

Clinical Notes - Individual Specimen Report
LOS ANGELES ZOO

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ELEPHAS MAXIMUS INDICUS

Sex: Female

Acc. #: 00216

Indian elephant

Age: 47Y 4M Est.

Birth: 8.Jun.1958

Name: GITA

=====

13.Aug.2005

Problem: abscess - digit (Confirmed)

D5 lesions. Did this during the 30min period while tourniquette was on and foot was elevated.

9. Metronidazole suppository inserted after rectum cleaned.

Assess:

Went really well today! Gita did great.

Plan:

1. If continues to go well, try to follow IV amikacin solution with 250ml of LRS or saline tomorrow.

2. Get rads tomorrow. (RB)

14.Aug.2005

Problem: abscess - digit (Confirmed)

REPEAT RADS, CONTINUED DAILY RLP AND TREATMENTS LF

Due for recheck rads today. Went great yesterday, so decided to try and put in 250ml LRS IV after amikacin solution today.

Proc:

1. Restraint in chute.

2. Cuff inflated to 10 psi.

3. 19g butterfly in vein on CAUDOLATERAL aspect of LF.

4. Hep flush 6ml IV.

5. Dilute lidocaine 6ml IV SLOW.

6. Amikacin solution (3gm amikacin in 250ml LRS w/ 5ml NaCO₃) IV -

Went Really well!

7. LRS 250ml IV.

8. Kept tourniquette on and foot elevated for solid 35 min.

9. Standard foot flush treatment: scrubbed lesions (D3, D5 and soft tissue hole in cuticle area above D5), flushed with dilute nolvasan and saline, and inserted amikacin-soaked gauze into bottom of D3 and D5 lesions. Did this during the 30min period while tourniquette was on and foot was elevated.

9. Radiographs (LF D5 DV obliques and AP): AP did not turn out due to improper technique and positioning. Obliques turned out well and show that there has been very little to no change in P2 compared to 8/11 rads.

10. Metronidazole suppository inserted after rectum cleaned.

Assess:

Going well. Able to follow IV amikacin solution with 250ml LRS with no problem. Able to get her to keep tourniquette on for solid 35min today. Rads imply that bony deterioration of D5 P2 seems to have halted at this time compared to 8/11 rads. This is great news, but too soon to tell if for real or just a lucky break.

Plan:

1. continue daily treatments (RB)

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Sex: Female Acc. #: 00216
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15. Aug. 2005

Problem: abscess - digit (Confirmed)

CONTINUED DAILY RLP AND TREATMENTS LF

Going well the last two days, so decided to try putting in 250ml IV after amikacin solution again and also to not buffer the amikacin to see if made a difference.

Proc:

1. Restraint in chute.
2. Cuff inflated to 10 psi.
3. 19g butterfly in vein on CAUDOLATERAL aspect of LF.
4. Hep flush 6ml IV.
5. Dilute lidocaine 6ml IV SLOW.
6. Amikacin solution (3gm amikacin in 250ml LRS) IV - Went Really well! No reaction or problems to the non-buffered amikacin solution.
7. LRS 250ml IV.
8. Kept tourniquette on and foot elevated for solid 35 min.
9. Standard foot flush treatment: scrubbed lesions (D3, D5 and soft tissue hole in cuticle area above D5), flushed with dilute nolvasan and saline, and inserted amikacin-soaked gauze into bottom of D3 and D5 lesions. Did this during the 30min period while tourniquette was on and foot was elevated.
9. Metronidazole suppository inserted after rectum cleaned.

Assess:

Going well. Able to follow IV amikacin solution with 250ml again. No reaction to non-buffered solution. Also able to get her to keep tourniquette on for solid 35min again today.

Plan:

1. continue daily treatments - perhaps try to go for 40min next time. (RB)

16. Aug. 2005

Problem: abscess - digit (Confirmed)

Continued Daily RLP and treatments left front.

Some challenges with venous access. I had to use 3 different veins and did not follow with additional BES. The 250mls of dilute amikacin were administered. At 30 minutes post injection Gita reach down with her trunk and broke the torniquet at the valve stem. The torniquet was overnigheted back to the manufacturer for repair.

Foot lesions flushed & cleaned.

