wound, especially in cats. Definitive diagnosis may require multiple concurrent diagnostic tests, including cytologic examination of exudates, impression smears of tissue sections, histologic examination of biopsy specimens, and culture. Tissue homogenates and pus are recommended for culture. Multiple cytologic specimens should be sent to the reference laboratory unstained; rapidly growing mycobacteria vary in their degree of acid fastness. Treatment involves antimicrobial therapy and surgical debridement.—Karen A. Moriello, DVM, Diplomate ACVD


Feline Four-Limb Lameness

A 10-year-old, 8.4-kg, strictly indoor male domestic longhair cat was presented for acute nonambulatory tetraparesis. Conscious proprioceptive deficits were noted in all 4 limbs, and clinicopathologic diagnostics revealed no abnormalities. Cervical myelography revealed an extradural compressive lesion between the second and third cervical vertebrae (C2–C3), and the cat became progressively tachypneic, with notable cyanosis of the tongue and gingiva. The cat was taken immediately to surgery, where a standard ventral slot decompression was performed. The cat experienced ongoing respiratory depression postoperatively and required intubation on day 3 postoperatively, shortly after which it died of cardiorespiratory arrest. Previous reports of cats with severe clinical signs secondary to disk extrusion have reported good outcomes resulting from surgical decompression. None of the lesions in these previous reports, however, were located cranial to the C3-C4 intervertebral disk. The cat in this report had a disk lesion at C2-C3, which for a variety of reasons can lead to respiratory paralysis.

COMMENTARY: Nonambulatory tetraparesis associated with cervical intervertebral disk disease is reported to occur in 0.12% of cats, which is much lower than the 2% noted in dogs. Differential for tetraparesis include neoplasia, fibrocartilaginous embolism, lysisism and fracture of vertebrae, hematoma, cysts, abscesses, and intervertebral disk disease.—Henry Childers, DVM, Diplomate ABVP


Psychoactive Drugs for Birds

A variety of psychoactive agents has been used to treat behavioral disorders in birds; however, controlled studies of their use in these patients is lacking. Before treatment with psychoactive drugs is begun, the following must be in place: a complete physical examination, baseline laboratory testing, an established behavioral diagnosis based on complete behavioral and medical histories, a behavior modification plan with appropriate environmental modifications, knowledge of the drug (including side effects, indications, and mechanisms of action), a signed owner consent statement, and realistic expectations for treatment outcomes. As dose titration trials do not exist for birds, gradual dose increases in individual patients is recommended, starting with a low to moderate dose; then gradually increasing it until clinical effects, or side effects, are seen. Medications should be gradually tapered, or discontinued if possible, once the behavior problem has been stabilized for 1 to 2 months, as long-term effects of these drugs are not known. Anecdotal reports of sudden death with tricyclic antidepressants and antipsychotic drugs exist, and controlled clinical studies are needed to determine the safety and efficacy of psychoactive drugs in birds.

COMMENTARY: This article provides a useful overview of the use of psychoactive drugs for treatment of avian behavioral disorders. Also included are more detailed reviews of serotonin reuptake inhibitors, tricyclic antidepressants, opioid antagonists, benzodiazepines, hormonal therapies, and antipsychotic agents. Modes of action of each of these drug classes are discussed, as well as indications and potential side effects. Results of various case reports and the author's own clinical experience with some of these drugs help to make the article clinically useful, as do the dosage tables for some of the more commonly used psychoactive drugs. This article would be an excellent resource for any practitioner who sees birds in practice, even if it is only the occasional feather-picker.—Jennifer L. Schori, VMD


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