Medical and Surgical Management of Phaeohyphomycosis in a Kea (*Nestor notabilis*)

Nick Kirk, DVM, Natalie Antinoff, DVM, Dipl ABVP (Avian), and M. Scott Echols, DVM, Dipl ABVP (Avian)

Abstract: A 2.5-year-old female kea (*Nestor notabilis*) weighing 711 g was presented for acute lethargy, pelvic limb paraparesis, and decreased appetite. Results from a complete blood count revealed a leukocytosis (67540 cells/µL [reference interval 4200 – 37880 cells/µL]). Radiographic images revealed a mass effect within the mid coelom. The patient was provided supportive care that included antifungal medication (voriconazole 15 mg/kg PO q12h x 6 months and 10 days) and antibiotic therapy (enrofloxacin 20 mg/kg PO q12h x 27 days). A discrete 2.3 x 2.7 x 2.6 cm soft tissue mass adjacent to multiple organs was identified on contrast computed tomographic images (IsoVue 370 at 4 mL/kg IV over 2 minutes). The mass was medial and dorsal to the proventriculus, cranial to the ventriculus, caudal to the liver, and ventral to the cranial renal divisions. The mass had an irregular vascularized wall with a poorly vascularized center. Ten days after initial presentation, exploratory coeliotomy and mass removal via left lateral coeliotomy were performed. Bacterial (aerobic and anaerobic) and fungal cultures were negative. Fourteen days postsurgery, the leukocytosis was resolved. Microscopic review of the submitted tissue mass found multinucleated giant cells, macrophages, and brown fungal hyphae with irregular internal septations and some branching, leading to a diagnosis of phaeohyphomycosis. Panfungal polymerase chain reaction testing and sequencing were unsuccessful at speciation. Treatment with voriconazole was continued until behavioral, hematologic, and computed tomographic assessments indicated resolution of the problem 6 months postsurgery. No recurrence of disease has been reported 20 months following mass removal.