Chiddell

## American Association of Avian Pathologists Guide for Disease Reporting Diseases of Pet, Zoo, and Wild Birds June 1985

Disease Criteria

Acariasis Observe and identify.

Adenovirus (unclassified) This reporting category is for disorders caused by

adenovirus infection for which there is no named syndrome. The following should be reported under their specific headings: Enteritis, Hemorrhagic;

Bronchitis, Quail; Marble spleen disease.

Airsacculitis Inflamed air sacs in which Mycoplasma gallisepticum

infection, aspergillosis, or other specific disease

entity is not incriminated.

Amyloidosis Enlarged, firm liver, spleen, and/or kidneys with

microscopic confirmation.

Anemia Any condition of uncertain etiology characterized by

paleness, low packed cell volume and/or hypoplastic

bone marrow.

Anatipestifer infection Report under "Pasteurellosis, anatipestifer."

Arizonosis Report under "Salmonellosis, arizonae."

Arthritis (Not to include arthritis caused by M. synoviae. M.

gallisepticum. P. multocida. S. pullorum. These are to be listed under the category of the specific

etiological agent.)

E.coli Report under "Colibacillosis" when accompanied by

systemic lesions.

Staph Arthritis in which Staph is incriminated as sole or

primary etiological agent.

Unidentified Arthritis in which no specific etiology is

determined.

Ascaridiasis Observe and identify ascaridia.

Aspergillosis Characteristic gross and/or microscopic lesions.

Culture or identification by morphology of

Aspergillus fumigatus.

| AAAP Guide for Reporting Diseases of Pet, 200, and wild birds. |   |  |
|--|---|--|
| Disease  | Criteria  |  |
| Botulism   | Typical history, signs, necropsy findings (suspicious ingesta) and absence of infectious CNS diseases. Confirmatory inoculation tests (chicken/mouse) are encouraged.                             |  |
| Bronchitis, Quail  | History, signs, lesions, and positive FA, virus isolation, and/or serology.   |  |
| Candidiasis  | Isolaton and identification of <u>Candida albicans</u> from active lesions, or presence of mycelial elements of Candida in mucosa of digestive tract. Do not report unless clincally significant. |  |
| Cestodiasis  | Gross or microscopic demonstration of tapeworms.  |  |
| Capillariasis  | Observe and identify <u>Capillaria</u> worms or eggs in digestive tract.  |  |
| Chlamydiosis   | History, gross lesions, and demonstration of<br>chlamydia in a stained smear of tissues. confirm by<br>isolation only if properly equipped facilities are<br>available.                           |  |
| Cholera, fowl  | Report under "Pasteurellosis, fowl cholera".  |  |
| Cloacal papilloma  | Demonstration of tumor with histologic confirmation of cell type.   |  |
| Coccidiosis  | History, lesions, and demonstration of oocysts or other developmental stages.   |  |
| Colibacillosis   | Lesions and/or clinical syndrome suggesting bacteremia. Isolation and identification of E. coli. Record specific conditions as omphalitis in their respective places.                             |  |
| Coligramuloma  | (Hjarre's Disease). Gross and microscopic lesions. Cultural procedures often fail.  |  |
| Conjunctivitis/<br>Keratitis, etc.                             | Include all inflammatory eye problems for which specific etiology that would fit it into other category carret be established   |  |

category cannot be established.

Disease Crop bloat Criteria
"Sour crop". Crop with flaccid wall filled mucoid fluid and fermented ingesta.

Cryptosporidiosis

History, signs, and lesions with diagnosis confirmed with histologic examination of infected tissues.

Cyathostomiasis

Demonstration of species of Cyathostoma in trachea.

Dermatitis: Gangrenous

Identification or organism (culture, FA) is encouraged. Clostridia or coagulase poitive Staph. may be isolated.

Undetermined

No etiology or other than above.

Encephalitis, Viral Include California, Eastern, St. Louis, and Western. Confirm diagnosis by virus isolation and serology. Eliminate Newcastle disease and Marek's disease.

Encephalmalacia

History, signs, gross, and microscopic lesions. Characteristic gross lesions often visible in brain.

Enteritis:
Duck virus

"Duck plague". Typical lesions with history and signs confirmed with FA or serology.

Hemorrhagic

Gross lesions (massive hemorrhages, peracute mortality). Supported by confirming tests when developed.

