ESVCP case submission Case History:

Contributors:

Leslie Sharkey[1] Michala de Linde Henriksen[2,3] Dana Franzen-Klein[4] Arno Wünschmann[5] Michelle Willette[4]

[1]Clinical pathology, Department of Veterinary Clinical Sciences, College of Veterinary Medicine, University of Minnesota. Shark009@umn.edu

[2]Comparative ophthalmology, Department of Veterinary Clinical Sciences, College of Veterinary Medicine, University of Minnesota

[3]Comparative ophthalmology, Department of Clinical Sciences, College of Veterinary Medicine and Biosciences, Colorado State University

[4]The Raptor Center, University of Minnesota

[5]Anatomical pathology, Department of Veterinary Clinical Sciences, College of Veterinary Medicine, University of Minnesota

Species: Northern saw-whet owl (*Aegolius acadicus*)

Specimen: Pectoral muscle mass aspirate

Rationale for acceptance: Avian cytology reports are limited in the literature, unusual presentation with ocular manifestation, issues with applications of immunohistochemistry in birds

Signalment: Older adult male Northern saw-whet owl (*Aegolius acadicus*)

History: An older adult male northern saw-whet owl (*Aegolius acadicus*) was admitted to The Raptor Center (TRC) of University of Minnesota (UMN) for a painful left eye. The owl had been an educational bird at a local nature center for eight years because it was non-releasable due to a fractured left humerus with left wing droop. The color of the irises had changed from yellow to orange over several months with no signs of pain. The owl was treated for a unilateral corneal ulcer and uveitis, and experienced episodic recurrence of bilateral anterior uveitis over the next four months. The owl presented for two seizure like episodes.

Clinical findings: Five firm, immoveable masses associated with the pectoral muscles were identified and aspirated. Radiographs were performed.

Laboratory data: There was a mild heterophilic leukocytosis with reactive lymphocytes and a mild nonregenerative anemia and hypoproteinemia.

Images:

