We finished 2 weeks of topical steroids with no obvious positive effect, and placing him back into the pod (fresh water) clearly made the eye worse. Putting Icabod into the large salt water pool resulted in immediate improvement but there is still blepharospasm with exam, endo-ophthalmous, and corneal edema. The cause has not been identified, but neither severe uveitis nor glaucoma nor lens luxation is present. Salt water seems to help so I wonder what the big salt water pool (i.e. north west Atlantic Ocean) would do for him. I do not believe further rehabilitation will identify the cause or provide definitive treatment. The eye could be removed surgically, and if he survives the anesthesia he could be released with one eye, or released with the partially functional eye as is. With salt water the eye is improved in captivity, in the wild the eye could stay the same, get worse or get better, without a diagnosis, a prognosis is hard to come by. I can however state that in my opinion he will not benefit from further rehabilitation, I do not recommend euthanasia (he continues to gain weight and is in all other respects healed up from the lacerations and lungworm infection), placement is not the goal of our program and I feel Icabod can survive in the wild, as wild seals with significant ocular disease are observed. I do not know of a direct pathophysiology that leads to death from corneal edema. I personally feel corneal edema is a less serious disease then otitis media in harbor seals, as I have had three cases of seals that have died as a direct complication of their otitis media.
**Sea Turtles: #31**

Fractured left TIB/FIB, possible pneumonia

- wt = 1.7 kg, SCL = 21.3, SCW = 19.2, TPR = n/a, 40, 12, BS = 2/5
- CC: strand 11/9/13 Orleans, left carapace instability, bilateral lung lesions, skull lesions, dysphagia
- Last Rads: 12/3/13:
- Last Blood: 11/25/13
- CBC = WNL; iStat = WNL need CP
carapace instability, fractured and swollen left hind, exposed dermal bone on left hind, abrasions D/C eye meds, exam looks fine, no change, swelling and plastron lesions still significant
A: still unstable fracture and turtle is very active

TX:
1- 15ml LRS SQ SID
2- ceftazidime 22 mg/kg IM q3d
3- vit B1, sea tabs, and calcium (oral)
4- meloxicam, 0.1 mg/kg IM q3d

**Sea Turtles: #32**

Smallest sea turtle, sunken

- wt = 1.4 kg, SCL = 19.7, SCW = 18.2, TPR = n/a, 40, 4 BS = 2/5
- CC: strand 11/13/13 Brewster
- Last Blood: 12/3/13
- CBC = WNL (monitor low normal PCV)
HIGH: ALKP, LDH, CHOL, GLU, UA
LOW: ALB, TP, ALT, PCV (low normal)
- Last Rads: 11/16/13 mineral density in coelum
sunken appearance, plastron bruising, very small turtle
small left nuchal skin/carapace lesion,
A: improved, looking good

TX:
1- fluids, 10 ml LRS SQ EOD
2- switch from oxytex to ceftazidime 22 mg/kg IM Q3 d
3- vit B1, sea tabs, and calcium (oral)
**Sea Turtles: #33**

pneumonia, skin separation at nuchial area, flipper tip lesions RIGHT

wt=3.7 kg, SCL=28.7, SCW=27.2, TPR=n/a, 40, 2, BS = 2/5
CC: strand 11/13/13 Brewster,
Last Blood: 12/3/13
HI: ALKP, CK, LDH (8347), CHOL, GLU, UA
LOW: ALB, BUN, TP, ALT, PCV (22%)
Last Rads: 11/16/13-ovoid gas in LEFT coelum, small mineral densities, BI pattern cranial lungs bilateral
Skin separation at neck skin to carapace bilateral, RFF tip lesion, L elbow lesion, L hind minor abrasions, eating well, mild rostral lesion. Severe RIGHT front flipper tip lesion. Watch nose. Right axilla red/hyperemia.

