

1959

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Recommended Citation

Evans, George A. (1959) "Diseases and Care of Parakeets," *Iowa State University Veterinarian*: Vol. 21 : Iss. 2 , Article 3.
Available at: https://lib.dr.iastate.edu/iowastate_veterinarian/vol21/iss2/3

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Diseases and Care of Parakeets

George A. Evans, D.V.M.

THE BUDGERIGAR, that variety of parakeet which we are interested in, ranks very closely with cats and dogs as to the number of pets. As more of our population moves into congested areas, the small space which they require will make them increasingly more popular as pets. The owner of a pet budgie, especially one properly tamed and taught to talk, becomes just as attached to it as the dog owner does to his dog.

Information in this paper has been compiled from several sources. First, from our own observations in breeding and showing budgerigars for many years. Other breeders as they consult us on their troubles and the laboratory reports they have received has supplied us with additional knowledge. Veterinarians engaged in zoo work and bird practice have supplied some of the information. Some has been received from different laboratory studies which are reported or have been in the literature.

As with other classes of livestock, it is equally as important to know the proper methods of feeding, housing, sanitation and breeding, as it is to know the diseases affecting these birds.

FEEDING

A standard diet fed these birds is equal parts of canary seed and large white millet with the addition of 10 per cent good quality hulled oats. The seed should have a high percentage germination. During the breeding season and while the young are maturing we have

found either dry or soaked whole oats to be of benefit. A protein supplement similar to that fed to poultry may also be added to the diet.

Grit is absolutely essential at all times. It may consist of fine sand with oyster shell, bone meal and one per cent salt. It is also best to include a small amount of trace minerals.

Greens should be fed daily. Celery tops, carrots and carrot tops, dandelions, clovers and lawn clippings are all good. Care should be taken that all greens are well washed and have not been frozen.

Fresh water should be given daily. These birds can survive for a long time without water, but not without seed.

HOUSING

These birds are being bred and raised successfully in almost every imaginable type of structure. Attics, rooms and basements, as well as specially constructed aviaries are being used. As with poultry, adequate fresh air, proper humidity and enough space to prevent overcrowding are essential. The floors should be of cement or wire mesh. When not breeding they should be provided with flights at least eight feet long and six feet high for plenty of flying area. If at all possible the pet should have the freedom of at least one room in the house for part of the day.

Parakeets can stand variable temperatures. Outdoor flights are best for summer months. They can be kept there until after the first fall freeze. For the breeding room, a temperature of 65° F. seems most favorable.

BREEDING

Dr. Evans is a retired general practitioner at Clarion, Iowa. He and his wife have bred and exhibited these birds for about 14 years. Dr. Evans has been the veterinarian for the American Budgerigar Society for nine years.



Standard of perfection for the budgerigar. This is the large type of bird exhibitors are trying to breed.

Most breeders use separate breeding cages for each pair. Each breeding cage must have a dark enclosed nest box. These boxes should have concave bottoms and a two inch entrance on the side. It is better if the bottoms are detachable for cleaning.

These birds will breed at any time of the year, but it is advisable to permit only two hatchings a year from each pair. Overbreeding and poor parent stock results in weak pets.

SANITATION

All the quarters should be cleaned at least once weekly. After a thorough cleaning we use a 3 per cent quarternary ammonium compound as a spray soaking the walls, floors and perches. It is also used on all feeding and drinking vessels. When sprayed on the bird it does not have any harmful effect and they seem to enjoy it.

APPEARANCE OF A NORMAL BIRD

A healthy bird should have wide open eyes, be active and have a well filled out body with bright, smooth plumage. The ceres, a band running transversely above the beak and surrounding the nasal openings, should be a bright blue in the cock and a nutty brown in the hen. The color of the ceres should always be noted.

The droppings should be well formed with a dark band surrounding a white center. Almost immediately after elimination the droppings should become dry and chalky.

HANDLING THE BIRD

The owner will judge you by the manner in which you handle his bird. First observe it in the cage as it is presented to you. If a closer observation is necessary, the hand should be introduced into the cage slowly. Grasp the bird over the back enclosing the wings and holding the head between the thumb and forefinger. This will prevent all struggling and biting.

