What the heck is “weanling mouth”

a possible manifestation of Phocine Herpes-1 ?, natural teething lesions, stomatitis, chelitis, other ?
More questions then answers but this presentation is very common in our harbor seals
**Harbor Seals**: Rue NMLC 15-013 PPv [weaned]

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

**Harbor Seals**: Sage NMLC 15-016 PPv [weaned]

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 6/25/25, 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**: Thisle NMLC 15-025 PPv weanling

female [admit] wt=10.7 kg, SL= 81.2 cm; [current] x kg BS=2/5

tape worms, vomiting/regurgitation, failure to thrive

stranded Wells ME 7/22/15; admit: 7/23/15; died 9/1/15

last blood: Herpes PCR to Athens (negative)

last rads: 7/23/15 (chest + flippers)

Gross necropsy:

**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, cough?

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 8-2415] TPR= 100.0, 90, 30, right front shoulder and flipper is normal, all other

system and oral exam are normal

A: OK to release if passing blood work, -CRW
Harbor Seals: Jasmine NMLC 15-029 PPv weanling
female [admit] wt=12.3 kg, SL= 89.75 cm; [current] 13.4 kg BS=3/5
ulcerative dermatitis, cheilitis, adrenal depletion

stranded Wells ME 8/16/15; admit:8/18/15;
last blood: 8/18/15, hyperkalemia, hyponatremia, low albumin Distemper to Athens (negative)
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
fecal: 8-20-15 NPS
PE:[Berridge 9-22-15] TPR 95.6, 140, 10, eyes moist, color good, flipper and abdomen palpate
normally, blood collected. A: much improved in behaviors and general appearance.
[Williams] presumed to be fighting off PHV-1,may have turned a clinical corner and appears
headed to improved eating, prognosis is improved.

Harbor Seals: Lemmograss NMLC 15-030 PPv weanling
female [admit] wt=14.5 kg, SL= 97.5 cm; [current] x kg BS=x/5
CC: fever, stomatitis/cheilitis, swollen left flipper, tapeworms,
abdominal forigen material

stranded Bidderford ME 8/29/15; admit: 9/3/15;
last blood: 9/22/15
dorsal sinus BG = x
last rads: 9/4/15- lateral / DV chest and abdomen, gas in stomach and small intestine, bone density foreign material “tooth” shaped, in abdomen, non obstructive pattern, location on the left side, can not confirm within intestinal tract, DV flippers with soft tissue swelling of hind flipper but no fractures or orthopedic displacements.

Husbandry Note: not swimming or eating today, major setback with behaviors
PE [Voorhis 9-22-15] TPR= 98.8, 120, bulging eyes, left hind flipper still swollen but not fluctuant, but painful, no nasal d/c
P: CBC, CG-8

Harbor Seals: Parsley NMLC 15-033 PPv weanling
female [admit] wt=10.1 kg, SL= 88 cm
CC: fever (105), wounds
stranded Ipswich 8/29/15 admit 9/6/15; died 9/13/15; gross necropsy X;
last blood:
dorsal sinus BG =
last rads:9/10/15: lateral chest- thin patchy interstitial pattern, image is grainy with lack of detail, ABD lack of detail-CRW
Gross Necropsy:
Subject: NMLC15-033PPv- Parsley Necro Summary [Kate Shaffer]

Emaciated, female weanling harbor seal. Shark bite wounds in various locations throughout the body - sampled for histology. Blubber layer was extremely thin and mild-moderately congested. Fractured flipper bone (possibly a metatarsal) protruding through open wound on the right rear flipper, on the first digit of the leading edge - sampled for histology. 2-3 dime-sized, circular lesions on the ventral side of the lower mandible; associated with gelatinous and yellow-tinged connective tissue between the blubber and muscle layer. Salivary glands appeared congested and possibly reactive - sampled for histology. The left tracheobronchial lymph node was roughly twice the size of the right and light-pink in coloration. Both thyroids were slightly congested and possible reactive. Pre-scapular joint was white and contained some yellow-tinged gelatinous humerus. Heart was slightly congested externally and may have extra pulmonary tendinae in the left ventricle. A small amount of white froth observed in the trachea and left bronchial. The right bronchial contained a large amount of red-tinged froth, possibly a result of lividity. Both lungs were spongy and maroon with diffused patches of consolidated, light-pink tissue that extended into the parenchyma. Payer's Patches externally visible on the mid-portion of the intestines. 20-30 Acanthocephalapods and 5-6 tape worms observed throughout the length of the intestines - some collected. About 10 cc of cloudy maroon digesta present in the stomach in addition to several fish bones (vertebrae). Both
adrenals had a thin cortex; light-gray externally and dull-maroon cut surface. A small, tear drop-shaped, maroon clot or mass - located medially on the surface of the two cerebellum and connected at the cranial end only- was collected in a cassette and sampled for histology.

