Harbor Seals: Belmont

premature, sand impaction, vomiting
wt=8.8 kg, SCL=72 cm, TPR=99.5, 120, 38, BS = 1/5
Problem List:
1- abandoned by mother 4/29/14 in New Hampshire
2- premature birth (size, coat, umbilicus, low GLOB, hi Bil)
3- failure of passive transfer (low globulin)
4- sand impaction (radiographs, vomiting): resolved

Last Rads: 5/1/14, 5/6/14
Last Blood: 4/30/14
CBC: WNL
CP: low Glob, hi Bil,
A: clinically unstable with bouts of vomiting and shunting of blood from the periphery, but other periods of apparently doing better
PE: BAR, hydration good, abdominal palpation is WNL, no sand palpated, also no sand in recently passed feces. Shaved over umbilicus scar, healing nicely, incisor teeth eruption, oral WNL, no active suckle, eye, ears, nostrils WNL, starting to lose lanugo coat.
A: CWCT PX: guarded until weight gain but passing all that sand is a major accomplishment.
TX:
1- seal pup formula 6 am to 12 am q 4 hrs
2- lactulose 5cc / feed : d/c
3- psyllium fiber, 1 tsp mixed with 1/4 cup water / feed : d/c
4- SQ fluids 200 ml BID (to QID PRN)
Sea Turtles: #31 Cherry
fractured Left TIB/FIB

wt=4.8 kg, SCL=30.1, SCW=27.5, 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: reaction to LHF inconnel tag, leg and carapace strong and stable.
A: ok to monitor
TX:
  1- vit B1, sea tabs, and calcium (oral)
  2-- SSD to lesions

Sea Turtles: #33- Gage
elevated tissue enzymes, flipper tip lesions resolving, minor rostral lesion

wt=6.7 kg, SCL=34.3, SCW=32.1, 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 phalange reaction, should not interfere with release, lungs on AP look good
PE: minimal proliferation at flipper tips for all practical purposes these are healed, minor rostral lesion, minor cutting in of Inconnel tags.
A: flipper tips essentially healed, monitor rostrum
TX:
  1- vit B1, sea tabs, and calcium (oral)
  2- SSD topically
**Sea Turtles: #40 North Star**

LEFT Front Flipper, late osteolysis D2P1-2 rostral lesion

wt=4.5 kg, SCL=30.4, SCW=27.8, TPR=n/a, n/a, ? 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 epiphysis, erosion of epiphyseal 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 is present and deeper.

A: deep rostral lesion was cleaned and debrided, and treated topically with SSD

P: monitor function and blood values

TX

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

2- SSD to rostrum when pulled
Sea Turtles: #41 Tide the loggerhead
text of scutes from flippers, red stuff
wt=45.0 kg, SCL=64.6 SCW=54.0, TPR=n/a, n/a, 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, we continue to
remove superficial keratin that is no longer attached, collects
water between the loose keratin and healthy shell, and smells
bad (no say the least).
TX
1- clean flipper tips with dilute choloheaxderm 5min when out.
1- vit B1, sea tabs, and calcium (oral)

Terapins: Penny
resolving carapacial dermal bone
necrosis secondary to hypothermia
wt=1.2 kg, SCL=18.1cm, SCW=14.4
PE: BAR, active and eating, areas of scar tissue
with contraction, clear evidence of vital carapace
epidermis over 90% of the shell, the plastron is no
involved. Minor areas of marginal scutes may
still lose some necrotic dermal bone, edema is still
present.
P: increase salinity from 7 ppt to 11 ppt ok for 2
ppt increase per week until 12-15 ppt
Consider release this summer.
Last time we reviewed the nitty gritty details of gastric nematode identification in marine mammals, to the left is the Practical Guide of Marine Mammal Gastric Nematodes. You still have to ‘clear the worms’ to see the esophagus, ventriculus, and intestinal caecum, which is often harder then it should be. I use lactophenol for smaller worms and 70% ethanol in glycerin with evaporation for larger worms. Also, for the clinically minded note that egg morphology is sufficiently different to make a diagnosis to genus in many cases if you exclude the rare and aberrant infections. While this seems straight forward it took me three years to put this together.

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