Exotic Animal Physical Exams and Nursing

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Exotic Animal Physical Exam

• Signalment
  - Complete description of the animal
  - Species, Breed, Age, Sex, Reproductive status, other distinguishing characteristics
  - Always double-check client reported information (sex, age, etc.)
  - Keep this information in mind as you examine the animal and make clinical judgments.

• History
  - Includes environment, diet, medical history, reproductive history, vaccination status and current medications.
  - Description and history of chief/presenting complaint
  - Reported concerns should be followed up with additional questions to clarify nature of the complaint

GENERAL APPEARANCE / INITIAL OBSERVATIONS

- Observe animal from a distance and up close before any handling
- Symmetry - note any asymmetry; note any difference in size or shape of extremities

Body weight and BCS (Nutrition Assessment)

- All animals < 20 lbs should be weighed using a pediatric/small animal scale or gram scale
- In general, the animal is too thin if his ribs are easily seen, normal if they are readily felt without a layer of fat lying over them and obese if it is difficult to feel them at all
Mentation / Level of consciousness – attentiveness / reaction to environment
Alert and responsive – Depressed – Uncontrolled hyper-excitability – Stupor – Coma

Posture and gait - watch the animal walk to exam area or kennel. Look for limping, incoordination or unsteadiness and abnormal limb placement.

Hydration status - Often expressed as percentage of body weight (0-15%) which can be fairly subjective. Adequate – Marginal – Inadequate
*Obese animals may not have skin tenting even when dehydrated.

Get Them Vitals!

- Auscultation of respiratory system (lungs or air sacs)
- Cardiac rate and rhythm
- Temperature
- Physical inspection of entire body using all your senses

Lets get physical
Respiratory System

Respiratory distress

• Air sacculitis or pneumonia (bacterial, fungal or aspiration)
• Coelomic fluid build up (Neoplasia, cardiac, hepatic, reproductive)
• Tracheal Obstruction (Granuloma, food obstruction)
• Abdominal Mass (Gravid, neoplasia)
• Chemicals
• Trauma
• Anemia
Oral Exam

Check those eyes!

Cardiac Evaluation
Blood Collection from mammals

- Jugular
- Femoral vein/artery
- Cardiac (anesthetized only)
- Anterior vena cava/subclavian vein

Blood Collection Sites Mammals

Delivery
Decompensatory phase of shock (bradycardia, hypotension, hypothermia)
Slow IV or IO bolus over 10 minutes hypertonic saline 7.2-7.5% (3 mL/kg) + hetastarch (3 mL/kg)
↓ Begin external and core body temperature warming over 1-2 hr
Begin crystalloids at maintenance rate (3-4 mL/kg/hr)
↓ When patient is warmed to 98°F (36.6°C), begin correction of hypovolemia to indirect systemic blood pressure >90 mm Hg (recheck pressure after each bolus)
Repeat boluses 3-4 times until blood pressure is normal:
1. Crystalloids (Normasol, Plasmalyte, LRS) at 10 mL/kg
2. Hetastarch at 3-5 mL/kg

*Pain Medication
**Shock, p2**

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**Positive response:** indirect systolic blood pressure > 90 mm Hg; Crystalloids to correct dehydration plus ongoing losses (Table 38-4)

- Add maintenance fluids (3-4 mL/kg/hr)

**Negative response:** repeat as above.

- No response:
  - Check blood glucose, electrolytes, PCV and total protein, ECG
  - If hypoglycemic:
    - Give 50% dextrose diluted 50:50 with saline at 0.25 mg/kg
  - If PCV < 20% and low total protein:
    - Consider whole blood transfusion
  - Correct abnormal cardiac function
  - *Still no response? Add in vasopressors*

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**Dystocia**

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The egg bound patient

The super big baby

Tired uterus

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**Symptoms**

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Pregnancy...

Radiographs confirming presence of eggs or fetus

Straining or lethargy

Mucous or blood from cloaca or vaginal opening

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**Pregnancy...**

Radiographs confirming presence of eggs or fetus

Straining or lethargy

Mucous or blood from cloaca or vaginal opening
Anorexia/Dehydration

- Lethargic/ weak
- Pale
- Thin
- No BM or UOP
- Low BG

Causes

- Underlying illness
- Chronic pain
- Stress
- Parasitic overload
- Diarrhea
- Foreign body
- Dental

GI Stasis

Common in rabbits for many reasons. This can be fatal if not corrected ASAP.

- Post op
- Cisapride
- Metoclopramide
Anemia or Hemorrhage

Symptoms

- Pale
- Weak
- Anorexic
- Increased respiratory rate/effort
- PCV <20%

Causes

- Hemorrhage from trauma
- Blood parasites
- Neoplasia
- Chronic immune disease
Treatment

- Whole Blood Transfusion
- Purified hemoglobin
- Erythropoietin
- Dietary supplementation of Fe

Bird Emergencies

Malnutrition/liver failure
Symptoms

- Loose green stool
- Gold or green urates
- Lethargy
- Anorexia
- Abnormal chem panel
  Often presents as cirrhosis, hepatic lipidosis or fibrosis

Treatment

- Fluid support
- Appropriate diet
- Milk thistle

Metabolic Bone Disease
Symptoms

- Malformation of bones
- Lethargy/weakness

Cause

- POOR HUSBANDRY
- Low levels of calcium in diet or poor bioavailability
  Ca Carbonate vs. Ca Citrate
- Calcium to Phosphorus ratio is imbalanced (one-and-a-half to twice as much calcium compared to phosphorus)
- Poor D3 light source or poor production. Dietary?

Thanks! Questions?