Achoo, Bless You. Weanling are no sneezing matter.

Thanks Margot for the picture. Shark bites, ruptured globe, abscess, round worms, tape worms, and flukes, fever and now epistaxis. Being a weanling seal is not easy, but Michael Sealps is a fighter.
**Harbor Seals**: Onion Flake NMLC 15-034 PPv weanling male [admit] wt=11.8 kg, SL= 96.5 cm; [current] 33 kg BS=4/5  
CC: chronic otitis media (left), w/ resolved: ruptured globe (right)[post PHV1], sealpox, lungworm, and collapsed lung, post op L-TECA LBO infected incision and new left eye corneal lesion. stranded Province town 9/17/15; admit:9/17/15; Non-releasable (vision) 7-5-16 (NOAA confirmed placement); transferred to the Cleveland Zoo date

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**Harbor Seals**: [green] LuSeal BALL NMLC 16-009 PPv pup female [admit] wt=9.4 kg, SL= 107 cm; [current] 9.5 kg SL= 92 cm BS=3/5  
CC: abandoned pup (increased TBil, liver enzymes), bilateral lingual ulcerations (resolving), vomiting (resolved), hypoglycemia (resolved) stranded 5/22/16 DearIsland ME; MOMME 5/23/16; admit: 5-24-16; released 8/4/16 Spotted off the Cape in Yarmouth 8/13-14, possible harassment by beach goers, no new sightings, which is good.

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**Harbor Seals**: [red] Elenor RoSealvelt NMLC 16-011 PPv pup female [admit] wt=5.3 kg, SL= 77 cm; [current] x5.3 kg SL= x cm BS=2/5  
CC: abandoned pup, hypoglycemia (resolved); dehydration, low CBC lymphopenia, increased GGT, low proteins, hypoglycemia, ADR, ocular d/c, pronounced umbilicus ?, regurgation, abnormal GI/ respiratory noise megaesophagus, GI gas dissension stranded 5-24-16 Great Spruce Head ME; COA; admit: 5-25-16;
last blood: 5-31-16: leukopenia, lymphopenia, dehydrated, elevated GGT, low TP and glob, hypoglycemia
ACTH Stimulation Test:
PRE-ACTH CORTISOL 18.3ug/dL
POST-ACTH CORTISOL  37.6 1ug/dL A: NOT hypo adrenal R/O Addison's
last rads: 8-16-16:lateral chest and abdomen, possible subtile gas line in chest suggestive of megaesophagus but contrast is necessary to be sure, could also represent mild interstitial pattern, diaphragm with abdominal gas outside could be gas in SI, gas in stomach, diffuse moderate to severe gas in SI, diffuse, retroperitoneal renal outline, no mineral densities in abdomen, thin blubber layer, and possible ‘v’ distraction to LS junction in spine, but could be due to age of the pup.
AC: had a good week, less bloated
PE: [8-16-16 Voorhis] TPR= 99.0 , 10, 12, thin slightly bloated, oral WNL, eyes and ears WNL, hydration rings, small but other PE WNL.
metochoprimide to 5 mg PO 4 x day with OGT-CRW

**Harbor Seals** : BeyonSeal NMLC 16-015 PPv pup
female pup [admit] wt=6.7 kg, SL= 71 cm; [current] 6 kg SL= x cm BS=2/5
CC: abandoned pup, poor oxygen, dehydrated, low potassium, lymphopenia & leukocytosis, thrombocytopenia (resolved)
suspected viral pneumonia, corneal opacities, ocular discharge suspect PHV1, ADR slow recovery, left eye discharge, perineal- dermatitis
stranded 5/30/16 Linoconvile ME; admit: 5-31-16;
last blood: 7-26-16:increased neutrophils
ACTH Stimulation Test: pending
last rads: 68/16/16 lateral chest and abdomen, neck is flexed and chest view is compressed, blubber layer is adequate, typical decrease in detail in abdominal detail, minimal gas in stomach and small intestine and colon but at normal amounts A: WNL for species and age.
PE: [8-16-16 Voorhis] TPR= 99.5, 120, 12, PE WNL, perianal area improved, no specific findings,

**Harbor Seals**: *Sealy* Field NMLC 16-017 PPv pup  
female pup [admit] wt=9.5 kg, SL= 78 cm; [current] x kg  SL= 91 cm BS=3/5  
CC: abandoned pup, fever (107) & seizure - resolved  
stranded 5/30/16 Owls Head ME MMoMe; admit: 6-3-16; released:  
PE (72 hrs pre-release Berridge) TPR 99.3, 180, 10-20; no lesions OK for release

**Harbor Seals**: *Seal/Via Plath* NMLC 16-018 PPv pup  
female pup [admit] wt=6.7 kg, SL= 77 cm; [current] 6.7 kg  SL= 77 cm BS=x/5  
CC: abandoned pup, dehydration, LEFT eye Stromal keratitis, suspect PHV-1  
stranded 5/30/16 S Thomaston ME MMoMe; admit: 6-4-16;  
last blood: 6/4/16 mild dehydration, elevated ALT low globulin-CRW  
last rads: Ultrasound of the left eye, normal anterior chamber, normal location of the lenz and normal iris and vitrius-CRW  
PE: [Berridge & Williams 7-19-16] TPR= 99.0, 140, 20; left eye with maturing corneal opacification at the dorsal aspect, right eye with new corneal edema in the medial aspect, both with constricted pupils and clear anterior chambers. Other PE WNL, heart murmur can not be repeated. Eye stain today, no dye uptake on either cornea, nor Jones positive.  
Meds: none.

