I thought I’d share two cases that really ticked me off this week, since it’s tick season after all. There are two commonly encountered ticks on the Cape and Islands, such as the Wood Tick (*Dermacentor variabilis*) sometimes called the American Dog Tick (but not my me). While it is a competent vector for Rocky Mountain Spotted Fever, *Anaplasma*, *Erlichia*, *Tuleriemia*, it can not transmit Lyme Disease, but can cause tick paralysis. What is interesting here is that while they are not fussy about hosts, this tick was removed from the head of a seal in Maine, this is likely a new host record, and would happen when the young seal was hauled out, from the picture this tick took a healthy bite of flesh from the seal, but was not likely related to the stranding.

The second tick is the larval phase (notice the 6 not 8 legs) of *Ixodes scapularis*, the deer tick or black-legged tick. In these parts it is the classic vector for Lyme Disease (*Borreliosis*) and Anaplasmosis to a variety of hosts, including humans, but not to my knowledge seals, this little one was taken from a very sick and debilitated kitten with a massive infection. Larval deer ticks are not ‘hatched’ infected with *Borrelia* so Lyme disease is not the risk at this stage, but usually pick up the bacteria feeding on resivor hosts, like the white-footed mouse and transmit the bacteria as nymphs and adults.

**Turtle Notes:** Kemp’s release is scheduled for Monday, in Jacksonville FLA.
Sea Turtles: #31 Cherry 3/18/14
fractured Left TIB/FIB, possible pneumonia
wt=4.4 kg, SCL=29.0, SCW=26.1, TPR=n/a, 50, ?, BS = 3/5
CC: strand 11/9/13 Orleans, left carapace instability, bilateral lung lesions, skull lesions, dysphagia
Last Rads: 12/3/13: 2/18/14; 4-7-14
Last Blood: 11/25/13; 1/4/14; 4-7-14
CBC: WNL
HIGH: LDH (11022)
A: mild lymphocytosis
PE: carapace instability improved, fractured and swollen left hind with soft callus and stable, exposed dermal bone has healed over and plastron looks good.
A: clinical resolution of fracture, will confirm with rads
TX:
1- vit B1, sea tabs, and calcium (oral)
2-- SSD to lesions

Sea Turtles: #32 Pearl 2/25/14
Pre-release approved-CRW
wt=2.8 kg, SCL=25.9, SCW=23.7, TPR=n/a, 50, ? BS = 3/5
CC: strand 11/13/13 Brewster
Last Blood: 12/3/13; 3/11/14
CBC & SCP: acceptable for release.
Last Rads: 11/16/13 mineral density in coelum; 1/28/14, no specific lesions
PE: WNL ok for release
A: no active lesions with good growth and activity
TX: none
1- vit. B1, sea tabs, and calcium (oral)
OK to tag, PIT SQ approved
Sea Turtles: #33- Gage 3/18/14
elevated tissue enzymes, flipper tip lesions resolving
wt=6.4 kg, SCL=33.6, SCW=31.2, TPR=n/a, n/a, ?, BS = 3/5
CC: strand 11/13/13 Brewster
Last Blood: 12/3/13; 1/6/14, 1/7/14; 3/11/14; 4/7/14
HI: ALT(67), AST(1371), LDH(6286)
CBC: WNL
A: elevated tissue possible liver enzymes, or other
Last Rads: 11/16/13; 3/11/14-resolving flipper tip lesions, very mild phlange reaction, should not interfere with release, lungs on AP look good
PE: minimal proliferation at flipper tips
A: flipper tips essentially healed
TX:
1- vit B1, sea tabs, and calcium (oral)

Sea Turtles: #34 Raphael 3/25/14
pre-release hold due to elevated LDH
wt=3.6 kg, SCL=27.8, SCW=25.3, TPR= n/a, 50, ?, BS = 3/5
CC: strand 11/13/13 Brewster, R eye + corneal ulcer
Last Blood: 11/25/13; 1/6/14; 3/11/14; 4/7/14
HI: LDH (2593) 50% reduction
CBC: WNL
A: improved ok to d/c ABX
Last Rads: 11/16/13; marked BI pattern reduced right lung lobe volume 0.6 x 3 cm soft tissue density in R lung, linear densities left coelum 12/10/13; possible mild left lung minor increase BI density.
PE: minor abrasion / ulcer to right hind flipper dorsal aspect has healed and is no longer visible
A: no active lesions, tags look good: OK for release
TX
1- vit B, sea tabs, and calcium (oral)
**Sea Turtles:** #35 Julia 3/25/14

pre-release approved

wt=4.9 kg, SCL=31.0, SCW=28.9, TPR=n/a, 60, BS = 3/5

CC: strand 11/16/13 Fisher Beach

Last Blood: 12/3/13; 1/6/14; 3/11/14

HI: ALKP (1223), LDH (3455), GLU(110)

A: CBC normal, minor elevation of LDH, others resolving, pre-release approved.

Last Rads: 12/19/13: 1cm mineral and gas densities in coleum;

PE: looks great, no active lesions.

