May 16, 2015  

**Headlines News:** You can cough up a lung, but you can’t puke your brains out  

Poor Cilantro, I identified 5 different species of parasites with a single fecal sample last week; this week, he coughed up this hunk of worms confirming the *Otostrongylus* infection, yeikes! how much more is there? We'll continue with the gradual deworming plan and hope to pull him through.
**Gray Seals:** Wasabi NMLC 15-005 PHg

strangulation ligature to neck, swollen right hind flipper / abscess, and pulmonary infiltrate / pneumonia, high WBC

male wt=22 kg, SL= 98.5 cm, BS=2.53/5

stranded 3/18/15 Nantucket; admit: 3/20/15

last blood: last week WBC increased and increasing

last rads/US: two weeks ago

PE: Mild swelling of the hind hind persists but radiograph and ultrasound of the leg show no lesions and the WBC continues to decrease and Wasabi continues to gain weight and body score points. We repeated the CBC today and if we continue to see progress we’ll apply for release. The neck is completely healed but has left quite a scar.

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**Gray Seals:** Cilantro NMLC 15-007 PHg

lungworms and infected brand, *Step. phocae*

male wt=32 kg, SL= 114 cm, BS=2/5

stranded 5/3/15 Cape Cod/ IFAW; admit: 5/4/15

last blood: 5/4/15; increased WBC, hyponatremia

last rads: 5/4/12: dorsal pulmonary consolidation, pneumonia likely Lungworm

last fecal: 5/12/15: larva 2 morpho-types DX: lungworm (*Otostrongylus* and *Parafilaroides*); cestode ova (no hooks) *Diphyllobothrium* sp., *Cryptocotyle lingua*
PE:
An initial nasal discharge has resolved. The ears and eyes, oral, head and neck exams are normal. The heart and lungs osculated normally at his entrance exam, and his breathing (RR=10) has been fine since then. There is are large infected brand over the hips, and an abscess in the left hind flipper (2 cm), which was cultured and drained. The brand tissue was sampled with a 6mm punch biopsy for histopathology and tissue culture. The wound is cleaned with dilute beta dyne SID, and covered with SSD. This is a “hot” brand, and this is a dermal full thickness ulcerative burn.

Behaviorally Cilantro has been a bit of a problem, with regurgitation, jaw clenching, and weight loss.

We started low dose fenbendazole (10 mg/kg PO SID 3d, and will follow with 25 mg/kg PO SID, and then consider ivermectin for definitive lungworm treatment. He was switched from ceftiofur to cephalixin at admission for the dermal burn and abscess (post drainage). He is on meloxicam for pain and inflammation control.
Harbor Seals: Dill NMLC 15-00p PPv premature
male wt=7.6 kg, SL= 84 cm, BS=2/5
stranded 5/13/15 COA Deer Island ME; admit: 5/15/15;
last blood: 5/15/15
last rads: 5/15/15
PE: TPR= 100, 120, 40; languino coat is being shed, no infected umbilicus, just starting to erupt teeth, ears and eyes WNL (IOP R=29, L=31 mmHg), limbs WNL, behavior WNL, abdominal palpation is WNL, other WNL. A: premature, hydration, glycemic, and nutritional support.-CRW
Under the Microscope: A tale of two tapeworms
Thanks to Kate for the careful “running of the bowl” on Cayanne, and the equally careful collection of the scolex of the tapeworms, this is critical for an identification, and we found a new tape worm to the lab, the fascinating *Schistocephalus solidus* as well as the more common (to us) *Diphyllobothrium cordatum*. We have scolex and eggs now as part of our inventory.

*Diphyllobothrium cordatum* ova 69-72 x 26-34 μm; 66-79 x 40-43 μm

*Schistocephalus solidus* ova 49-77 x 34-46 μm

Sea Rogers Williams VMD
attending veterinarian and director of science

[STAFF: Kathy Zagzebski, Kate Shaffer, Margo Madden, and Ashley]
@Rounds: Drs. Andrew Voorhis, and Samara Parker with Trina Bellinger CVT