



Abstract

The physical examination is an essential part of the avian veterinary visit that often shapes the differential diagnosis and guides the diagnostic plan. The avian physical examination consists of a distant examination and an in-hand examination. Components of the physical examination differ between species. This article provides an overview of how to examine parrots and chickens in the veterinary clinic.



CONTINUING EDUCATION

EXOTIC MEDICINE

Performing an Avian Physical Examination in Practice

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It is a common misconception that avian patients are fragile animals that are not resistant to disease, which leads to a fear of them dying during physical examination. Healthy birds are actually quite hardy; however, as prey species, birds are adept at hiding signs of illness, even from human family members who care for them. As a consequence, many birds presenting to veterinarians are in more severe states of disease than small animals and are often decompensated. The ability to perform an avian physical examination or, in sick birds, a triage examination in a timely manner is therefore vital (**BOX 1**). This process starts with a distant examination.

DISTANT EXAMINATION

Evaluating a bird from a distance before

restraining it for a full physical examination can be a powerful tool. It takes practice to recognize a bird that is attempting to hide illness; however, subtle changes in behavior and appearance can suggest a problem.

Evaluate whether the bird is bright, alert, and responsive. Some avian species, such as parrots and chickens, will be vocal, which is normal.

Observe the bird's body posture, as well as respiratory rate and effort. A healthy bird should hold its head up and be looking around the room. "Sick bird posture" is typically characterized by a bird being fluffed up, having its eyes closed, sitting at the bottom of the cage, tucking its head to one side or the other, and being lethargic. Some sick birds may even sleep while in the examination room.

Take-Home Points

- As with mammalian physical examinations, it is important to develop a consistent order for the avian examination to thoroughly evaluate each body system.
- Performing a thorough physical examination of avian patients is essential to obtain information about the bird's presenting complaint and assists in developing a differential diagnosis.
- Some components of the physical examination differ between avian species. For example, cloacal palpation is performed in chickens but not in parrots.

**BOX 1 Suggested Order of Complete Avian Physical Examination**

1. Distant examination, including evaluation of droppings
2. Eyes—include fundic examination to see the pecten protruding into the vitreous from the retina
3. Ears
4. Cere, nares, and beak
5. Oral cavity—pay close attention to the choana, choanal papillae, and glottis
6. Crop and neck palpation
7. Heart, lung, and air sac auscultation
8. Pectoral musculature palpation and determination of body condition
9. Wing extension
10. Orthopedic and neurological function assessment
11. Feather evaluation
12. Ulnar vein evaluation for refill time and determination of hydration status
13. Coelom palpation
14. Feet and pelvic limb examination, with close attention to plantar aspects of feet for pododermatitis
15. Vent examination
16. Uropygial gland examination

Watch the bird moving around its cage or, with species such as chickens and waterfowl, walking around the room to check mobility.

Also evaluate the droppings, if they are available, and collect them in case they are needed for diagnostic testing following the physical examination (**FIGURE 1**).

HANDLING AND RESTRAINT

Safe handling involves safety for both the handler and the bird. As the handler, it is important to recognize the defensive mechanisms of the type of bird being handled. For all avian species, the first instinct is to escape (**VIDEO 1**). However, many companion birds have learned to trust humans and may not be as apt to try to escape when captured and handled.

Handling Parrots

Many parrots are best handled with a towel or cloth to

prevent development of a fear of hands. Towels can also be used to aid in restraining the wings and pelvic limbs. Use caution when handling parrots, as their strong beak can inflict a painful bite.

Gently and slowly envelop the parrot in a towel while talking in a friendly, calm manner (**VIDEO 2**). With the towel, the handler can hold the bird's head firmly at the base of the mandible or around the neck with 1 hand (**FIGURE 2**). The other hand can hold and control the feet while the bird's body rests in the palm of the hand or along the forearm, depending upon the size of the bird.



FIGURE 1. Normal chicken droppings. Note the well-formed feces and the presence of white urates. A small amount of urine can also be present and often forms a ring around the other components of the droppings. Parrot droppings appear similar but less voluminous.



FIGURE 2. Correct restraint of a parrotlet for a physical examination. Note the use of a towel to assist in wing restraint.

