

Scientific Name: *ELEPHAS MAXIMUS INDICUS*
Common Name: Indian elephant
Name: GITA

Accession #: 00216
Female

Birth: 8.Jun.1958 (Estimated)
Age: 40Y 11M Est.

Clinical Note:

24.Jan.2001

Note : visual exam reveals marked improvement of lesions on both front feet. Excellent foot care by keepers will continue. (PK)

Clinical Note:

31.Mar.2001

Note from dailies: wt=9260 lbs (1000 lbs less than 1997). (ML)

Clinical Note:

19.Jul.2001

S/O: Gita has been colicky today. She passed very watery stool in the AM. She later passed a very small amount of formed stool. She has been passing a lot of gas. She ate a small amount this morning and will eat nothing now. She did go in the pool and drink quite a bit. They walked her a lot today. Left alone, she's quiet and lethargic. She was not given anything unusual to eat and seemed fine yesterday.
Fecal culture & O&P.

3:40PM 2 grams banamine IM, 20mls (1gram) in each shoulder.

A: Colic, Ddx: sand related, bacterial, dietary indiscretion.

P: Monitor, encourage water consumption. See if we can get her eating.

Addendum-at 5:00PM Gita had passed more normal feces, was eating and seemed much more comfortable. (JW)

Submission Data >>

Type: Fecal sample
Purpose: DIAGNOSTIC EXAMINATION

Sample id.: 2001-0578
Date collected: 19.Jul.2001

Collected from:

From an individual specimen.

Enclosure: 8259ZX

Examination Data >>

Storage: refrigerated
Consistency: Not specified
Gross appearance: Atypical

Date examined: 20.Jul.2001

by: CAL

Tests & Results >>

DIRECT MICROSCOPIC EXAMINATION CILIATES
FLOATATION - NA NITRATE NO PARASITES SEEN

3+

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Clinical Note:

S/O: BAR, eating well, passing normal stool.
A/P: Resolved (JW)

20.Jul.2001

Clinical Note:

Problem: abscess - left rear digit 1 (Confirmed)
For the last 3 weeks Gita has had a small abscess on the lateral aspect of the medial toe nail of the left rear foot. The keepers have been soaking the area in Nolvasan and Epsom salts BID. They have been 1 x per week working on carving out the abscessed area.

Since last weeks observation the area has gotten significantly worse. The abscess area has broken out of the later aspect of the nail near the top. It is significantly larger in size and is filled with a fibrous proud flesh tissue. This area needs to rapidly be reduced in size and deepened to allow for drainage. The plan is to continue the foot soaks BID and follow with Lugols solution to enable the area to be continued to be cut back without excessive bleeding. If this does not resolve quickly than I would recommend a surgical debridement and packing procedure with local blocks. (SK)

31.Aug.2001

Clinical Note:

Problem: abscess - left rear digit 1 (Confirmed)
Note: Lesion - left rear foot, lateral aspect of medial toe - lesions i slightly larger than a quarter and has exuberant, malodorous fibrous tissue that extends beyond the skin margin. AKs are soaking foot and applying Lugols sol twice daily. AK, Vicky, trimmed some of the tissue this am and noted that it did not bleed much and did not appear to be particularly sensitive.
P: SK to reassess tomorrow. (ML)

1.Sep.2001

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Clinical Note:

2.Sep.2001

Problem: abscess - left rear digit 1 (Confirmed)
The area looked improved from the point of - not as much feathery granulation tissue. The lateral margins of the crater were more firm. The dorsal softness has not changed. The area does not feel warm. No lameness.
Current treatment: Nolvasan soaks with epsom salts BID. Daily trimming of the granulation tissue followed by lugols solution. Today I trimmed out 1/4 - 3/8 inch depth of tissue. Most of the vasculature is on the medial margin. Pressure for 5 - 10 minutes will stop the bleeding.
Plan: Get aggressive each day at trimming the tissue. Followed by lugols solution or a formalin based equine product (LG - to look up the product).
Get radiographs of the area for a baseline. Pending radiographs decide if antibiotics are warranted. Pending the results of the daily trimming and radiographic findings - +/- surgical currettage of the area and its dorsal aspects. Need to get her current weight from the keepers. I will stop in in 2 - 3 days (SK) to monitor progress. (SK)

Clinical Note:

3.Sep.2001

Problem: abscess - left rear digit 1 (Confirmed)
S/O: Toenail not much changed from yesterday. There is dark coloration on the sole where the nail meets the sole, this area is already curettaged back pretty far, will leave alone today. Cut back the proliferative tissue on the medial level the nail, cut the proliferative tissue flush with the surface of the nail cuticle above. Some bleeding. Tissue above nail bed is warm to touch today.
A: Stable toe, still no evidence of a true abscess, AK report there was only a small amount of purulent discharge near the sole on original presentation. Perhaps it started as gravel under the nail and some associated dead tissue. Proliferative tissue occurring in response to the nail trim.
P: Continue to cut back tissue so that nail can grow in appropriately. Continue Nolvasan soak, trim, and Lugol's solution at this time. Plan to take rads of toe in am. (LG)

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Clinical Note:

4.Sep.2001

Problem: abscess - left rear digit 1 (Confirmed)
S/O: Radiographs taken today of left rear toe and the right rear toe for comparison. P3 of digit 2 on both of these feet has what appears to be two separate centers of ossification. There is a small centrally located radio-dense object between P2 and P3 of Digit 2 on the injured left hind foot. Unsure if this is clinically significant. Visual exam of toe is not very changed. The proliferative tissue is still very soft, the sole edge still has a darker color to it.
A: The proliferative tissue is epidermal tissue that is trying to heal, but is slow to keratinize. Radiographs show how close the trimmed nail is to P3, no current evidence of bone involvement of affected toe. The cuticle most medial to the nail feels warm today.
P: Continue daily foot soaks with dilute Nolvasan. Trim proliferative tissue only as needed, be careful about too aggressive of a trim. Thinned out the top of the nail to allow possible escape route for possible buried abscess. Continue lugol topically. (LG)

Clinical Note:

5.Sep.2001

Problem: abscess - left rear digit 1 (Confirmed)
S/O: The proliferative epidermal tissue looked very good today. No pus or discharge, darkened area near the sole has grown out and looks healthy. The proliferative tissue is less vascular today and not too proliferative.
A: Slowly maturing. Toe needs to grow out, and allow abscess to mature.
P: Trimmed proliferative tissue flush to nail. Applied Lugol's Liberally.
Start on Sole Paint Once a week, Lugol's on the other days. Allow nail and abscess to mature over the next 7-10 days. Do not allow over aggressive trimming at this time until we know exactly where the abscess is located. (LG)

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Clinical Note:

7.Sep.2001

Problem: abscess - left rear digit 1 (Confirmed)
Friday: Compared to last Sunday the area looked improved. Last Sunday the tissue was cut back moderately aggressive without a block. Today the general area seems smaller. Also the proliferative tissue looks much more compact and not "feathery". The area was not as vascular. Debridment was light to the surface and more aggressive at the ventral medial aspect of the lesion. The dorsal cutical area did not seem as soft or warm, However the cuticle area more cranially was slightly warm and soft. Possible that the abscess was moving more forward. Post Nolvasan soaks the area had the Equine mixture of Lugol's / formalin applied. This is to be applied two times per week. The area needs to be retrimmed on Sunday 9/9/01 and the Equine mixture again on Monday 9/10/01. SK (SK)

Clinical Note:

9.Sep.2001

Problem: abscess - left rear digit 1 (Confirmed)
The soft tissue is maturing, it is less vascular and more condensed. The cuticle is no longer warm medially, there is a small area of warmth laterally on the cuticle. There is a softer gooey area at the base of the proliferative epidermal tissue, most likely the soft "white line" of the nail as it grows in, possibly pus.
A: Nail is improving, looks good.
P: Continue with daily Nolvasan, med checks and trims, and a topical drying agent. Obtain cytology smears of gooey area tomorrow. (LG)

Clinical Note:

10.Sep.2001

Problem: abscess - left rear digit 1 (Confirmed)
BX: A shaved area of proliferative tissue was submitted for biopsy 9/6/01 The results show epidermal tissue with intralesional bacteria.
S/O: Toe is still unchanged from yesterday. Took a culture from the gooey area, was not able to get too deep. Also cytology slides made of the exudative material to look for intracellular bacteria. Cuticle area is still warm.
A: Toe is quiet right now. There is possibly an abscess still behind the toe nail
P: Continue to daily check and treat. Wait for culture and cytology results to return, and abscess to mature. Continue conservative treatment for now. (LG)

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Clinical Note:

11.Sep.2001

Problem: abscess - left rear digit 1 (Confirmed)
Toe looking good. There is very little gooey area today, warmth moved back to cranial edge of cuticle.
A: Unsure if gooey area was true abscess or just the softness that can sometimes be seen in elephant toes when the "white line" are first grows in.
P: Continue conservative management until culture and cytology is returned. Consider oral TMS 22mg/kg PO BID if culture and cytology are indicative. (LG)

Clinical Note:

12.Sep.2001

Problem: abscess - left rear digit 1 (Confirmed)
Toe nail looking good.
A: The cuticle area is equivalent in warmth and softness to her other cuticles on the same foot. The soft area does not have any drainage.
P: Re-evaluate in 48 hours. Check culture and cytology results. consider antibiotics (LG)

Clinical Note:

14.Sep.2001

Problem: abscess - left rear digit 1 (Confirmed)
The area is significantly smaller than last week. The tissue is firm. Plan is to continue to do light trims. Apply the lugol's , formalin treatments as before. No Ab at this time. (SK)

Clinical Note:

16.Sep.2001

Problem: abscess - left rear digit 1 (Confirmed)
S/O: Toe nail is static in appearance. No warmth to cuticle. No soft spot or abscess drainage appreciated.
Culture results from toe had LIGHT growth of enterococcus, enterobacter and pseudomonas. All but enterobacter sensitive to TMS.
A: This "light" growth of bacteria is expected since area where culture was taken is bottom of her foot. If the toe seems to act more infected we will consider TMS.
P: No meds at this time. Continue BID chlorhexadine soaks, followed with lugol's. (LG)

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Clinical Note:

19.Sep.2001

Problem: abscess - left rear digit 1 (Confirmed)
S/O: toenail looks really good. The new-growth nail tissue is appearing excessively dried out. No exudate noted near the pad of the foot.

A: Healing slowly.

P: Continue BID nolvasan-epsom salt baths. Discontinue the topical drying agents at this time (lugol's and sole paint). (LG)

Clinical Note:

20.Sep.2001

Problem: abscess - left rear digit 1 (Confirmed)
Exam of the area: The tissue growing in looks OK. Continue to trim the surface lightly every few days in order to prevent cracks and softening. The cuticle area seems more firm and of the same temperature as the rest of the foot. Monitor every 2 - 3 days. (SK)

Clinical Note:

25.Sep.2001

Problem: abscess - left rear digit 1 (Confirmed)
S/O: The toe nail defect has gotten much smaller. It is now about 25% of it's earlier size. The cuticle bed all looks healthy and the new nail growth looks good.
A/P: There is some proliferative unhealthy tissue that needs to be trimmed off, but it is well on it's way to resolving. (JW)

Clinical Pathology Records - Specimen Report
LOS ANGELES ZOO

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Collection Information >>

Health Status: Abnormal
Fasting Time: < 8 hours
Activity: Calm
Weight: 4200 Kg on 29.Mar.2001
Manual restraint used.

Date of Collection: 29.Sep.2001
Time of Collection: 15:10.0
Collected by: LG
Sample Collection Site: EAR VEIN

Hematology >>

Analysis Information >>

Anticoagulant: EDTA
Storage: Refrigerated (<48 hours)
Sample Quality: No quality problems.

Laboratory: ANT-EQUINE
Date of Analysis: 30.Sep.2001
Time of Analysis:
Analysis by:
Automated analysis.

Tests and Results >>

WHITE BLOOD CELL COUNT	12.6		*10 ³ /UL
RED BLOOD CELL COUNT	> 3.7		*10 ⁶ /UL
HEMOGLOBIN	> 16.1		GM/DL
HEMATOCRIT	> 44		%
MCV	119		fL
MCH	43.5		ug
MCHC	36.6		gm/dL
SEGMENTED NEUTROPHILS	> 68	(8.568)	% (*10 ³ /UL)
LYMPHOCYTES	31	(3.906)	% (*10 ³ /UL)
EOSINOPHILS	1	(0.126)	% (*10 ³ /UL)
ESTIMATED PLATELET COUNT	ADEQ		
FIBRINOGEN	> 556		MG/DL

Comments >>

FIBRINOGEN RECHECKED.

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Health Status: Abnormal
Fasting Time: < 8 hours
Activity: Calm
Weight: 4200 Kg on 29.Mar.2001
Manual restraint used.

Date of Collection: 29.Sep.2001
Time of Collection: 15:10.0
Collected by: LG
Sample Collection Site: EAR VEIN

Chemistry >>

Analysis Information >>

Chemistry Sample: Serum
Storage: Refrigerated (<48 hours)
Sample Quality: No quality problems.

Laboratory: ANT-EQUINE
Date of Analysis: 30.Sep.2001
Time of Analysis:
Analysis by:
Automated analysis.