Metronidazole suppository placed. (JW)

17. Aug. 2005

Problem: abscess - digit (Confirmed)

Continued Daily RLP and treatments left front.

The elephant keepers improvised an effective torniquet with rope,

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17.Aug.2005

Problem: abscess - digit (Confirmed)

Used a large vein on the medial leg. The 250mls of dilute amikacin were administered and followed with 250mls LRS. Tourniquet in place 35 minutes after amikacin administration completed.

Foot lesions flushed & cleaned.

Metronidazole suppository placed. (JW)

18.Aug.2005

Problem: abscess - digit (Confirmed)

The elephant keepers improvised a new and more effective tourniquet with a strap wrench. Used a large vein on the medial leg. The 250mls of dilute amikacin were administered and followed with 250mls LRS. Tourniquet in place 35 minutes after amikacin administration completed. Cultures collected from D5 tract.

Foot lesions flushed & cleaned.

Radiographs of D5, still working on trying to get good AP technique.

Trimmed left front, D5 proliferative area and ventral tract to prevent closure. Identified a new small infected tract involving D2-opened and flushed through from cuticle to tract.

She also has a small abscessed area on the right for, D2.

Metronidazole suppository placed. (JW)

20.Aug.2005

Problem: abscess - digit (Confirmed)

CONT'D RLP, LOCAL FLUSH, METRONIDAZOLE PER RECTUM

S- did well for most part, tolerant

Exam- IV went quickly today, medial vessel below carpus, tissue over

D5 is regionally soft, reactive and fluctuant in center with an

opening still present, opening of sole under D5 still approx 6 cm deep on manual check with gran tissue present

A: cont'd tx, doing well

P: cont plan, may consider 3x/wk soon

consider adding 3rd generation cephalosporin to RLP for anaerobes and synergism with amikacin (JSB)

21.Aug.2005

Problem: abscess - digit (Confirmed)

CONT'D RLP, LOCAL FLUSH, METRONIDAZOLE PER RECTUM, CARBOCAINE USED TODAY

P/R: did very well, used palmar horizontal vessel, may have blown a little at end, very comfortable with 25% solution of carbocaine infused immediately before RLP (2-3 ml), ratchet tourniquet working well (JSB)

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22. Aug. 2005

Problem: abscess - digit (Confirmed)

Continued Daily RLP and treatments left front.

We are now using the strap wrench tourniquet and it is working very well.

Used a large vein on the medial leg. The 250mls of dilute amikacin were administered. Tourniquet in place 35 minutes after amikacin administration completed.

Foot lesions flushed & cleaned.

Recheck radiographs taken. D-5 continuing to look the same. Still having technique challenges with the A/P view.

Metronidazole suppository placed. (JW)

23. Aug. 2005

Problem: abscess - digit (Confirmed)

Rx: AMPICILLIN SODIUM 6000 mg IV q48h for 10 doses.

Continued Daily RLP and treatments left front. Starting treatments with 6gms Ampicillin, then 3gms Amikacin on alternate days.

Used a large vein on the medial leg. The 250mls of dilute ampicillin were administered and followed with 250mls LRS. Tourniquet in place 35 minutes after ampicillin administration completed.

Foot lesions flushed & cleaned.

Metronidazole suppository placed. (JW)

24. Aug. 2005

Problem: abscess - digit (Confirmed)

Rx: AMIKACIN SULFATE 3000 mg IV q48h for 10 days.

Continued Daily RLP and treatments left front.

We are now using the strap wrench tourniquet and it is working very well.

Used a large vein on the medial leg. The 250mls of dilute amikacin were administered. Tourniquet in place 35 minutes after amikacin administration completed.

Foot lesions flushed & cleaned.

Left fore-Trimmed new abscess tract involving D2. Abscess ran from cuticle to sole. Trimmed and rasped so that the abscess tract is exteriorized. Trimmed sole tract D5 to prevent closure.