METHODS OF ADMINISTRATING MEDICATIONS

1. Orally
 - a. Directly by the use of a medicine dropper or a small syringe with a needle that has been cut off and the point rounded.
 - b. Mixing it with the feed or water.
 - c. Spraying or applying to the perches.
 - d. Steaming or by inhalation.
2. Parenterally

All parenteral medication should be given intramuscularly, preferably in the pectoral muscles.
3. Locally

Do not apply any toxic substances locally, because these birds are habitual pickers.
4. Ether is a good general anesthetic to use. Cotton saturated with ether is placed in the tip of a paper cone and the bird inserted head first. The bird should be removed as soon as it stops struggling.

DISEASES

In discussing diseases of parrakeets it is very hard to list them as to their causes because so little experimental work has been done. The problems will be discussed (with the exception of known infectious diseases which will be discussed later) in the order of their frequency as you may see them.

Overgrown Beaks and Toenails

This is the most common abnormality that you will see. It would seem that this should be of nutritional origin, but we have found that heredity plays a chief part. We have had strains with a high percentage of birds so afflicted and other strains in which there were not any.

The bird should be examined closely as sometimes the beak is so long that it is buried in the plumage and hard to see. The beak can be trimmed back to normal length with toenail clippers or sharp scissors. It can then be smoothed down to its normal shape with an emery board.

The same bird will often have overgrown toenails. The proper length for trimming is ascertained by holding the foot up to a bright light. The extent of the blood vessels into the nail can be determined and the cut made just beyond that area. Hemorrhage from this trimming can be controlled by use of either drugs or heat cautery.

Neoplasms

Neoplastic growths are very common in these birds. The percentage of these growths which are malignant and non-malignant is not known. We have found very little reoccurrence of growths on the breast after they have been removed.

Growths on the skin are seen on various parts of the body, but occur most often around the beak. They can be removed with scissors and the area cauterized if necessary.

Subcutaneous lipomas are seen more commonly in the region of the breast. They can be differentiated from subcutaneous deposits of fat which are common in this region as the lipomas are usually unilateral and well defined or en-

capsulated. These growths can be safely excised and the skin sutured with fine catgut.

Neoplasms in the abdominal cavity may reach an astounding size. Any bird with a long continued diarrhea and is constantly flicking its tail will almost invariably have one or more of these growths. It may be free or found involving the spleen, liver, kidneys or the genital tract of females. It is usually impractical to remove these.

Neoplasms are found affecting the eye. They can be surgically removed.

Digestive Disorders

Diarrhea is found in conjunction with about every disease condition in parakeets. It may accompany colds, other respiratory conditions, faulty nutrition, heavy moult or the result of ingesting some toxic material. Nervousness or excitement will also cause a temporary diarrhea. It is often seen in a young bird taken to new surroundings. Removal of the cause, if possible, will usually correct this symptom. A small amount of bismuth subnitrate sprinkled on moistened seed will help at times. If a specific infection is the cause of the diarrhea it should be treated with the drug indicated for that infection.

Regurgitation is the method by which these birds feed their young and their mates. When many are together they are seen feeding each other continually. In a pet bird this is frequently a cause for alarm to the owner. If the bird otherwise appears normal, the removal of all mirrors or bright objects in which it sees itself will often correct the condition. If regurgitation is accompanied by diarrhea the bird may have ingested some toxic substance. Two drops of mineral oil or epsom salts placed in the drinking water may be of help.

The presence of whole seeds in the droppings usually is due to the lack of or improper grit in the diet. If grit is being given, the owner should be advised to change to another type.

Respiratory Disorders

We have not found this very common

in breeding stock. In our aviary stress conditions such as heat, cold, heavy winds and rains rarely cause any respiratory symptoms. We have had reports from breeders who have suffered severe losses as a result of epidemics of respiratory infections in their aviaries. One case referred to me got a laboratory diagnosis and it was found to be aspergillosis.

