Two very interesting cases came under the microscope this week, the first were the whale lice *Cyamus erraticus* found on a Northern Right Whale by the Cape Cod Stranding Network back in 1999, this just goes to show that a bottle of ethanol specimens can last a good long time, but you need someone to go snooping through a huge box of samples, of course anything from an endangered species is worth the time, and I’ve requested the case record on this stranding. There has been a lot of work on the genetics of cyamids lately using them as models of DNA isolation and dispersion among the different species of right whales, and even the habitat. It seems that at least three species of cyamids live on right whales each inhabiting a different part of the whale. The next case was from a Fin whale stranding in California sent in by the Marine Mammal Center. This small tape worm from a huge whale, *Tetrabothrius affinis* is not rare, but well documented and sample Fin whale standings are, so this was the first time this particular species of tapeworm has come across my lab.

**Turtle Notes:** We are still looking at a first round release decision for possible transfer and release in Florida at the middle of April, we have several candidates:
Sea Turtles: #31 Cherry 3/18/14
fractured Left TIB/FIB, possible pneumonia
wt=3.8 kg, SCL=27.7, SCW=24.5, 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: Stability of the caudal carapace is improved, soft callus with left hind, good function, continues to improve
TX:
1- vit B1, sea tabs, and calcium (oral)
2-- SSD to lesions

Sea Turtles: #32 Pearl 2/25/14
Pre-release approved-CRW
wt=2.8 kg, SCL=25.9, SCW=23.7, TPR=n/a, 50, ? BS = 3/5
CC: strand 11/13/13 Brewster
Last Blood: 12/3/13; 3/11/14
CBC & SCP: acceptable for release.
Last Rads:11/16/13 mineral density in coelum; 1/28/14, no specific lesions
PE: WNL ok for release
A: no active lesions with good growth and activity
TX: none
1- vit. B1, sea tabs, and calcium (oral)
OK to tag, PIT SQ approved
Sea Turtles: #33- Gage 3/18/14

elevated tissue enzymes, flipper tip lesions
RIGHT, nematode larvae ?

wt=5.8 kg, SCL=32.5, SCW=30.1, TPR=n/a, 50, ?, BS = 3/5
CC: strand 11/13/13 Brewster
Last Blood:12/3/13; 1/6/14, 1/7/14; 3/11/14
HI: ALT(67), AST(1285), CK(3355), LDH(6286)
CBC; WNL
A: elevated tissue possible liver enzymes, or other
Last Rads:11/16/13; 3/11/14-resolving flipper tip lesions, very
mild phlange reaction, should not interfere with release, lungs on
AP look good
PE: still has residue of the pink discoloration to oral cavity,
proliferative and active healing with flipper tip lesions
A: minor flipper tip lesions, slowly healing
TX:
1- vit B1, sea tabs, and calcium (oral)

Sea Turtles: #34 Raphael 3/25/14

pre-release hold due to elevated LDH

wt=3.3 kg, SCL=27.1, SCW=24.7, TPR= n/a, 50, ?, BS = 3/5
CC: strand 11/13/13 Brewster, R eye + corneal ulcer
Last Blood:11/25/13; 1/6/14; 3/11/14
HI: LDH (5014), GLU (134)
CBC: WNL
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 abrasion / ulcer to right hind flipper dorsal aspect
A: no active lesions
TX
1- vit B, sea tabs, and calcium (oral)
tagging approved
Sea Turtles: #35 Julia 3/25/14
pre-release approved
wt=4.9 kg, SCL=31.0, SCW=28.9, TPR=n/a, 60, ? BS = 3/5
CC: strand 11/16/13 Fisher Beach
Last Blood: 12/3/13; 1/6/14; 3/11/14
HI: ALKP (1223), LDH (3455), GLU(110)
A: CBC normal, minor elevation of LDH, others resolving, pre-release approved.
Last Rads: 12/19/13: 1 cm mineral and gas densities in coleum;
PE: looks great, no active lesions.
A: good growth, no active lesions
TX:
1- vit B1, sea tabs, and calcium
tagging approved