Metronidazole suppository placed. (JW)

25. Aug. 2005

Problem: abscess - digit (Confirmed)

RADS, CULTURES (ANAEROB/AEROB/FUNGAL), RLP, LOCAL FLUSH, METRONIDAZOLE PER RECTUM

RLP- did very well, used dorsal medial horiz vessel, comfortable with 25% solution of carbocaine infused immediately before RLP (2-3 ml) and

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25.Aug.2005

Problem: abscess - digit (Confirmed)

after, ratchet tourniquet working well

RADS- took shots of D2/D3 since D2 was trimmed and has large vertical crack to depth of at least 1 cm that has been trimmed to remove necrotic tissue- can see that defect in D2 nail is approx 2-3 mm from P3, which is very reactive; also did D5 approx 45 degree angle to nail- P2 remnants remain but no P2 structure, P1 distal 25% has some radiolucency but technique will need adjusting since bone is deeper than P2 and P3 were.

CULTURES- aseptic collection of deep tract swabs for aerobic, anaerobic, fungal cultures to Antech

FLUSH- JAB did, also flushed D2 region

SUPPOSITORIES - AK did

A: cont'd therapy, elephant is tolerating well

P: cont as planned, alternating amikacin and ampicillin (JSB)

27.Aug.2005

Problem: abscess - digit (Confirmed)

Continued Daily RLP and treatments left front.

I had vein access challenges today. I tried 4-5 locations before we had success. The 250mls of dilute ampicillin were administered and followed with 150mls LRS. Tourniquet in place 35 minutes after ampicillin administration completed.

Foot lesions flushed & cleaned.

Metronidazole suppository placed.

Researching antifungals to be used in RLP. (JW)

28.Aug.2005

Problem: abscess - digit (Confirmed)

CONT'D RLP- AMIKACIN, LOCAL FLUSH, METRONIDAZOLE PER RECTUM

S- no h/o lameness, no anticipatory mis-behavior prior to arrival of vet team to perform procedures

Proc: RLP- did very well, cleansed and sprayed cold spray before venipuncture, used palmar horizontal vessel, very comfortable with 25% solution of carbocaine infused immediately before RLP (2-3 ml), ratchet tourniquet working well

Local flush- very clean, may not need to do much longer, still "infusing" tract with dil amikacin at end

Suppository- AC doing with 2 people now, very well-tolerated
 D2 nail defect (pared last week) - seems to be a little firmer, keratin rafts growing in vertically

A: doing very well with treatments

P: cont as planned

consider stopping local tract flushes soon

C/S pending

Rx: POLYSULFATED GLYCOSAMINOGLYCAN 3000 mg IM q7d until further notice. (JSB)

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29.Aug.2005

Problem: abscess - digit (Confirmed)

CONTINUED DAILY RLP AND TREATMENTS LF: AMIKACIN

Ampicillin has not arrived yet, so will do amikacin again today.

Obs:

D3 lesion closed up all the way except a very small crack.

Proc:

1. Restraint in chute.
2. Turniquette applied.
3. 19g butterfly in vein on CRANIOMEDIAL aspect of LF.
4. Hep flush 6ml IV.
5. Dilute carbocaine 6ml IV SLOW.
6. Amikacin solution (3gm amikacin in 250ml LRS) IV.
7. LRS 250ml IV.
8. Kept turniquette on and foot elevated for solid 35 min.
9. Standard foot flush treatment: scrubbed lesions (D5 and soft tissue hole in cuticle area above D5), flushed with dilute nolvasan and saline, and inserted amikacin-soaked gauze into bottom of D5 lesion.
9. Metronidazole suppository inserted after rectum cleaned.

Assess:

Going well. Able to follow IV amikacin solution with 250ml again.

(RB)

30.Aug.2005

Problem: abscess - digit (Confirmed)

CONTINUED DAILY RLP AND TREATMENTS LF: AMIKACIN

Regular amikacin treatment day.

Proc:

1. Restraint in chute.
2. Turniquette applied.
3. 19g butterfly in vein on CRANIAL aspect of LF.
4. Hep flush 6ml IV.
5. Dilute carbocaine 6ml IV SLOW.
6. Amikacin solution (3gm amikacin in 250ml LRS) IV.
7. LRS 250ml IV.
8. Kept turniquette on and foot elevated for 35 min.
9. Standard foot flush treatment: scrubbed lesions (D5 and soft tissue hole in cuticle area above D5), flushed with dilute nolvasan and saline, and inserted amikacin-soaked gauze into bottom of D5 lesion.
10. Metronidazole suppository inserted after rectum cleaned.

