The secret of sequestra.

Salt developed a pice of necrotic bone of the healing left mandibular fracture that was in the process of being expelled by the body, the fragment was easily removed with a local anesthetic. We’ll follow this development with more antibiotics and anti inflamatories this week.
Harbor Seals: Basil NMLC 15-012 PPv [weaned !]
abandoned pup, hypoglycemia resolving, electrolyte disturbances resolving, reopened umbilicus, exposed to lice
male [admit] wt=8.1 kg, SL= 69 cm; [current] 12.0 kg BS=3/5
stranded 5/24/15 COA Deer Island ME; admit: 5/25/15;
last blood:5/26/15; 5/28/15 EP
last rads: 5/26/15

Harbor Seals: Rue NMLC 15-013 PPv [on the cusp of weaning]
eye injury (right) resolving
male [admit] wt=7.1 kg, SL= 7.4 cm; [current] 10.1 kg BS=2/5
stranded 5/26/15 MMoM ME; admit: 5/27/15;
Athens Pan-Herpes PCR negative 6/10/15 blood, nasal and ocular swabs
last rads: 5/28/15
HX: blood on OGT after feeding, OK to monitor
Physical Exam [Williams/Trout]: Right eye with corneal edema and small corneal defect.
HR=140, IOP R=13,16 L=21,22, fluorine stain = no dye uptake, negative Jones test. Other
physical exam WNL.
A: healed corneal ulcer with anterior uveitis.
P: abx+ steroid topical ophthalmic ointment BID-QID 7 days, then recheck-CRW
recheck [Williams, Voorhis, Berridge 8-11-15] TPR99.9, 120 30 lungs clear, oral WNL mm pink
and moist, eyes visible corneal defect but no aquael flair and less corneal edema no dye uptake,
pupils strongly constricted [IOP = R=36, L= 40; A: improved and WNL for breed and setting
(tonovet d]. A: ocular problems mostly resolved P: d/c topical meds, PX pup is weaned and
headed for release at appropriate weight, on target.-CRW
Harbor Seals: Juniper NMLC 15-015 PPv [weaned !]  
abandoned pup, hyponatremia, lice, hypoglycemia [BG=126]  
female [admit] wt=7.8 kg, SL= 80 cm; [current] 11.0 kg x cm BS=2/5  
last blood:6/4/15 (BG=116)  
last rads: 6/9/15 failed; 6/24/15 (lateral), 6/30/15 WNL  
Visual inspection: WNL AL OK for pool 24 hrs

abandoned pup, fever, oral ulceration, hyponatremia, hypoglycemia (109) exposed to lice  
female [admit] wt=7.1 kg, SL= 79 cm; [current] 8.7 kg x cm BS=2/5  
stranded 6/3/25, Scarbough Maine MMOME; admit: 6/7/15;  
last blood:6/7/15 (BG=159)  
Athens Pan-Herpes PCR negative 6/10/15 blood, nasal and ocular swabs  
last rads: 6/9/15 failed  
Visual inspection: WNL AL OK for pool 24 hrs