Sea Turtles: #36 - Thetis  3/25/14
pre-release hold due to elevated LDH
wt=4.8 kg, SCL=30.0, SCW=27.5 TPR=n/a, 50, ? BS = 3/5
CC: strand 11/12/13 Brewster
Last Blood: 12/3/13; 3/11/14
CBC WNL
HI: LDH (8931), CK (3061), GLU (129)
A: spike in LDH, unknown cause and significance, plan to repeat
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, good weight gain and growth
TX:
1- vit B1, sea tabs, and calcium (oral)
tagging approved
Sea Turtles: #37 Marina 3/15/14

pre-release hold due to elevated LDH & UA

wt=3.9 kg, SCL=29.2, SCW=25.9, TPR=n/a, 50, ? BS = 3/5

CC: strand 11/13/13 Brewster, right eye slight opacity, Left eye central opacity


HI: LDH (2878), UA (0.9), ALKP (472), AST (444), GLU (110)

CBC WNL

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)

tagging approved

Sea Turtles: #38 Shosho 3/25/14

pre-release hold due to elevated LDH

wt=3.1 kg, SCL=27.8, SCW=25.0, TPR=n/a, 60, ? BS = 3/5

CC: strand 11/4/13 Brewster

Last Blood:12/3/13; 1/6/14; 3/11/14

HIGH:

LDH (8488), GLU (114), UA (0.4)

CBC = HCT (31%, high normal ?)

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)

tagging approved
Sea Turtles: #39 Squirt 3/25/14

intermittent cloacal prolapse, resolving

wt=5.6 kg, SCL= 31.2, SCW=29.1, TPR=n/a, 54, 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: proplase has not been seen in 1 week
A: consisder release approval if prolapase doe not return
TX:
1- vit B1, sea tabs, and calcium (oral)
2- Preparation-H small amount topically PRN, check HR
may consider release if prolapse remains resolved, and blood values are within reference ranges

Sea Turtles: #40 North Star 3/18/14

LEFT Front Flipper, early osteolysis D2P1-2
elevated UA with NSAID resolving

wt=4.0 kg, SCL=29.2, SCW=26.0, TPR=n/a, 56, 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; 3-4-14
Note the changes from in initial lesion with sub end plate lysis and the late phase lesion with flared epiphysis, erosion of epiphyseal bone, and joint expansion. Minor lesions in RFF D3P4-5, RHF D2 P3-4, lungs look good
PE: Swelling of LFF subjectively better, healing Left side of face bite, minor rostral lesion healed.
A: off specific treatments for osteolysis and cold stun.
P:
TX
1- vit B1, sea tabs, and calcium (oral)
2-SSD when pulled
Sea Turtles: #41 Tide the loggerhead
loss of scutes from flippers, red stuff 3/16/14
wt=40.8 kg, SCL= 64.3 SCW=54.2, TPR=n/a, 20, 4 BS =3/5
CC: strand 12/8/13 Brewster, cold stun
Last Blood: 3/16/14
HIGH: CK (3121), LDH (398), GLU (135)
but values much improved, little bump up in CK, LDH
Last Rads: 1/7/14
PE: Red discoloration of the rhampothecia and the plastron
was more apparent.
A: Microscopic evaluation failed to find the cause or identify
the red material, perhaps a marine bacteria or alge.
TX
1- clean flipper tips with dilute chlohexderm 5min when out.
1- vit B1, sea tabs, and calcium (oral)
2- chlohexiderm and SSD when pulled

Terapins: Penny
flaking off, growing back?
PE: BAR, active and eating, but dead dermal
bone around the margins of the shell are loose
and more removed today including the large
pieces of the lateral scutes, this was done with no
active bleeding, and then cleaned with a
chlohexiderm scrub. There is generalized edema
present but the epidermis is normal. Radiographs
show the separation but reading the carapace over
the normal plastron is difficult, no evidence of
renal mineralization or metabolic bone disease,
AP view no evidence of pneumonia. There
appears to be newly defined carapace marking in
the less effected areas which may be an indicator
of vital dermal bone and epithelium regrowth.