Colds and pneumonias are more common in pet birds. The symptoms observed are a nasal discharge and rapid breathing. These birds should be kept where the temperature is about 90° F. Daily injections of 500 units of aqueous penicillin (procaine penicillin is contraindicated) or 5 mg. of a broad spectrum antibiotic is also helpful. The broad spectrum antibiotics may also be given orally in doses up to 10 mg. daily.

French Moulting (Lack of Plumage)

Often an owner of a new pet will bring a young bird that has only a few or no primary wing feathers and no tail feathers. The buyer has been told it is moulting and these feathers will be replaced. This owner is usually the victim of French moulting. This disease has caused more loss and discussion among breeders of budgies than all other diseases.

The etiology of this condition is not known. There are many theories as to the cause. It has been thought to be caused by a mite, of nutritional origin, humidity and an inherited condition. All of these theories have been quite well disproven. We feel it is an infectious disease more likely to occur under stress conditions.

The condition is seen only in the young bird while still in the nest box or shortly after leaving it. This varies from a mild case in which only a few feathers are dropped to severe in which all of the feathers fail to develop. Many cases are seen where the primary wing feathers are only small twisted quills. It may be so severe in breeding flocks that nearly every young bird in the aviary is affected. It disappears from an aviary and sometimes does not recur for years. Each breeder is inclined to believe that the

particular thing he did differently at the time of its disappearance is the solution to the problem.

Make certain of your diagnosis if there are only a few primary wing or tail feathers present. A few may be easily removed and the quill examined. If it is French moulting the quill will contain a dark substance that is never seen in a normal feather.

Mild cases will recover in a few months. This recovery can be hastened by removing all remaining wing and tail feathers that are easily pulled. Severe cases in which there are few feathers or the quills of primary wing feathers are small and twisted will rarely develop to be entirely normal. Owners should be advised to return a bird showing signs of French moulting to the seller. These birds should never be presented for sale.

Parasites

1. External

The common red mite is often seen. It can be readily found by inspecting nest boxes or the ends of perches. They can be controlled by thoroughly cleaning for the birds. We use a 5 per cent lindane solution on perches and in nest boxes at weekly intervals.

Feather, depluming and scaly leg mites have been found. We have controlled the feather mite with lindane. The scaly leg mite will be discussed under Scaly Face.

We have never seen nor do we know of any report of lice on these birds.

2. Internal

The only internal parasite which has been confirmed by laboratory diagnosis is coccidia. Coccidiosis is seen in young birds. Sometimes there is blood in the droppings. It has been successfully treated with 0.04 per cent sulfaquinoxaline in the drinking water for three to five days.

Feather Picking

Self picking is never seen in adult birds kept in groups. It is seen only in the adult pet. We believe it is a nervous condition as it does not occur in the breeding flock. For treatment, advise the

owner to change the diet and include plenty of greens, to add a vitamin B complex preparation to the drinking water and allow the bird freedom of the house or keep it in a darkened room. If this does not stop the habit, introduce a bird of the opposite sex.

Breeders will occasionally pick their young while in the nest. This may vary from just removing a few feathers to cannibalism. Fledglings should be watched closely and on the first sign of feathers being removed, take the female away. This will usually correct the trouble. If the male is found to be picking also, transfer the young to another pair. The commercial preparations to apply on the young have not stopped the picking for us.

Scaly Face

The bird has a brownish or grayish exudate on the face. Sometimes the legs, feet and in extreme cases the ceres and beak are also involved. We believe there are two causes of this condition.

When only the face is affected it is caused by a fungus. We have corrected this condition by spraying all birds with a 2 per cent quaternary ammonium solution.

If the feet and legs are also involved and are covered with crusty deposits it is caused by the scaly leg mite. Soak the affected parts in warm water, then apply a light mineral oil at four day intervals.

Injuries

Birds in new surroundings or frightened birds may sometimes kill themselves by flying into walls or other obstacles. The cause of death can easily be determined by removing the skin covering the skull. Extensive blood clots are seen under the bony structure. If the blood clot is not too extensive the bird may only show incoordination for a time, then make an uneventful recovery.