Tests and Results >>

GLUCOSE	100	MG/DL
BLOOD UREA NITROGEN	14	MG/DL
CREATININE	1.6	MG/DL
BUN/creatinine ratio	8.75	
CALCIUM	10.6	MG/DL
PHOSPHORUS	< 3.5	MG/DL
calcium/phosphorus ratio	3.03	
SODIUM	131	MEQ/L
POTASSIUM	5.1	MEQ/L
sodium/potassium ratio	25.7	
CHLORIDE	88	MEQ/L
CHOLESTEROL	56	MG/DL
TOTAL PROTEIN (COLORIMETRY)	8.3	GM/DL
ALBUMIN (COLORIMETRY)	3.0	GM/DL
GLOBULIN (COLORIMETRY)	5.3	GM/DL
albumin/globulin ratio	0.566	
ASPARTATE AMINOTRANSFERASE	16	IU/L
TOTAL BILIRUBIN	0.2	MG/DL
ALKALINE PHOSPHATASE	96	IU/L
CREATINE PHOSPHOKINASE	110	IU/L
ALBUMIN GLOBULIN RATIO	0.6	GM/DL
BUN/CREATININE RATIO	9	MG/DL
GAMMA GLUTAMYLTRANSFERASE	11	IU/L
SODIUM/POTASSIUM RATIO	26	RATIO
TOCOPHEROL	1.1	UG/ML

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Clinical Note: 30.Sep.2001

Problem: abscess - left rear digit 1 (Confirmed)
Small volume of blood collected from right ear vein for check-up CBC
and Chem. JT to also check cell morphology. (LG)

Clinical Note: 1.Oct.2001

Problem: abscess - left rear digit 1 (Confirmed)
CBC and Chem- WNL (LG)

Clinical Note: 2.Oct.2001

Problem: abscess - left rear digit 1 (Confirmed)
TB trunk wash performed- day 1
Toe nail looks good, Don is going to do some more trimming since the
soft spot is sticking out beyond the margin of the keratinized nail.
(LG)

Clinical Note: 3.Oct.2001

Problem: abscess - left rear digit 1 (Confirmed)
TB trunk wash performed- Day 2 (LG)

Clinical Note: 4.Oct.2001

Problem: abscess - left rear digit 1 (Confirmed)
TB-trunk wash wash- day 3 (LG)

Clinical Note: 5.Oct.2001

Problem: abscess - left rear digit 1 (Confirmed)
Looked at the left rear foot abscess. Healing in very well. Did some
minor trimming on the area. Recommended trimming at about 3 - 4 day
intervals. (SK)

Clinical Note: 6.Oct.2001

Problem: abscess - left rear digit 1 (Confirmed)
Proc: Small amount of blood collected from left ear v. for JT for
blood morphology analysis. (ML)

Clinical Pathology Records - Specimen Report
LOS ANGELES ZOO

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Collection Information >>

Health Status: Normal
Fasting Time: < 8 hours
Activity: Calm
Weight: 4200 Kg on 29.Mar.2001
Manual restraint used.

Date of Collection: 6.Oct.2001
Time of Collection: 14:00.0
Collected by: LG
Sample Collection Site: EAR VEIN

Hematology >>

Analysis Information >>

Anticoagulant: EDTA
Storage: Refrigerated (>48 hours)
Sample Quality: No quality problems.

Laboratory: ANT-SCREEN
Date of Analysis: 9.Oct.2001
Time of Analysis:
Analysis by:
Automated analysis.

Tests and Results >>

WHITE BLOOD CELL COUNT	13.3		*10 ³ /UL
RED BLOOD CELL COUNT	> 3.8		*10 ⁶ /UL
HEMOGLOBIN	> 15.9		GM/DL
HEMATOCRIT	> 44		%
MCV	116		fL
MCH	41.8		uug
MCHC	36.1		gm/dL
SEGMENTED NEUTROPHILS	43	(5.719)	% (*10 ³ /UL)
LYMPHOCYTES	55	(7.315)	% (*10 ³ /UL)
MONOCYTES	< 1	(0.133)	% (*10 ³ /UL)
EOSINOPHILS	1	(0.133)	% (*10 ³ /UL)
ESTIMATED PLATELET COUNT	ADEQ		
PLATELET COUNT	393		*10 ³ /UL

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Clinical Note: 12.Oct.2001

Problem: abscess - left rear digit 1 (Confirmed)
Left rear foot abscess: The area continues to grow out well. I trimmed some of the tissue. The tissue was getting a little soft so we restarted the Lugols solution one time per day on an every other day basis for a week until I can recheck the area. (SK)

Clinical Note: 16.Oct.2001

Problem: abscess - left rear digit 1 (Confirmed)
The cuticle on the lateral surface of nail has now broken down through the skin with more proliferative epidermal tissue. There is still no obvious area of exudative pus. The sole surface of the nail is malodorous and still has that deep pocket area. Some trimming was done at the cuticle where the nail had already broken down, also some trimming was done on the sole surface to remove some of the malodorous tissue.
P: Continue with BID soaks, and lugol's solution. Start monitoring toe more frequently again. (LG)

Clinical Note: 17.Oct.2001

Problem: abscess - left rear digit 1 (Confirmed)
The area above the cuticle is protruding even further from yesterday. This expanding cuticle tissue appears to be edematous, possible glandular, epidermal tissue.
P: AK is going to trim down the depth of the nail on the lateral surface, allowing the expansive tissue some room. Apply lugol's to the cuticle to dry out the edematous tissue. Have ordered Oxyfresh. (LG)

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Clinical Note:

18.Oct.2001

Problem: abscess - left rear digit 1 (Confirmed)

Proc: Looked at foot today with B. Cooper - lesion on ventral portion of nail is larger and deeper than previously with same proliferative tissue that bleeds easily. Was able to probe 3-4 cm deep, particularly at lateral aspect. Lesion is 5.5 cm long at widest point and 2.5 cm at narrowest cranial portion. Lesion is 3 cm wide. Area above cuticle appears drier today per BC and some was filed down with nail filing. Lesion hear is 5 cm long and 2 cm wide. Area above cuticle and medial to lesion also feels soft. Nail was shaved down between the two lesions at 0.5 cm width.

A) Lesion above and below and behind lateral aspect of nail.

P) Monitor daily. AKs soaking twice daily. Continue trimming as necessary. Will dry to keep clean and dry and allow healthy tissue to fill in underneath abnormal hyperplastic tissue. (ML)

Clinical Note:

19.Oct.2001

Problem: abscess - left rear digit 1 (Confirmed)

Observation: SK looked at the foot abscessed area with BC. Talked to the keepers about where to remove tissue. Currently on an every other day debridment to see if we can naturally get the area to come to a head and possibly drain. (SK)

Clinical Note:

20.Oct.2001

Problem: abscess - left rear digit 1 (Confirmed)

Note: Checked foot while Scott was trimming. The exuberant granulation tissue seems to be decreasing. Nail is now entirely gone in a narrow area following the tract of inflammatory tissue. (JW)

Clinical Note:

21.Oct.2001

Problem: abscess - left rear digit 1 (Confirmed)

Cuticle culture= Abundant escherichia sp.

Sole culture = Abundant Enterobacter, Proteus, and Pasteurella.

ALL sensitive to TMS.

Exuberant tissue at cuticle very tame today. AK are short staff today, only minimal observation of toe was permitted.

P: Consider TMS at this time since abscess is very likely to be deep in toe, Plan recheck radiographs this week. Recheck tomorrow (LG)

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Clinical Note: 22.Oct.2001

Problem: abscess - left rear digit 1 (Confirmed)
Proc: Radiographs - 3 views of left rear foot with focus on distal phalanges - no evidence of further bone involvement/irritation. No notable change from 4 Sept. (ML)

Clinical Note: 24.Oct.2001

Problem: abscess - left rear digit 1 (Confirmed)
Her toe has a relief cut through the nail from several days ago. This appears to have relieved the pressure from the cuticle area. There is proliferative tissue pushing through the nail. The sole edge still appears a little necrotic.
A: Abscess pushing outward.
P: Continue BID soaks, follow with silvadene packed in the sole area. Vet check Q 48 hours. Trimming only with vet guidance. (LG)

Clinical Note: 30.Oct.2001

Problem: abscess - left rear digit 1 (Confirmed)
Toe has proliferative tissue throughout area of nail removal, cuticle is less active. There is no evidence of discharge.
A: Progressing on own, the abscess appears to be relieving outward. Does not appear that the abscess is moving inward to the bone.
P: Continue to observe Q 48 hours, Don is going to thin the nail wall a little more on the lateral side of the nail to encourage more expulsion of abscess tissue. (LG)

Clinical Note: 3.Nov.2001

Problem: abscess - left rear digit 1 (Confirmed)
Toe is relatively unchanged in appearance, however, there is exudate at the area where the nail meets the sole.
A: The exudate is only about a tsp. in volume, however, over the last 1.5 weeks we have seen a little more evidence of discharge. This is likely to be the abscess finally finding it's way out.
P: Continue to do BID soaks. Vet check Q 48 hours, will do deep dilute Nolvasan flush, followed by OXY fresh flush. Some light trimming was done to thin the nail wall on each side of the relief cut. Check in 2 days. (LG)

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Clinical Note:

9.Nov.2001

Problem: abscess - left rear digit 1 (Confirmed)
JW and SK checked the toe. The area looked improved in the upper 1/2 over the previous week. The tissue was more firm and the swelling was decreased. The lower 1/2 was still soft but did not need any trimming. Nolvasan flush followed by oxydex. Drying agent was used on the outer part of the lower 1/2 of the lesion. (SK)

Clinical Note:

19.Nov.2001

Problem: abscess - left rear digit 1 (Confirmed)
The distal part of the nail and sole was cut dramatically back 2 days ago by Roodcroft. Gita seems more sensitive to touching her toe at this time. The cuticle feels warm and soft, however the rest of the nail cuticles feel the same.
P: Continue BID soaks and Q48hour vet checks. (LG)

Clinical Note:

28.Nov.2001

Problem: abscess - left rear digit 1 (Confirmed)
Proc: Foot examination and flushing post soaking:
No heat or excessive swelling present today. Slight yellow/white discharge from lesion below and behind nail. This defect appears less deep and more narrow than previously. Exuberent tissue on lateral surface of affected toe is dry and less inflamed than previously.
-flushed lesion with dilute novalsan solution
-instilled inner lesion with oxyfresh and silvadene cream .
-applied formaldehyde solution to outer abnormal tissue
A/P) Overall slight improvement in lesion depth and appearance.
Recheck and retreat in 48 hrs. (ML)

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Clinical Note:

30.Nov.2001

Problem: abscess - left rear digit 1 (Confirmed)
ABSCESS LR D1: RECHECK
Kprs do not report any change since last recheck/debridement.
Proc: 1. Manual restraint
2. Exam: Gentle probing of draining tract revealed that lesion is getting more shallow, approx 1-1.5cm deep, still has some minimal purulent discharge, but tissue beneath is pink and appears healthy; no change in proliferative granulation tissue on cranioventral aspect.
3. Cleaned and guazed debrided wound, trimmed back some of the proliferative granulation tissue, and applied iodine/formaldehyde solution.
Assess: Improving slowly. No change in treatment plan warranted.
Plan: Continue EOD cleaning/debridement, except Sunday does not work for Pachyderms, so will do next treatment on Monday. (RB)

Clinical Note:

3.Dec.2001

Problem: abscess - left rear digit 1 (Confirmed)
S Minimal discharge present this am. Some extraneous tissue on surface of opening that was easily removed with a gauze. Possibly some soft swelling above the nail but not pain or heat on palpation. Once cleaned the surface tissue especially on the nail side looked quite good
A slow improvement
P Cleaned lesion with guaze and Nolvosan. Keeper trimmed tissue along sole margin of lesion. Applied Silvedene cream to lesion
Keepers continue BID footbaths (BC)

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Clinical Note:

8.Dec.2001

Problem: abscess - left rear digit 1 (Confirmed)

ABSCESS LR D1; SWOLLEN, HOT AREA RR D3/4 (NEW)

While down at elephants for routine recheck/debridement of Gita's abscess on her left rear foot, kprs noticed that she had a swollen, very sensitive area on her right rear foot.

Proc: 1. Manual restraint

2. Exam: LR - Lesion had moderate amount of purulent discharge today, but was almost completely closed over by granulation tissue from the cranial and caudal surface of the lesion. The wound depth has decreased to about .75cm and purulent material was easily removed.

RR - Moderately swollen, very sensitive area that was warm to the touch interdigitally between D3 and D4, extending from the dorsolateral portion of D3 down to the sole/pad. Minor trimming on pad elicited a major pain response, but no discharge was noted afterward.

3. Debridement/trimming of LR lesion: trimmed back edges of lesion (primarily caudal edge), debrided, flushed and applied iodine solution to wound. Tissue fairly vascular and bled some after trimming.

Assess: LR lesion continues to heal, and was almost healed over today, likely the reason for the buildup of purulent/necrotic discharge noted today. Swollen area on RR could indicate similar abscess, osteomyelitis, cellulitis, or other.

Plan: 1. Soak RR foot BID today and tomorrow

2. Have Dr. Greer recheck new lesion tomorrow if time.

3. Continue EOD treatment of LR lesion. (RE)

Clinical Note:

10.Dec.2001

Problem: abscess - left rear digit 1 (Confirmed)

Left foot static in appearance. We did some trimming today on the lateral surface of granulation tissue trying to decrease the depth of the pocket. Her right foot has an abscess formation laterally and between the toe nails, seems to have easy access to drainage.

