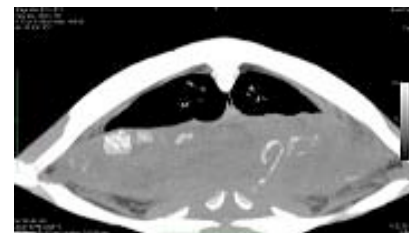




Headlines News: So, what's eating you?

Clinical Update: Fletcher

This week, one evening, Fletcher knocked the PCV away from the wall. It was the PCV that houses the heaters. But when the set-up was replaced it was noticed that the small rubber attachments for the temperature probes were also dislodged, and not at the bottom of the tank. In fact we could not find them at all. The tank was carefully checked for any loose material and a partial water change preformed. A full set of survey radiographs were taken, but were normal. Fletch is eating well and fecal production is normal (just ask anyone who took the radiographs with me). To determine if Fletch could have ingested the objects (as sea turtles are inclined to do) we consulted with Dr. Ketten at WHOI to see if the CT could do a better job than our radiographs. She suggested we make a faux stomach with an identical piece of rubber, and a few pounds of mashed, ground, and chopped herring and mayonnaise. Yeach! Well that worked and the little rubber was clearly visible in the gray bag of goo. The CT preformed admirably, and yes, predictable, Fletcher has ingested two small rubber suckers. Both are located in the small intestine. We were very fortunate to have a visiting veterinary radiologist, Sophie Dennison, visiting WHOI today. We sat down together and reviewed the series. We agree that there is currently no obstructive pattern, and the lungs look good.



So what next. . .

Number 1: Don't make the problem worse.

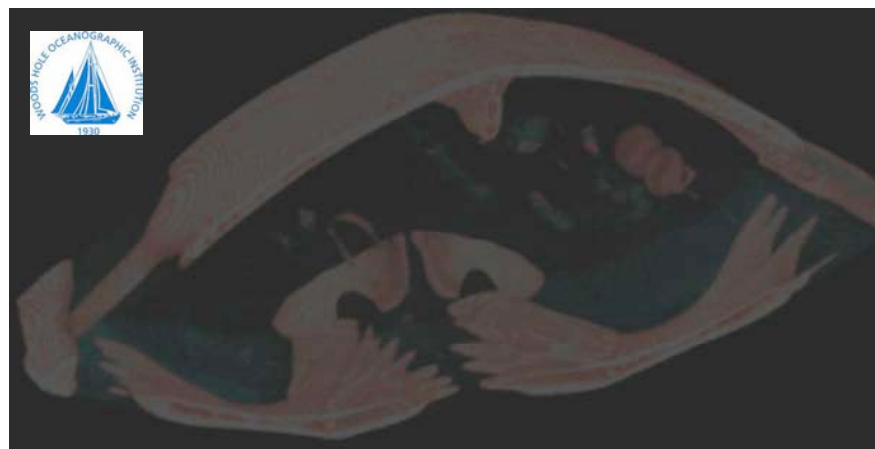
Turtles eat things, any thing will do. If it can fit in the mouth, a turtle will eat it ! Please, be very aware whenever working around the tank and tank set-up, never place anything in the tank that can be eaten (except food).

B: Do no harm.

Things go thru the intestines all the time, crab parts, mollusk shells, matchbox cars (ok I made the last one up) so let's see if these too will pass.

- a) Scoop all fecal matter, and any matter from the tank frequently.
- b) Screen all poop, put on some gloves and go to town, we need to account for our wayward rubber attachments, so don't let it slip thru our fingers again.

- c) Weight the poop daily ! Turtles show few clinical signs of GI obstruction, they don't vomit, they don't show bloating. One of the first signs may be decrease fecal output, so we must track this every day. Note every fecal event, screen for the two rubber pieces, and weight the amount of poo. Note Fletcher's appetite, with any change, call my cell immediately (day or night: 508 221-0074).
- d) Based on the published GI transit time of loggerhead sea turtles, we will CT Fletcher every 14-21 days. (sure there is a little harm here but I was assured by Dr. Dennison that we are placing Fletcher at little risk with a few CTs from the radiation exposure standpoint, and sedation was not necessary today but may need to be used in the future).



Number 3: Be prepared.
 If the rubber pieces cause an obstruction, surgery is necessary. We must monitor for decreased fecal output or decreased appetite. We are completing our surgical suite at the center and should be ready for a procedure soon. Laparoscopy and endoscopy are not currently options. An inguinal approach would be used based on a pre-operative CT, but let's hope

this option is not needed.

While I'm not a big fan of either I will investigate high fiber diets and mineral oil.

So, everyone needs to play head-up ball, and while we can never let our guard down, I'm willing to celebrate a little once we have two small rubber pieces in bottle and see Fletcher pulling himself down the beach to a release at last.

A special thanks to WHOI CSI, the CT lab, and particularly Julie Arruda. While some of the images are my burgeoning attempts, the best images are Julie's.



C Roger Williams VMD
 Sea Rogers Williams VMD

Attending Veterinarian & Director of Science

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