Figure 1: Gross appearance of eyes

Figure 2: Gross photo of pectoral muscle masses

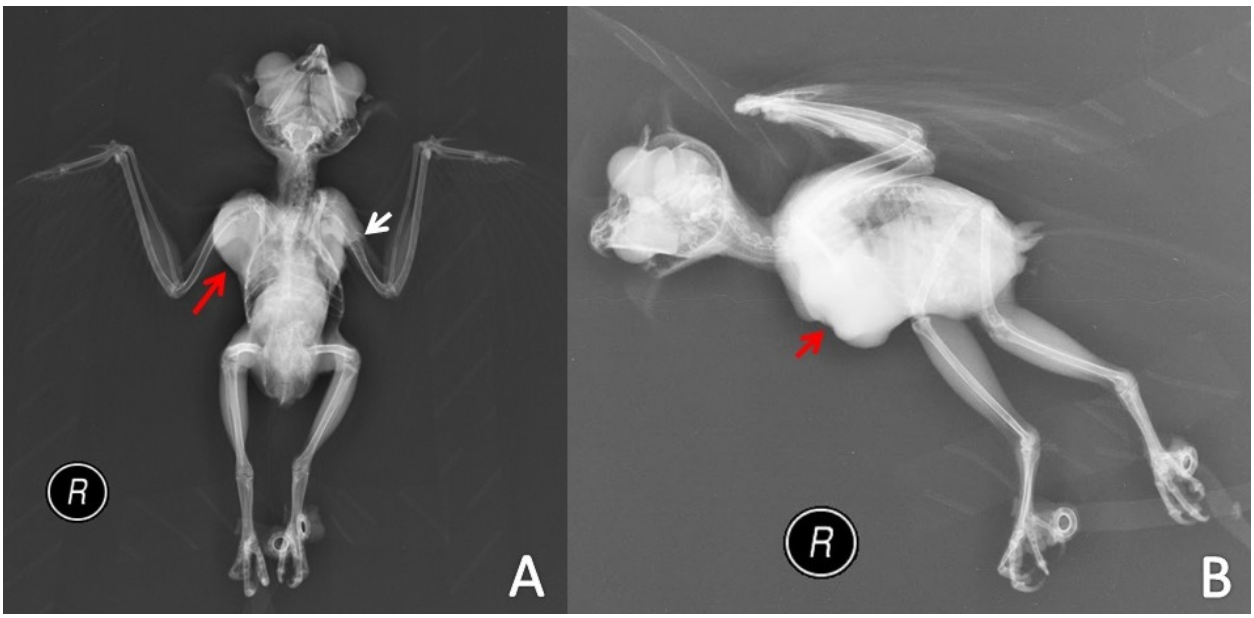
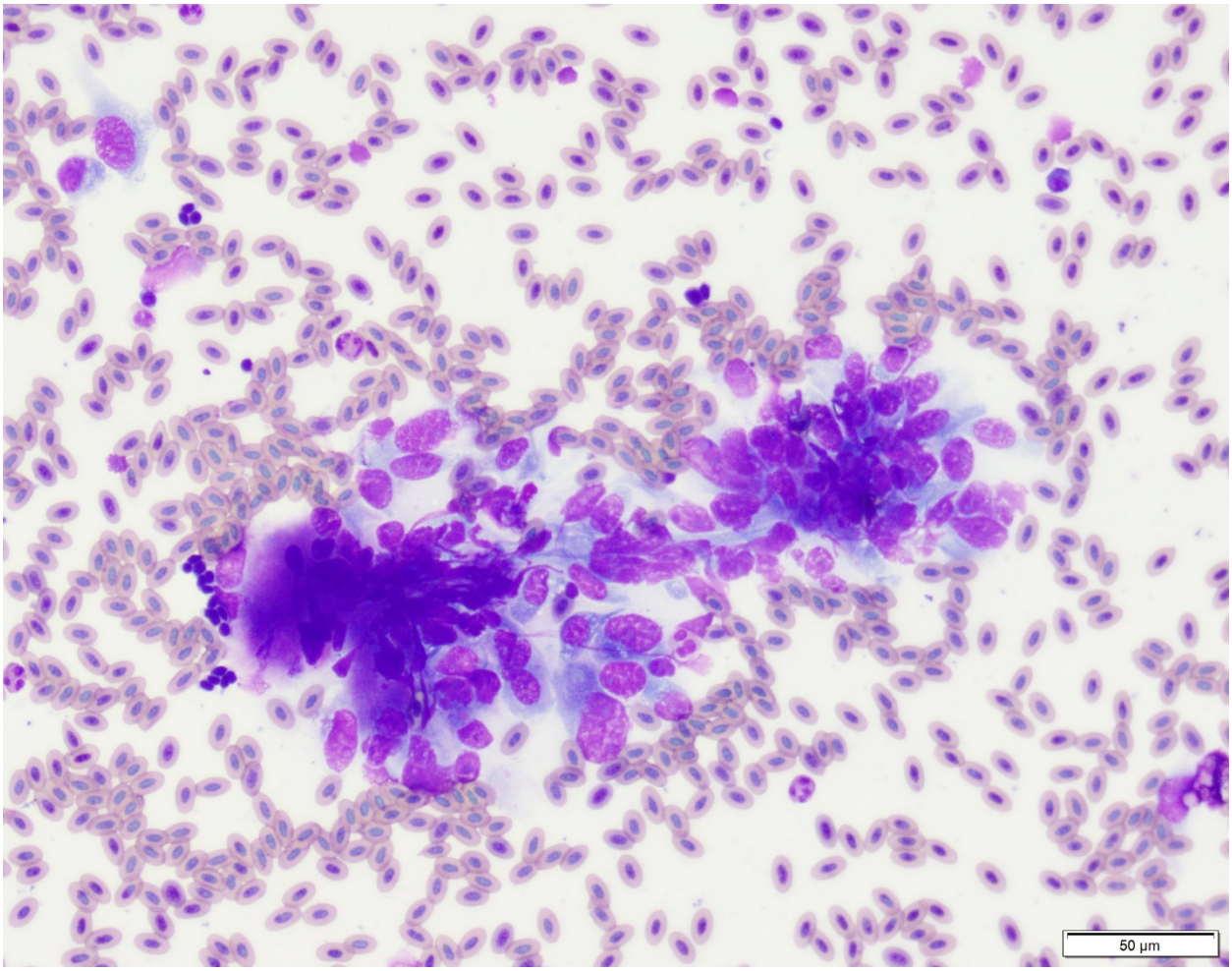