P: Soaking both rear feet twice daily now. Vet check and possible trims still EOD. (LG)

=====
Scientific Name: *ELEPHAS MAXIMUS INDICUS*
Common Name: Indian elephant
Name: GITA

Accession #: 00216
Female
Birth: 8.Jun.1958 (Estimated)
Age: 43Y 4M Est.
=====

Clinical Note:

12.Dec.2001

Problem: abscess - left rear digit 1 (Confirmed)
Not much change, both feet are static.
A: The left foot needs to be trimmed regularly to allow drainage.
P: Continue 48 hour checks. (LG)

Clinical Note:

14.Dec.2001

Problem: abscess - left rear digit 1 (Confirmed)
ABCESS LR D1; SWOLLEN, HOT AREA RR D3/4
Kprs report Gita is doing well.
Proc: 1. Manual restraint
2. Exam - No change in RR. LR defect slowly getting more shallow (about .7cm in depth now), with a small amount of purulent discharge deep in defect, and granulation tissue trying to grow over.
3. Trimmed cranial and caudal edges of lesion, flushed and applied formaldehyde/glue solution.
Assess: No real change. Slow improvement.
Plan: No change. (RB)

Clinical Note:

21.Dec.2001

Problem: abscess - left rear digit 1 (Confirmed)
S L foot. No discharge present (foot had been soaking). Unable to probe down from surface. Tissue looks solid and no pain evident.
R foot-space between lateral two toes is swollen and sensitive. Some discharge present but no tract present. Swelling extends up to the level of the top of the nail.
A Left foot improving. R foot stable
P Cleaned foot with Nolvosan (Left). R foot cleaned and flushed
Iugol's tx applied
Plan recheck in two days. (BC)

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Age: 43Y 4M Est.

Clinical Note:

24.Dec.2001

Problem: abscess - left rear digit 1 (Confirmed)
Right hind foot - The abscess is progressing. There is some exudative discharge today. Trimmed out some of this area to encourage more drainage.
Left hind foot - Toe is looking tremendously better. There is a very shallow depth to the nail deficit at this time with no discharge today. Cleaned and flushed, packed with Silvadene. Did not trim left hind today. Likely will need some trimming this week since this is the stage where the nail tends to grow out fast.
P: Recheck in 48 hours (LG)

Clinical Note:

26.Dec.2001

Problem: abscess - left rear digit 1 (Confirmed)
Foot care: Left hind foot - area of proliferation continues to get smaller. There is a very small, aprox 0.5 cm deep pocket remaining. This area was flushed gently and packed with silvadene cream. Right hind foot - tissue protrudes outwards with moderate amount of purulent exudate present. No pockets at this time. No associated heat or related swelling. This area seems particularly sensitive. Flushed lesion and applied silvadene. AKs trimmed left rear nail yesterday. No trimming done today. (ML)

Clinical Note:

28.Dec.2001

Problem: abscess - left rear digit 1 (Confirmed)
ABSCESS LR; SWOLLEN AREA RR D3/4
Kprs report that Gita is doing well.
Proc: 1. Manual restraint
2. Exam - RR filling in very well. Only two small pockets (one caudomedial and one craniolateral) that are about .7cm in depth, but very little discharge. LR lesion still broken open on the bottom, with minimal discharge.
3. Trimmed only very little from edges of two small pockets on LR.
4. Applied silvadene
Assess: LR healing very well. RR healing slowly.
Plan: Continue EOD treatments. (RB)

Scientific Name: *ELEPHAS MAXIMUS INDICUS*
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Accession #: 00216
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Birth: 8.Jun.1958 (Estimated)
Age: 43Y 4M Est.

Clinical Note:

31.Dec.2001

Problem: abscess - left rear digit 1 (Confirmed)
Unable to look at feet due to staffing. Will check in next 48 hours.
(LG)

Clinical Note:

31.Dec.2001

Problem: abscess - left rear digit 1 (Confirmed)
Chronic Medication: Cosequin Powder - successfully given by keeper BID
11/27 thru 12/31/01. (LH)

Clinical Note:

2.Jan.2002

Problem: abscess - left rear digit 1 (Confirmed)
Left toenail is growing in nicely, no exudate noted. Right
interdigital area unchanged, still swollen with some drainage.
P: Continue checking MWF, soaks BID, and trimming when necessary. (LG)

Clinical Note:

5.Jan.2002

Problem: abscess - left rear digit 1 (Confirmed)
ABSCESS LR: RESOLVING
Not able to arrange a time to look at yesterday, so went down first
thing today.
Proc: 1. Manual restraint.
2. Exam: LR-almost no pocket left along caudal edge of lesion,
with no discharge noted. RR-No change.
3. Did not trim. Applied silvadene cream to lesions.
Assess: Abscess resolving nicely. No change in RR.
Plan: 1. No change. (RB)

Clinical Note:

7.Jan.2002

Problem: abscess - left rear digit 1 (Confirmed)
Left toe looks great there is still a small pocket when probed with a
q-tip. Trimmed area back to prevent pocket closing in debris.
Flushed area with dilute Nolvasan and applied Silvadene.
Right interdigital area unchanged, still produces some exudative
material.
P: Continue soaking feet, and vet checks EOD. (LG)

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Clinical Note:

11.Jan.2002

Problem: abscess - left rear digit 1 (Confirmed)
ABSCCESS LR: RESOLVING;SUSPECTED CELLULITIS RR
Proc: 1. Manual restraint
2. Exam: LR-only a very small defect/pocket, about 0.5cm deep on caudal border of lesion, with no discharge (very dry). RR-No change.
3. Gauze and cotton tip applicator used to minimally debride lesion LR. No trimming performed. Applied silvadene creme to both lesions.
Assess: LR healing very well with no discharge. RR-No real change.
Plan: No change. (RB)

Clinical Note:

16.Jan.2002

Problem: abscess - left rear digit 1 (Confirmed)
CC: Recheck
S/O: Left toe nail still has a small pocket, when q-tip placed in area. Right interdigital area relatively same in appearance.
A: Left toe nail healing in quickly.
P: must keep the edges of the pocket trimmed to prevent a pocket being sealed in. Continue BID foot soaks. (LG)

Clinical Note:

18.Jan.2002

Problem: abscess - left rear digit 1 (Confirmed)
ABSCCESS LR;SUSPECT CELLULITIS RR: RECHECK
Proc: 1. Manual restraint
2. Exam: LR-still small pocket, but looks great; RR-No change.
3. Debrided/trimmed small amount at ventral edge of pocket LR.
Applied silvadene creme to pocket.
Assess: No real change, doing well.
Plan: No change. (RB)

=====
Scientific Name: *ELEPHAS MAXIMUS INDICUS*
Common Name: Indian elephant
Name: GITA

Accession #: 00216
Female
Birth: 8.Jun.1958 (Estimated)
Age: 43Y 4M Est.
=====

Clinical Note:

21.Jan.2002

Problem: abscess - left rear digit 1 (Confirmed)
Left Rear toenail unchanged, small pocket still present, clean.
Right rear interdigital area, unchanged.
P: Today flushed and silvadene left toe nail. Thinned nails of the
rear right foot near the interdigital inflamed tissue.
Continue every other day care. (LG)

Clinical Note:

23.Jan.2002

Problem: abscess - left rear digit 1 (Confirmed)
Left Rear toenail unchanged, small pocket still present, clean.
Right rear interdigital area, unchanged.
P: Today flushed and silvadene left toe nail.
Would like to begin adding drying agents on the interdigital area of
the right rear toe. I believe this will help decrease the exudative
component. Have requested CL to make Ramsay's solution and
concentrated lugol's. (LG)

=====
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Clinical Note:

25.Jan.2002

Problem: abscess - left rear digit 1 (Confirmed)

DIARRHEA/COLIC: ONSET

When I went down to do routine recheck and debridement of Gia's foot problems, Kpr (Scott) informed me that Gia had a very large loose, liquidy stool this morning, was not interested in her food, and was acting depressed. He reports that she was straining while defecating and vocalizing (painful?). Informed kpr that if problem continued, fecal culture and bloodwork may be warranted. Senior kpr Jeff B called around noon to report that Gia had another loose stool (which he submitted), and was still acting painful. Vet SK went down to get blood sample and give banamine injection at that time, and kprs reported that Gia was eating a little better and stool looseness was about 50% improved.

8:30AM:

Obs: Slightly lethargic and not as cooperative as usual.

Proc: 1. Manual restraint.

2. Exam: no change in foot lesions.

3. Debrided lesion on LR w/ cotton tipped applicator and applied silvadene creme to lesions on both feet.

2:00PM

Proc: 1. Manual restraint.

2. Flunixin meglumine 2gm deep IM, divided in two spots of 20ml each, LR hip (SK).

3. Blood drawn for cbc and chemistry w/ fibrinogen (SK).

4. Fecal sample submitted for enteric pathogen screen.

Assess: Acute onset of diarrhea and colic. Possible differentials include salmonella or other bacterial enteritis, dietary indiscretion, renal or liver disease, neoplasia, inflammatory disease, and more. Bloodwork and culture pending. Feet lesions static.

Plan: 1. Recheck with kprs tomorrow am.

Rx: FLUNIXIN MEGLUMINE 2 gm IM as needed for 1 dose. (RB)

Clinical Pathology Records - Specimen Report
LOS ANGELES ZOO

Scientific Name: *ELEPHAS MAXIMUS INDICUS*
Common Name: Indian elephant
Name: GITA

Accession #: 00216
Female
Birth: 8.Jun.1958 (Estimated)
Age: 43Y 8M Est.

Collection Information >>

Health Status: Abnormal
Fasting Time: < 8 hours
Activity: Calm
Weight: 4200 Kg on 29.Mar.2001
Manual restraint used.

Date of Collection: 25.Jan.2002
Time of Collection: 13:30.0
Collected by: SK

Hematology >>

Analysis Information >>

Anticoagulant: EDTA
Storage: Refrigerated (<48 hours)
Sample Quality: No quality problems.

Laboratory: ANT-EQUINE
Date of Analysis: 26.Jan.2002
Time of Analysis:
Analysis by:
Automated analysis.

Tests and Results >>

WHITE BLOOD CELL COUNT	14.2		*10 ³ /UL
RED BLOOD CELL COUNT	3.3		*10 ⁶ /UL
HEMOGLOBIN	13.6		GM/DL
HEMATOCRIT	37		%
MCV	112		fL
MCH	41.2		uug
MCHC	36.8		gm/dL
SEGMENTED NEUTROPHILS	> 75	(10.65)	% (*10 ³ /UL)
LYMPHOCYTES	16	(2.272)	% (*10 ³ /UL)
MONOCYTES	< 5	(0.710)	% (*10 ³ /UL)
EOSINOPHILS	4	(0.568)	% (*10 ³ /UL)
ESTIMATED PLATELET COUNT	ADEQ		
PLATELET COUNT	630		*10 ³ /UL
FIBRINOGEN	508		MG/DL

Clinical Pathology Records - Specimen Report
LOS ANGELES ZOO

Scientific Name: *ELEPHAS MAXIMUS INDICUS*
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Female
Birth: 8.Jun.1958 (Estimated)
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Collection Information >>

Health Status: Abnormal
Fasting Time: < 8 hours
Activity: Calm
Weight: 4200 Kg on 29.Mar.2001
Manual restraint used.

Date of Collection: 25.Jan.2002
Time of Collection: 13:30.0
Collected by: SK

Chemistry >>

Analysis Information >>

Chemistry Sample: Serum
Storage: Refrigerated (<48 hours)
Sample Quality: No quality problems.

Laboratory: ANT-EQUINE
Date of Analysis: 26.Jan.2002
Time of Analysis:
Analysis by:
Automated analysis.

Tests and Results >>

	GLUCOSE	90	MG/DL
	BLOOD UREA NITROGEN	12	MG/DL
	CREATININE	2.0	MG/DL
	BUN/creatinine ratio	6.00	
	CALCIUM	11.1	MG/DL
	PHOSPHORUS	< 3.7	MG/DL
	calcium/phosphorus ratio	3.00	
	SODIUM	128	MEQ/L
	POTASSIUM	4.6	MEQ/L
	sodium/potassium ratio	27.8	
	CHLORIDE	< 82	MEQ/L
	CHOLESTEROL	54	MG/DL
	TOTAL PROTEIN (COLORIMETRY)	8.6	GM/DL
	ALBUMIN (COLORIMETRY)	2.8	GM/DL
	GLOBULIN (COLORIMETRY)	5.8	GM/DL
	albumin/globulin ratio	0.483	
	ASPARTATE AMINOTRANSFERASE	19	IU/L
	TOTAL BILIRUBIN	0.2	MG/DL
	ALKALINE PHOSPHATASE	90	IU/L
	CREATINE PHOSPHOKINASE	358	IU/L
	ALBUMIN GLOBULIN RATIO	0.5	GM/DL
	BUN/CREATININE RATIO	6	MG/DL
	GAMMA GLUTAMYLTRANSFERASE	9	IU/L
	SODIUM/POTASSIUM RATIO	28	RATIO

Medical History Report - Individual Specimen
LOS ANGELES ZOO

- page 78 -

=====
Scientific Name: *ELEPHAS MAXIMUS INDICUS*
Common Name: Indian elephant
Name: GITA

Accession #: 00216
Female

Birth: 8.Jun.1958 (Estimated)
=====

Purpose: Diarrhea and colic

Prescription Data >>

Starting date: 25.Jan.2002

Drug: FLUNIXIN MEGLUMINE 2 gm IM as needed

Formulation: 50.00 mg/ml injectable

Prescribed by: RB (25.Jan.2002)

Filled by: SK (25.Jan.2002)

Treatment weight: 4273 kg

Comments >>

Tradename of drug used is BANAMINE SOLUTION.

Clinical Note:

26.Jan.2002

Problem: abscess - left rear digit 1 (Confirmed)

DIARRHEA/COLIC: KPR REPORT IMPROVED

Kpr (Jeff) called this morning to report that Gita was doing much better, eating and acting less depressed. According to kpr, she's not exactly 100% normal, but is greatly improved.