Assess:

Going well. Able to follow IV amikacin solution with 250ml again.

(RB)

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2.Sep.2005

Problem: abscess - digit (Confirmed)

solution and packed off with sterile gauze. The lateral aspect of the toe was probed with a scapel but no easy apparent pocket was located.
 SK

Deep tissue tract biopsy submitted for histopath.

Metronidazole suppository placed. (JW)

3.Sep.2005

Problem: abscess - digit (Confirmed)

CONTINUED DAILY RLP AND TREATMENTS LF: AMPICILLIN

Ampicillin treatment day.

Proc:

1. Restraint in chute.

2. Turniquette applied.

3. 19g butterfly in vein on CRANIOLATERAL aspect of LF just cranial to D5 - went really well.

4. Dilute carbocaine 6ml IV SLOW.

5. Ampicillin 6gm IV - was accidentally not diluted prior to administering.

6. NaCl 500ml IV.

8. Kept turniquette on and foot elevated for 35 min.

9. Standard foot flush treatment: scrubbed lesions (D2, D5 and soft tissue hole in cuticle area above D5), flushed with dilute nolvasan and saline, and inserted amikacin-soaked gauze into bottom of D5 lesion.

9. Metronidazole suppository inserted after rectum cleaned.

Assess:

Going well. Able to follow IV ampicillin w/ 500ml (as forgot to dilute the amp in NaCl before gave). (RB)

4.Sep.2005

Problem: abscess - digit (Confirmed)

CONTINUED DAILY RLP AND TREATMENTS LF: FLUCONAZOLE

Fluconazole treatment day.

Proc:

1. Restraint in chute.

2. Turniquette applied.

3. 19g butterfly in vein on CRANIOLATERAL aspect of LF just cranial to D5 - used vein just ventral to vein used yesterday - went really well.

4. Dilute carbocaine 6ml IV SLOW.

5. Fluconazole 400mg IV.

6. NaCl 250ml IV.

8. Kept turniquette on and foot elevated for 35 min.

9. Standard foot flush treatment: scrubbed lesions (D2, D5 and soft

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4.Sep.2005

Problem: abscess - digit (Confirmed)

tissue hole in cuticle area above D5), flushed with dilute nolvasan and saline, and inserted amikacin-soaked gauze into bottom of D5 lesion.

9. Metronidazole suppository inserted after rectum cleaned.

Assess:

Going well. (RB)

5.Sep.2005

Problem: abscess - digit (Confirmed)

CONTINUED DAILY RLP AND TREATMENTS LF: AMIKACIN

Amikacin treatment day.

Proc:

1. Restraint in chute.

2. Turniquette applied.

3. 19g butterfly in vein on CRANIOLATERAL aspect of LF just cranial to D5 - used vein just cranioventral to vein used yesterday - went well enough, but got some small extravasation, so had to go slow for the remainder of meds/fluids as I think it was a smaller vein, but did go in OK.

4. Dilute carbocaine 6ml IV SLOW.

5. Amikacin 3gm diluted in 250ml LRS IV.

6. LRS 250ml IV.

8. Kept turniquette on and foot elevated for 35 min.

9. Standard foot flush treatment: scrubbed lesions (D2, D5 and soft tissue hole in cuticle area above D5), flushed with dilute nolvasan and saline, and inserted amikacin-soaked gauze into bottom of D5 lesion. Noticed during flushing of lesion on bottom of D5 that there seemed to be slightly more fibrinous exudate today.

9. Metronidazole suppository inserted after rectum cleaned.

Assess:

Unsure of significance of slightly more exudate. (RB)

6.Sep.2005

Problem: abscess - digit (Confirmed)

CONTINUED DAILY RLP AND TREATMENTS LF: AMPICILLIN

Ampicillin treatment day.