A: good growth, no active lesions

TX:

1- vit B1, sea tabs, and calcium

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**Sea Turtles:** #36 - Thetis 3/25/14

pre-release hold due to elevated LDH

wt=5.2 kg, SCL=30.6, SCW=28.2, TPR=n/a, 50, BS = 3/5

CC: strand 11/12/13 Brewster

Last Blood: 12/3/13; 3/11/14; 4/7/14

CBC WNL

HI: LDH (8931 decreased to 6987)

A: spike in LDH, unknown cause and significance, plan to repeat

Last Rads: 12/17/13; lungs improved, WNL

PE: Carapace looks great, very minor cranial marginal scute scrapes (from pool- tank abrasions).

A: doing well, good weight gain and growth, tags look good

significant decrease in LDH OK for release-CRW

TX:

1- vit B1, sea tabs, and calcium (oral)
Sea Turtles: #37 Marina 3/15/14
pre-release hold due to elevated LDH & UA
wt=4.0 kg, SCL=29.9, SCW=26.9, TPR=n/a, 56, ? BS = 3/5
CC: strand 11/13/13 Brewster, right eye slight opacity, Left eye central opacity
Last Blood:11/25/13; 1/4/14; 3/11/14; 4/7/14
HI: LDH (3878 to 3218)
CBC WNL
A: improved ok to d/c ABX
Last Rads:11/15/13; 12/31/13- WNL, AP exposure failure
PE: no active lesions, looks good
A:good progress doing well, tags look good
PE WNL with decreasing LDH, OK for release.
TX
1- vit B, sea tabs, and calcium (oral)

Sea Turtles: #38 Shosho 3/25/14
pre-release hold due to elevated LDH
wt=3.4 kg, SCL=28.2, SCW=25.5, TPR=n/a, 50 ,? BS = 3/5
CC: strand 11/4/13 Brewster
Last Blood:12/3/13; 1/6/14; 3/11/14; 4/7/14
HIGH:
LDH (8488 to 4907)
CBC = HCT (31%, high normal ?)
A: continued slightly elevated HCT, but improved, OK to d/c ABX
Last Rads:11/22/13; 1/14/14: WNL, monitor left lung fields AP
PE: Rostral lesion healed but scared, minor head lesions,
minor FF tip lesions, minor plastron bruising with poorly
defined rash like area, marginal nibbles (from other turtles)
A: everything getting better, good eater, tags look good
Decreasing LDH with no active problems OK for release
TX:
1- vit B1, sea tabs, and calcium (oral)
**Sea Turtles: #39 Squirt 3/25/14**

intermittent cloacal prolapse, resolved

wt=5.9 kg, SCL=31.8, SCW=30.3, TPR=n/a, 50, ? BS =3/5

CC: strand 11/11/13 Eastham, 3-4 raised barnacle like lesions in oral cavity, slight cloacal prolapse, opacity to LEFT eye minor

Last Blood:11/25/13; 1/4/14; 4/7/14

HI: CBC WNL; LDH (3562), GLU (126)

A: improved, ok to d/c ABX

Last Rads:12/19/13 min. BI pattern bilateral, 0.4 cm rectangular density and very small mineral density, no GI obstruction

PE: proplase has not been seen over 2 week

A: release approved if prolapse does not return

TX:

1- vit B1, sea tabs, and calcium (oral)

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**Sea Turtles: #40 North Star**

LEFT Front Flipper, late osteolysis D2P1-2

wt=4.5 kg, SCL=29.9, SCW=27.1, TPR=n/a, 50, ? BS =3/5

CC: strand 11/13/13 Brewster, cloacal prolapse

Last Blood:11/25/13, 1/4/14; 1/21/14; 2/5/14; 4/7/14

CBC WNL

HIGH: LDH (3913), GLU (144)

A:off abx

Last Rads: 12-24-13; 3-4-14; 4-7-14

Note the changes from in initial lesion with sub end plate lysis and the late phase lesion with flared ephiysis, erosion of ephiysisal bone, and joint expansion. Minor lesions in RFF D3P4-5, RHF D2 P3-4, lungs look good

PE: Swelling of LFF subjectively better, healing Left side of face bite, minor rostral lesion healed.

A: resolving /resolved osteolysis and cold stun.

P: monitor function and blood values

TX

1- vit B1, sea tabs, and calcium (oral)
Sea Turtles: #41Tide the loggerhead
loss of scutes from flippers, red stuff 4/1/14
wt=43.7 kg, SCL= 64.3 SCW=54.2, TPR=n/a, 20, 4 BS =3/5
CC: strand 12/8/13 Brewster, cold stun
Last Blood:3/16/14
HIGH: CK (3121), LDH (398), GLU (135)
but values much improved, little bump up in CK, LDH
Last Rads: 1/7/14
PE: Red discoloration of the rhampothecia and the plastron was more apparent.
A: red discoloration to shell is present, slow but steady improvement in skin healing, and superficial loss of shell keratin with healthy keratin layer exposed
TX
1- clean flipper tips with dilute chlohexderm 5min when out.
1-vit B1, sea tabs, and calcium (oral)

Terapins: Penny
flaking off, growing back?
PE: BAR, active and eating, but dead dermal bone around the margins of the shell are loose and more removed today including the large pieces of the lateral scutes, this was done with no active bleeding, and then cleaned with a chlohexiderm scrub. There is generalized edema present but the epidermis is normal. Radiographs show the separation but reading the carapace over the normal plastron is difficult, no evidence of renal mineralization or metabolic bone disease, AP view no evidence of pneumonia. There appears to be newly defined carapace marking in the less effected areas which may be an indicator of vital dermal bone and epithelium regrowth.