Assess: Improving.

Plan: Continue to monitor. (RB)

Clinical Note:

27.Jan.2002

Problem: abscess - left rear digit 1 (Confirmed)

AK reports normal behavior and appetite today. (LG)

Clinical Note:

28.Jan.2002

Problem: abscess - left rear digit 1 (Confirmed)

Recheck left toe.

Not much change. Small pocket still present. Flushed pocket, trimmed a little to keep it open on the edges. Filled with Silvadene.

A/P: Colic episode completely resolved after 48 hours. Continue to check Every 48 hours. (LG)

=====
Scientific Name: *ELEPHAS MAXIMUS INDICUS*
Common Name: Indian elephant
Name: GITA

=====
Accession #: 00216
Female

=====
Birth: 8.Jun.1958 (Estimated)
=====

Clinical Note:

Problem: abscess - left rear digit 1 (Confirmed)
CBC Chem during colic episode= within normal ranges
Fecal Culture Moderate growth Bacillus, light growth enterobacter.
A: She is clinically resolved from colic episode
P: No further treatment at this time (LG)

29.Jan.2002

Clinical Note:

Problem: abscess - left rear digit 1 (Confirmed)
ABCESS LR;SUSPECT CELLULITIS RR: RECHECK
Proc: 1. Manual restraint
2. Exam: LR-still small pocket, but looks great; RR-No change.
3. Debrided/trimmed small amount at ventral edge of pocket LR.
Applied silvadene creme to pocket.
Assess: No real change, doing well.
Plan: No change. (RB)

2.Feb.2002

Clinical Note:

Problem: abscess - left rear digit 1 (Confirmed)
No change left or right rear. Cleaned both with dilute Nolvasan and
used Silvadene.
P: Continue monitoring. Begin using Ramsay solution to right rear to
dry out the proliferative tissue. (LG)

4.Feb.2002

Clinical Note:

Problem: abscess - left rear digit 1 (Confirmed)
No change.
Left toe nail, trimmed a little more aggressively to stimulate nail
growth again.
Right interdigital area, wiped and cleaned with Nolvasan, applied
Ramsay solution to dry out tissue.
Recheck in 48 hours. (LG)

6.Feb.2002

Scientific Name: *ELEPHAS MAXIMUS INDICUS*
Common Name: Indian elephant
Name: GITA

Accession #: 00216
Female
Birth: 8.Jun.1958 (Estimated)

Clinical Note:

8.Feb.2002

Problem: abscess - left rear digit 1 (Confirmed)
ABSCESS LR;SWOLLEN INTERDIGITAL SPACE RR
Kprs report Gita is doing fine.
Obs: No change in wounds.
Proc: 1. Manual restraint.
2. Cleaned and trimmed edges of pocket LR, applying silvadene cream afterwards.
3. Applied Ramsay's solution to ventral aspect of swollen interdigital space RR.
Assess: No change.
Plan: No change. (RB)

Clinical Note:

13.Feb.2002

Problem: abscess - left rear digit 1 (Confirmed)
S/O: No change in progress left hind toe, Right interdigital area is drying out a little more.
A: Slow response
P: Trimmed back left toe nail in hopes of enticing growth downward. Applied Ramsay's solution as a drying agent to the right interdigital area. Have asked AK to discontinue soaking her right rear to try and facilitate the area to dry out more. (LG)

Clinical Note:

15.Feb.2002

Problem: abscess - left rear digit 1 (Confirmed)
ABSCESS LR;SWOLLEN INTERDIGITAL SPACE RR
Kprs report Gita is doing fine.
Obs: No change in wounds.
Proc: 1. Manual restraint.
2. Cleaned and trimmed edges of pocket LR, applying silvadene cream afterwards.
3. Applied Ramsay's solution to ventral aspect of swollen interdigital space RR.
Assess: No change.
Plan: No change. (RB)

=====
Scientific Name: *ELEPHAS MAXIMUS INDICUS*
Common Name: Indian elephant
Name: GITA
=====

Accession #: 00216
Female
Birth: 8.Jun.1958 (Estimated)
=====

Clinical Note:

22.Feb.2002

Problem: abscess - left rear digit 1 (Confirmed)
RR INTERDIGITAL SPACE: RESOLVING; ABSCESS LR
No problems/worries reported by kprs.
Obs: BAR.
Proc: 1. Manual restraint.
2. Exam: LR - no change. RR - interdigital space less swollen,
less painful, and less raw on ventral surface today.
3. Cleaned and trimmed edges of pocket LR; applied silvadene
cream.
4. Applied Ramsay's drying solution to ventral aspect of
lesion RR.
Assess: RR improving (less swollen, painful and raw today). LR no
change.
Plan: No change. (RB)

Clinical Note:

25.Feb.2002

Problem: abscess - left rear digit 1 (Confirmed)
CC: Recheck
S/O: RR interdigital space has completely dried, and appears to have a
scab like appearance. Left toenail unchanged, clean dry and pocket
still present.
A: Left toenail is not growing out. AK report that they have stopped
nolvasan soaks 1 month ago, have been soaking daily with Epsom salts.
It is very likely that the soft center is not maturing into a nail at
this time due to the continue soaks.
P: Both hind feet will now be discontinued from foot soak to dry out
tissue, it has seemed to work extremely well for the right
interdigital space. AK will do routine foot trimming on both hind feet
today, trimming back sole and trimming off dried scab area of
interdigital space. Will reevaluate in 2 days. (LG)

Scientific Name: *ELEPHAS MAXIMUS INDICUS*
Common Name: Indian elephant
Name: GITA

Accession #: 00216
Female

Birth: 8.Jun.1958 (Estimated)

Clinical Note:

27.Feb.2002

Problem: abscess - left rear digit 1 (Confirmed)

CC: Recheck

S/O: There is a new abscess in her front left digit 4 toe nail. Right rear interdigital area is essentially healed. Left rear toe nail is still clean and dry.

A: new front lesion is a typical nail abscess, should do well with routine care of soaks and trims

P: Continue checking feet MWF (LG)

Clinical Note:

4.Mar.2002

Problem: abscess - left rear digit 1 (Confirmed)

Recheck:

New abscess left front has appearance of a bruise, soft bruised center.

Right reart is essentially healed. Left rear still clean and dry, slow to grow out.

A: Stable, minimal change

P: Continue EOD monitoring (LG)

Clinical Note:

8.Mar.2002

Problem: abscess - left rear digit 1 (Confirmed)

RECHECK

Obs: No change in lesions.

Proc: 1. Trimmed, flushed, debrided and applied silvadene cream to LF lesion.

Assess: No change.

Plan: No change. (RB)

Clinical Note:

11.Mar.2002

Problem: abscess - left rear digit 1 (Confirmed)

Static in appearance. Decrease vet checks to twice a week. (LG)

Scientific Name: *ELEPHAS MAXIMUS INDICUS*
Common Name: Indian elephant
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Accession #: 00216
Female

Birth: 8.Jun.1958 (Estimated)

15.Mar.2002

Clinical Note:

Problem: abscess - left rear digit 1 (Confirmed)
FOOT LESIONS: NO CHANGE
Obs: No real change in lesions (LR and LF) today.
Proc: 1. Manual restraint.
2. Trimmed edges of pockets (kpr), cleaned and applied silvadene cream.
Assess: Static.
Plan: Continue twice weekly vet checks. (RB)

Clinical Note:

Problem: abscess - left rear digit 1 (Confirmed)
FOOT LESIONS (LR AND LF): RECHECK
Obs: No change in lesions noted - still have about 1cm deep pockets present in both places with no buildup of debris/discharge.
Proc: 1. Manual restraint
2. Cleaned pockets out, kpr trimmed edges of rear lesion, and applied silvadene cream.
Assess: No change.
Plan: No change. (RB)

5.Apr.2002

Clinical Note:

Problem: abscess - left rear digit 1 (Confirmed)
CC: Recheck
Pockets still present in front and back nail. Dry pockets, no discharge.
A: Clean nail lesions, doing well. Possible the Povidine solution we have being using daily has been drying out so much, inhibiting growth of nail outward.
P: Discontinue 7% Povidine on the back nail. May be inhibiting outward growth. (LG)

8.Apr.2002

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Common Name: Indian elephant
Name: GITA

Accession #: 00216
Female

Birth: 8.Jun.1958 (Estimated)

Clinical Note:

Problem: abscess - left rear digit 1 (Confirmed) 15.Apr.2002
CC: Recheck.
S/O: Both front left and rear left appear the same. When probing the pockets of both nails it can be enticed to bleed indicating that there is still healthy tissue.
A: No change, pockets still present but clean and dry.
P: AK are going to trim pads today of left feet. Continue to soak front foot only. Nothing applied to back foot daily, only at vet recheck. (LG)

Clinical Note:

Problem: abscess - left rear digit 1 (Confirmed) 26.Apr.2002
FOOT LESIONS (LR AND LF): RECHECK
Obs: No change in lesions noted - still have about 1cm deep pockets present in both places with no buildup of debris/discharge.
Proc: 1. Manual restraint
2. Cleaned pockets out and applied silvadene cream.
Assess: No change.
Plan: No change. (RB)

Clinical Note:

Problem: abscess - left rear digit 1 (Confirmed) 6.May.2002
CC: Recheck
Front toe, marked progression in toe abscess formation. There is now several areas of continued pocketing stretching through the layer of the nail toward the cuticle. Rear toe doing extremely well, smaller in size, minimal pocket formation.
A: Rear toe nearly resolved. Front toe abscess is spreading.
P: Rear toe only flushed pocket, no topical application. Front toe trimmed extensively to try and stay ahead of the abscess. There were three small pockets (Q-tip sized present) cauterized the pockets with Ramsay's solution. Recheck in 5 days. (LG)

Scientific Name: *ELEPHAS MAXIMUS INDICUS*
Common Name: Indian elephant
Name: GITA

Accession #: 00216
Female

Birth: 8.Jun.1958 (Estimated)

Clinical Note:

Problem: abscess - left rear digit 1 (Confirmed)
S Examined L front foot sole abscess. There are two 1cm radius 1cm deep soft areas on the sole from medial to lateral. They may actually be connected. Tissue is diffuse and vascular. Moderately sensitive
A Still progression of abscess
P Trimmed the more lateral lesion open it up. Cleaned with Novosan.
Plan recheck on Monday May13 (BC)

10.May.2002

Clinical Note:

Problem: abscess - left rear digit 1 (Confirmed)
S L front foot. The two soft spots have not enlarged or connected. There is some reactive tissue in the more lateral lesion. No discharge evident. Tissue continues to be quite vascular and bleeds easily just with manual examination.
A stable
P Trimmed sole around both lesions and excess tissue in the lesions. Minor bleeding evident. Cleaned with Nolvasan and applied "Ramsay" solution
Plan recheck in two days (BC)

14.May.2002

Clinical Note:

Problem: abscess - left rear digit 1 (Confirmed); abscess - left front digit (Suspected)
LESIONS: L F
Obs: No real change in lesions from Friday. Both appear to be forming granulation/reactive tissue around edges, with no noticeable discharge.
Proc: 1. Trimmed edges of lesions back to keep from closing - bled some from trimming.
2. Cleaned pockets out and flushed with Nolvasan solution.
3. Applied Silvadene cream.
Assess: No real change.
Plan: Recheck in Two days. (RB)

18.May.2002

Scientific Name: *ELEPHAS MAXIMUS INDICUS*
Common Name: Indian elephant
Name: GITA

Accession #: 00216

Female

Birth: 8.Jun.1958 (Estimated)

Clinical Note:

24.May.2002

Problem: abscess - left front digit (Suspected)
S reexam L front foot. Both lesions remain. No discharge. The more medial lesion is quite sensitive. The deficits they have created have remained unchanged.

A stable

P Cleaned margins of both lesions with guaze and Nolvosan. Then trimmed excess tissue. Applied Ramsay soln.

Plan-recheck in three days. (BC)

Clinical Note:

27.May.2002

Problem: abscess - left front digit (Suspected)

CC: Recheck

S/O: Both hind feet problems completely resolved. Front toe abscess is growing out, both soft spots are now essentially beginning to coalesce. Trimmed edges of soft spots, creating one large area now. there was some dark tissue centrally on the lateral lesion, trimmed up until it bled, was not able to fully trim out this black area.

A: Progressing, appears clean and healthy. Flushed area with dilute Betadine, no deep pockets appear to be present. Applied Ramsays solution topically, to dry out and sterilize area.

P: Recheck in 4 days. (LG)

Clinical Note:

2.Jun.2002

Problem: abscess - left front digit (Suspected)

Brief recheck and minor trim, left front foot. (JW)

Clinical Note:

4.Jun.2002

Problem: abscess - left front digit (Suspected)

Foot recheck

S/O: Abscessed area on the left front has a soft dark area that is gradually dropping down and opening up. We trimmed it quite a bit today, but there will be more that needs to be done. Cauterized with Ramsey's solution.

Checked the old lesions on both her rear feet. They look good.

Gradually growing in with no signs of any inflammation or infection.

A: Slow process, but going well.

