A bunch of samples from the Marine Mammal Center arrived and I started in on all of the harbor porpoises from 2013 that stranded dead. Most (if not all) had round worms (nematodes) in the middle ear and ptergoid sinus. So far, all have been *Stenurus minor*, I am getting quite use to identifying this species are the adult (L5) male or female and even the L4 female, but with immature specimens I’ll always try to find a mature worm to make a positive ID.

The heartworm antigen tests were done on two of the heart worms from Harbor seals in Washington. Recall in three seperate harbor seals, I examined three different nematodes from the heart. The first had *Otostrongylus circumlitus*, the next (01) had *Acanthocheilonema spirocauda* (the seal heartworm), and the last (02) was uncertain but the width was most consistent with *Dirofilaria immitis* (the dog heartworm) and not *A. spirocauda* but a definitive morphology was not possible as the worm was fragmented. As expected, *A. spirocauda* produced a medium positive heartworm antigen test (IDEXX 4DX), and I can confirm the *D. immititis* with the strong positive result, very cool, but you have to make sure you sample a female worm.
Sea Turtles: #31 Cherry
fractured Left TIB/FIB, possible pneumonia
wt=2.5 kg, SCL=24.0, SCW=21.4, TPR=n/a, 50, ?, BS = 3/5
CC: strand 11/9/13 Orleans, left carapace instability, bilateral lung lesions, skull lesions, dysphagia
Last Rads: 12/3/13:
Last Blood: 11/25/13; 1/4/14
HIGH: WBC - lymphocytosis, ALKP (1884), CK (2070)
GLOB, UA(0.5)
A: mild lymphocytosis
PE: carapace instability, fractured and swollen left hind with soft callus, exposed dermal bone has healed over and plastron looks good.
A: doing much better, use of the leg is excellent, and doing well off antibiotics
TX:
1- vit B1, sea tabs, and calcium (oral)
2-- SSD to lesions

Sea Turtles: #32 Pearl
smallest sea turtle, sunken
wt=2.0 kg, SCL=22.4, SCW=20.2, TPR=n/a, 40, ? BS = 2/5
CC: strand 11/13/13 Brewster
Last Blood: 12/3/13
CBC = WNL (monitor low normal PCV)
HIGH: ALKP, LDH, CHOL, GLU, UA
LOW: ALB, TP, ALT, PCV (low normal)
Last Rads: 11/16/13 mineral density in coelum; 1/28/14
PE: no significant lesions
A: looking good, no active lesions, still small but with good growth
TX:
1- vit B1, sea tabs, and calcium (oral)
Sea Turtles: #33- Gage
pneumonia, skin separation at nuchial area, flipper tip lesions RIGHT, nematode larvae
wt=4.6 kg, SCL=30.0, SCW=28.2, TPR=n/a, 40, ?, BS = 3/5
CC: strand 11/13/13 Brewster
Last Blood:12/3/13; 1/6/14, 17/14
HI: LDH, WBC
A: improved labs d/c ABX
Last Rads:11/16/13-ovoid gas in LEFT coelum, small mineral densities, BI pattern cranial lungs bilateral; 1/21/14, monitor
Left lung field, as seen in AP - most likely normal.
PE: Skin separation is healed, rostral lesion healed, RFF is better, minor carapace scuffs/bites, minor left lateral #2 ulcer, residual oral pink color is almost completely gone
TX:
  1- vit B1, sea tabs, and calcium (oral)
  2- SSD to wounds when pulled, after clean with chlorohexiderm

Sea Turtles: #34 Raphael
possible pneumonia
wt=2.5 kg, SCL=24.2, SCW=22.3, TPR= n/a, 40, ?, BS = 3/5
CC: strand 11/13/13 Brewster, R eye + corneal ulcer
Last Blood:11/25/13; 1/6/14
HI:WBC (9.6), ALP, GLU,AST, LDH
A: improved ok to d/c ABX
Last Rads: 11/16/13; marked BI pattern reduced right lung lobe volume 0.6 x 3 cm soft tissue density in R lung, linear densities left coelum 12/10/13; possible mild left lung minor increase BI density.
PE: minor bite wound on carapace Left Lateral 1-2 scute is healed over, no active lesions
A: looks good,
TX
  1- vit B, sea tabs, and calcium (oral)
  2- SSD when pulled
Sea Turtles: #35 Julia

Carapace lesions

wt=4.0 kg, SCL=28.9, SCW=27.3, TPR=n/a, 40, BS = 3/5
CC: strand 11/16/13 Fisher Beach
Last Blood: 12/3/13; 1/6/14
HI: ALKP (1674), LDH (3000), GLU (118)
A: improved CBC normal
Last Rads: 12/19/13: 1cm mineral and gas densities in coelum;
PE: LFF and RFF tip lesions, minor 1st vertebral scute ulcer
A: doing well off antibiotics, good growth, no active lesions
TX:
1- vit B1, sea tabs, and calcium

Sea Turtles: #36 - Thetis

Carapace ulcers & abrasions

wt=3.8 kg, SCL=27.4, SCW=26.8, TPR=n/a, 50, BS = 3/5
CC: strand 11/12/13 Brewster
Last Blood: 12/3/13
CBC = mild lymphocytosis (5880)
HI: CHOL, GLU
A: major improvement, OK to d/c abx
Last Rads: 12/17/13; lungs improved, WNL
PE: Carapace looks great, very minor cranial marginal scute scrapes (from pool- tank abrasions).
A: doing well, aggressive turtle, blood tests, looking good
TX:
1- vit B1, sea tabs, and calcium (oral)
**Sea Turtles: #37 Marina**