In some cases, use of sedation can be beneficial for physical examination and minimally invasive diagnostic testing, such as blood collection, radiography, and ultrasonography. Sedation can be performed using a traditional intramuscular route or can be administered intranasally (**VIDEO 3**). As birds look different when sedated, it may take time to develop a comfort level with what to expect with regard to muscle tone and other physical parameters (**VIDEO 4**). Information about sedation can be found elsewhere in the literature.¹

Handling Chickens

Most chickens are amenable to manual restraint. To reduce the chance of trauma to themselves, the handler can first restrain the wings close to the body, as chickens often flap. Once the wings are restrained, the handler can gently pick up the chicken with two hands and hold the bird close to their body. When the chicken is on an examination table, putting the feet on a solid, nonslippery surface with the wings held to the bird's sides is often effective (**FIGURE 3**). Covering the

head using a towel or a stockinette has also been shown to decrease stress in this species.²

Chickens should never be held upside down by the pelvic limbs, as this position can lead to injuries, regurgitation with possible aspiration, and stress for the bird. They also should not be restrained by the wings, which can lead to injuries from the bird's weight being supported by such a small body part.

HANDS-ON EXAMINATION

Once the bird is in hand, monitor its mentation, response to stimuli, and behavior throughout the physical examination and restraint period. If open-mouth breathing, excessive struggling or vocalization, or decreases in muscle tone are noted, the bird should be released from handling.

Care must be taken to avoid compressing the sternum during handling. Birds lack a diaphragm, and compressing the sternum prevents effective ventilation; therefore, the sternum must be allowed to move freely.

During palpation, be aware that birds do not have lymph nodes. A general, brief neurologic examination should be performed with each physical examination.³ While moving through the physical examination, note



VIDEO 1

Appropriate capture method for an apprehensive or fearful cockatiel.



VIDEO 2

Various capture methods for a calm Jenday conure.



VIDEO 3

Intranasal sedation performed in a parrotlet.



VIDEO 4

Normal appearance of a sedated sun conure.



VIDEO 5

Physical examination of a sun conure.



FIGURE 3. Correct restraint of a chicken for examination with the wings held gently against the body.



the cranial nerves and appreciate reflexes, motor responses, and sensory responses ([VIDEO 5](#)).

Body Weight and Body Condition Score

Both body weight and a body condition score should be obtained during the physical examination. Pairing these measurements is important and allows for tracking trends over time.

Most adult chickens will stand readily on a tabletop baby scale that weighs in grams. Some may be large enough to stand on a floor scale designed for dogs. For medium or large psittacines, it is simplest to weigh the carrier while the bird is in it and then subtract the weight of the carrier while the bird is in hand. For small psittacines, using a gram scale is advantageous.

Body condition scoring is subjective but becomes more accurate and precise with repetition. Either a 5-point or 9-point scale may be used as long as it is consistent within the practice. To assess body condition, palpate over the keel for the pectoral musculature. In some birds, such as chickens, also palpate along the sides of the body over the ribs and up into the axillae for fat deposits. Chickens also deposit large amounts of fat in the caudal coelom.

A 9-point scale considering the pectorals is as follows:

- **1** indicates poor condition with very concave muscles.
- **4** indicates fair condition; in these birds, the musculature is slightly concave.
- **5** is considered ideal and reflects musculature that is symmetrically rounded over either side of the keel.
- **6 to 7** is given for slightly convex musculature and indicates some extra weight.
- **9** reflects a very convex shape and indicates obesity.

A client who handles their bird regularly may recognize a low body condition score as the first sign of illness and may state that the keel feels “sharp.”

Eyes

Assess the position of the eyelids first ([FIGURE 4](#)).

A healthy bird should have the lids open, whereas a potentially sick animal may keep the eyelids partially or fully closed. Ocular lesions or pain may present as blepharospasm, similar to mammals.

Evaluate for evidence of ocular discharge, including any wet, matted, or crusted periorbital feathers. The surface of the cornea should be relatively flat, moist, and shiny.

The anterior chamber of the eye should be clear and the third eyelid, or nictitating membrane, should be smooth as it sweeps over the cornea. Evaluate the lens



FIGURE 4. Performing a direct ophthalmic examination in a parrotlet. Note the hand and instrument positioning to allow for examination of the small eyes.