P; Continue trimming, soaking and monitoring. (JW)

=====
Scientific Name: *ELEPHAS MAXIMUS INDICUS*
Common Name: Indian elephant
Name: GITA
=====

Accession #: 00216
Female
Birth: 8.Jun.1958 (Estimated)
=====

Clinical Note:

7.Jun.2002

Problem: abscess - left front digit (Suspected)
S Only short time frame today so did with her leg between bars. Only looked at L front foot. Medial lesion on sole is resolving but medial lesion is still active and tissue is proliferative
P Trimmed margins of lateral lesion and applied R. Solution.
Plan recheck on Monday June 10 (BC)

Clinical Note:

10.Jun.2002

Problem: abscess - left front digit (Suspected)
Left front toe recheck.
The central abscess area looks great. It is not a deep defect, no active drainage present, the cuticle appears normal.
A: healing well. Doesn't appear to be a deeper abscess in any place.
Unlikely to break out in a surrounding area
P: Continue biweekly checks. (LG)

Clinical Note:

15.Jun.2002

Problem: abscess - left front digit (Suspected)
LESION LF: RECHECK
Obs: Lesion has a mild whitish discharge today, with a small deficit of the cuticle/nail at the dorsolateral edge of the nail/cuticle.
Proc: 1. No restraint.
2. Cleaned lesion with cotton-tip applicators
3. Kpr trimmed edges of tissue around lesion.
4. Flushed lesion with dilute betadine and applied silvadene creme.
Assess: Mild drainage today and possible cuticle/nail defect.
Plan: 1. Contine biweekly checks, consider increasing to 3/wk if drainage continues. (RB)

Scientific Name: *ELEPHAS MAXIMUS INDICUS*
Common Name: Indian elephant
Name: GITA

Accession #: 00216
Female

Birth: 8.Jun.1958 (Estimated)

Clinical Note:

Problem: abscess - left front digit (Suspected)
Recheck

1.Jul.2002

S/O: Left front nail. Cuticle was a non progressive lesion that did not manifest to be more than a slight deficit in the nail.

A: Lesion still appears to be well confined to the bottom of the nail. Lesion is not deeper than the tip of a Q-tip. Trimmed around the edges to minimize the depth of the lesion.

P: Flushed with diluted betadine. Sealed with ramsays solution.
Recheck in 5 days. (LG)

Clinical Note:

Problem: abscess - left front digit (Suspected)
LESION LF: RECHECK

12.Jul.2002

Obs: lesion is one continuous line that is approx 4cm long and 1cm deep. Very little discharge noted today. Hole at dorsal portion of cuticle is healing well.

Proc

1. No restraint
2. Cleaned lesion w/ qtips
3. Kpr trimmed lateral edge of lesion to open it up.
4. flushed w/ dilute betadine and applied silvadene cream.

Assess: No real change.

Plan: 1. Continue treatment. (RB)

Clinical Note:

Problem: abscess - left front digit (Suspected)
Recheck lesion left foot.

15.Jul.2002

Unchanged.

P: Discontinue daily foot soaks, it appears if it is keeping the new growth too soft to grow in appropriately. Continue with twice a week vet checks, trimming, flushing, and application of Ramsay solution to encourage drying. (LG)

Scientific Name: *ELEPHAS MAXIMUS INDICUS*

Common Name: Indian elephant

Name: GITA

Accession #: 00216

Female

Birth: 8.Jun.1958 (Estimated)

Clinical Note:

Problem: abscess - left front digit (Suspected)

20.Jul.2002

LESION LF: RECHECK

Kprs have not been soaking foot for last several days per LG.

Obs: lesion is one continuous line that is approx 4cm long and 1cm deep. Very little discharge noted today. Bled a little after debriding with q-tips.

Proc 1. No restraint
2. Cleaned and debrided lesion w/ qtips
3. No trim today.
4. flushed w/ dilute betadine and applied Ramsay solution.

Assess: No real change.

Plan: 1. Continue treatment. (RB)

Clinical Note:

Problem: abscess - left front digit (Suspected)

23.Jul.2002

S rechecked L front foot today. Keepers continue not to soak foot. Commented there was a small amount of bleeding one day last week after walking her in the pen. Lesion is approx 5cm long and 1 cm across. the outside margin has a hard raised darkened appearance that it firmly attached (almost like a hard scab). The core area has viable tissue present (possible irritation leading to bleeding above?) Some amount of soft tissue on edges. No pain or flutuanace evident nor discharge
P cleaned edges and applied Dr Ramsay soln. Recheck on Friday. (BC)

Clinical Note:

Problem: abscess - left front digit (Suspected)

26.Jul.2002

S Rechecked L front foot. No change in status.

O Thermography performed on foot yesterday by Dale Garber as part of a demonstration. The lesion appears to be localized and at least no superficial tracts evident.

A stable

P recheck July 29. (BC)

Scientific Name: *ELEPHAS MAXIMUS INDICUS*
Common Name: Indian elephant
Name: GITA

Accession #: 00216
Female

Birth: 8.Jun.1958 (Estimated)

Clinical Note:

30.Jul.2002

Problem: abscess - left front digit (Suspected)
LESION LF: RECHECK
Obs: No real change in foot. Bled a little after debriding with q-tips.
Proc 1. No restraint
2. Cleaned and debrided lesion w/ qtips
3. No trim today.
4. flushed w/ dilute betadine and applied Ramsay solution.
Assess: No real change.
Plan: 1. Continue treatment. (RB)

Clinical Note:

5.Aug.2002

Problem: abscess - left front digit (Suspected)
CC: Recheck LF foot
S/O: The lesion on the bottom of the left front toenail appears to have become slightly longer and slightly deeper since I have not seen it for 3 weeks. There was a slight amount of creamy exudate on the Q-tips when inserted into the lesion. There was a large crust covering half of the lesion. Trimmed off crust and the margins of the abscess, there was some tracking cranially in the toe.
A: Slight progression of abscess in length and depth. Presence of crust and tracking may be because her foot was done only once last week instead of twice.
P: Continue with-OUT foot soaks this week. RX: Ramsay's solution BID for 7 days. (LG)

Clinical Note:

9.Aug.2002

Problem: abscess - left front digit (Suspected)
S Small amt of proliferative tissue at proximal end of lesion. No discharge evident and minimal signs of sensitivity. Edges of lesion are darkened and dry (likely in response to the Ramsay solution being used)
A improving
P Trimmed margins. Reduce soln to once a day. Recheck on Mon (BC)

Scientific Name: *ELEPHAS MAXIMUS INDICUS*
Common Name: Indian elephant
Name: GITA

Accession #: 00216
Female

Birth: 8.Jun.1958 (Estimated)

Clinical Note:

12.Aug.2002

Problem: abscess - left front digit (Suspected)

S Almost no proliferative tissue present. Tissue can be compressed but there is no underlying deficits evident. No discharge. lesion rimmed by hardened tissue that is dark in color.

P trimmed margins and flattened surrounding sole so as not to leave any pocket. Only small amt of bleeding present today. Applied Ramsay soln. Continue to apply SID . Recheck on Wed (BC)

Clinical Note:

16.Aug.2002

Problem: abscess - left front digit (Suspected)

LESION LF: RECHECK

Kprs relay they are still applying Ramsay solution SID.

Obs: Lesion has not changed much, but tissue around defect do seem slightly more dry than when I last saw. Most of linear defect is approx 0.5cm deep except the medial end of the defect is about 0.9cm in depth. No discharge and no bleeding until debrided.

Proc: 1. No restraint.
2. Debrided lesion depth and edges with qtips.
3. Kpr trimmed edges of tissue at medial end of defect to keep it open.
4. Flushed with dilute betadine and applied Ramsay solution.

Assess: Doing fine.

Plan: No change. (RB)

Clinical Note:

23.Aug.2002

Problem: abscess - left front digit (Suspected)

S Minimal change if lesion of left front foot. Proximally there is still a moderately proliferative portion (approx 1cm) whereas the rest of the lesion remains the same. No discharge evident but some increases sensitivity throughout the lesion.

There is still a crack in the pad distal to the lesion that extends to the the edge.

P Trimmed the proximal portion of the lesion and applied Ramsay soln Don A to trim sole when he is back on.

Keepers still applying Ramsay solution once a day. (BC)

Scientific Name: *ELEPHAS MAXIMUS INDICUS*
Common Name: Indian elephant
Name: GITA

Accession # 90218
Date

Birth: 8.Jun.1958 (Estimated)

Clinical Note:

Problem: abscess - left front digit (Suspected)
S/O: The nail in general has been looking overgrown around lesion, crusty, and more macerated. The sole has been allowed to overgrow.
A: Toe nail is definitely slow to heal however, the appearance of it lately seems to be a little more unkept. This may be due to the elimination of foot soaks six weeks ago.
P: Trimmed lesion on toe as well as overgrown/ cracked areas on sole. Appears much cleaner, with less of a pocket for secondary contaminants.
Plan to reinstitute daily foot soaks with Nolvasan and salt, to be done SID only (Don't want to over soften the nail at this time with BID treatments). Continue Ramsay solution SID. (LG)

26.Aug.2002

Clinical Note:

Problem: abscess - left front digit (Suspected)
Toe is looking stable. Flushed with dilute betadine, not much depth to toe abscess.
P: Continue daily soaks with Nolvasan and salt, followed by 7% Lugol's solution, continue twice a week vet checks. (LG)

11.Sep.2002

Clinical Note:

Problem: abscess - left front digit (Suspected)
S Some keratinization happening on caudal portions of lesion. Lesion is also reducing in size. The anterior portion though is still soft and reactive although still no discharge.
A Improving
P continue with Nolvasan and salt soaks and tx with 7% lugols.
Do not let the anterior portion of lesion be covered with keratinized tissue until such time as it has become non reactive. May require trimming in this area to accomplish this. (BC)

13.Sep.2002

/ISIS/MeDARKS/5.313

=====
Scientific Name: *ELEPHAS MAXIMUS INDICUS*
Common Name: Indian elephant
Name: GITA
=====

=====
Accession #: 00216
Female
Birth: 8.Jun.1958 (Estimated)
=====

Clinical Note:

16.Sep.2002

Problem: abscess - left front digit (Suspected)
Trunk wash for TB performed today. Also took blood for TB elisa serology to be sent to Colorado.

CC: Recheck toe

No change from 3 days previously.

A: Nail is looking great, no sign of infection or progressive disease

P: Continue plan. Today packed silvadene into the nail and placed 7% Lugols over the top. (LG)

Clinical Note:

18.Sep.2002

Problem: abscess - left front digit (Suspected)
Trunk wash collected 9/16 negative for mycobacterium. (LG)

Clinical Note:

21.Sep.2002

Problem: abscess - left front digit (Suspected)

LF LESION: RECHECK

Kprs are still soaking daily and applying drying solution afterwards.

Obs: Wound is slightly small than when I last saw, but likely no change from 9/16 based on reports. No discharge or other signs of infection.

Proc: 1. No restraint.

2. Q-tip debrided lesion, flushed with dilute nolvasan and applied Ramsay's solution.

Assess: Improving slowly. (RB)

Clinical Note:

27.Sep.2002

Problem: abscess - left front digit (Suspected)

S Almost the entire lesion is been covered over by pad. Small opening at proximal end. Opened up the sole around this area. The lesion is smaller than when last seen (now approx 1cm in diameter). No discharge but tissue is still soft compared to the healing tissue.

A improving

P Need to keep proximal area open until the tissue has healed underneath. Cont with daily soaking and application of drying tissue (Ramsay soln) Recheck next week (BC)

=====
Scientific Name: *ELEPHAS MAXIMUS INDICUS*
Common Name: Indian elephant
Name: GITA

Accession #: 00216
Female
Birth: 8.Jun.1958 (Estimated)
=====

Clinical Note:

3.Oct.2002

Problem: abscess - left front digit (Suspected)
3RD TRUNK WASH
Last trunk wash for TB performed today. (RB)

Clinical Note:

5.Oct.2002

Problem: abscess - left front digit (Suspected)
LESION LF: RECHECK
Proc: 1. No restraint.
2. Debrided lesion with CTAs - lesion is definitely reduced in length since I last saw, but still about the same depth.
3. Flushed with dilute betadine and applied Ramsay solution.
Assess: Slow improvement.
Plan: Continue bi-weekly checks. (RB)

Clinical Note:

13.Oct.2002

Problem: abscess - left front digit (Suspected)
Trunk wash collected 10/3/02 Negative AF smear at County of Los Angeles Public Health Laboratory. (LG)

Clinical Note:

14.Oct.2002

Problem: abscess - left front digit (Suspected)
Toe is about the same. Overgrowing quickly leaving a pocket cranially.
P: Continue twice a week care same as before, trim twice a week since overgrowing so quickly. (LG)

Clinical Note:

18.Oct.2002

Problem: abscess - left front digit (Suspected)
S Lesion again growing over at proximal margin even though underlying tissue still not normal. Area is approx 1cm in diameter.
P Trimmed around margins of the lesion to open it up. Applied Lugol's soln. Recheck on Monday Oct 21 (BC)

Scientific Name: *ELEPHAS MAXIMUS INDICUS*
Common Name: Indian elephant
Name: GITA

Accession #: 00216
Female

Birth: 8.Jun.1958 (Estimated)

Clinical Note:

19.Oct.2002

Problem: abscess - left front digit (Suspected)

PRESSUR SORE LEFT TEMPORAL REGION

Kpr (Scott) called today to report that Gita has had a "bed sore" on her left temple for the last approx 4wks. They had been cleaning it out, but it has not really gotten any better, so reported it. Per kpr, it appeared this AM that they had forgotten to clean it out for the last several days and there was some pus and foul odor when he did so this AM. Kprs put TAB ointment on wound before I got there.

Obs: There is an approx 1x1x0.75CM open sore on her left temporal region. There is crusting of the skin around the edges with a minor amount of pus by the crusts, but central area of wound looks fairly clean (did have TAB in it, though).

Assess: Non-healing pressure sore on left temple.

