Headlines News:
The Bladders the Matter, but the Shell has the Smell

After identifying a large fluid filled structure in the body cavity (coelem) during the CT at the WHOI SCI Lab last week, Patty had a colemic aspiration procedure where 70cc of yellow fluid was removed. This is about a 1/3 of the total fluid volume if my estimates from the CT are accurate. The fluid is sterile and has a very high uric acid level (45.6 mg/dl) compared to the serum (0.4 mg/dl), this would argue for the structure being a distended urinary bladder, why Patty does not simply go is unclear. The ultrasound still showed a possible association with developing follicles but the thin wall of the bladder may not be evident and I could easily miss this structure, but I’m not willing to rule-out a distended uterus 100% just yet. Still, with no growth on bacterial or fungal cultures I think we can monitor this with ultrasound for now.

The CT of the lungs are likely normal for the species, and I reviewed a few other CT’s from male and female Diamondbacks for comparison. Patty does have some
embryos, and these can be followed by ultrasound too.

More on the CT to come as Dr. Sophie Dennison Dip. ACVR (note the new initials, congratulations Sophie !) gives her opinion via an newly established ftp connection that allows us to upload the large image files associated with the scan.

We did get a blood sample from Patty last week and all tissue enzymes are falling and the white blood cell count is 8,000 cells/ul which does not strike me as high. We will switch the daily treatment to betadyne, stop the SSD, unless basking, and continue to change the tank water daily.

The barium has almost completely passed and fecal production has been good. I don’t think we have a major GI problem, although we have had some weight loss.

With one problem on the back burner, it was time for another to creep up. On Thru. last week I noted a slight odor from the shell and restarted the ceftazadime. On Rounds today the odor was unmistakable and pungent, Joanne thinks it smells like onion and I agree, either way I have renewed concerns about infection. Amikacin was started [5 mg/kg IM (front limb) once, then 2.5 mg/kg IM q 3 d]. The carapace has an overall dull appearance and the keratin continues to peel off the scutes, now with a sharp odor. The exposed epidermis is bright and has the natural color marks but is a very thin layer and soughs and leaves exposed dermal bone. I am conservative over how much keratin to remove due to this process, if the entire carapace was exposed dermal bone the prognosis is poor and osteomyelitis an inevitable outcome. Further debridement will be necessary and on-going, dead tissue does not help the healing process, but I hope the more aggressive antibiotic therapy helps too.
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Rounds Notes

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