FIGURE 5. Performing an otic examination in a parrotlet. This is the normal appearance for parrot ears. There should be no crusting, debris, erythema, or masses.

for any evidence of lenticular sclerosis, cataracts, or inappropriate shifting (i.e., posterior or anterior luxation). The sinuses, located ventral to the orbit, should be flat and free of swelling.

When evaluating the retina, note that birds have an anangiotic, or avascular, fundus. The pecten, which most often looks like a thick brown structure in the ventral region of the fundus, should also be evaluated.

External Auditory Canals

This is one of the most overlooked parts of the avian physical exam. To evaluate the external auditory canals (ears), gently retract the feathers and skin surrounding the opening (**FIGURE 5**). Evaluate both sides for symmetry and healthy-appearing skin within the canal. Typically, an otoscope is not needed to evaluate the aural canal; however, if further evaluation is needed, anesthesia to facilitate a deep otoscope or thin rigid endoscopy examination is advantageous.



FIGURE 6. Normal appearance of the oral cavity in an eclectus parrot. Note the pigmentation within the oral cavity and on the tongue, which is common in many species, as well as the presence of the glottis at the base of the tongue and the lack of an epiglottis, which is normal. Also note the use of white tape strips to restrain the beak in an open position without damaging it.

Nares, Cere, and Beak

The nares are located in the proximal area of the rhinotheca, or the maxillary beak, in the region of the cere. The nares should be symmetric, clean, and clear bilaterally. The gnathotheca, or mandibular beak, and the rhinotheca should fit together to allow the bird to close its mouth. Evaluate for any evidence of excessive keratin layering, flaking, or malocclusion.

Oral Cavity

The mouth may be opened manually using various techniques, depending on the species. One-inch white tape folded lengthwise to create half-inch strips may be used for medium to large parrots (**FIGURES 6 AND 7**). For small parrots, paper clips can be used to open the beak; however, take caution not to damage the keratin (**FIGURE 8**). In chickens, put gentle digital pressure at the commissures of the mouth and carefully depress the gnathotheca. A light source, such as a transilluminator, is very helpful when evaluating the oral cavity, as the caudal structures are relatively deep in some species, such as chickens.

The mucous membranes should be pink and moist. Dry, stringy saliva may indicate dehydration, but note



FIGURE 7. Normal, sharp choanal papillae in a monk parakeet. Again, white tape strips are used to restrain the beak in an open position without damaging it.



that birds do not have as much saliva in their mouths as dogs and cats do. The oral cavity should be clean and free of lesions or debris. Evaluate the caudal oropharynx carefully and look at the opening to the glottis, which should also be clean and free of lesions. The choana—the cleft that connects the nasal passages to the oral cavity—is found on the roof of the mouth. This area should be clear, and there should be symmetrically sharp choanal papillae bilaterally (**FIGURE 7**). Blunted papillae can suggest an underlying nutritional issue, such as hypovitaminosis A (**FIGURE 8**). Evaluate the tongue for lesions or masses, and look under it as well.

Comb (Chickens)

The comb should be an even red color, except in heavily pigmented breeds, which may have a variety of colorations. Normally, the comb should be upright, but over time it may deviate to one side. As long as this is not an acute change, it is considered normal.

The comb may be digitally blanched to assess the capillary refill time. A normal comb should refill in 2 seconds or less. Color change or lesions of the comb

may indicate an underlying disease condition. For example, a blue/purple/gray/dark red color may indicate cyanosis and inadequate oxygenation or cardiovascular compromise; paleness may represent numerous conditions, including anemia, molting, heat stress, or dystocia.

Crop

After evaluating all structures of the head, move down to palpate the cervical structures, most importantly the crop. Depending on the species, the crop may be large or small. In parrots, the crop should be soft and may contain food material, depending on when the bird last ate. If the bird has been fasted, the normal crop should be empty. In chickens, the crop is normally larger than in parrots, may contain food material, and may be somewhat pendulous (like a moist bean bag). The crop has peristaltic movement, and rates of emptying vary by species. In most parrot species, the crop empties rapidly—within a few minutes in some smaller birds, and within a couple of hours in larger birds. In chickens, the crop should empty within a few hours. It is abnormal for the crop to feel “liquidy” or “doughy” or to have a sour or yeasty odor. It is also abnormal for the crop to fail to empty.