Plan: 1. Rx kprs to clean SID with q-tips and apply small amount of TAB ointment.

Rx: BACITRACIN-NEOMYCIN-POLYMYXIN OINT. topically SID until further notice. (RB)

Purpose: Non-healing sore left temple

Prescription Data >>

Starting date: 19.Oct.2002

Drug: BACITRACIN-NEOMYCIN-POLYMYXIN OINT. topically SID until further notice

Formulation: ointment

Prescribed by: RB (19.Oct.2002)

Filled by: RB (19.Oct.2002)

Treatment weight: 4200 kg

Comments >>

Topical treatment: Apply small amount to sore on left temple with q-tip once daily (after cleaning area with q-tip).

BACITRACIN-NEOMYCIN-POLYMYXIN OINT. = BACITRACIN + NEOMYCIN SULFATE + POLYMYXIN B SULFATE + PETROLATUM, WHITE

=====
Scientific Name: *ELEPHAS MAXIMUS INDICUS*
Common Name: Indian elephant
Name: GITA

Accession #: 00216
Female
Birth: 8.Jun.1958 (Estimated)
=====

Clinical Note:

22.Oct.2002

Problem: abscess - left front digit (Suspected)
CC: Recheck
S/O: Toe abscess about the same. Trimmed and flushed. Facial abscess about size of a quarter, superficial, epithelial layer missing.
A/P: Had AK take a culture after removing scab, evidently AK placed fingers on stem of culture, may grow contaminants. Still submit for now, use judgement on interpretation. (LG)

Clinical Note:

28.Oct.2002

Problem: abscess - left front digit (Suspected)
Recheck.
Toe static, trimmed, cleaned, and cauterized with Ramsay solution.
Abscess on face looking very good. Shallow, healing. Culture results from face grew expected garden variety of contaminants, nothing aggressive or worrisome.
P: Continue foot care as before. Continue topical care of facial abscess. (LG)

Clinical Note:

1.Nov.2002

Problem: abscess - left front digit (Suspected)
Recheck: Was showing colic on 11/31. Diarrhea, inappetence, and laying down. AK thought it was due to a browse that was given. Today on 11/1 back to normal. Well formed stool, Good appetite, and BAR. Left temporal wound healing well, cleaning treatment being done is OK. Left front toe abscess looking good. Minor trim of the center of the large depression of soft dime sized area. Continue regular recheck exams. SK (SK)

Clinical Note:

4.Nov.2002

Problem: abscess - left front digit (Suspected)
CC: recheck
S/O: AK report colic resolved they think it is due to fig browse offered. Toe abscess is about the same. Trimmed and rasped the surrounding nail. Facial abscess improving.
A: improving
P: Continue twice week trims. (LG)

=====
Scientific Name: *ELEPHAS MAXIMUS INDICUS*
Common Name: Indian elephant
Name: GITA

Accession #: 00216
Female

Birth: 8.Jun.1958 (Estimated)
=====

Clinical Note:

6.Nov.2002

Problem: abscess - left front digit (Suspected)
M. TB Culture Negative from LA County collection date 10/1/02 (LG)

Clinical Note:

11.Nov.2002

Problem: abscess - left front digit (Suspected)
Left toe static. The lateral edges of the lesion are growing much quicker than the deficit. Continue to trim and not seal in lesion. A/P: Continue care, hopefully the lesion will grow out in the next few months. Not trimmed today due to Ruby interfering, should trim on Friday. (LG)

Clinical Note:

15.Nov.2002

Problem: abscess - left front digit (Suspected)
S Keepers had aggressively trimmed lesion prior to examination. It appears the lesion has tracked back parallel to the portion that has already healed. There is still soft reactive tissue present at the anterior end of the lesion as well
A Lesion has taken a step back
P cont current tx and ensure lesion remains open. (BC)

Clinical Note:

22.Nov.2002

Problem: abscess - left front digit (Suspected)
S Lesion on foot looks improved this week with better tissue occupying the main deficit at the proximal part of the lesion. No discharge present.
P Trimmed away along the sole and medial margin of the lesion to remove non viable tissue. (BC)

Clinical Note:

28.Nov.2002

Problem: abscess - left front digit (Suspected)
Temporal abscess= Cryptococcus neoformans, Corynebacterium, Proteus, enterobacter, enterococcus
A/P : expected contaminants, Lesion is healing. Have keepers continue to clean area daily. (LG)

Scientific Name: *ELEPHAS MAXIMUS INDICUS*
Common Name: Indian elephant
Name: GITA

Accession #: 00216
Female
Birth: 8.Jun.1958 (Estimated)

Clinical Note:

Problem: abscess - left front digit (Suspected)
Center spot is not as soft or as deep. Still some trimming to keep
the center from closing over. Looks improved over last week. Recheck
in 7 days. SK (SK)

29.Nov.2002

Clinical Note:

Problem: abscess - left front digit (Suspected)
The area is developing nice firm tissue and wants to close down - but
keep the center soft spot area open: Progressing OK. SK (SK)

13.Dec.2002

Clinical Note:

Problem: abscess - left front digit (Suspected)
S Proximal area has filled in with "normal" tissue but medial area
along sole has reactive tissue that penetrates down about 1.5cm
P Pared back reactive tissue and except for a small area proximally we
got down to good tissue
Keep aggressively trimming to keep area open and limit reactive tissue
build up. (BC)

16.Dec.2002

Clinical Note:

Problem: abscess - left front digit (Suspected)
S Lesion on the L front foot has not changed. There is still a 1cm
lesion deep in the sole with dark colored friable tissue. Surrounding
tissue looks good.
P Keepers trimmed away surrounding tissue to provide exposure to this
lesion. Tissues were quite vascular. Applied Lugols soln.
Plan: Use Ramsay/Lugols soln for one week to dry area out (BC)

20.Dec.2002

Clinical Note:

Problem: abscess - left front digit (Suspected)
There was an area that had a significant amount of dirt trapped,
trimmed more off the soft growth area to prevent trapping of debris
behind this area. Continue treatment as prescribed. (IG)

23.Dec.2002

=====
Scientific Name: *ELEPHAS MAXIMUS INDICUS*
Common Name: Indian elephant
Name: GITA

Accession #: 00216
Female
Birth: 8.Jun.1958 (Estimated)
=====

Clinical Note:

27.Dec.2002

Problem: abscess - left front digit (Suspected)
S Significant change since Monday. The deep lesion now extends along the length of the affected area in the sole. In addition the proximal portion of the lesion on the sole is now red and sensitive. No dirt evident after the soaking
A a step back in the healing process
P Cleaned with tame betadine then trimmed margins back to good tissue. Deep lesion had amount of necrotic tissue reduced. Lugols applied to reduce bleeding.
Plan recheck Monday and consider going to three times a week treatment (BC)

Clinical Note:

30.Dec.2002

Problem: abscess - left front digit (Suspected)
S/O: THE toe abscess appears to be shifting toward the bottom of the foot when originally it was more of a lateral lesion.
A: Lesion is still clean and dry, however, very persistent (typical of ele abscesses). I am concerned that it is migrating more to the bottom of her foot.
P: Stop the drying iodine derivates for awhile. Use her foot soaks (chlorhexadine and salt) BID and pack the abscess after soak with a Silvadene/DMSO 50:50 mix BID. Try and trim laterally to allow the abscess to escape that way, discourage continued trimming medially toward the sole. (LG)

Clinical Note:

31.Dec.2002

Problem: abscess - left front digit (Suspected)
Chronic medication: Cosequin Powder - successfully given by keeper 1/1 thru 12/31/02. (LH)

Scientific Name: *ELEPHAS MAXIMUS INDICUS*
Common Name: Indian elephant
Name: GITA

Accession #: 00216
Female

Birth: 8.Jun.1958 (Estimated)

Clinical Note:

3.Jan.2003

Problem: abscess - left front digit (Suspected)
S Keepers have been working of trimming laterally. The nail wall itself is thickened and the "white" line is more medial then normal. The actual lesion has not changed much and has not progressed medially.
P. Keepers to continue to trim laterally. Tx with DMSO/Silvedene to continue. Have asked keepers to apply tx and have her leave her foot up for 3-5 minutes to allow penetrance and prevent her from removing it. (BC)

Clinical Note:

9.Jan.2003

Problem: abscess - left front digit (Suspected)
Chronic Medication: Cosequin Powder - successfully given by keeper 1/1 thru 1/8/03. (LM)

Clinical Note:

10.Jan.2003

Problem: abscess - left front digit (Suspected)
S Keepers have been working aggressively to trim down tissue on the lesion, toe and sole. This has served to open the lesion up. The lesion is approx 4cm long and 1cm deep. There is still some sensitivity when manipulated
A Improving
P Trimmed tissue at distal end to completely open the lesion up. Cleaned with gauze and betadine and then applied DMSO/Silvedene oint. Plan continue tx with aggressive trimming. (BC)

Clinical Note:

17.Jan.2003

Problem: abscess - left front digit (Suspected)
S Lesion has progressed medially and extends underneath the sole pad the length of the lesion. The tissue lateral to this is somewhat softer than when previously examined. It is about 7mm deep all the way along
A lesion has changed
P Trimmed sole away on medial portion to allow complete exposure of the lesion. Applied Silvedene/DMSO
recheck on Monday Jan 20 (BC)

Scientific Name: *ELEPHAS MAXIMUS INDICUS*
Common Name: Indian elephant
Name: GITA

Accession #: 00216
Female

Birth: 8.Jun.1958 (Estimated)

Clinical Note:

Problem: abscess - left front digit (Suspected)

20.Jan.2003

CC: recheck

S/O: Lesion looks fine. Sole was trimmed away medially so now the lesion is border by soft nail growth on both sides.

A: status quo

P: Continue twice a week checks. (LG)

Clinical Note:

Problem: abscess - left front digit (Suspected)

24.Jan.2003

S No further erosion medially. Lesions has shrunk longitudinally. Keepers working on lateral margins

P No trimming today. Cont tx. (BC)

Clinical Note:

Problem: abscess - left front digit (Suspected)

7.Feb.2003

S Lesion is closing up nicely. There is an approx 1cm wide hole that is about 1cm deep. The adjacent tissue is relatively healthy tissue and there is no discharge. The region remains sensitive to touch

A improving

P Just trimmed lateral edge. Cleaned with betadine and DMSO/silvedend ointment applied. (BC)

Clinical Note:

Problem: abscess - left front digit (Suspected)

10.Feb.2003

S Lesion is starting to fill in. Surrounding tissue looks good. No discharge present.

P Trimmed surface of surrounding tissue to determine status. It all looks like healthy tissue.

Plan cont tx as per RX. Maybe getting close to discontinuing tx (BC)

Clinical Note:

Problem: abscess - left front digit (Suspected)

19.Feb.2003

Rx: GLUCOSAMINE CHONDROTIN 18000 mg PO SID until further notice. (LG)

Purpose: Arthritis

Prescription Data >>

Starting date: 19.Feb.2003

Drug: GLUCOSAMINE CHONDROTIN 18000 mg PO SID until further notice

Formulation: 1800 MG/SCP powder

Prescribed by: LG (19.Feb.2003)

Filled by: LG (19.Feb.2003)

Treatment weight: 4.200 kg

Comments >>

Medical History Report - Individual Specimen
LOS ANGELES ZOO

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=====
Scientific Name: ELEPHAS MAXIMUS INDICUS           Accession #: 00216
Common Name: Indian elephant                         Female
Name: GITA                                           Birth: 8.Jun.1958 (Estimated)
=====

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Prescription Record (continued):
Tradename of drug used is COSEQUIN.

Clinical Note: 21.Feb.2003

Problem: abscess - left front digit (Suspected)
 S Lesion has moved medially somewhat and is deeper than it was last week. Still approx 1cm in diameter and a similar depth. No discharge present. Still sensitive.
 P Keepers trimmed extra tissue on lateral surface
 Instilled DMSO/Silvedene cream
 Plan recheck Monday, it may require opening the lesion up laterally again. (BC)

Clinical Note: 24.Feb.2003

Problem: abscess - left front digit (Suspected)
 S Lesion has started to fill in with a combination of good tissue as well as some friable tissue. No deeper and no migration medially
 P Light trim of friable tissue. Applied DMSO/Silvedene cream
 If tissue looks good on Friday consider leaving without trimming to see if it will fill in with viable tissue. (BC)

Clinical Note: 28.Feb.2003

Problem: abscess - left front digit (Suspected)
 S Lesion seems to be resolving and filling in with relatively normal tissue. Area is still quite sensitive. No discharge.
 P Leave without trimming today to see if it will fill in with good tissue.
 Tx DMSO/Silvedene ointment (BC)

Scientific Name: *ELEPHAS MAXIMUS INDICUS*
Common Name: Indian elephant
Name: GITA

Accession #: 00216
Female

Birth: 8.Jun.1958 (Estimated)

Clinical Note:

Problem: abscess - left front digit (Suspected)
No change.

10.Mar.2003

S/O: The small pocket is still present. The pad of ingrown tissue looks healthy. They didn't do routine foot care last week. They promise they will trim the foot tomorrow.

A: Stable, no evidence of infection, Gita acts sensitive still when pocket is explored with Q-tip.