**flipper lesions**
wt = 2.5 kg, SCL = 25.0, SCW = 22.8, TPR = n/a, 50, BS = 3/5
CC: strand 11/13/13 Brewster, right eye slight opacity, Left eye central opacity
Last Blood: 11/25/13; 1/4/14
HI: WBC (10K) lymphocytosis, ALP, GLU (120), UA (0.4)
A: improved ok to d/c ABX
Last Rads: 11/15/13; 12/31/13: WNL, AP exposure failure
PE: Bruising on plastron, R marginal scute #12-13 lesions, LFF missing notch, minor carapace Left lateral scute #3 lesion, minor plastron bruising,
A: head wound healed, good progress doing well
TX
1- vit B, sea tabs, and calcium (oral)

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**Sea Turtles: #38 Shosho**

**rostral lesion**
wt = 2.3 kg, SCL = 24.0, SCW = 22.1, TPR = n/a, 50 , BS = 3/5
CC: strand 11/4/13 Brewster
Last Blood: 12/3/13; 1/6/14
HIGH: PCV (31%)-persistent, ALKP, GLOB, CHOL, GLU
A: continued slightly elevated HCT, but improved, OK to d/c ABX
Last Rads: 11/22/13; 1/14/14: WNL, monitor left lung fields on AP
PE: Rostral lesion healed but scared, minor head lesions, minor FF tip lesions, minor plastron bruising with poorly defined rash like area, marginal nibbles (from other turtles)
A: everything getting better, good eater
TX:
1- vit B1, sea tabs, and calcium (oral)
Sea Turtles: #39 Squirt
intermittent cloacal prolapse
wt=4.3 kg, SCL= 28.6, SCW=26.7, TPR=n/a, 50, ? BS =3/5
CC: strand 11/11/13 Eastham, 3-4 raised barnacle like lesions in oral cavity, slight cloacal prolapse, opacity to LEFT eye minor
Last Blood: 11/25/13; 1/4/14
HI: WBC lymphocytosis, ALKP, CK(2445), LDH (4639), GLU (115), K (4.9)
A: improved, ok to d/c ABX
Last Rads: 12/19/13 min. BI pattern bilateral, 0.4 cm rectangular density and very small mineral density, no GI obstruction
PE: no change in oral carcnicles, minor prolapse today but without welling or hyperemia, last seen two days ago, most days no observed prolapsed is notes
A: preparation H seems to have helped but not completely resolved, the prolapse is not constant and at exam only occurred when the turtle was urinating/deficating with handling
TX:
1- vit B1, sea tabs, and calcium (oral)
2- Preparation-H small amount topically PRN, check HR

Sea Turtles: #40 North Star
LEFT Front Flipper, early osteolysis D2P1-2 elevated UA with NSAID resolving
wt=3.1 kg, SCL=26.7, SCW=24.5, TPR=n/a, 50, ? BS =2/5
CC: strand 11/13/13 Brewster, cloacal prolapse
Last Blood: 11/25/13, 1/4/14; 1/21/14
HIGH: HCT (47%), WBC-lymph, ALKP, LDH (3588), GLU (141), UA (0.6)
A: continue ABX for 1 weeks
Last Rads: 12-24-13: BI pattern bilateral, increased soft tissue density in LEFT lung field, end plate lysis LFF D2P1-2, minor lesion RFF D3 P3 and P4 lytic lesions
PE: Swelling of LFF subjectively better with 2 foci of swelling, healing Left side of face bite, minor rostral lesion healed.
A: with minor set backs, over all improved and osteolysis is not progressive and blood values improving.
P: d/c abx and fluids, recheck with reptile profile next week
TX
1- vit B1, sea tabs, and calcium (oral)
2- SSD when pulled
Sea Turtles: #41 Tide the loggerhead
loss of scutes from flippers
wt=40.3 kg, SCL= 63.5 SCW=54.7, TPR=n/a, 40, 4 BS =3/5
CC: strand 12/8/13 Brewster, cold stun
Last Blood: 12/11/13 @ NEAQ
HIGH: CK (19373), LDH (1113), UA (0.8)
LOW: ALB (1.1)
Last Rads: 1/7/14
PE: BAR, with pealing of superficial carapace keratin and loss of the dead tissue on front limbs with normal new vital epidermis exposed, no areas of infection observed
A: Shell and skin improved, but will take a long time to heal completely, function is not affected, which is good, good appetite and weight gain and increase in size.
TX
1- vit B1, sea tabs, and calcium (oral)
2- SSD when pulled

Terapins: Penny
flaking out
PE: BAR, active and eating, but dead dermal bone around the margins of the shell are loose and will be lost. On the right lateral scutes of the carapace a plate of necrotic shell is being expelled but is still attached and we have decided not to pull this off to avulse the healing tissue underneight. It is still uncertain as to the extent of the necrotic bone and the fate of the areas that are lost, or if new shell can form. We are encouraging Penny to eat pellets but she prefers her clams (on the half shell), we are looking into providing a more balanced and varied diet.

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