Tears in the skin which are not too extensive may be sutured.

Broken legs may be splinted with thin strips of elastic adhesive applied spirally to the leg. If toes are broken, they should be amputated. Always remove leg bands

if there is any injury to the leg or foot as they will cause necrosis from the swelling which occurs.

Broken or injured wings are best handled by taping them to the body until they have healed.

Vitamin Deficiency

Birds are sometimes presented that have lost the ability to fly or stand. We have had good results in correcting this condition by adding two drops of cod-liver oil to each tablespoon of seed and providing plenty of fresh greens. The grit should be checked to be certain it is providing plenty of calcium and phosphorus.

Groups of birds which have dull plumage and lack energy may likewise be benefited by the addition of one teaspoon of cod-liver oil to each three pounds of seed. This should be continued through the winter months.

Birds may be seen showing nervous symptoms. This is often corrected by the addition of a vitamin B complex preparation to the diet.

Eyes

Lack of vitamin A is thought to be the cause of some eye disorders. The addition of cod-liver oil and plenty of greens may correct some of the cases.

Some birds may be presented which have one eye which is cloudy, swollen and discharging. This should be treated by placing boric acid or an eye ointment in the eye and putting the birds in a dark room. Pink-eyed birds from an albino mutation are most commonly affected.

Impaction of the Oviduct

“Egg binding” is seen rather frequently in laying hens. The bird will be found lying on its side or in a very depressed state. The egg can be easily palpated in the lower portion of the abdomen.

This can sometimes be corrected by injecting a small amount of mineral oil into the cloaca and placing the bird on a warm, heating pad. If the egg is not passed soon, it will have to be removed. This is accomplished by applying pressure on the posterior abdomen until the

egg can be seen in the cloaca. Then puncture the shell with a sharp needle and drain the contents of the egg. The shell can be removed with a forceps.

INFECTIOUS DISEASES

The acute form of infectious diseases are usually only found in aviaries or in recently purchased pets. Breeders report diseases such as salmonellosis, pasteurellosis, aspergillosis and coccidiosis but generally will not get a laboratory confirmation. However, there has been laboratory confirmation of these diseases in parakeets in some cases. Epidemics of infectious bronchitis and pox have also occurred in aviaries. Further studies will probably lead to the discovery that most bacteria and viruses which infect poultry also infect these birds too.

In some cases these infections have been successfully treated with the drug of choice for that infection, as furazolidone for salmonellosis and sulfaquinolone for coccidiosis and pasteurellosis.

Psittacosis

The psittacine bird was first implicated in the transmission of psittacosis to man; therefore, it has become closely associated in the mind of the public with the parakeet. Now, we find psittacosis present in many domestic and wild birds. One of the most virulent strains has been found in turkeys.

A positive diagnosis should not be made from a physical examination or an necropsy. Any bird presented, while showing no visible evidence, may be a carrier. In acute cases there may be sudden death, while the less acute cases may show only labored breathing, loss of appetite and a diarrhea. They may only become thin and die. On post mortem examination, one may find an enlarged liver and/or spleen, white focal areas in the liver but rarely are the lungs involved. To confirm the diagnosis, it is necessary to have a complement-fixation test run at a laboratory. If psittacosis is suspected, wrap the bird in a phenol soaked towel, pack in ice and ship to a U. S. Public Health Laboratory.

Many attempts have been made to find a drug to treat this disease. Dr. K. F. Meyers, followed by others, has found a method or methods by which it may be controlled. Dr. Meyers has used chlortetracycline in various ways. When added to drinking water, it was found that chlortetracycline was not taken in sufficient quantity to free the bird from infection.

Injection into the pectoral muscles was tried and satisfactory results were obtained. First 0.4 mg. of an aqueous solution was injected twice a day for fourteen days. Other experiments using chlortetracycline in oil at the rate of 10 mg. per bird divided into two or three doses administered every other day were encouraging.