TX:
1-switch from oxytex to ceftazidime 22 mg/kg IM Q3 d
2- vit B1, sea tabs, and calcium (oral)
3- SSD to wounds daily, after clean with chlorhexiderm
4- EOD fluids LRS SQ

**Sea Turtles: #34**

possible pneumonia, skin abrasion

wt=1.8 kg, SCL=22.5, SCW=20.9, TPR= n/a, 50, n/a, BS = 2/5
CC: strand 11/13/13 Brewster, R eye + corneal ulcer
Last Blood: 11/25/13:
HI: WBC, ALP, CK, GLU, UA, , LDH
LOW: TP (PP=3.0) BUN, PCV (21%), ALT, ALB, PHOS
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.
RFF tip lesions, minor, R hind skin superficial avulsion eyes look fine D/C eye meds, plastron ulcers, carapace ulcers EATING a little better, carapace lesions, under R eye scar, seperation of nuchal skin

TX
1-17ml LRS SQ EOD
2- ceftazidime 22 mg/kg IM q3d
3- vit B, sea tabs, and calcium (oral) consider injectable B(THUR if still not eating)
4- SSD SID to lesions
Sea Turtles: #35

carapace lesions
wt=3.2 kg, SCL=27.6, SCW=26.3, TPR=n/a, 40,10 BS = 2/5
CC: strand 11/16/13 Fisher Beach
Last Blood: 12/3/13
HI: ALKP, CK (7105), LDH (5222), GLU, UA
LOW: ALT, PCV (17.5%)
Last Rads: 11/18/13 1cm mineral and gas densities in coleum
plastron bruising and hyperemia, mild shell abrasions, minor
front flipper tip lesions, small R sided carapace, minor FFtip
A: EATING better, doing well
TX:
1- 30ml LRS SQ EOD
2- ceftazidime 22 mg/kg IM q3d
3- vit B1, sea tabs, and calcium
4- SSD daily

Sea Turtles: #36

pneumonia, carapace ulcers & abrasions
wt=2.8 kg, SCL=25.2, SCW=23.7 TPR=n/a, 50, 3 BS = 2/5
CC: strand 11/12/13 Brewster
Last Blood: 12/3/13
CBC = WNL
HI: CK (2371), CHOL, GLU, CA(8.5), UA (0.5)
LOW: ALB, TP, ALT
Last Rads: 11/15/13; mod BI bilateral, focal 1cm soft tissue
density in lungs
Carapace abrasions, minor, R lateral scute 1-2 and vertebral
scute 4 with ulcers, RFF D2 boney knob (check with rads),
plastron bruising, prolapse resolved, deep carapace ulcers
A: doing well, aggressive turtle
TX:
2- switch from oxytet to ceftazidime 22 mg/kg IM q3d
3- vit B1, sea tabs, and calcium (oral)
4- chlohexiderm soak 5 min, followed by SSD on pull days
Sea Turtles: #37
flipper lesions
wt=1.7 kg, SCL=22.2, SCW=20.7, TPR=n/a, 40, 2 BS = 2/5
CC: strand 11/13/13 Brewster, right eye slight opacity, Left eye central opacity
Last Blood:11/25/13
HI: WBC (10K), ALP, CK, GLU (143), LDH, UA (0.3)
LOW: ALB, TP, PP, ALT
Last Rads:11/15/13 soft tissue defect 1x1 cm distal LF D3 D4, 5x2 mineral density in coleum
Bruising on plastron, R marginal scute #12-13 lesions, LFF missing notch, minor carapace Left lateral scute #3 lesion dehydrated. eyes look great d/c ocular meds
A: Appetite varies still, monitor closely
TX
1-30 ml LRS SQ EOD
2- ceftazidime 22 mg/kg IM q3d
3- vit B, sea tabs, and calcium (oral)
4- SSD SID to lesions