Mycotic

Presence of hairlike filaments, often internally beaded, extending from the mucosa into the lumen of the intestine, as revealed by microscopic examination (100X-400X) of a wet mount preparation of a deep mucosal scraping.

Necrotic

Diffuse necrosis of the intestinal mucosa, often with formation of diphtheritic membranes and casts.

Ulcerative

Focal to diffuse necrosis of posterior intestinal tract and ceca, often stellate in character. Lesions readily observed from serosal surface and often perforate the tract. Liver lesions frequently observed, particularly in peracute cases. Isolation of <u>Clostridium colinum</u> is encouraged.

Disease

Criteria

Enteritis (continued):

Unidentified

Those conditions, enteric in nature, that do not fit the above categories or other specific disease

syndromes.

Erysipelas

Lesions, bacterial identification, serology.

French molt

Defective, weak, or absence of flight and tail feathers observed in young parakeets submitted for

necropsy.

Giardiasis

Typical signs and lesions accompanied by

identification of stages of the protozoan.

Gizzard erosion

Lesions. Differentiate from helminth problems.

Gout

Lesions.

Haemoproteus infection

Demonstration of Haemoproteus in blood smears.

Hepatitis:
Duck virus

History, age of host, virus isolation.

Inclusion body

Report under specific disease syndrome, i.e., Pacheco's disease, Marek's disease, Adenovirus

infection, Herpes virus infection, etc.

Reovirus

Report under Psittacine reovirus infection.

Vibrionic

Lesions, identification of organism.

Unidentified

Other liver inflammations not attributable to above

disease conditions.

Herpes virus infections

Virus isolation and identification, FA, or serology. Marek's disease is reported under neoplasms; duck virus enteritis under enteritis; diagnoses from

psittacine reported under Pacheco's disease.

Heterakiasis

Presence of heterakid worms in ceca.

Hexamitiais

Typical lesions accompanied by demonstration of Hexamita. Elimination of other infectious agents as

primary pathogens.

| Disease                | Criteria  |
|------------------------|---|
| Histomoniasis          | Intestinal and cecal lesions and demonstration of H. meleagridis, and/or typical liver lesions.   |
| Impaction:             |   |
| Soybean                | Mechanical blockage of digestive tract with soybeans.   |
| Lead poisoning         | Acute signs of impaction of the upper digestive tract when accompanied by a diagnosis of lead poisoning.                                    |
| Unidentified/other     | Digestive tract impaction when not attributable to one of the above or the cause is unkown.   |
| Lead poisoning         | Signs and lesions suggestive of chronic poisoning accompanied by lead in the gizzard or high levels of lead in the liver, kidney, or blood. |
| Leucocytozoonosis      | Suggestive lesions accompanied by identification of the parasite in blood smears.   |
| Macaw wasting syndrome | Idiopathic weight loss; elimination of nutritional, and infectious causes.  |
| Marble spleen disease  | Histopathologic examination.  |
| Miscellaneous causes   | As indicated, conditions not appropriate for other categories.  |
| Mismanagement          | Case history primarily accompanied by signs and lesions; all other disease conditions eliminated.   |
| Mycoplasmosis:         |   |
| Gallisepticum          | Characteristic respiratory signs and lesions. Positive serology or identification of the agent.   |
| Meleagridis            | Characteristic lesions. Identification of agent if feasible.  |
| Synoviae               | Lameness and/or swollen joints, and possibly airsacculitis. Serology, or identification of agent.   |
| Unidentified           | Isolation of a Mycoplasma species not listed above.   |
| Мусовів                | Fungi other than Candida and Aspergillus.   |

