



# California Wildlife Center

## Patient of the Week

### September 23, 2022



Photo by Sydney Adams

## A Great Horned Owl with a Slew of Problems

On August 17th CWC technicians received a call from Rancho Palos Verdes about an adult male Great Horned Owl who was unable to fly. Staff instructed the finder on how to safely contain the wild animal and transported them to CWC. Upon arrival, ICU technicians noticed that this particular patient was suffering from a long list of issues. The owl had facial swelling around the left eye and a foxtail (plant material) partially embedded in the corner of the eye. Additional foxtails were found amongst the feathers along the body. These plants are particularly dangerous since their spikey seeds have backwards facing barbs and are able to implant themselves into soft tissue. Surgical intervention is often required to remove the seeds. If left untreated, foxtails are able to cause serious infections and possibly even death. Luckily for the owl technicians were able to safely remove the foxtails from his left eye and feathers without much trouble. Antibiotic ointments were prescribed to prevent any possible infection from the plant material.



Photo by Jenn Guess

As ICU technicians continued to examine the Great Horned Owl, they noticed that he had a puncture wound on his left side, bruising and swelling near the left shoulder, a wound on his chest, and trauma to the right leg and foot. The owl was also emaciated, cold, dehydrated, and lethargic. It is unclear what caused these injuries, but it is possible that the owl was hit by a car and then became emaciated when he was no longer able to fly.

The first course of action was to stabilize the patient and provide initial wound care. Heat support was supplied, and warm fluids were administered. Oral antibiotics and pain medications were also prescribed. Once the patient was warm and hydrated, technicians slowly introduced easily digestible calories. In the wild Great Horned Owls mainly consume small mammals and so staff and volunteers administered a specific liquid diet for carnivores. After a few days of fluid and nutrition therapy, the owl was stable enough to start eating on his own. We still wanted to offer easily digestible food, and so we provided deceased mice without the skin and fur. Normally when an owl eats an entire mouse, the fur, bones, and any other indigestible material would form a pellet in the stomach, which would later be regurgitated. When rehabilitating emaciated owls, we need to make sure that the patient is able to successfully digest highly nutritious food, before offering the indigestible parts of an owl's natural diet. Providing whole furred mice too quickly could send an emaciated owl's system into shock and potentially cause death. After two weeks of careful assessment of his digestive system, this patient was stable enough to safely consume whole mice with fur.



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While hospital staff carefully monitored and adjusted the Great Horned Owl's nutrition plan, they were also treating the wide variety of injuries he sustained. Daily wound care was performed, and the owl received courses of anti-inflammatories, antibiotics, and pain medications. Through the hard work and dedication of our staff and volunteers, the swelling and irritation to his left eye improved, and the trauma to his shoulder, side, leg, and foot healed. The owl is still recovering from the laceration on his chest. Although an eventual release is not guaranteed, hospital staff is hopeful that this patient will be ready for an outside enclosure within a couple of weeks.

If you find an injured owl, contact your local wildlife rehabilitation center as soon as possible for advice. It is possible to contain these wild animals safely, but it is best to do so under the guidance of a professional.