Sea Turtles: #38
rostral lesion, sunken
wt=1.7 kg, SCL=21.9, SCW=20.3, TPR=n/a, 50 ,4 BS = 2/5
CC: strand 11/4/13 Brewster
Last Blood:12/3/13
HIGH: PCV (31%), ALKP, LDH, CHOL, GLU, UA;
low:
Last Rads:11/22/13 7 x 4 mm ovid mineral density in coleum, possible soft tissue densities in lung fields on DV appears dehydrated, rostral lesion, minor head lesions, minor FF tip lesions, collected urine sample-WNL
eating, new hyperemia lower left plastron (monitor)
A: everything getting better, good eater
TX:
1-30 ml LRS SQ EOD
2- switch from oxytet to ceftazidime 22 mg/kg IM q3d
3- vit B1, sea tabs, and calcium (oral)
4- SSD daily
**Sea Turtles: #39 Sho Sho**

**oral barnacles-- CAUTION BITES--**

wt=3.3 kg, SCL=26.5, SCW=25.2, TPR=n/a, 50, 6 BS =2/5

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

HI: WBC (11K), ALKP, CK(22186), LDH (8353), GLU (188), Ca (8.9), K (4.8), UA (0.4)

LOW: PP, ALT, CHOL

Last Rads: 11/14/13 BI pattern bilateral, 0.4 cm linear density cranial to midline, mixed ingesta densities

confirmed oral/tongue lesions look like barnacles, minor FF tip lesions, no prolapse, mild plastron bruising, R hind nail avulsion improved appetite

TX:

2- switch from oxytet to ceftazidime 22 mg/kg IM q3d

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

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**Sea Turtles: #40**

**pneumonia and pink mouth (algae ?), dehydration**

wt=2.5 kg, SCL=25.4, SCW=23.3, TPR=n/a, 40, 8 BS =2/5

CC: strand 11/13/13 Brewster, cloacal prolapse, bright pink color to rhampothecia in mouth

Last Blood: 11/25/13

HIGH: WBC, ALKP, CK(17486), LDH (7474), UA, GLU (137), PVC (35%), AST, CHOL, UA (0.3)

LOW: ALB, TP, PP (3.4), BUN, Ca, ALT, PHOS (4.7)

Last Rads: 11/15/13 BI pattern bilateral, increased soft tissue density in LEFT lung field, tubular 6cm gas patter in left colemic quad.

Left upper eye lid trauma, lower rhampothecia bight pink (does not scrape off), RFF lower tip lesion, LFF lost flipper tip, abnormal abrasion pattern to shell, separation skin/shell in nuchal area

TX

1-20 ml LRS SQ EOD

2- ceftazidime 22 mg/kg IM q3d

3- vit B1, sea tabs, and calcium (oral)
Under the MicroScope:
Diphyllobothrium lanceolatum

Harbor seal tape worm arrived intact, a nice treat, and I have been hard a work establishing a key to all the known tapeworms of Harbor seals.

Clinical Update: Penny
dermal bone exposed
wt = 1.2 kg, BAR eating. Some of the necrotic exposed dermal bone over the lateral carapace scutes was debrided to prevent tank water from getting up the lip. Further dermal bone was exposed and it was not felt to be in Penny’s interest force the issue with this bone. There appears to be a lamination process that is slow but may protect the underlying bone and the top layer will eventually be sloughed, but some contraction seems to take place thus decreasing the amount of re-epithealiaiton that has to take place which also seems to be a maddeningly slow process. But she is eating well and the skin, plastron, oral cavity, MUS/SKEL and NEURO systems all seem normal.

Clinical Update: Cooters
The smallest cooter (#21) has only doubled in weight and lags behind the others. A physical exam was WNL, the cooter is marginally softer then then other, and a new cuttle bone was recommended for the cooter tank (the 8 little ones polished off a whole cuttle bone already). I started an oral calcium supplement (calcium glubinate 0.02cc PO SID). Attempt to get a ionized calcium and blood gas analysis was unsucessful.

Sea Rogers Williams VMD
attending veterinarian and director of science

[STAFF: Kathy Zagzebski, Kate Shaffer, Belinda Rubinstein, and Adele Raphael.]