CASE HISTORY
Subadult male tawny frogmouth (Podargus strigoides) passed on to a wildlife shelter for hand raising. Noticed a lack of physical development (size) during the last month. Started falling off perch and toppling onto head on and very unbalanced. Very thin despite eating well right up until it died. NPWS has seen similar symptoms in another 5 birds that have also died. 3 of these birds also regurgitated prior to death. All of the dead birds also had flat flies.

GROSS PATHOLOGY
Internal findings: Cardio respiratory tract - no gross findings. Gizzard, moderate content of woodchips. Small intestine, low volume of normal contents. Gall bladder, kidney, adrenal and spleen are all grossly normal. Caeeca both distended with loose brown content. Right lobe of liver has pale tan area along caudal margin. Immature male.

HISTOPATHOLOGY
No abnormalities detected in: kidney, ventriculus, proventiculus, heart, cloaca, oesophagus, spleen, pancreas
Adrenal: Hyperplasia of cortical cells.
Small intestine: Coccidial forms near tips and within lumen. Segment of small intestine with extensive bloom of all coccidial stages, mostly intracellular with shizonts, micro and macrogamonts and oocysts.
Large intestine: Some luminal coccidial forms.
Liver: Multifocal mild lipoidosis.
Muscle: Moderate myofiber atrophy.
Lung: Oropharynx within normal limits.
Brain: Within normal limits.

BACTERIOLOGY
CAECUM
Wet prep: Coccidia 2+
Culture: No enteric pathogens
LIVER
Culture: 2+ Providencia rettgeri

MORPHOLOGICAL DIAGNOSIS
Severe intestinal coccidiosis
Multifocal mild hepatic lipoidosis
Muscle atrophy

Foreign body, ventricular wood chip ingestion (gross finding) Inanition

At necropsy the bird was very thin and had wood chips in its ventriculus and its cece were distended. A direct smear of intestinal contents contained numerous coccidia forms. Histologically a myriad of coccidial forms were evident in a segment of small intestine; other segments of the small intestine had less coccidial forms and caecum and large intestine had few forms.

Clinical coccidiosis in tawny frogmouth has not been commonly observed. Another coccidiosis case occurred recently (4451.1) in a young female tawny frogmouth from Seaforth with similar clinical signs. Similar clinical cases in three other tawny frogmouths were also noted by NPWS staff submitting this case but no material was available.

COMMENTS
This young male tawny frog mouth from Pymble was passed on to a wildlife shelter for hand raising. The bird appeared thin and stunted. It became weak and regurgitated its food and died, and was referred to TZ for pathology studies.

REFERENCES
http://www.saxonet.de/coccidia/cycle.htm
http://biology.unm.edu/biology/coccidia/home.html