Proc:

1. Restraint in chute.

2. Turniquette applied.

3. 19g butterfly in vein on MEDIAL aspect of LF today - went well

4. Dilute carbocaine 6ml IV SLOW.

5. Ampicillin 3gm diluted in 250ml LRS IV.

6. LRS 250ml IV.

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6.Sep.2005

Problem: abscess - digit (Confirmed)

8. Kept tourniquette on and foot elevated for 35 min.
9. Standard foot flush treatment: scrubbed lesions (D2, D5 and soft tissue hole in cuticle area above D5), flushed with dilute nolvasan and saline, and inserted amikacin-soaked gauze into bottom of D5 lesion. Slightly less fibrinous exudate today.
9. Metronidazole suppository inserted after rectum cleaned. (RB)

7.Sep.2005

Problem: abscess - digit (Confirmed)

CONTINUED DAILY RLP AND TREATMENTS LF: FLUCONAZOLE

Proc:

1. Restraint in chute.
 2. Tourniquette applied.
 3. 19g butterfly in vein on MEDIAL aspect of LF today - went well
 4. Dilute carbocaine 3ml IV SLOW.
 5. Fluconazole 200 g given IV then chased with 180 ml of 0.9% saline
 6. Kept tourniquette on and foot elevated for 35 min.
 7. Standard foot flush treatment: scrubbed lesions (tracts of D2, D5 and soft tissue area above D5 and along coronary band), flushed with dilute nolvasan and saline, and inserted amikacin-soaked gauze into bottom of D5 lesion. Noted greenish thick exudate and bleeding from D5 today. Also seems like nail of D5 may slough eventually.
 8. Metronidazole suppository inserted after rectum cleaned.
- A: cont'd treatments for LF abscesses, going well, no signs of lameness
- P: cont as planned, amikacin 9/8 for RLP (JSB)

8.Sep.2005

Problem: abscess - digit (Confirmed)

CONTINUED DAILY RLP AND TREATMENTS LF: AMIKACIN

Amikacin treatment day.

Proc:

1. Restraint in chute.
2. Tourniquette applied.
3. 19g butterfly in vein on MEDIOLATERAL aspect of LF - success on the 3rd try.
4. Dilute carbocaine 6ml IV SLOW.
5. Amikacin 3gm diluted in 250ml LRS IV.
6. LRS 250ml IV.
8. Kept tourniquette on and foot elevated for 35 min.
9. Standard foot flush treatment: scrubbed lesions (D2, D5 and soft tissue hole in cuticle area above D5), flushed with dilute nolvasan and saline.

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10. Foot radiographs taken

11. Vicki trimmed D2. I trimmed the tract margin to keep open and submit histopath samples.

12. Metronidazole suppository placed by keepers.

A: Radiographs show further decrease in radiodensity of D-5, P-1.

Pursue UCD consults. (JW)

9.Sep.2005

Problem: abscess - digit (Confirmed)

CONTINUED DAILY RLP AND TREATMENTS LF: AMPICILLIN

Ampicillin treatment day.

Proc:

1. Restraint in chute.

2. Tourniquette applied.

3. 19g butterfly in vein on MEDIAL aspect of LF today - went well

4. Dilute carbocaine 6ml IV SLOW.

5. Ampicillin 3gm diluted in 250ml LRS IV.

6. LRS 250ml IV.

7. Took radiographs with sterile nail in place to help triangulate for attempted bone biopsy.

8. Kept tourniquette on and foot elevated for 35 min.

9. Standard foot flush treatment: scrubbed lesions (D2, D5 and soft tissue hole in cuticle area above D5), flushed with dilute nolvasan and saline, and inserted amikacin-soaked gauze into bottom of D5 lesion.

9. Metronidazole suppository inserted after rectum cleaned. (JW)

10.Sep.2005

Problem: abscess - digit (Confirmed)

CONTINUED DAILY RLP AND TREATMENTS LF: FLUCONAZOLE

Fluconazole treatment day.

Proc:

1. Restraint in chute.

2. Tourniquette applied.

3. 19g butterfly in vein on Medial aspect of LF

4. Dilute carbocaine 6ml IV SLOW.

5. Fluconazole 400mg IV.

6. NaCl 250ml IV.

8. Kept tourniquette on and foot elevated for 35 min.

9. Standard foot flush treatment: scrubbed lesions (D2, D5 and soft tissue hole in cuticle area above D5), flushed with dilute nolvasan and saline, and inserted amikacin-soaked gauze into bottom of D5 lesion.

9. Metronidazole suppository inserted after rectum cleaned. (JW)