Heart

All birds have a 4-chambered heart, similar to mammals. To auscultate the heart, place the stethoscope over either side of the keel and listen to both the right and left sides. A heart rate should be obtained. Heart rates vary by species, with smaller birds having faster rates than larger birds. Heart murmurs and arrhythmias are possible to auscultate but require a keen ear and a quiet room due to the relatively fast heart rate of most species.

Lungs and Air Sacs

Birds have complete cartilaginous tracheal rings, a syrinx (where vocalizations are produced), and 2 lungs firmly attached to the dorsal body wall and ribs. In general, birds have 9 air sacs, including paired cervical, cranial thoracic, caudal thoracic, and abdominal air sacs, and a single clavicular air sac. Air sacs are not involved with gas exchange but do connect to the lungs and pneumatic bones, including the humerus and femur.

To auscultate the lungs, place the stethoscope over the dorsum between the wings. There should be minimal



FIGURE 8. Blunted choanal papillae caused by hypovitaminosis A in a cockatiel. Care must be taken when using paper clips to restrain the beak in smaller species, as there is a risk of damaging the keratin with this method.

sound present. To listen to the air sacs, auscultate on the ventrum, just caudal to the sternum, on both sides. There should be minimal sound present.

A respiratory rate should be obtained and will vary by species. Observe the bird for signs of open-mouth breathing, tachypnea, or dyspnea. In sick birds, dyspnea is frequently accompanied by other signs, including tail pumping. If tail pumping is seen, respiratory compromise needs to be considered.

Keel

The keel is attached to the sternum of the bird and serves as a point of attachment for the large pectoral muscles. Its movement is required for breathing. The keel should be straight, and deviations may indicate acute or chronic trauma. Between the crop and the keel, you may palpate the furcula (clavicle or “wishbone”), which should be V-shaped.⁴

Wings

When evaluating the wings, it is important to support the entire wing at each joint to prevent accidental trauma. Extend each wing individually and put each joint through passive range of motion as it is palpated. Evaluate hydration by identifying the ulnar vein, also known as the basilic or wing vein, which may be found by using a moistened cotton ball to part the feathers over the ventral elbow. The vessel may be blanched using digital pressure; it should have almost instant refill (visualizing the refill should not be possible because it is so fast) in a normally hydrated bird ([VIDEO 6](#)). Any delay is suggestive of hypoperfusion/hypovolemia ([VIDEO 6](#)).

Coelom

Birds have a coelom, as they lack a diaphragm to separate the thoracic and abdominal cavities. The sternum and keel are large in most avian species, which limits palpation of the coelomic structures.

Cranially, the organs will be covered by the sternum and will not be palpable. In the normal bird, this includes the heart, lungs, esophagus, proventriculus, and liver. The liver should not be felt beyond the caudal border of the keel. Caudally, there is a palpable area of the coelomic space between the caudal end of the sternum and the pubic bones of the pelvis. Organs in this space include the ventriculus; the remainder of the gastrointestinal tract; and the spleen, pancreas, reproductive organs, adrenal glands, and kidneys. Palpable structures may include the ventriculus in the left cranial portion of the coelom and, in females, the oviduct on the left if it is enlarged or if there is an egg present.

Overall, in parrot species the coelom should be concave and few to no structures should be palpable ([FIGURE 9](#)). In chickens, the coelom is often convex, especially in egg-laying birds. Eggs may be palpable, which can be mistaken for the ventriculus in some cases. Coelomic palpation is key to assessing for ascites, organomegaly, or masses.

Pelvic Limbs and Feet

To evaluate the pelvic limbs, palpate each joint, including the coxofemoral joint, stifle, tarsus/hock, and digits, and put the joint through passive range of motion. Each joint should move smoothly in both flexion and extension and be free of crepitus. Palpate the musculature of the limbs for symmetry. Evaluate the nonfeathered skin of the lower limbs for scaling and



FIGURE 9. Coelomic palpation in a parrotlet. The coelomic cavity should be concave, and the pubic bones should be easily felt at the caudal aspect, near the vent.