**Harbor Seals**: *Kurt Rus* Seal NMLC 16-019 PPv pup  
male pup [admit] wt=8.9 kg, SL= 83 cm; [current] 8.9 kg  SL= 83 cm BS=x/5  
CC: abandoned pup, dehydration, lymphopenia, healing lingual ulcers small intestinal bloating, mandibular symphysis oral infection, hyponatremia, seizures, (stress induced seizure), suspect PHV1, megaesophagus, ventral alopecia  
stranded 5/31/16 Rockland ME MMoMe; admit: 6-4-16;  
last blood: 7-26-16:  
ACTH Stimulation Test  
PRE-ACTH CORTISOL 19.6ug/dL  
POST-ACTH CORTISOL 25.8ug/dL A: NOT hypo adrenal R/O Addison’s  
last rads: 8-16-16: DV chest and abdomen. Blubber layers
thin, no pleural disease, lung fields WNL, heart WNL, esophagus is not seen, diaphragm is WNL. Severe and diffuse SI gas distension, kidneys are outlined.

AC: bad week, more spitting up

PE: [8-16–16 Williams] TPR = physical exam consistent with intestinal bloating, no abdominal pain, oral eyes, and ears WNL, no external wounds, thin and poor body condition.

P: ACTH stim., d/c metoclopramide, consider Red 5 mg PO BID 10 days, then taper

**Harbor Seals**: *Seal* Patrick Harris NMLC 16-020 PPv pup

male pup [admit] wt=7.3 kg, SL= 75 cm; [current] x kg  SL= 90 cm BS=3/5

CC: abandoned pup, hyponatremia, suspect PHV1, elevated ALT, Resolved Right Otitis Media.

stranded 6/1/16 Kennebunkport ME; admit: 6-7-16; released

last blood: 6/7/16; hyponatremia, dehydration mild, elevated liver enzymes and TBil, and low globulins.

last rads: canalography 7-12-16 intact R ear drum A: otitis media resolved

PE: [Voorhis 8-23-16] TPR 98.6, 150, 30, behavior WNL, oral, eye and ears WNL, other WNL

A: OK for release.

**Harbor Seals**: Steven *Sealberg* NMLC 16-023 PPv weanling

male [admit] wt=10.6 kg, SL= 89 cm; [current] 10.6 kg  SL= 89 cm BS=x/5

CC: shark bite wounds, sepsis, hypoglycemia

stranded 8/1/16 Phillibsburg ME; admit: 8/5/16; died 8/8/16; necropsy 8/8/16

Shortly after arriving, Steven Sealberg develops swollen flippers and very severe hypoglycemia (24) that failed to respond to multiple IV dextrose and fluid infusions, and died of complications from his injuries. The neck lesion is reminiscent of an entanglement.

**Harbor Seals**: Michael *Sealps* NMLC 16-024 PPv weanling

male [admit] wt=7.3 kg, SL= 75 cm; [current] 7.3 kg  SL= 75 cm BS=2x/5

CC: wounds, fever, left ruptured globe, Right epistaxis, nasal discharge, abscess (flipper), tapeworms, flukes
stranded 8/4/16 Hampton NH; admit: 8/5/16;  
last rads: 3 views 8-9-16; DV chest, rotated, chest is WNL no vascular, pulmonary nor pleural disease  
small mineral density in abdomen, limbs are overexposed on jpeg, may be able to correct with DICOM  
lateral chest: flipper obscures cranial mediastinum and chest and rotated, non diagnostic, mineral density in abdomen likely in stomach  
DV view, limbs over exposed, no new information-CRW  
last blood: 8-16-16; leukocytosis and anemia  
alast fecal: NPS 8-23-16: C. lingua, tapeworm ova +++

PE: [8/16/16 Williams] TPR= 95.2, 120, 12 Ruptured LEFT globe with iris sealing the corneal defect, Right IOP=39mmHg (d), wounds on Left tail base, Right hind flippers, R body wall and RFF with swelling and most serious laceration. Bite wounds to body wall are healing well.  
PE: [8/23/16 Williams] TPR= 98.5, 80, 10. Right eye is WNL, left eye with opaque seal and small globe, distinct iris tissue in the corneal defect can no longer be seen. Nasal d/c with froth, and upper respiratory stridor, lungs sound clear however, Ultrasound of the RFF shows ventral pocket which was drained percutaneously (6cc of pus removed), post drainage US is improved, Nasal cytology shows inflammation, intracellular bacteria and chains of cocci and mixed bacterial population. Other wounds are healing well.  
add doxycycline 50 mg PO BID 30d

turtles: water temperature 77 °F  
*All turtles receive the following supplements daily [calcium 1/4 tab PO, Seatab 1/4 PO, vit B 1/4 tab PO, injectable super B complex 0.1 cc SQ q 7 days for 1 month].