P: Consider radiographs if scheduling will permit, re-evaluate after foot trim. (LG)

Clinical Note:

Problem: abscess - left front digit (Suspected)

21.Mar.2003

S Lesion is filling in with healthy tissue. No discharge but there is some sensitivity on palpation. No progression of lesion

A improving

P applied DMSO/Silvedene. Only do minimal trimming and give opportunity for lesion to fill in on its own (BC)

Clinical Note:

Problem: abscess - left front digit (Suspected)

28.Mar.2003

S No change in lesion. There is still a defect but it is surrounded by healthy tissue and there is no discharge. When probed there was frank bleeding evident suggesting good viable tissue

P cont tx Recheck on Monday March 31 (BC)

Clinical Note:

Problem: abscess - left front digit (Suspected)

4.Apr.2003

S Still no change in lesion. Apparently good tissue all the way around but there is still a small deficit. No discharge but still somewhat sensitive.

There was some bleeding from the surface tissues during examination

P cont tx. Recheck on Monday April 7 (BC)

=====
Scientific Name: *ELEPHAS MAXIMUS INDICUS*
Common Name: Indian elephant
Name: GITA

Accession #: 00216
Female
Birth: 8.Jun.1958 (Estimated)
=====

Clinical Note:

7.Apr.2003

Problem: abscess - left front digit (Suspected)
S Lesion has still not filled in on L front foot sole. Surrounding tissue continues to look good and is quite vascular. No discharge but she is still somewhat sensitive.
P recheck April 11. Consider opening up area/ (BC)

Clinical Note:

18.Apr.2003

Problem: abscess - left front digit (Suspected)
Examination of the abscessed area: The area has filled is fairly well with good firm tissue. No treatments needed. Monitor and recheck next week. SK (SK)

Clinical Note:

25.Apr.2003

Problem: abscess - left front digit (Suspected)
This area continues to improve and is close to being fully resolved. The AK's will monitor otherwise the HC will consider this area to need no further rechecks. SK and RB. (SK)

Clinical Note:

6.Jun.2003

Problem: abscess - left front digit (Suspected)
Recheck of the area shows firm tissue with only a small depression left. The plan is to stop foot soaks at this time and monitor weekly.
SK (SK)

Clinical Note:

13.Jun.2003

Problem: abscess - left front digit (Suspected)
Foot soaks were stopped for one week. The old lesion area is basically healed and looks good. There is a new lesion on the lateral 1/4 margin of the lateral nail of the central two. This is a relatively superficial lesion that was grooved / wedged vertically by the AK. After examination I had them slightly extend the grooved area more dorsally. Foot soaks were re-started. The AK's will carve slightly on Mon. or Tues. I will recheck in one week. SK (SK)

=====
Scientific Name: *ELEPHAS MAXIMUS INDICUS*
Common Name: Indian elephant
Name: GITA

Accession #: 00216
Female
Birth: 8.Jun.1958 (Estimated)
=====

Clinical Note:

20.Jun.2003

Problem: abscess - left front digit (Suspected)
Gita was already out on exhibit so I could not look at the new lesion:
The AK (Don) said that the area is doing well and drying up. Plan a
recheck next week. SK (SK)

Clinical Note:

27.Jun.2003

Problem: abscess - left front digit (Suspected)
Examination of the the current Left front nail lesion: This has
become more extensive over the last two weeks. Currently it occupies
a vertical wedge on the lateral 1/3 of the lateral central nail. It
is starting to travel ventral and axial. Continue on aon a twice
weekly basis to debride nail bed tissue to keep this a superficial
problem. Betadine cleaning and Silvadeen applied. Daily foot soaks.
Recheck next Friday. SK (SK)

Clinical Note:

4.Jul.2003

Problem: abscess - left front digit (Suspected)
Recheck of the area shows significant improvement over last week. The
tissue filling in in the vertical crack is firm. There is a .75 cm
softer spot at the ventral end of the crack which the AK will work on
to slightly open up. Recheck next week. SK (SK)

Scientific Name: ~~ELEPHAS~~ **ELEPHAS MAXIMUS INDICUS**
Common Name: Indian elephant
Name: GITA

Accession #: 00216

Female

Birth: 8.Jun.1958 (Estimated)

Clinical Note:

15.Jul.2003

Problem: abscess - left front digit (Suspected)
Recheck radiographs

HX: Gita has chronic toe abscesses. Plan to recheck radiographs of front left foot just to document and monitor changes. She has some minor changes on her nails digit 3 and 4 at this time however, no active abscess or observed pain - good time for routine radiographs. A: For very distal toes/ soft tissue technique KV 50 MaS 2.5 is fine. For more phalynx detail need to set hotter KV 50 and MaS 25 worked great. Left carpus KV 80 MaS 32 looked great. No obvious arthritis in her carpus. She does have a malaligned Digit 2 in the left front, this is evident for several years looking over old radiographs. There is no arthritis associated with this malaligned toe or in the carpus. However, I highly suspect her chronic recurrent nail abscesses in this left front foot is due to the malalignment in her toes. There is also evidence of the lateral part of phalynx 3 on digit 4 missing, additionally a small part of phalynx 2 same toe missing, this has been evident over the years, no great evidence of change, or activity in this area. The elephant crew reports that she had a toe surgery in the 1970's that they think this part of her bones were likely surgically removed at that time, I have difficulty finding this documented in her record, but does seem conceivable looking at the trends of radiographs.

P: Recheck radiographs 2-3 times a year to watch for arthritic changes. Continue chronic nail care, conservatively. Her abscesses are due to malalignment and wear, not as likely to be due to some deep underlying infection, no need to go crazy paring out nail abscess, continue moderate treatment. Continue monitoring digit 4 with radiographs. (JG)

Clinical Note:

1.Aug.2003

Problem: abscess - left front digit (Suspected)

The nail abscess crack has filled in well. Just watching a slightly soft 1.0 cm area that was a ventral part of the original abscess. I will recheck weekly. SK (SK)

Scientific Name: *ELEPHAS MAXIMUS INDICUS*
Common Name: Indian elephant
Name: GITA

Accession #: 00216
Female

Birth: 8.Jun.1958 (Estimated)

Clinical Note:

8.Aug.2003

Problem: abscess - left front digit (Suspected)
The small central abscess is now 1.5 x 1 cm but is moving out well towards the nail edge. Although this is larger than last week it is in a much better position at this time to grow out laterally rather than continue dorsal medial and cause a significant problem. Trimmed to open up for drainage. Betadine applied then Silvadeen. I will recheck weekly. SK (SK)

Clinical Note:

15.Aug.2003

Problem: abscess - left front digit (Suspected)
The left front foot abscess area is filled in with a little more firm tissue than last week. This is still not normal but an improvement. Recommend if it is not more firm in two days then pare out the area. In general she had feet trimming about 2 weeks ago by AK's. Her left rear foot was fine at that time but now has a sole abscess on the caudal right quarter. I instructed the AK to pare out one area about .75 cm deep to see what this soft tissue was going to do. They will continue to soak both feet. I will recheck next week. SK (SK)

Clinical Note:

22.Aug.2003

Problem: abscess - left front digit (Suspected)
No significant change on the left front foot lesion. Improvement of one of the two spots on the left rear foot lesion. Continue soaking daily and debridment as needed. SK (SK)

Clinical Note:

26.Sep.2003

Problem: abscess - left front digit (Suspected)
Small 1 cm area on LF and LR foot are being stubborn to replace with firm tissue. Continue soaks, and debridment. SK (SK)

Clinical Note:

10.Oct.2003

Problem: abscess - left front digit (Suspected)
The left front foot lesion has finally filled in with a firm white granulation tissue. Recommend no further debridment of this area. The left rear foot lesions are much more shallow in depth and being moved to the edge of the nail with area debridment. SK (SK)

Clinical Pathology Records - Specimen Report
LOS ANGELES ZOO

- page 108 -

Scientific Name: *ELEPHAS MAXIMUS INDICUS*
Common Name: Indian elephant
Name: GITA

Accession #: 00216
Female
Birth: 8.Jun.1958 (Estimated)
Age: 45Y 4M Est.

Collection Information >>

Health Status: Normal
Fasting Time: < 8 hours
Activity: Calm
Weight: 4200 Kg on 29.Mar.2001
Manual restraint used.

Date of Collection: 11.Oct.2003
Time of Collection: 11:00.0
Collected by: JW
Sample Collection Site: EAR VEIN

Chemistry >>

Analysis Information >>

Chemistry Sample: Serum
Storage: Refrigerated (<48 hours)
Sample Quality: No quality problems.

Laboratory: ANT-SCREEN
Date of Analysis: 12.Oct.2003
Time of Analysis:
Analysis by:
Automated analysis.

Tests and Results >>

GLUCOSE	97	MG/DL
BLOOD UREA NITROGEN	9	MG/DL
CREATININE	1.8	MG/DL
BUN/creatinine ratio	5.00	
CALCIUM	11.0	MG/DL
PHOSPHORUS	< 2.7	MG/DL
calcium/phosphorus ratio	4.07	
SODIUM	130	MEQ/L
POTASSIUM	4.2	MEQ/L
sodium/potassium ratio	31.0	
CHLORIDE	93	MEQ/L
CHOLESTEROL	53	MG/DL
TOTAL PROTEIN (COLORIMETRY)	8.5	GM/DL
ALBUMIN (COLORIMETRY)	2.8	GM/DL
GLOBULIN (COLORIMETRY)	5.7	GM/DL
albumin/globulin ratio	0.491	
ALANINE AMINOTRANSFERASE	5	IU/L
TOTAL BILIRUBIN	0.1	MG/DL
ALKALINE PHOSPHATASE	111	IU/L
CREATINE PHOSPHOKINASE	101	IU/L
ALBUMIN GLOBULIN RATIO	0.5	GM/DL
BUN/CREATININE RATIO	5	MG/DL
SODIUM/POTASSIUM RATIO	31	RATIO

Comments >>

ALT RECHECKED.

Scientific Name: *ELEPHAS MAXIMUS INDICUS*
Common Name: Indian elephant
Name: GITA

Accession #: 00216
Female
Birth: 8.Jun.1958 (Estimated)
Age: 45Y 4M Est.

Clinical Note: 17.Oct.2003

Problem: abscess - left front digit (Suspected)
Left front foot lesion a little more soft than last week. Also now a shallow lateral nail abscess (Debrided by AK's). Left rear foot the lesions are more shallow and moving laterall to the edge. Recommend two debridments (Minor and shallow) over the next week. Continue to recheck weekly. (SK)

Clinical Note: 19.Oct.2003

Problem: abscess - left front digit (Suspected)
Rx: WEST NILE VIRUS VACCINE (KILLED) 2 ml IM once for 1 day. (JW)

Purpose: abscess - left front digit (Suspected)

Prescription Data >> Starting date: 19.Oct.2003
Drug: WEST NILE VIRUS VACCINE (KILLED) 2 ml IM once
Formulation: injectable
Prescribed by: JW (19.Oct.2003) Filled by: JW (19.Oct.2003)
Treatment weight: 4200 kg

Clinical Note: 25.Oct.2003

Problem: abscess - left front digit (Suspected)
Continued monitoring of foot abscesses: They are controlled and these will resolve by moving them laterally and getting them to edge out. SK (SK)

Clinical Note: 31.Oct.2003

Problem: abscess - left front digit (Suspected)
Continued monitoring of foot abscesses: They are controlled and these will resolve by moving them laterally and getting them to edge out. SK (SK)

Scientific name: **ELEPHAS MAXIMUS**
Common Name: **INDIAN ELEPHANT**

		ISIS Values				
		Mean	S.D.	Min.	Max.	(N)
WBC	*10 ³ /UL	14.43 ±	4.409	5.800	33.30	(1779)
RBC	*10 ⁶ /UL	3.06 ±	0.51	1.78	5.15	(1501)
HGB	GM/DL	13.2 ±	2.2	6.6	24.9	(1568)
HCT	%	37.1 ±	6.0	20.3	68.0	(1890)
MCH	MG/DL	43.3 ±	4.8	16.6	63.2	(1464)
MCHC	uug	35.4 ±	3.6	16.9	68.6	(1536)
MCV	fL	122.3 ±	13.4	47.1	213.2	(1491)
SEGS	*10 ³ /UL	4.822 ±	2.925	0.291	23.90	(1502)
BANDS	*10 ³ /UL	1.402 ±	2.124	0.000	11.40	(307)
LYMPHOCYTES	*10 ³ /UL	5.243 ±	3.223	0.196	20.60	(1513)
MONOCYTES	*10 ³ /UL	3.677 ±	2.909	0.000	9.983	(1273)
EOSINOPHILS	*10 ³ /UL	0.465 ±	0.551	0.000	4.520	(1093)
BASOPHILS	*10 ³ /UL	0.173 ±	0.105	0.000	0.508	(119)
NRBC	/100 WBC	1 ±	1	0	3	(85)
PLATE. CNT.	*10 ³ /UL	469 ±	215	121	1394	(428)
RETICS	%	0.8 ±	1.6	0.0	4.4	(10)
GLUCOSE	MG/DL	91 ±	21	33	223	(1257)
BUN	MG/DL	13 ±	4	4	30	(1260)
CREAT.	MG/DL	1.6 ±	0.4	0.7	3.3	(1230)
URIC ACID	MG/DL	0.2 ±	0.3	0.0	3.4	(286)
CA	MG/DL	10.6 ±	0.8	7.8	14.8	(1184)
PHOS	MG/DL	5.0 ±	1.2	1.9	11.1	(724)
NA	MEQ/L	130 ±	6	99	181	(859)
K	MEQ/L	4.6 ±	0.5	3.2	6.6	(861)
CL	MEQ/L	89 ±	4	77	103	(731)
IRON	MCG/DL	65 ±	23	29	158	(82)
MG	MG/DL	2.10 ±	0.53	0.00	2.90	(68)
HCO3	MMOL/L	26.3 ±	3.0	19.0	32.3	(55)
CHOL	MG/DL	48 ±	19	0	189	(599)
TRIG	MG/DL	61 ±	42	10	329	(745)
T. PROT. (C)	GM/DL	8.1 ±	0.8	5.8	11.3	(1227)
T. PROT. (R)	GM/DL	8.4 ±	0.4	7.8	9.2	(23)
ALBUMIN (C)	GM/DL	3.2 ±	0.5	1.9	4.7	(648)
GLOBULIN (C)	GM/DL	5.0 ±	1.0	2.7	8.6	(639)
AST (SGOT)	IU/L	22 ±	11	4	97	(1227)
ALT (SGPT)	IU/L	7 ±	8	0	72	(781)
T. BILL.	MG/DL	0.2 ±	0.2	0.0	1.2	(765)
D. BILL	MG/DL	0.1 ±	0.1	0.0	1.3	(233)
I. BILL.	MG/DL	0.1 ±	0.1	0.0	0.6	(224)
AMYLASE	U/L	3017 ±	2492	0	9866	(170)
ALK. PHOS.	IU/L	143 ±	66	28	641	(1157)
LDH	IU/L	655 ±	703	46	4769	(495)

