Getting Pups Ready to go
Big Basil looks ready to me
**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 rads: 5/26/15
PE: exit physical [Berridge] TPR 99.1, 140, 40, umbilicus WNL, EENT WNL limbs WNL, body condition WNL. A: OK to go if passing blood work-BB/CRW
P: ok to tag: white left hind flipper #20

**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
visual inspection: doing well
almost completely weaned

**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); 8/18/15
last rads: 6/9/15 failed; 6/24/15 (lateral), 6/30/15 WNL
PE: [Voorhis] TPR= 101.1, 120, 20 no lice, all systems WNL A: ok for release if passing blood work
P: white right hind flipper tag #19

**Harbor Seals**: Sage NMLC 15-016 PPv [on grule] CAUTION
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/?/25, Scarborough 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

**Harbor Seals:** Salt NMLC 15-022 PPv weanling
male [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)
PE: [Berridge/Williams 8-18-15] TPR= 99.0, 140-160, 24 oral left mandibular healing, very
small amount of bone exposed, EENT all WNL, other PE WNL
A: can eat dead fish with vigor, no problems with oral manipulation of fish or swallowing
P: bring to weight, blood work and release physical.-CRW
Harbor Seals: Thisle NMLC 15-025 PPv weanling female [admit] wt=10.7 kg, SL= 81.2 cm; [current] x kg BS=2/5
abscessed left front flipper -resolved, tapes
stranded Wells ME 7/22/15; admit: 7/23/15;
last blood:8/18/15 CBC + Herpes PCR to Athens
last rads: 7/23/15 (chest + flippers)
last US: 8/18/15: left liver lobes are WNL, extend past stomach, stomach body wall WNL, some
gas, right liver lobes WNL, gall bladder distended, no mucosele, liver sinus with dopplar single,
lier blood flow via portal system and hepatic arteries is WNL. Left and Right kidneys are WNL,
adrenals not seen, spleen difficult to locate, SI WNL, no free fluid
A: no anatomic diagnosis.
fecal:8-18-15: Tapeworm ova with operculum and abopercular knob
P: praziquantel 10 mg/kg PO once

PE: [Williams / Berridge 8-18–15] TPR= 100.1, 160, 20; eyes still bulging, no aural d/c, oral
WNL, gums not bright pink, lethargic, abdominal palp poor body score, no active lesions, limbs
WNL. IOP = R= 40, L = 39 mm Hg d TonoVet A: improved corneas clear and bright, pupil
constricted.
A: poor doer, increasing GGT P: liver US no specific finding.
**Harbor Seals**: Chamomile NMLC 15-026 PPv
weanling
female [admit] wt = 14.1 kg, SL = 85 cm; [current] x kg BS = 3/5
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 8-16–15] TPR = 99.2, 40, 10, all systems WNL, abscess has healed, no PE lesions
A: eating well and gaining body condition, staff feels she does better on the meloxicam P: continue for 1 more week, then D/C pre-release blood work and exam-CRW

**Harbor Seals**: Jasmine NMLC 15-029 PPv
weanling
female [admit] wt = x kg, SL = 89.75 cm; [current] x kg BS = 3x/5
ulcerative dermatitis, cheilitis, adrenal depletion
stranded Wells ME 8/16/15; admit: 8/18/15;
last blood: 8/18/15, hyperkalemia, hyponatremia, low albumin
dorsal sinus BG = 142 mg/dl
last rads: 8-20-15; 3 views, two DV chest and abdomen, lateral chest-abdomen (L lat), no pulmonary or pleural disease, normal cardiac size and shape, abdomen has decreased detail typical of seals, blubber layer is 0.6 cm, no abnormalities in the skeletal elements seen in the series A: no lesions observed
PE: [Williams 8-20-15] admit: TPR = 99.4, 160, 10; ulceration about the lips and at the corner of the mouth, oral exam is normal, no aural or nasal d/c, eyes clear and bright [IOP R = X L = X mmHg tonovet (d)], wounds to skin, ulcerations on flippers tail, ventrum, umbilicus, full thickness but not suppurating, abdominal palp is WNL, floating ribs on both sides, behavior is aggressive and normal for weanling.
A/P: treat wounds with wound care, clean environment, and antibiotics; treat adrenal depletion with fluids, tapering dose of pred and 10 days of minercorroid support

Under the Microscope:

*Tetrabothrius forsteri* intestine Atlantic white sided dolphin, CCSN

You can never have too many tapeworms, oh, wait, that’s not right . . . since we’ve been seeing a lot of cestdoes in our seals, I happened long this tiny tapeworm from a dolphin that stranded in Wellfleet back in 2004. *Tetrabothrius forsteri* is a common intestinal dolphin of this host, and small numbers are unlikely to cause a problem. Large Diphllobothrid tapes have caused intestinal obstruction in immature Atlantic white sided dolphins that I have necropsied, causing a liner foreign body effect, these little guys are less likely to be a life threatening problem.