HeadHeadlines News:

**Towennd’s infection still active**

Cytology stills shows active inflammation and infection in the left ear, the question is, will Townsend respond to medication after surgery, when many seals without surgery have failed to respond. We instilled a medicated wax (an anhydrous lanolin) with ketoconizole, enrofloxicin, and betamethasone, and we’ll see if this does the trick.

Clinical Update: Ear cytology

**we put the “itis” in otitis**

You can see the neutrophils with intracellular bacteria and colonies of extra cellular bacteria in the ear cytology taken from Townsend after the last scan, no doubt that an active infection is still taking place

Sea Turtles: Gerald #21

**r a d s  t o d a y**

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Rads showed minor osteolysis with R & L D3 P 3-4 with mild soft tissue swelling, lesions are typical and expected to heal with supportive care and topical treatment.
**Sea Turtles: Caroline 24**

*flipper tips*

Minor flipper tip lesions RFF>LFF were observed, overall Caroline appears to be doing well.

weight 3.27 SCL=26.7, SCW =24.3

Albumin is improved and normal, ALKP, CK, LDH, chol., and uric acid all elevated but improved. She in is the rad rotation and bloods again in another 2 mos.

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**Sea Turtles: Topsy 20**

*by word of mouth*

Topsy is doing well, but has some small pin-point lesions in the back of the oral cavity, we’ll keep an eye on it.

wt=2.352 kg, SCL=22.9, SCW=21.5 cm

HR= 56, strong Doppler signal, other PE WNL

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**Sea Turtles: Besty 22**

*don’t be rash*

Clinically Betsy is doing well, but she has a ventral rash and circular skin lesion on the neck, and mild flipper tip lesions.

wt=3.45kg HR=48

Blood work showed normalized Glu, Ca. and K, and decreased (improved) but slightly elevated LDH, Chol., and a persistent uric acid of 0.5. CWCT

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Phenix, Popi, and Walter also received physical exams today and are doing fine, and of course Hotlips is back in her element.

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**Under the Microscope: Finback**

A parasite sample from Riverhead Foundation from a Fin Back Whale was evaluated, while the ID is tentative it appears to be another case of Crassicaudosis.