Some Like it HOT . . .

Sea turtles included, so if sea turtles have lingered in the Western North Atlantic into the winter and water temperatures dip below 50°F, they become lethargic, stop eating, and may be stranded after unknown periods of disability at sea. It’s remarkable that any survive this process called Cold Stunning. Thanks to Massachusetts Audubon Society Wellfleet Bay Wildlife Sanctuary for organizing beach rescue efforts and the New England Aquarium for providing initial critical care and support. Due to these efforts and ours, many of these endangered sea turtles can survive, and be returned to the wild in a state of vigorous health.
Harbor Seals: Lemongrass NMLC 15-030 PPv weanling inflammatory bowel disease, rectal prolapse, and renal calculi, right nasal discharge, ‘hyperammonemia’
female [admit] wt=14.5 kg, SL= 97.5 cm; [current] 13.6 kg BS=3/5

stranded Bidderford ME 8/29/15; admit: 9/3/15;
last blood: 11/28/15 bile acid WNL, ammonia elevated, uric acid WNL
last rads: 12-1-15: ABD lat VD: WNL no lesions, small amounts of gas
last ultrasound: 12-1-15 renal calculi
last fecal: 10/30/15 NPS-CRW
cytology 12-11-15: neutrophils, mixed bacteria, mucous, mononuclear cells- chronic active inflammation with bacteria, r/o sinusitis, or lung disease, leaning towards upper respiratory infection
PE: [Williams / Berridge 12/1/15] TPR= 98, 140, 40 with snorting, and reported respiratory distress, but must be intermittent. No rectal prolapse, abdominal palpation is soft and non-painful, no mass no pain, no aural d/c, eyes with constricted pupils, left central corneal opacity could be mucous, no blethrospasm, other unchanged;
A: respiratory disease of unknown cause continues despite antibiotic therapy and extensive antihelminthic and anti parasitic treatments, sinus disease is suspected but lung pathology can not be ruled out. The straining and rectal prolapse continues to be intermittent but is possible for the rectum to be completely normal on exam, the seal is producing lots of soft feces, no obstruction is present. The biopsy material contained no tissue but necrotizing inflammatory debris, inflammatory bowel disease / necrotizing colitis is suspected. The significant of the renal calculi is unknown they could be clinically silent or have a role in her condition, CT is the next step.
Significance of the elevated ammonia at this time is not known, normal for seals, diet related or pathology are all considerations

Meds: tramadol 50 mg 1.5 PO TID 10 days
     metranidizole 250 mg 1.2 PO BID 14 day
     pred 10 mg PO BID 14 days then taper

Harbor Seals: Onion Flake NMLC 15-034 PPv weanling
male [admit] wt=11.8 kg, SL= 96.5 cm; [current] 11.9 kg BS=2/5
CC: chronic otitis media (left), ruptured globe (right)[post PHV1], pox
stranded Province town 9/17/15; admit:9/17/15;
last blood: 11/5/15; electrolytes are improved and now normal
last rads:10-20-15 canalography DV skull, improved lungs (normal) but ruptured ear drum
last ultrasound: 10-20-15
last fecal 9-22-15 (post 25 mg/kg fenbendaole) 2 samples NPF-CRW
PE:{Berridge & Voorhis 11/3/15} Small bump on head between eyes, no ulcer, cause is unclear
R/O very early pox. Right eye with corneal edema, irregular surface and central pink area may be sycheia.
Visual inspection [Williams 12/11/15]: the forehead central pox lesion is starting to regress, the ruptured right globe does not appear painful and also appears to be headed towards a healing by secondary intension, behavior and body score

Harbor Seals: Oregano NMLC 15-046 PPv weanling
female [admit] wt=13.5 kg, SL= 80 cm; [current] 26.9 kg BS=3.5/5
CC: resolving pox
stranded SeaBrook NH: 10/2/15; admit:10/3/15; release Scusset 12/12/15
last blood: 11/23/15 CBC, CG8+ WNL-CRW
last rads: 10/20/15 DV skull canalography = no contrast in middle ear = TM intact
last fecal: 10-13-15: FF single tape worm ova (treated)
exit PE: [Williams 12/11/15] TPR 98.6, 60, 4; BAR eyes WNL, right external auditory meatus patent, no d/c, resolving superficial periauricular pox lesions, not ulcerated, right axillia, healing and resolving pox lesions not ulcerated. Body score is robust, behavior is normal and aggressive. Limbs and perineum WNL, abdominal palpation WNL
A: OK for release