Harbor Seals: Salt NMLC 15-022 PPv weanling  
males [admit] wt=13.5 kg, SL= 93 cm; [current] 13.5 kg BS=2/5  
parasites, and healing mandibular fracture  
stranded MA 7/X/15; admit: 7/6/15;  
last blood:7/28/15 WBC WNL, but Lymphopenia still decreased  
hind flipper BG=137 mg/dl; dorsal sinus BG = 140 mg/dl  
last rads: 7/7/15 (full set + flippers)  
fecal: 7-22-15: Cryptocotyle, Diphyllobothrium, Pseudoterranova ova  
PE: [Berridge 84–15] TPR= 100.2, 140, 50; eyes WNL, mandible still exposed and unstable, but appearance is not deteriorating  
A: Salt continues to make clinical progress, still not eating consistently but doing OK  
P: access to large pool and continue to offer fish.  
recheck [Williams, Voorhis, Berridge 8-11-15] left mandibular fracture has developed a sequestrum of the lingual aspect of the proximal mandibular body. SX: 1cc 2% lidocaine local infiltrate , wait 5 min. removed sequestrum with hemostats, minor hemorrhage.  
Surrounding gingiva looks good, left mandible is still unstable but improved, suspect a fibrous union will result.  
Other: no change, WNL
Harbor Seals: Thisle NMLC 15-025 PPv weanling female [admit] wt=10.7 kg, SL= 81.2 cm; [current] x kg BS=2/5
abcessed left front flipper -resolved, tapes
stranded Wells ME 7/22/15; admit: 7/23/15;
last blood:7/23/15 WBC WNL, dehydrated, increased CK, GGT, low albumin (2.1), and Ca; sodium is 145 mmol/L
dorsal sinus BG = 142 mg/dl
last rads: 7/23/15 (chest + flippers): The chest in DV and lateral projections us normal, the blubber lay is almost non existent. The flippers both right and left are normal on radiographs.
fecal:8-6-15: Ascarid eggs with halo around 42um dia = Pseudoterranova sp. by ova.
P: fenbendazole 50 mg/kg PO SID 3 days.
Flipper culture:
Escherichia coli - 3+ (enrofloxicin sensitive) Enterobacter cloacae (resistant to all tested ABX) - 3+
Proteus penneri - 3+(enrofloxicin sensitive) Enterococcus species - 3+ (amoxicillin sensitive)
P: CWCT, both Clavamox and enrofloxicin
PE: [Voorhis 8-4–15] TPR=98.7, 160, RR possible dehydration, eyes not bulging at this time flipper swelling resolved, no pockets, use of limb is acceptable
PE: [Williams 8-6-15] BAR, oral WNL (observed when vocalizing), no aural d/c, eyes clear and bright, thin 2/5, flipper lesion is indeed healed, no swelling/heat/discharge, use of limb appears normal, abdomen not distended at this time
recheck [Williams, Voorhis, Berridge 8-11-15] TPR 98.4, 160, 20 thin, lungs clear, still painful over left front flipper but no pockets or swelling, use is still restricted. Eyes reported with mucoid discharge and ‘buldging apperance’. Corneas are clear but with mild mucoid covering, sclera is mildly injected, pupils are constricted. [IOP R= 36, L=40 ] P: topical treatment with ophthalmic ointment abx combination with steroid BID-TID 1 week.-CRW
appetite decreased after fenbendazole but OK for praziquantel for tapes 10 mg/kg PO once.
**Harbor Seals**: Chamomile NMLC 15-026 PPv weanling female [admit] wt=14.1 kg, SL= 85 cm; [current] x kg BS=2/5 abscess right front flipper-resolved, lice stranded NH 7/25/15; admit: 7/25/15; last blood: 7/25/15 increased WBC but lymphopenia dorsal sinus BG = 136 mg/dl last rads: 7-28-15 Chest DV and L lat., RFF DV: soft tissue swelling of RFF, other WNL fecal: 8-6-15: Ascarid eggs with halo around 42um dia = Pseudoterranova sp. by ova. culture of abscess = no aerobic growth P: fenbendazole 50 mg/kg PO SID 3 days. Note: lice observed and confirmed P: ivermectin 0.2 mg/kg PO once PE: [Voorhis 8-4–15] TPR= 96.2, 130, RR, swelling resolved, no pockets, use of limb is acceptable Visual inspection: still favors left front flipper, chin wounds healing nicely, reported to be able to haul out OK, A: OK for 24 hours in big pool.

**Under the Microscope**: Where are all the lungworm cases?
Thistle is also infested with *Diplogonoporus tetrapterus* and we’ll treat with praziquantel, so while this particular tapeworm has appeared with greater prevalence this year, the lungworms cases have yet to be seen, however I fear this reprieve will be short lived.