Sea Turtles / Kemp’s ridley: Nicky NMLC 15-048 TLk juvenile
ST

2015-
NEST 15-042Lk, 9849 no band
unknown [admit] wt=2.3 kg, SL= 25.9 cm; [current] 2.5 kg SL= 26.4 BS = 23/5
CC: consolidated lung lobes, confirmed Osteolysis Syndrome (all limbs)

stranded Brewster 11/24/15; admit:12/8/15;
last blood: 7-19-16: WNL no active CBC/SCP issues
last rads: NMLC 15-048 DV, 48-23-16:
AP WNL, Lat lungs WNL, DV resolving osteolysis of RFF elbow with rounded edges but joint
distortion, LFF elbow with osteolysis and sharp edges still visible which is interoperated as sign
of early healing, both stifles show osteolysis with rounded/ smooth edges A: best corse is to
continue rehabilitation for the LFF to show advanced healing. PX is good.
PE: [Williams 8-9-16] all 4 limbs still involved with swelling in multiple areas, but, ROM is OK
and the overall tread is towards improvement.
[Williams 8-23-16] swollen and firm elbows and stifles, ROM is slightly effected, skin and shell
is WNL, eyes and head is WNL, turtle is BAR and in good body condition.

Sea Turtles / Kemp’s ridley : Jedi NMLC 15-051 TLk juvenile
ST 2015-166, NEST 15-052 Lk, 9859 PIT Right 900.236000199155; 384.36F2B541F3
unknown [admit] wt=2.7 kg, SL= 28.2 cm; [current] 3.9 kg SL = 29.7 BS = 3/5
CC: Osteolysis Syndrome, lung granulomas, left front limb lameness
stranded: Brewster 11/24/15 admit:12/8/15;
last blood: 4/28/16; watch Ca (iCa 0.8), HCT 22%, other WNL, albumin (0.9)
last rads: NMLC 15-051 DV, 4-22-16
PE: [Williams 8-9-16] still with LFF lameness, palpation shows all four limbs effected with
various degree of osteolysis lesions but they appear to be in a healing phase, pronounced
deformity of the two elbows. There appears to be a mild tremor with general movements, it is not severe and the cause is not known.

PE: [Williams 8-23-16] RFF swelling at elbow and carpus, but LFF less swelling but much less clinic use, other WNL


Meds: tramadol 50 mg 1/4 to 1/2 PO q24hrs
TOPICAL DMSO on swollen joints SID to EOD

Sea Turtles / Kemp’s ridley: Gunst NMLC
15-056 TLk juvenile
ST 2015-142, NEST 15-37 Lk, 9844 band
unknown [admit] wt=2.0 kg, SL= 24.2 cm; [current] 3.4 kg SL = 27.7 BS = 3/5

CC: F.B. ingestion (screw) passed; blood zinc 0.6ppm (low), neurologic, osteolysis, severe distal left ulnar lesion, both stifles involved

stranded Brewster on date: 11/24/15, admit:12/14/15;
last blood: 12/14/15; increased ALKP 2038, AST 1410, CK 63k, LDH 25919, Alb low 0.7, low pro tine 2.3, elevated CHOL 456, UA 5.2 to 1.5
HCT 24%

last rads: 7-12-16 DV- possible decreased bone density in distal right humerus, right ulna with distal cone shaped lucency and possible osteolysis of right carpal bones, AP projection (positional), left appears WNL, Hind limbs with R>L with osteolysis of the distal femur and proximal tibia, while osteolysis is evident, eventual healing can be expected with these lesions.

PE: [Williams 8-9-16] Carapace and plastron look much better and no active lesions, the integument is also greatly improved and no lesions, eyes WNL, oral WNL. All 4 limbs show barring degrees and swelling over multiple joints, ROM is decreased and hindered but should not be impossible. Oral tubing continues and Gunst is slow to eat.

PE: [Williams 8-23-16] monitor spots on plastron, other external exam is much improved, swollen joints but skin and shell, head and oral/eye are WNL, has more robust appearance P: completed 2 mo abx, d/c other treatments but continue with topical DMSO and tramadol but taper

Meds: tramadol 50 mg, 1/2 tab (25 mg) PO 48 with tube feedings
TOPICAL DMSO on swollen joints SID to EOD

Release Assessment: AC: FAIL PE: FAIL RADS: FAIL LAB: PASS DX/:TX: FAIL