Headlines News: Sad news, and So long Patty
Patty dies of suspected multi-organ failure, sepsis and coelomitis

After what we hoped was a rally last week after we corrected Patty’s acidosis (pH=7.5), hypokalemia (K=4.4 mmol/L), and hypoxia (SaO2=98%), but she never ate on her own again. Despite tube feeding at least daily and reptile ringsers solution she developed hypoglycemia (glu=19 mg/dl) and died Monday afternoon. She was being treated for *Vibrio alginolyticus* sepsis with ceftazadime (30 mg/kg SQ q3 d) and enrofloxacin (10 mg/kg PO q3 d- in tube feedings), which were appropriate based on antibiotic sensitivity testing of the blood isolate.

The necropsy exam further documented the large (1/3) carapace ulcer covered with connective tissue and the failure to ever completely re-mineralize. The mouth was closed in rigor and the superficial peeling of the plastron appears to be normal shedding. The skin was sunken but in good condition, the eyes and other external exam was within normal limits. The body cavity was greatly involved with generalized coelomitis with adhesions to the the liver, stomach and intestines, and hemorrhagic free fluid. There are several white foci on the liver and a few in the adherent coelomic connective tissue. The serosal surface of the stomach and intestines had small and large hemorrhages. The spleen had adhesions to its surface. A section of intestine was distended with material consistent with the tube fed gruel, and indicates ileus. No perforations of the stomach or intestines were observed nor was there evidence of aspiration.
pneumonia grossly. The urinary bladder was
greatly distended, thin and friable. The
contents were yellow and mucoid with
urates and a large semi-solid mass in the
lumen of the urinary bladder that had a
strong fecal odor. Any attempt to preform a
coelemic lavage would have perforated the
urinary bladder. The cloaca was normal
grossly. The right kidney was green-yellow-
tan and the left renal tissue difficult to
identify. The sub-carapacial mass
( previously biopsised) was removed and was
dark brown with a section of necrosis. It is
possible the necrosis was caused by the
biopsy and the material renal, but this is not
supported by the biopsy, the tissues were
collected for histopathology. The lungs
were collapsed and not consolidated, they
had areas of black pigmentation and floated
in foraminin. The CNS and proximal spinal
cord were normal and collected. There was
no evidence of iatrogenic damage from
blood/lymph sampling from the medial
femoral vessels but the vascular system and
lymph structures were not distinct at
necropsy. Both ovaries were associated
with adhesions, inflammation and numerous
small follicles.
Histopathology (with re-cuts) will be forwarded to NorthWest Zoo Path for further analysis.

Gross Findings:

**Ulcerative dermatitis, carapace, chronic, severe**

**Coelomitis, diffuse, severe and involving the digestive and reproductive tracks, leading to illeus**

**Hepatitis, multifocal, moderate, superficial**

**Retrograde fecal contamination of the urinary bladder, chronic, severe**

**Mass, left renal area with necrosis (see previous biopsy)**

The cause of death is likely multi-organ failure secondary to bacterial translocation
through the large carapacial ulcer, causing bacteremia and sepsis, but could also have
originated from the digestive or reproductive tracts. Antibiotic and supportive therapy was
appropriate but ultimately unable to deal with the severe systemic disease.
Sample Jar 1
urinary bladder
esophagus
spleen
intestines, several sites
intestine and pancreas
stomach
lungs R & L, trachea
muscle tissue

cassette 1
liver white foci
coelum covering with foci

cassette 2
ovaries

cassette 3
pleuoperitoneium

Sample Jar 2
right kidney
CNS
femor fragments with marrow
eye
liver foci

cassette 4
left mass (renal ?)

C. Rogers Williams VMD
attending veterinarian and director of science

[STAFF: Kathy Zagzebski, Bridget Dunnigan, Brian Moore, Joanne Nicholson]