Gross Diagnosis [Williams]
- Syndrome
- Trauma
- Shark attack
- Syndrome
- Systemic Inflammatory Response

Parasitology:
- *Diplogonoporus terapterus* (with scolex)
- *Corynosoma wegeneri*

**Harbor Seals**: Onion Flake NMLC 15-034 PPv weanling male [admit] wt=16.2 kg, SL= 96.5 cm; [current] 16.2 kg BS=x/5

CC: fever (106.5), labored breathing, body wounds, flipper wounds, muzzle wounds / cheilitis, respiratory acidosis, Anisakids

left lung lobe consolidation, pneumonia presumed severe lungworm stranded Provience town 9/17/15; admit:9/17/15;

last blood: 9/17/15- increased PCO2, decreased HCO3, hypokalemia
dorsal sinus BG = 172

last rads:8-18-15 (3 plates)

last fecal: 8/18/15 ++ *Pseudoterranova* sp ova, ++ *Contraceaecum* ova, one L5 male

*Pseudoterranova* sp. (no larvae)

fecal 9-22-15 (post 25 mg/kg fenbendaole) 2 samples NPF-CRW

PE:[admit Williams] TPR 98.7, 120, 20, moist eye rings, feisty, ulcerative lips and gingiva, oral other WNL, no aural d/c, eyes bright, pupils constructed [IOP R=42, L=40], wound on front flipper, axilla and nails, minor wounds to hind flippers, lungs clear, mm pink and moist, abdominal palpation is WNL, nares with mucoid crusting.

A/P: K oral 8 mEq with tubing, penicillin 500 mg PO BID 10 d, meloxicam SID 5 days, fenbendazole 25 mg/kg PO SID 3 d.
Harbor Seals: Sprout NMLC 15-035 PPv weanling
female [admit] wt=9.8 kg, SL=79 cm; [current] 9.8 kg BS=1/5
CC: fever (102), labored breathing, crusty ocular discharge, swollen Left hind flipper, hypoglycemia (47), left ocular opacity, uveitis, wounds, swollen hind flippers, melena

stranded Plumb Island MA SSC 9/21/15; admit:9/21/15;
last blood: 9/21/15
dorsal sinus BG = 47 (hypoglycemia)
last rads: 3 plates 9-22-15:
last fecal:+ Cryptocotyle ova, + Pseudoterranova ova, + tapeworm ova
PE:[admit Williams 9-22-15] TPR 100.2, 120, 40 (harsh with rails), mucoid ocular discharge with corneal edema on left eye (flourcine eye stain is negative for dye uptake) [IOP R=23, 20, L=20/20], constricted pupils, no aural d/c, erosions in oral mucosa, ulcerated lips, wounds to front flippers, booth hind flippers slightly edematous, melena on fur, abdomen palpates WNL
A: multisystemic critical illness

Harbor Seals: Garlic NMLC 15-036 PPv weanling
male [admit] wt=17.4- ice kg, SL= x cm; [current] x kg BS=1/5
CC: wounds, mucoid nasal d/c
stranded ME SSC 9/22/15; admit: 9/22/15;
last blood: 9/22/15 (CG8, CBC, SCP)
dorsal sinus BG = 151
last rads:
last fecal:
PE: [admit Williams 9-22-15] TPR 94.7 (near ice), 120, 40, BAR, snaps, right mucoid nasal d/c,
hydration rings [IOP R= 38, L=35], corneas clear and bright, oral exam WNL, no aural d/c,
circular ulcers on hind and front flippers but use of flippers appears normal, umbilicus WNL,
mild hyperemia to prepuceal opening, multiple small raised wounds on ventral surface.
ADM: 3 cc PPG IM, 0.3 cc meloxicam 5 mg/ml IM, vit B complex 0.25 IM, OGT 150 Pedilyte
P: penicillin 500 mg PO BID 10 days, meloxicam by wt SID 5 days, fluids and vit B
CG8 complete; CBC in house (blood in lab); chemistry profile to IDEXX (blood in lab)

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**Under the Microscope:**

*Pseudoterranova decipiens*

These weanlings have been around for a bit and allowed their Anisakid gastric worms to mature, and an adult male (L5) with the larger spicule of 2.3 um was passed in the feces of Onion Skin. Not uncommon and expected. After fenbendazole 25 mg/kg PO SID 3 days, two subsequent fecal exams have been “NPS” or no parasites seen, not the same as negative but it’s what we got.

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Sea Rogers Williams VMD

[STAFF: Kathy Zagzebski, Kate Shaffer, Margo Madden, and Ashley Bolbrock]  
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