VIDEO 6

Normal and severely delayed ulnar vein refill time in a bird.



lesions. The nails should be straight and at a comfortable length for the bird to walk.

Carefully evaluate the feet, as many species, such as chickens, are prone to pododermatitis or “bumblefoot” (**FIGURE 10**). Check each toe individually on the dorsal and plantar aspects as well as the central metatarsal pad. Evaluate for erythema, flattening of the plantar papillae, fissures (often associated with interphalangeal joints), ulcers, and fibrosis. In acute cases with fresh lesions, and in chronic or severe cases with large lesions, the bird’s mobility and comfort may be affected.



FIGURE 10. Pododermatitis in a chicken. **(A)** Dorsal view. Note the appreciable swelling on the dorsal and lateral sides of the feet. **(B)** Plantar view of the same chicken. This is an example of grade 4 (out of 5) pododermatitis.

If pododermatitis is noted, use a 1 to 5 grading scale to document it and promote consistency within the practice. Photos or a detailed drawing in the bird’s medical record can be helpful to track trends over time, as cases may require long-term management.

- **Grade 1 (mild)** indicates flattening of the skin or blunting of the plantar papillae, some erythema or shininess of the skin surface, but no evidence of infection.
- **Grade 2** indicates infection surrounding a superficial lesion.
- **Grade 3** indicates abscess formation with serous or caseous fluid draining from a fibrotic lesion.
- **Grade 4** indicates a chronic infection with swelling of deeper tissues, which may include comorbidities such as arthritis or osteomyelitis.
- **Grade 5 (severe)** indicates infection with swelling, possible comorbidities with severe loss of comfort and function, and radiographic changes to the underlying bones.

Feathers and Skin

During the physical examination, take note of overall feather quality and condition. A healthy bird should have smooth, shiny, well-preened feathers. Birds going through molt may have feather loss and may also have new feathers growing in, called blood feathers, on the



FIGURE 11. Feather-destructive behavior in a grey parrot. Note the presence of the tattered and destroyed feathers, as well as a blood feather.



wings (remiges), tail (rectrices), or over the body. Molting feathers are different from traumatized or barbered feathers, which may have split shafts, be uniformly short, or be associated with dermatitis (**FIGURE 11**).

If there are areas of absent feathers on the body, note the location. If they are on the head and dorsal neck (i.e., somewhere the bird cannot reach itself), consider trauma from other birds, if present. Stress bars are areas where the feather was weakened while it grew, usually by physical or nutritional stress; if present, these should be noted (**FIGURE 12**). Missing feathers around the vent with pain and irritation in the region is common in chickens and may be seen with reproductive issues.

Vent

The vent, which is the external opening of the cloaca, should be evaluated. The cloaca is the communal chamber of the digestive tract (coprodeum), urinary tract (urodeum), and reproductive tract (proctodeum). The vent should display adequate tone. The vent and surrounding feathers should be dry and free of urates or feces.



FIGURE 12. Stress bars on feathers due to a previous traumatic event.

Additional Resources

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Uropygial Gland

The uropygial gland, also known as the preen gland or oil gland, is located over the proximal dorsal tail base. The gland is bi-lobed and has a common central papilla with a tuft of short feathers. The gland secretes an oily liquid that is used to maintain feather quality. The lobes should be symmetric and free of lesions. It is often most easily found by palpation first, then visualization.

Cloacal Palpation (Chickens)

In hens, perform cloacal palpation using a gloved and lubricated finger. Many of the same structures appreciated transcoelomically may be felt, including the cloaca itself, oviduct, ventriculus, gastrointestinal tract, and potential free fluid. Cloacal palpation may be helpful when assessing a hen for egg binding, as the egg may be palpable.

EVALUATION OF THE SICK AVIAN PATIENT

Physical examination of a sick bird can be intimidating, and a triage examination may be necessary. Initially weighing the bird with its crate and then subtracting the weight of the crate can allow the examiner to obtain a body weight without the need for a second restraint. For the rest of the triage examination, determine a body condition score; auscultate the heart, lungs, and air sacs; palpate the coelomic cavity; and evaluate the ulnar vein and refill time. These quick steps can provide a great deal of information about the patient.



