

AAV Member Spotlight: James Boutette, BS, DVM

It is with great pleasure that we present the AAV newsletter: Member Spotlight. This special feature showcases the association's most valuable asset—our members—by highlighting our diverse backgrounds, professional activities, experience, and geographic locations.

If you would like to be featured in this section, or would like to suggest a fellow member to profile, please complete the [Member Spotlight Questionnaire](#) today.

What was the first bird job you ever had?

Education Coordinator "Eagle Trainer/Handler," American Eagle Foundation - Dollywood, Pigeon Forge.

Most memorable AAV experience or contribution.

Conference Attendance/Speaker-Master Class/Primary Author in Journal of Avian Medicine and Surgery/Currently a member of AAV membership committee.

What is your favorite avian species and why?

Raptors have always been a passion for me. I have been lucky enough to have extensive experience both treating them as patients and working with them directly as education and breeding animals. I still enjoy viewing them in the wild every chance I get! I can't say I have favorites however, a budgerigar, pigeon, or duck is just as likely to pull at my heart strings.

What was the last interesting avian medical or surgical issue you dealt with in your work?

I still find a good exploratory celiotomy with intention to perform a salpingohysterectomy to be my favorite and yet most challenging of the common avian surgeries, especially in the wake of reproductive disaster. But my most novel case was the design and surgical installation of a cloacal stent for a duck with severe dilation of the coprodeum and stenosis of the coprodeum fold. Large volumes (liters) of gravel had been ingested and passed into the lower GI which needed to pass over several weeks and resulted in balloon sized distention of the lower intestine immediately prior to entering the cloaca and the coprodeum itself. The tubular mesh stent resembled an odd shaped funnel and kept the path from intestine to the vent open for large volumes of stone and feces to pass while still allowing urates to enter the canal in the urodeum. Egg laying was stopped with lupron. Weekly examination and cleaning of the prosthesis which was sutured in place at the opening of the vent was tedious but repeated endoscopic examination of the cloaca was fascinating! And it worked! The patient made a full recovery and the prosthesis was able to be removed as cloacal tone improved, the stenosis broke down and intestinal dilation resolved. One happy owner and the duck now lives on grass and cement instead of pea gravel!

Best benefits of AAV membership?

The AAV is a great source for continuing education through their journal and conferences.

If you had not chosen your present career, what would you be doing?

If I had not become a veterinarian I would probably be in some field of aquatic environmental biology or agriculture.

What was your favorite class or activity in vet school/vet tech school/college?

I was lucky enough to have exotic species sections, including avian medicine integrated into many of my regular core veterinary curriculum classes at the University of Tennessee. This made even some of my least favored courses more bearable! I will not mention which specific courses these may have been, so that I may not offend my anatomy professor! Oops...

Describe an anecdote that would be of interest to your colleagues.

As an intern I volunteered to stop on my way home and release a hospitalized Grebe from the wild bird clinic. The bird had the misfortune of becoming landlocked on a local highway it had mistaken for a waterway (Grebes and Loons can't take flight from land). Upon release to open water I witnessed the perfect union of the purist joy and what I was convinced to be appreciation. Rather than simply flying away I was treated to half an hour of dance/song/and unabashed play only meters away from the shoreline where I still stood, cage in hand. I offered to personally release every Grebe and Loon I could that year!



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