

Rounds Notes is a report on the health of animals at the National Marine Life Center from Sea Rogers Williams VMD for the staff, volunteers, and community of the center including professionals involved the captive care of similar species, the views expressed are not necessarily that of NMLC. Information in Rounds Notes should be considered confidential and used solely to benefit the health of aquatic animals everywhere.

Feb 13, 2013

Rounds Notes

6: 19-22(2013)

## HeadHeadlines News: Blizzard of 2013

### weathering the storm

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.



## Clinical Update: Pickel

### MBD +

Meds: vit D3, compd 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

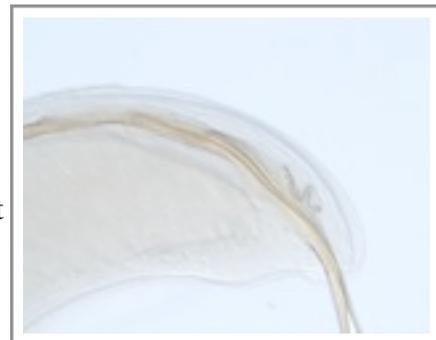
Dr. Michael Ryer for the idea and donated D3, thanks Mike!



## UNDER the Microscope: Lungworms in Spinner Dolphins

### by-line

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)

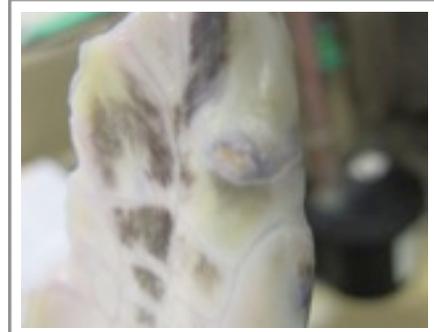
HR=44

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).



### Turtle Radiographic Rotation



Ernest  
Gerald  
Betsy  
Walter  
Topsy  
Caroylin  
Phoenix  
Papi

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