Zenalpha®

(medetomidine and vatinoxan hydrochlorides injection)

Sedative, Analgesic

For Use in Dogs Only

CAUTION: Federal (USA) law restricts this drug to use by or on the order of a licensed veterinarian.

BRIEF SUMMARY: (for full prescribing information, see package insert)

DESCRIPTION: Zenalpha is a combination of medetomidine and vatinoxan hydrochlorides. Each mL of Zenalpha contains 0.5 mg medetomidine hydrochloride, 10 mg vatinoxan hydrochloride, 32.5 mg mannitol (USP), 4.16 mg citric acid monohydrate (USP), 1.8 mg methylparaben (NF), 0.2 mg propylparaben (NF).

INDICATION: Zenalpha is indicated for use as a sedative and analgesic in dogs to facilitate clinical examination, clinical procedures and minor surgical procedures.

CONTRAINDICATIONS: Do not use Zenalpha in dogs with cardiac disease, respiratory disorders, shock, severe debilitation, that have hypoglycemia or are at risk of developing hypoglycemia, or are stressed due to extreme heat, cold or fatigue.

Zenalpha is contraindicated in dogs with a known sensitivity to medetomidine or vatinoxan.

WARNINGS:

Human User Safety Warnings

Not for use in humans. Keep this and all medications out of reach of children and pets.

Avoid skin, eye or mucosal contact. Use caution while handling and using filled syringes. Absorption of the active ingredients is possible following exposure via the skin, eye or mucosa. In case of accidental eye exposure, flush eyes with water for 15 minutes, remove contact lenses then continue to flush. In case of accidental skin exposure, wash with soap and water and remove contaminated clothing. If symptoms occur, seek the advice of a physician.

In case of accidental oral intake or self-injection, seek medical advice immediately and show the package insert to the physician. DO NOT DRIVE as sedation, loss of consciousness, and changes in blood pressure may occur.

Persons with cardiovascular disease (for example, hypertension or ischemic heart disease) should take special precautions to avoid any exposure to this product.

Pregnant women should exercise special caution to avoid exposure. Uterine contractions and decreased fetal blood pressure may occur after accidental systemic exposure.

Persons with known hypersensitivity to any of the ingredients should avoid contact with Zenalpha.

Caution should be exercised when handling sedated animals. Handling or any other sudden stimuli, including noise, may cause a defense reaction in an animal that appears to be heavily sedated.

Note to physician: Zenalpha contains medetomidine, an alpha₂-adrenoceptor agonist, in combination with vatinoxan, a peripherally selective alpha₁-adrenoceptor antagonist. Symptoms after absorption or accidental self-injection may include dose-dependent sedation, respiratory depression, bradycardia, tachycardia, and hypotension.

Animal Safety Warnings

Zenalpha should not be administered in the presence of pre-existing hypotension, hypoxia or bradycardia. Due to the pronounced cardiovascular effects of alpha₂-adrenoceptor agonists, only clinically healthy dogs (American Society of Anesthesiologists [ASA] classes I and II) should be administered Zenalpha. Dogs should be monitored frequently for cardiovascular function and body temperature during sedation.

Zenalpha is not intended for use in cats. The use of Zenalpha in cats has been associated with hypotension.

PRECAUTIONS: Dogs should be monitored frequently during sedation for changes in heart rate, blood pressure, respiratory rate and body temperature. Tachycardia may occur in some dogs after recovery from sedation.

In the event of hypoxia or apnea, supplemental oxygen should be administered.

Following administration of Zenalpha, a decrease in body temperature may occur and an external heat source may be needed to maintain body temperature. Hypothermia may persist longer than sedation and analgesia.

The analgesic effect of Zenalpha will not last longer than the sedative effects. Additional analgesic(s) should be administered as needed.

Nervous, excited or agitated dogs with high levels of endogenous catecholamines may exhibit a reduced pharmacological response to Zenalpha (ineffectiveness). The onset of sedative/analgesic effects could be slowed, or the depth and duration of effects could be diminished or nonexistent. Therefore, allow the dog to rest quietly for 10 to 15 minutes after injection.

With the alpha₂-adrenoceptor agonist drug class, including Zenalpha, the potential for isolated cases of hypersensitivity, including paradoxical response (excitation) exists.

