In the 2.5 years since the Prescott Funded Marine Mammal Morphological Parasite Identification program was funded, I’ve added 334 cases with an additional 33 fecal and 58 cytology reports. As the program is winding down we will not be accepting new case material, and I’ll concentrate on the back-log of cases and active rehab cases to finish up, but as always if you come across a really interesting parasite case, please drop me an email. I’ll be putting together a summary in the next few months as well, so stay tuned, lots more parasite excitement to come.
Sea Turtles: #31 Cherry
fractured Left TIB/FIB, possible pneumonia
wt=3.0 kg, SCL=25.8, SCW=22.9, 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: 2/18/14
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 improved, fractured and swollen left hind with soft callus and stable, 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

Rads from Cherry, as you can see, the bones are displaced and a complete osseous union is not present, but a soft tissue callus is present and the leg will eventually be shorter and some loss of function may be expected, however, for most purposes it should not be a problem, we will want to allow some more healing before we look at release, I'm not unhappy with the healing so far, and I don't feel we should change gears

Sea Turtles: #32 Pearl
smallest sea turtle, sunken
wt=2.3 kg, SCL=23.9, SCW=22.3, TPR=n/a, 40, ? BS = 3/5
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=5.2 kg, SCL=31.3, SCW=29.0, 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 exposed bone on RFF and proliferative lesion on LFF tip but healing, 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 as needed

Sea Turtles: #34 Raphael
possible pneumonia
wt=2.7 kg, SCL=25.5, SCW=23.5, 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: no active lesions, looks good.
A: looks good
TX
1- vit B, sea tabs, and calcium (oral)
2- SSD when pulled
**Sea Turtles: #35 Julia**
carapace lesions
wt=4.2 kg, SCL=30.0, SCW=27.9, TPR=n/a, 50, 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 coleum;
PE: looks great, no active lesions.
A: doing well off antibiotics, good growth, no active lesions
TX:
1- vit B1, sea tabs, and calcium

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**Sea Turtles: #36 - Thetis**
carapace ulcers & abrasions
wt=4.0 kg, SCL=28.6, SCW=26.2 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: doing very well.
Last Rads: 12/19/13; 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 urine sample: NPF, crystals and copepod parts.
TX:
1- vit B1, sea tabs, and calcium (oral)
Sea Turtles: #37 Marina
flipper lesions
wt=2.9 kg, SCL=26.7, SCW=23.7, TPR=n/a, 40, 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: no active lesions, looks good
A:good progress doing well
TX
1- vit B, sea tabs, and calcium (oral)

Sea Turtles: #38 Shosho
rostral lesion
wt=2.7 kg, SCL=25.8, SCW=23.3, TPR=n/a, 60 , 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=4.7 kg, SCL= 29.7, SCW=27.2, TPR=n/a, 20, ? 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. Crazy, aggressive then exhausted and positively buoyant after exam
A: preparation H seems to have helped but not completely resolved, not seen recently but observed today
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=3.4 kg, SCL=28.1, SCW=25.2, TPR=n/a, 50, ? BS =3/5
CC: strand 11/13/13 Brewster, cloacal prolapse
Last Blood:11/25/13, 1/4/14; 1/21/14; 2/5/14
HIGH: CK (2631)ALKP(771) LDH (3588), GLU (148), UA (0.7)
A:off abx
Last Rads: 12-24-13: 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 except for CK which may be related to the osteolysis resolving.
P: d/c abx and fluids, recheck with reptile profile next week urine sample: NPS, crystals, three morphological types
TX
1- vit B1, sea tabs, and calcium (oral)
2- SSD when pulled
**Sea Turtles:** #41Tide the loggerhead

**loss of scutes from flippers**

wt=40.8 kg, SCL= 63.6 SCW=54.7, TPR=n/a, 20, 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 peeling of superficial carapace keratin and loss of the dead tissue on front limbs and peeling carapace over lateral scutes, with normal new vital epidermis exposed, no areas of infection observed, flipper tips raw

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- clean flipper tips with dilute chlohexderm 5min when out.
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 more removed today. The nuchal area has healed nicely with smooth complete scar tissue, so far no coleum exposure and majority of the shell appears vital. Front limb generalized edema is present, we’ve seen this before as well. Overall as the condition progresses slowly Penny is doing as well as can be expected. We’ll clean the areas where the dead dermal bone were removed daily and monitor appetite, and general well being, it is still too soon to know how this will play out.

C. Rogers Williams VMD

attending veterinarian and director of science

[STAFF: Kathy Zagzebski, Kate Shaffer, Belinda Rubinstein, and Adele Raphael]