

Nocturnal Dwarf Syndrome in a Captive Juvenile of the Red-tailed Hawk

Melissa Baggett, D.V.M., DABVP-1

Department of Clinical Medicine, College of Veterinary Medicine, Auburn University

A complete evaluation of nocturnal dwarfism is necessary when a juvenile raptor is presented for weight and appearance of the facial bones are abnormal. Many of the skeletal abnormalities seen in affected raptors include a rhomboid skull, a short tarsus, and a decreased tarsal length. The syndrome may be associated with several types of dwarfisms, the most likely being hypothyroidism, hypoadrenalism, or growth hormone deficiency. In addition, abnormal cartilage formation of tarsals & feet, and neurogenic dysplasia of the tarsal joint. Nocturnal dwarfism can be distinguished from micropthalmia and diabetes mellitus by its association with primary hypothyroidism and polyphagia due to diabetes. Here we describe an avian patient that we characterized as nocturnal dwarfism because of its association with polyphagia, a rhomboid skull, and polyphagia due to diabetes. Here we describe an avian patient that we characterized as nocturnal dwarfism because of its association with polyphagia, a rhomboid skull, and polyphagia due to diabetes. Here we describe an avian patient that we characterized as nocturnal dwarfism because of its association with polyphagia, a rhomboid skull, and polyphagia due to diabetes.

She is a 36-year-old CD Malesi dove age 1 to 2 years old, presented with a 2-week history of weight loss. She had a full-term normal delivery 5 years ago and was in good health and gained weight in the weeks prior to the onset of her weight loss. She was presented to the clinic with a 2-week history of weight loss. She had a full-term normal delivery 5 years ago and was in good health and gained weight in the weeks prior to the onset of her weight loss. She was presented to the clinic with a 2-week history of weight loss.



Figure 1. The radiograph of the tarsus shows a normal tarsus (left) and a shortened tarsus (right).

Physical examination at this patient's 2-week-old age was normal. The patient's diet was a combination of pellets and live insects. The patient's diet was a combination of pellets and live insects. The patient's diet was a combination of pellets and live insects.

Even though the diagnosis was confirmed, the patient was not treated. The patient was not treated. The patient was not treated.