Figure 3: Radiographs of soft tissue density masses


50 µm

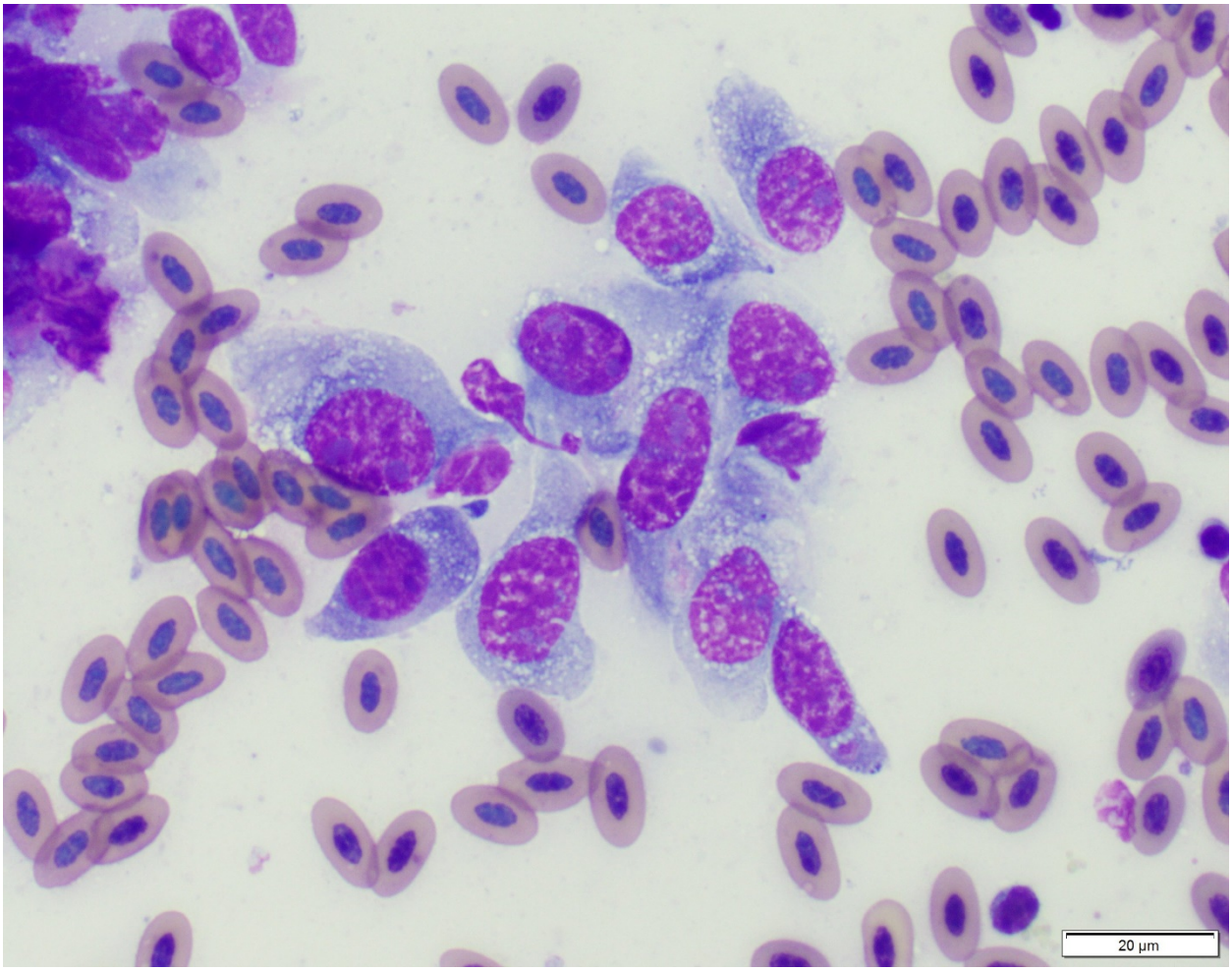


Figure 4: Cytology of the masses, 200X and 400X oil, Wright Giemsa stain