

Rounds Notes is a report on the health of animals at the National Marine Life Center from Sea Rogers Williams VMD for the staff, volunteers, and community of the center including professionals involved the captive care of similar species, the views expressed are not necessarily that of NMLC. Information in Rounds Notes should be considered confidential and used solely to benefit the health of aquatic animals everywhere.

May 6, 2014

Rounds Notes

14: 81-85 (2014)

Headline News: Seals

Belmont: Up and Down (and up-side down?)

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 lanugino 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 carapase 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 phlange reaction, should not interfere with release, lungs on AP look good
 PE: minimal proliferation at flipper tips for all practicle 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 loss 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 choloherxderm 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

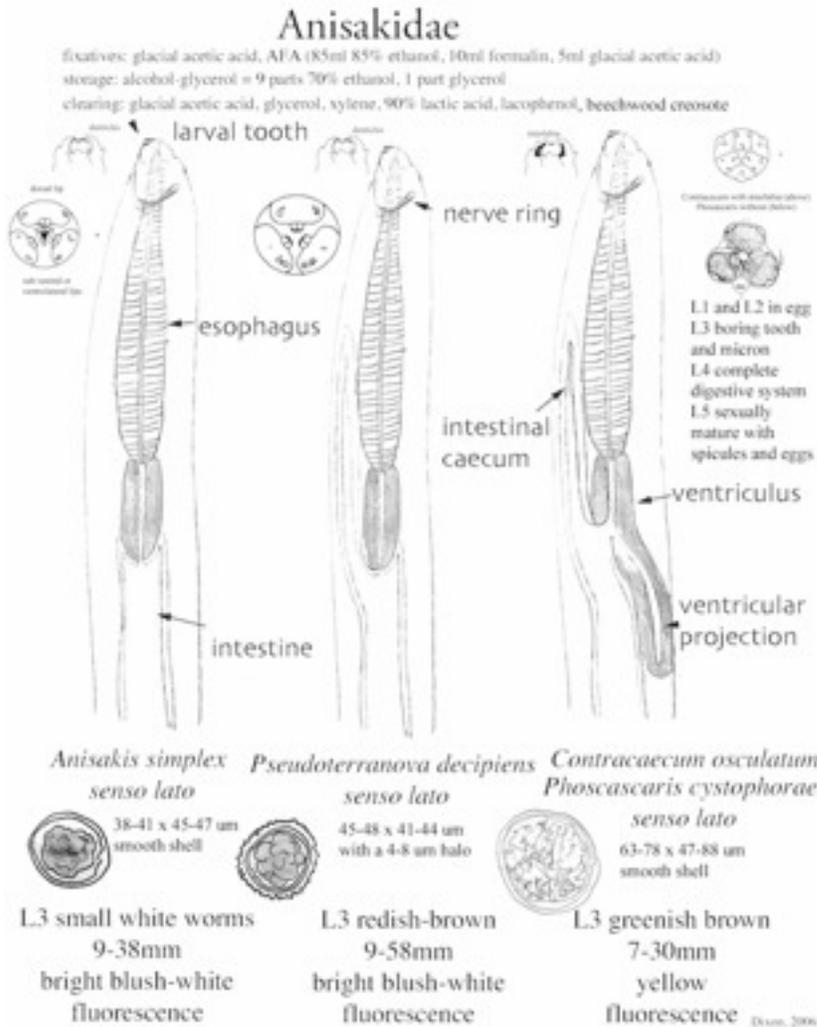
PE: BAR, active and eating, areas of scar tissue with contraction, clear evidence of vital carapace epidermis over 90% of the shell, the plastron is not involved. Minor areas of marginal scutes may still lose some necrotic dermal bone, edema is still present.

P: increase salinity from 7 ppt to 11 ppt ok for 2 ppt increase per week until 12-15 ppt

Consider release this summer.



Under the MicroScope: *Round and Round*



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 than 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.

C. Rogers Williams VMD

Sea Rogers Williams VMD
attending veterinarian and director of science