| Disease                     | Criteria  |
|-----------------------------|---|
| Neoplasms Lymphoid leukosis | Needlestic and seed would be  |
| Lymphold leukosis           | Neoplastic processes usually accompanied by intrafollicular proliferations of bursa; absence of |
|                             | nerve lesions; microscopically, uniformily  |
|                             | lymphoblastic, pyroninophilic neoplastic cells.   |
| Marek's disease             | Neoplastic processes often include ovarian,   |
|                             | testicular, skin, ocular, or neural tissues; may be   |
|                             | accompanied by interfollicular proliferation of   |
|                             | bursa; microscopically, pleomorphic infiltrates of  |
|                             | plasma cells, lymphocytes, and lymphoblasts.  |
| Unidentified/other          | Neoplasms other than two above and cloacal papilloma.   |
| Nephrosis                   | Gross and/or microscopic lesions.   |
| Newcastle disease           | Virus isolation and identification; serology; FA.   |
| Nutritional deficiencies    | Signs and lesions accompanied by ascertained  |
|                             | deficiency.   |
| Oil pollution               | Evidence of oil contamination with signs of disease.  |
| Omphalitis                  | Wicham lasiana  |
| Ompha II CIs                | History, lesions.   |
| Osteomyelitis               | Lesions, isolation, and identification of agent   |
|                             | (Staphylococcus, E. coli, other) with involvement of  |
|                             | bone.   |
| Osteoporosis                | Involvement of bone with lesions and cause determined   |
|                             | to be different from perosis; maybe spontaneous   |
|                             | vertebral fracture.   |
| Pacheco's disease           | Isolation and identification of causative agent.  |
| Papovavirus infection       | Isolation and identification of causative agent.  |
|                             |   |
| Parasites, misc.            | Any parasite not otherwise listed.  |
| Pasteurellosis:             |   |
| Anatipestifer               | Lesions with isolation of P. anatipestifer.   |
| Fowl cholera                | Lesions with isolation of P. multocida.   |
| Dedicules is                |   |
| Pediculosis                 | Identification of host infestation as lice.   |

Disease Criteria Pesticide poisonings Presence of high levels of a pesticide in appropriate tissues accompanied by typical signs and lesions. Peritonitis Gross lesions and elimination of a specific attributable disease syndrome. Perosis Lesions. Pox. Avian Lesions and confirm histopathology, virus identification, or reproduction of lesions in susceptible host. Proteus infection Isolation and identification of causative agent. Pseudomonas infection Isolation and identification of causative agent. Psittacosis/ornithosis Report under Chlamydiosis. Psittacine beak and Necrosis of oral surface of upper beak and abnormal feather syndrome growth of lower beak resulting in malocclusion; maybe with feather abnormalities. Reovirus infection Lesions with isolation and identification of virus. Reproductive disorders Lesions or anomalies. Gross physical findings (impaction, shell-less eggs, salpingitis, prolapse, etc.) Respiratory conditions Conditions where specific etiology is unknown or misc. respiratory conditions otherwise unlisted. Rickets History, age, signs, lesions. Roundheart syndrome History and lesions. Salmonellosis: Arizonae Isolate and identify organism. Paratyphoid Isolation of Salmonella species other than pullorum or gallinarum. Pullorum Isolation of S. pullorum.

Isolation of S. gallinarum.

Typhoid, Fowl

<u>Disease</u> Sarcosporidiosis Criteria

poridiosis Whitish-yellow muscle lesions with long axis parallel to muscle fibers. Demonstration of protozoan agent in smear of lesions, using Wright-Giemsa staining is

encouraged.

Selenium deficiency

Hyaline degeneration of striated musculature; greenish subcutaneous edema; whitish yellow areas of gizzard or breast muscles. Confirmation of low content in feed (below 0.1 ppm for galliformes).

Sinusitis

Inflammation of sinus when etiology cannot be determined; report sinusitis under specific etiology if possible.

Staphylococcosis

Isolation of mannitol positive, hemolytic, coagulase positive <u>Staphylococcus</u> from blood or lesion.

Streptococcosis

Isolation and identification of speicific Streptococcus (S. gallinarum. S. zooepidemicus. S. faecalis) from blood or lesions. Negative for other known pathogens.

Thyroid hyperplasia

Brown-red color, hyperplastic thyroids may be enlarged 5-10%.

Toxicosis:

Drug

Signs and history of exposure. Histopath exam of kidney may identify granules.

Ag chemicals

Pesticides reported under pesticide poisoning. Others may be diagnosed by signs plus history of exposure. If no known exposure, chemical analysis of tissue may be necessary.

Heavy metals

Signs and history of exposure. Chemical analysis often necessary for confirmation. Lead reported under lead poisoning.

Mycotoxicosis

Identification of a mycotoxin or unequivocal signs and lesions for specific mycotoxin.

Other

Any toxic condition that cannot be classified as above conditions.

Trichomoniasis

Microscopic demonstration of parasite.

Disease Tuberculosis

Criteria

Lesions, confirm with smear and acid-fast stain, or

culture and identification.

Tumors

Report under "neoplasms".

Vitamin A deficiency

Characteristic gross lesions and/or microscopic lesions (epithelial keratinization and squamous cell

metaplasia of glandular epithelium).