Repeat dosing with Zenalpha has not been evaluated.

Zenalpha has only been evaluated in fasted dogs; therefore, the effects on fed dogs (for example occurrence of vomiting) have not been characterized.

The concurrent use of anticholinergic medications and Zenalpha has not been evaluated.

Zenalpha may decrease serum glucose in healthy dogs and this effect may persist longer than sedation.

The safe use of Zenalpha has not been evaluated in dogs with hepatic or renal impairment, dogs younger than 4.5 months old, or dogs that are pregnant, lactating, or intended for breeding.

ADVERSE REACTIONS: The most common adverse reactions observed in the field study were decreased body temperature (not requiring external heat support), reduced respiratory rate, diarrhea, muscle tremor, signs of colitis, hypothermia (requiring external heat support).

To report suspected adverse events, for technical assistance or to obtain a copy of the SDS, contact Dechra Veterinary Products at (866) 933-2472. For additional information about adverse drug experience reporting for animal drugs, contact FDA at 1-888-FDA-VETS or online at <http://www.fda.gov/reportanimalae>.

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SUMMARY

The physical examination of psittacines and galliformes follows the same basic principles as for small animals.

Practice improves both comfort level in handling avian patients and the speed of the examination. Developing the ability to recognize a sick bird, as well as honing skills around the distant examination, will also be beneficial. Use of sedation may reduce stress levels for both the bird and the clinician. **TVP**

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CONTINUING EDUCATION

Performing an Avian Physical Examination in Practice

TOPIC OVERVIEW

As is the case with small animals, the physical examination is an essential part of the avian veterinary visit. It allows the clinician to add to the problem list formed by the history and husbandry sections of the veterinary visit and often shapes the differential diagnosis and guides the diagnostic plan. There are 2 parts to the avian physical examination: the distant examination and the in-hand examination. Practice is needed to become proficient in each of these areas, and this article is only an introduction. Components of the physical examination differ based on species. This article focuses on psittacines (parrots) and galliformes (chickens).

LEARNING OBJECTIVES

After completing this article, readers should be able to recall the components of “sick bird posture” and how to recognize them in the avian patient, as well as recall the components of the avian physical examination and the differences between psittaciformes and galliformes.

This article has been submitted for **RACE approval for 1 hour of continuing education credit** and will be opened for enrollment upon approval. To receive credit, take the test at [vetfolio.com](https://www.vetfolio.com) by searching the name of the article or scanning the QR code below. Free registration is required. Questions and answers online may differ from those below. Tests are valid for 2 years from the date of approval.



1. Avian species are intolerant of disease and are fragile animals.
 - a. True
 - b. False
2. Which of the following is not a component of “sick bird posture”?
 - a. Being fluffed up
 - b. Eyes closed
 - c. Head tucked
 - d. Perched high in cage
3. What type of retina do birds possess?
 - a. Holangiotic
 - b. Paurangiotic
 - c. Merangiotic
 - d. Anangiotic
4. What would a body condition of 7 on a 9-point scale indicate in a bird?
 - a. Fair body condition
 - b. Thin body condition
 - c. Ideal body condition
 - d. Overweight body condition
5. What is the uropygial gland and where is it located in a bird?
 - a. Sebaceous gland; nape of neck
 - b. Oil gland; ventrum
 - c. Thyroid gland; thoracic inlet
 - d. Preen gland; dorsal tail base
6. A normal parrot coelom should feel _____ on palpation.
 - a. Convex
 - b. Flat
 - c. Distended
 - d. Concave
7. Cloacal palpation is an important component of the physical examination of a hen, but not a parrot.
 - a. True
 - b. False
8. Which of the following components of the physical examination will not give information about perfusion in a chicken?
 - a. Comb refill time
 - b. Ulnar vein size
 - c. Ulnar vein refill time
 - d. Skin tent
9. A hen with severe lesions on the plantar aspect of both feet but no evidence of osteomyelitis has what grade of pododermatitis?
 - a. Grade 1
 - b. Grade 2
 - c. Grade 4
 - d. Grade 5
10. Which of the following organ systems is not a component of the cloaca in birds?
 - a. Reproductive
 - b. Urinary
 - c. Gastrointestinal
 - d. Respiratory