Gray Seals: Wasabi NMLC 15-005 PHg
strangulation ligature to neck, swollen right hind flipper / abscess, and pulmonary infiltrate / pneumonia, high WBC, eosinophilia
male wt=22 kg, SL= 98.5 cm, BS=4/5
stranded 3/18/15 Nantucket; admit: 3/20/15
last blood: 5/12/15 WBC increased and increasing, eosinophilia
last rads/US: two weeks ago
last fecal 5-19-15; cestode ova, _Diphyllobothrium_ type
Visual inspection today, gaining in body score and active, doing well
P: CBC next week, then release if all is good
PX is good
**Gray Seals**: Cilantro NMLC 15-007 PHg

lungworms (Tx week 3) and infected brand, *Step. phocaee abscess* (resolved)m, tapeworms, intestinal flukes

*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 *Parafilarides*);

cestode ova (no hooks) *Diphyllobothrium* sp., *Cryptocotyle lingua*

Visual Inspection: looks good, burn lesions are healing nicely, finally eating in large pool so not pulled today to decrease stress and encourage eating and weight gain while we try to complete lungworm treatment.

TX: ivermetin 0.2 mg/kg PO once, repeat in 7 days

continue doxycycline 100 mg PO BID
Gray Seals: Ginger NMLC 15-011 PHg
alopecia, wounds, lungworm (TX week 1), tapeworms
female wt=19.7 kg, SL= 95 cm, BS=2/5
stranded 5/17/15 IFAW Cape Cod; admit: 5/18/15;
last rads: 5-19-15
last blood: 5-18-15
last fecal: 5-26-15; Parafilorodes an Otostrerongyus larva, tapeworm ova
PE: TPR= 98.8, 120, 40 (stressed), by end of exam white froth out of left nostril, head is WNL
but unthrifty, vocal and active, the two largest skin wounds to hip and left him flipper have
healthy granulations beds, the left hind is still mild swollen, but no pockets are par pated. Wounds cleaned with beta dyne. BS 2/5, other is typical for weanling gray. 
PX: guarded
PLAN:
Start Fenbendazole 25 mg/kg PO SID 3 days (week 1)  
start doxycycline 100 mg PO BID 14-28 days  
continue albuterol nebulization  
continue wound care but d/c meloxicam, cephalaxin and tramadol

**Harbor Seals**: Dill NMLC 15-009 PPv  
pup, dehydrated, sand ingestion  
**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; 5/19/15  
last rads: 5/15/15, 5-19-15 : has passed all sand and rocks  
Visual inspection: doing well, but no weight gain yet, increase volume to 200 ml/feed with 6 feeds/day (1 extra)
Harbor Seals: Basil NMLC 15-012 PPv

Hypoglycemia

Pups do not have reserve sources of glycogen or glucose in the liver or blubber and must receive calories and glucose in their diet, or via parenteral supplementation.

The Moto is: If the Gut Works, Use it.

normal seal pup blood glucose (BG mg/dl) 70-190 mg/dl

Pups with a normal blood sugar can receive a 1/2 to 1 glucose tabs with each feeding (5x day)

If the BG is > 60 but <90 then oral supplementation

If the patient is stable and conscious, syrups (Karo) containing 1 gm of carbohydrate per 1 ml can be given orally at a dose of 0.5 to 1 ml/kg by rubbing on the gums, or 50% Dextrose at a dosage of 1 ml/kg (0.5 gm/kg) orally

If the BG is < 60 then oral supplementation and IV via the intradorsal sinus

If there is a hypoglycemic crisis, it can be treated with 50% Dextrose at a dosage of 1 ml/kg (0.5 gm/kg) IV into the dorsal sinus slowly and diluted at least with an equivalent volume of LRS or 0.9% sterile saline for injection.

If the pup has had an episode of hypoglycemia the BG should be checked q 4-8 hrs and before every feeding until more than 2 values in a row have been normal, then all pups should be checked first thing in the morning, at least once a day until stable on gruel.
male wt=8.1 kg, SL= 69 cm, BS=1/5
stranded 5/24/15 COA Deer Island ME; admit: 5/25/15;
last blood:5/26/15
last rads: 5/26/15
PE [admit]: TPR=96.6, 88, 10; eyes and ears WNL, IOP L=32, R= 33 mmHg, oral WNL erupted
teeth, no lesions, lungs clear, thin, body and limbs WNL, umbilicus present but not infected, other
WNL for age and species
Treatment: hypoglycemia protocol, & pup protocol > 8kg