A method was sought by which the chlortetracycline could be introduced in the feed. Hulled millet was found to be the preferred carrier because little of it was discarded by the husking. Soluble chlortetracycline was added to this seed by first dissolving it in water, and then soaking the seed in this water until all the fluid was absorbed. The ratio was one part of chlortetracycline to 2000 parts of grain. Birds are put on medicated seed for two days and then returned to their regular diet for one day. This treatment is continued for fourteen days. Many groups of birds have been rendered negative to the test by this method. We have found in treating a substantial number of birds that the birds developed a diarrhea after six days of treatment. Birds in a poor condition would not have survived the treatment. Six months later the birds were treated again. Diarrhea again developed after six days of treatment. Our millet seed may have been at fault as in both treatments it was from the same source.

At present one seed company is presenting to the public a seed impregnated with chlortetracycline that may be more palatable and not produce the diarrhea. It must be remembered that thorough cleaning and disinfection of all feeding, drinking and housing units should take place before and after treatment.

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ping you can remove material that will allow your infusion treatment to get well up into the udder. Each infected quarter is then infused with 2.5 to 5 cc. of a combination of penicillin and dihydrostreptomycin in 250 cc. of sterile, distilled water. The volume is important and this method is not generally available to the farmer. The treated quarters are not milked for 24 hours unless it is a fresh cow in full production. If the quarters are hard, bathing in hot water and epsom salts is recommended. Mastitis tubes are left with the farmer to be repeated in 24 hours if the case warrants. Those containing the cortical steroids are used if the quarters are hard. I seldom make a repeat call on an ordinary acute mastitis.

"Gangrenous mastitis, our most difficult problem, is treated 12 hours apart with triple sulfa and erythromycin I.V. Also six million units of penicillin is given I. M. The teats that are blue and lack circulation are immediately amputated at the base of the udder for drainage. Like any acute cases I feel antihistamines are of definite value. The farmer is instructed to bathe the udder in hot water and epsom salts for a minimum of two hours a day. To emphasize my point I try to leave the impression that this might mean the difference in the man having a live cow and not having one. I've tried many other treatments and I think there is much to be desired from all.

"Mastitis in dry cows is usually treated by the farmer. I instruct him to milk the quarter out thoroughly, infuse the quarter with a commercial tube, repeating this twice at 3 day intervals. In some cases I use the large volume of sterile, distilled water with antibiotics in it."

Dr. R. Pawlisch, Brodhead, Wis.

BOOK REVIEW

Veterinary Ophthalmology

The second edition of this book, printed in less than two years after the first, contains more illustrations and some of the pictures have been redrawn. A few more photographic plates are included.

The book is divided into two parts. The first part is on anatomy and physiology of the eye and the second part is on clinical ophthalmology. The section on anatomy and physiology is very good with a lot of emphasis placed upon comparative veterinary anatomy. The chapters on animal vision and the optical system contains much interesting and helpful information. The second part on clinical ophthalmology would be more useful to the average veterinary practitioner. For example, a method of restraint used when examining the eye of a cow is illustrated on page 142. This section also gives attention to congenital abnormalities of the eye.

The chapter on therapeutics is primarily based upon information from *The British Veterinary Codex* and *British Pharmacopoeia*. The average American veterinary practitioner would have to supplement this chapter with other available information.

This book would be of some benefit to those veterinarians engaged in general practice and definitely should be available to the teacher and student of veterinary medicine.

Veterinary Ophthalmology. By R. H. Smythe. 379 pages. Williams and Wilkins Co., Mount Royal and Guilford Aves., Baltimore 2, Md. Exclusive U. S. agents. 1958. Price \$8.50.

Chris Oelberg '59

(Diseases and Care of Parakeets, continued from page 74)

MANAGEMENT PRECAUTIONS

1. Do not use phenol or phenol derivatives around these birds.
2. All new cages should be thoroughly rubbed with a steel brush to remove all loose metallic particles.

3. If you use a dusting powder, use only a powder with a pyrethrum base.
4. Do not use DDT preparations.
5. Thoroughly remove all insecticides from green food.
6. Do not leave any lindane where birds can come in contact with it. *End*