We lost power in the new Center, but before a generator could arrive, and with a little help from our neighbors (the Buzzards Bay Fire Department) power was restored (thanks guys). Not so lucky for the old building, a burst pipe rained down on the electric panel, and the cooters were evacuated to homes with power. One non-survivor was the clothes washer, so use towels sparingly until a new washer is found.

**Meds:** vit D3, cmpd 1000iu/ml  
Dose 400iu/kg IM q 7 day 3-4 treatments.  
wt = 64 g, Dose 0.02cc 2iu (u-100) IM q7day  
Calcium (360 mg/ml ) Give 0.01cc (1iu) orally daily  
Force Feed (veggie baby food) 0.8cc 3-4x daily  
Belinda will do these with pickle 2 her home, and thanks to Dr. Michael Ryer for the idea and donated D3, thanks Mike!

A cleared *Halocercus* nematode from the lung of a spinner dolphin who died in Hawaii. This view shows the gubernaculum highlighted adjacent to the spicules in this adult (L5) male.
Sea Turtles: **Topsy 20**

resolving cold-stun

CC: resolving oral lesions
Last Blood: 2/13/13
Last Rads: 2-6-13
HR=32
small abrasion on head, bruising and possible bite to LF elbow, treated with SSD, also three pinpoint oral lesions

Sea Turtles: **Gerald 21**

flipper tip lesions

CC: flipper tip lesions MEDS: Ceftaz
Last Blood: 1-10-13, increased ALKP, monitor UA, LDH
Last Rads: 1-16-13 repeat flipper tips
wt= 4.65 kg, HR=52, front flipper tips are still active L>R, R is almost healed

Sea Turtles: **Betsy 22**

rash and skin lesion

CC: rash and circular neck lesion, flipper tip lesions
MEDS: Ceftaz
Last Blood: 1-10-13, improving
Last Rads: 1-23-13, repeat flipper tips, HR=40
mild active front flipper tip lesions R>L, rashes seem less pronounced

Sea Turtles: ‘wild’ **Walter 23**

post cold stun infection?

CC: inflammatory response
Meds: on hold
Last Blood: 2-6-13, decreasing WBC (14), LDH, GLOB,
Last Rads: 1-31-13 WNL (needs horz. lat)
HR=44
PE WNL, flippers look good, appetite improved
Sea Turtles: Carolyn 24

by-line

CC: flipper tip lesions resolved MEDS: Ceftaz d/c-CRW
Last Blood: 2/13/13, CBC-WNL, CP mild tissue enzymes improving but mild elevation, monitor UA at 1.1, watch Ca
Last Rads: Due
HR= 40, R front flipper tip lesion, L has healed, BAR, no lesions

Sea Turtles: Phoenix 25

resolving cold-stun

CC: resolved left peri-ocular minor trauma
Last Blood: 2/13/13:
Last Rads: Due
HR=40, BAR
no lesions

Sea Turtles: Ernest 26

by-line

CC: active flipper tip lesions MEDs: Ceftaz d/c -CRW
Last Blood: 1-10-13, improving
Last Rads: 1-9-13, phlange autolysis
HR=44, mild but active flipper tip lesions and slight rash R axilla

Sea Turtles: Papi 27

head wound

CC: head wound
Last Blood: 2/13/13: WBC improved and WNL, ALKP and CK elevated other tissue enzymes decreasing
Last Rads: Due
HR=44, BAR
bite wound to head, abrasion and ulceration, applied SSD, apply SSD SID, minor R FF tip lesion
**Clinical Update: Townsend persistent otitis media**

Townsend, BS 6/10, TPR 99.4, 120, 40
BAR, small amount of d/c LEFT ear
Cytology: purulent d/c, degenerate WBCs with rafts of short rods, and opsinized bacteria. A: aural discharge had persisted following traditional flushing and topical medications, surgery, systemic antibiotics following VBO (ventral bulla osteotomy) based on cultures, and medical infusion of antibiotics into the ear canal.

At the very least there is persistent otitis externa, based on the last CT there is a persistent rupture of the tympanic membrane, fracture of the ventral bulla, but perhaps mild improvement in the quality of the temporal bone.

In at least one other animal model (the rabbit) VBO is insufficient and a Total Ear Canal Ablation (TECA) with Lateral Bulla Osteotomy (LBO) is the preferred treatment, however, this procedure is not without significant risks and is orders of magnitude more invasive and difficult. The potential for a peri-operative death is substantial.

Options: 1) TECA w/ LBO 2) apply for release with active infection with dive monitor 3) euthanasia/necropsy.

CBC/CP was normal but the slight uptick in the WBC may be significant (16.4).