<table>
<thead>
<tr>
<th>turtles: water temperature 12/11/15 am 77 °F</th>
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<td>all turtles swimming and eating</td>
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**Sea Turtles / Kemp’s ridley** : turtle NMLC 15-048 TLk juvenile
ST 2015-157, NEST 15-042Lk, 9849 no band
unknown [admit] wt=2.3 kg, SL= 25.9 cm; [current] 2.3 kg BS = 2/5
CC: cold stun, healing face abrasions

stranded loc:Brewster  date: 11/24/15; admit:12/8/15;
last blood: 12/11/15
last rads:
Admission PE [Williams/ Berridge 12-11-15]: HR=48-56, temp = 77.3, small head wound, right upper eye lid wound, nuchal scute margin with mild separation
P: ok for SSD

**Sea Turtles / Kemp’s ridley** : turtle NMLC 15-049 TLk juvenile
ST 2015-152, NEST 15-043 Lk, 9850 RED LFF
unknown [admit] wt=2.6 kg, SL= 26.5cm; [current] 2.6 kg BS = 2/5
CC: cold stun, minor skin abrasions

stranded loc: Brewster date: 11/24/15, admit: 12/8/15; last blood: 12/11/15 last rads:

Admission PE [Williams/ Berridge 12-11-15]: BAR HR= 48, temp = 76.6, minor shell lesions, trailing edge of LFF ulcerated, minor nucal scute epidermal seperation OK for SSD
Sea Turtles / Kemp’s ridley: turtle NMLC 15-050 TLk juvenile
ST 2015-159, NEST 15-045 Lk, 9852 RED LFF
unknown [admit] wt=2.8 kg, SL= 26.5 cm; [current] 2.8 kg BS = x/5
CC: cold stun

stranded loc: date; admit:12/8/15;
last blood: 12/11/15
last rads:
Admission PE [Williams/ Berridge 12-11-15]: BAR HR= 56 temp = 78.0, minor plastron ulverations, previous traumatic amputation of RFF and LFF tip, neck lesion superficial on left side over dorsal sinus, minor carapace lesions
OK for SSD

Sea Turtles / Kemp’s ridley: turtle NMLC 15-051 TLk juvenile
ST 2015-X, NEST 15-052 Lk, 9859
unknown [admit] wt=2.7 kg, SL= 28.2 cm; [current] 2.7 kg BS = x/5
CC: cold stun

stranded loc: Brewster  date: 11/24/15 admit: 12/8/15;
last blood: 12/11/15
last rads:
Admission PE [Williams/ Berridge 12-11-15]: BAR HR= 56, temp = 76.4, very clean turtle, minor plastron lesions, other WNL
OK for SSD

Sea Turtles / Kemp’s ridley: turtle NMLC 15-052 TLk juvenile
ST 2015-176, NEST 15-061 Lk, 9868 YELLOW LFF
unknown [admit] wt=2.0 kg, SL= 24.6 cm; [current] 2.0 kg BS = 2/5
CC: cold stun

stranded loc: Eastham date: 11/24/15 admit: 12/8/15;
last blood: 12/11/15
last rads:
Admission PE [Williams/ Berridge 12-11-15]: BAR HR= 48, temp = 77.3, very clean turtle, no significant lesions

Sea Turtles / Kemp’s ridley: turtle NMLC 15-053 TLk juvenile
ST 2015-186, NEST 15-065 Lk, 9872 YELLOW LFF
unknown [admit] wt=1.95 kg, SL= 23.6 cm; [current] 1.95 kg BS = 2/5
CC: cold stun, right eye corneal lesion, minor abrasions and ulcers

stranded loc: Duxbury date: 11/25/15, admit: 12/8/15;
last blood: 12/11/15
last rads:
Admission PE [Williams/ Berridge 12-11-15]: BAR, HR= 56, temp = 78.0, Right eye with crusting corneal lesion at the dorsal position, smallest of the turtles, eyes sunken appearance, minor shell and skin lesions
P: neo / poly ophthalmic 1/8” SID-BID Right eye
   LRS 20 ml SQ SID 7 days
   SSD to skin

Sea Rogers Williams VMD
attending veterinarian and director of science

[STAFF: Kathy Zagzebski, Kate Shaffer, Margo Madden, and Ashley Bolbrock]
@Rounds: Drs. Andrew Voorhis, and Dr. Bruce Berridge