealed the hawk was in good body condition (body condition score, 3/5) and quiet, but alert and responsive. A concavity of the caudal third of the sternum was noted. The bird’s pulsating heart was visible and palpable beneath the body wall (Fig 1). Results of a complete blood count taken at admission were within reference intervals except for a few *Leucocytozoon* species organisms. Serum biochemical abnormalities were hypoproteinemia (3.5 g/dL; reference interval, 3.9–6.7 g/dL) with hypoglobulinemia (1.2 g/dL; reference interval, 2.1–2.9 g/dL), elevated aspartate aminotransferase concentration (617 U/L; reference interval, 76–492 U/L), and elevated creatine kinase concentration (5298 U/L; reference interval, 262–2400 U/L).¹ Results of a flotation fecal examination revealed *Capillaria* species, after which the bird was treated with fenbendazole (30 mg/kg PO q24h) for 5 days. Conventional digital radiographs of the whole body were obtained (Figs 2 and 3). A computed tomography (CT) study was performed without radiographic contrast. Transverse images at 0.3–0.5-mm slice thickness and 3-dimensional reconstruction images were obtained (Fig 4).

Figure 1. Photograph depicting concavity of the caudal third of the sternum in the chest of a hatch-year red-tailed hawk.