Clinical Pathology Records Report - ISIS/In-House Reference Values
LOS ANGELES ZOO

 Scientific name: **ELEPHAS MAXIMUS**
 Common Name: **INDIAN ELEPHANT**

		ISIS Values		Min.	Max.	(N)
		Mean	S.D.			
CPK	IU/L	225 ±	170	23	1260	(486)
OSMOLARITY	MOSMOL/L	264 ±	29	0	325	(98)
ALPHA GLOB.	MG/DL	250.4 ±	353.1	0.7	500.0	(2)
ALPHA-1 GLOB	MG/DL	0.8 ±	0.1	0.7	1.0	(6)
ALPHA-2 GLOB	MG/DL	0.9 ±	0.2	0.7	1.1	(6)
BETA GLOB.	MG/DL	1.0 ±	0.6	0.6	1.4	(2)
Body Temperature:		36.3 ±	0.5	36.0	37.0	(4)
CO2	MMOL/L	24.8 ±	4.0	15.8	37.0	(230)
CORTISOL	UG/DL	2.0 ±	1.0	0.5	5.4	(35)
ESR	MM/HR	98 ±	32	53	130	(7)
FIBRINOGEN	MG/DL	371 ±	181	0	810	(238)
GGT	IU/L	7 ±	5	0	33	(314)
LIPASE	U/L	19 ±	30	0	127	(53)
PROGESTERONE	NG/DL	18.82 ±	62.45	0.020	346.0	(379)
TESTOSTERONE	NG/ML	20.34 ±	27.95	0.570	40.10	(2)
A-TOCOPHEROL	UG/DL	1.9 ±	15	0	42	(8)
TOTAL T4	MCG/DL	10.0 ±	2.7	4.2	12.6	(10)
T3 UPTAKE	%	28 ±	2	26	29	(2)
ALBUMIN (E)	GM/DL	4.1 ±	0.6	3.5	4.9	(4)
GAMMA GLOB	GM/DL	2.9 ±	2.9	0.0	9.0	(11)

Scientific Name: *ELEPHAS MAXIMUS INDICUS*
Common Name: Indian elephant
Name: GITA

Accession #: 00216
Female
Birth: 8.Jun.1958 (Estimated)

Clinical Note:

14.Nov.2003

Problem: abscess - left front digit (Suspected)
Recheck: The left front leg abscesses are getting move to the edges.
The left rear foot is about the same and needs trimming. She seems
more stiff / sore on the left front probably due to decreased walking
since the move to the holding yard. SK (SK)

Clinical Note:

16.Nov.2003

Problem: abscess - left front digit (Suspected)
Moving OK today. Doing a lot of weight shifting, but actually holding
up her right front foot more of the time. Not markedly lame.
Rx: WEST NILE VIRUS VACCINE (KILLED) 1 ml IM once for 1 day. 2nd in
series of 2. (JW)

Purpose: abscess - left front digit (Suspected)

Prescription Data >>

Starting date: 16.Nov.2003

Drug: WEST NILE VIRUS VACCINE (KILLED) 1 ml IM once

Formulation: injectable

Prescribed by: JW (16.Nov.2003)

Filled by: JW (16.Nov.2003)

Treatment weight: 4200 kg

Clinical Note:

20.Nov.2003

Problem: abscess - left front digit (Suspected)
Recheck: Gita is moving about normal for her today. Much improved
from last week. SK (SK)

Clinical Note:

5.Dec.2003

Problem: abscess - left front digit (Suspected)
Recheck: AK's were exercising her out of the enclosed area. They
said she is doing well with respect to the lameness on the right
front. The walking has helped alot.
Recheck on the left front and left rear foot abscesses shows them to
be close to the nail edge to be moved out with further trimming and
time. Currently the areas are 2.0 - 2.5 cm in diameter. Looking
fair to good - it will just take time. SK. (SK)

Scientific Name: **ELEPHAS MAXIMUS INDICUS**
 Common Name: Indian elephant
 Name: **GITA**
 Accession #: 00216
 Female
 Birth: 8.Jun.1958 (Estimated)

Clinical Note: 19.Dec.2003
 Problem: abscess - left front digit (Suspected)

Left front foot lesions x 2. The lateral lesion is large but has relatively firm tissue - still moving it out laterally. The cranial lesion is smaller and needs to gradually be moved forward to the nail edge. The left rear foot lesion (2) has a healed sole lesion and the toe lesion is small 1 - 1.5 cm and almost healed (progressing well). SK (CS)

Clinical Note: 15.Jan.2004
 Problem: abscess - left front digit (Suspected)

Proc: Sample #1 collected for TB culture of trunk washings.
 Rx: TETANUS TOXOID 1 ml IM once for 1 day. (JW)

Submission Data >>
 Type: Fecal sample
 Purpose: ROUTINE EXAMINATION

Sample id.: 2004-0037
 Date collected: 15.Jan.2004
 Collected by: JW

Collected from:
 From an individual specimen.

Enclosure: 8020RH

Examination Data >>
 Storage: refrigerated
 Consistency: Not specified
 Gross appearance: Typical

Date examined: 16.Jan.2004
 by: CAL

Tests & Results >>
 DIRECT MICROSCOPIC EXAMINATION NO PARASITES SEEN
 FLOATATION - NA NITRATE NO PARASITES SEEN

Purpose: abscess - left front digit (Suspected)

Prescription Data >>
 Drug: TETANUS TOXOID 1 ml IM once
 Formulation: injectable
 Prescribed by: JW (15.Jan.2004)

Starting date: 15.Jan.2004
 Filled by: JW (15.Jan.2004)
 Treatment weight: 4200 kg

=====
Scientific Name: *ELEPHAS MAXIMUS INDICUS*
Common Name: Indian elephant
Name: GITA
=====

Accession #: 00216
Female
Birth: 8.Jun.1958 (Estimated)
=====

Clinical Note:

Problem: abscess - left front digit (Suspected)
Did trunk wash with saline today for TB culture. Took radiographs of LF lateral toe, LF DV (weight bearing digits) and LR medial toe. Nail over previous infected digit (LF lateral nail) appears to be healing at this time. Need to repeat LF DV due to light leak onto film. (LJG)

17.Jan.2004

Clinical Note:

Problem: abscess - left front digit (Suspected)
Did third trunk wash for Tb testing today. Took radiographs of LFront foot DV, slightly lateral. (LG)

19.Jan.2004

Clinical Note:

Problem: abscess - left front digit (Suspected)
TRUNK WASH
Second of third required trunk washes. 2 that were done over weekend were accidentally left out (not frozen), so needed to be repeated.
Proc:
1. Trunk wash performed by kprs in presence of vet using sterile saline.
Assess:
Pending results. (RB)

22.Jan.2004

Clinical Note:

Problem: abscess - left front digit (Suspected)
Trunk Wash # 3. Proc:
1. Trunk wash performed by kprs in presence of vet (SK) using sterile saline.
Assess:
Pending results. (SK)

23.Jan.2004

Scientific Name: *ELEPHAS MAXIMUS INDICUS*
Common Name: Indian elephant
Name: GITA

Accession #: 00216
Female
Birth: 8.Jun.1958 (Estimated)

Parasitology Examination:

Submission Data >>
Type: Fecal sample
Purpose: ROUTINE EXAMINATION

Sample id.: 2004-0109
Date collected: 12.Feb.2004

Collected from:
Group of specimens housed together.

Enclosure: 8020RH

Examination Data >>
Storage: room temperature
Consistency: Not specified
Gross appearance: Typical

Date examined: 12.Feb.2004

by: CAL

Tests & Results >>

DIRECT MICROSCOPIC EXAMINATION NO PARASITES SEEN
FLOATATION - NA NITRATE NO PARASITES SEEN

Clinical Note:

29.Mar.2004

Problem: abscess - left front digit (Suspected)
O: Trunk wash results: All three cultures negative for mycobacteria..
(JW)

=====
Scientific Name: *ELEPHAS MAXIMUS INDICUS*
Common Name: Indian elephant
Name: GITA

Accession #: 00216
Female
Birth: 8.Jun.1958 (Estimated)
=====

Clinical Note:

20.Apr.2004

Problem: abscess - left front digit (Suspected)

RECHECK FEET

LG to pick back up weekly visits/checks next week, but asked if I could go down this week. Kprs are having Gita soak front feet daily and doing minor trimming about 1/wk.

Obs:

Front left has crescent shaped, approx 4cm long and 1cm deep lesion on the pad of digit 4 about 2cm or so from the nail. This lesion has a fair amount of fibrinous proliferative tissue and bled fairly easily when probed/cleaned with q-tip. Right front has a slightly larger lesion also on digit 4, but at the junction of the pad and the nail. This has some proliferative tissue also, but is basically growing out nicely and has no depth or discharge. Left rear foot pad looks great with no sign of previous lesion.

Proc:

1. Cleaned both lesions and applied SSD.

Assess:

Older left rear lesion healed. Left front only has one lesion now and have not seen this animal for a long time, so difficult to say whether this is an improvement or static. Right front lesion is new for me, but is at the edge of the pad/toenail and appears to be healing well.

Plan:

1. Continue approx weekly visits/checks. (RB)

Clinical Note:

5.May.2004

Problem: abscess - left front digit (Suspected)

Recheck feet:

Rear feet reportedly have no nail abscesses at this time. Front left has 3 old nail abscess, and right front has one nail abscess.

A: AK reports the three lesions on the left front have been there for awhile, RB they only pointed out the most obvious one to RB last week. None of them appear infected, just abnormal nail wear due to chronic arthritis.

P: Continue to have weekly vet checks to monitor progress. (LG)

=====
Scientific Name: *ELEPHAS MAXIMUS INDICUS*
Common Name: Indian elephant
Name: GITA

Accession #: 00216
Female
Birth: 8.Jun.1958 (Estimated)
=====

Clinical Note:

16.May.2004

Problem: abscess - left front digit (Suspected)
Quick recheck of Gita feet (AK were trying to clock out at their EOW time of 2:30). Overall left front foot 3 lesions unchanged from before, right front digit 4 lesion is progressing fast to the nail wall, AK trimmed almost entire nail wall off, leaving only the growth bed - this was done earlier in the week without veterinary interaction, appears to have done a fine job, all of our current keeper staff has long term experience with elephants. (LG)

Clinical Note:

8.Jun.2004

Problem: abscess - left front digit (Suspected)
RECHECK FEET
RF: D3 lesion continues to work itself out, still has a fairly large linear, crescent-shaped pocket with fibrinous tissue present on the bottom.
LF: D3&4=no real change. Still have moderate pockets with fibrinous soft tissue present. Sole of this foot has numerous small previously trimmed pockets/depressions. (RB)

Clinical Note:

18.Jun.2004

Problem: abscess - left front digit (Suspected)
RECHECK FEET
RF: D3 Lesion is swollen, both both palmar and lateral, the bottom has some fibrinous necrotic areas and it seems tender & painful
LF: Seems similar to the previous report (JW)

Clinical Note:

1.Jul.2004

Problem: abscess - left front digit (Suspected)
RECHECK FEET
LF now has a approx 4cm circular sole lesion that seems soft, fibrinous and painful, otherwise no other changes. (RB)

=====
Scientific Name: **ELEPHAS MAXIMUS INDICUS**
Common Name: Indian elephant
Name: GITA

Accession #: 00216
Female
Birth: 8.Jun.1958 (Estimated)
=====

Clinical Note:

14.Jul.2004

Problem: abscess - left front digit (Suspected)
CC: Recheck radiographs of feet.
Procedure: She was walked up to the health Center and had all four feet and carpus radiographed with the portable radiograph machine. Three basic views of each foot was taken:
1) Distal toes (P3) - KVP 50 and Mas 2.5
2) Phalynx (P1 and P2) - KVP 50 and Mas 25
3) Carpus KVP 80 and Mas 32
A: Not much changes since previous radiographs from a year ago, slight arthritis and no changes in her distal bone P3 of digit 4 left front.
P: Continue weekly care of feet, and annual radiographs. (LG)

Clinical Note:

22.Jul.2004

Problem: abscess - left front digit (Suspected)
RECHECK FEET: IMPROVING
Lesions on both front feet finally seem to be improving slightly. They appear more shallow and less tender, with fibrinous material filling in. (RB)

Clinical Note:

3.Aug.2004

Problem: abscess - left front digit (Suspected)
Recheck front feet.
Right front is improving. Left front digit 4 is still worrisome, there is discharge from central sole lesion, and now a vertical crack on the lateral hoof wall of this nail.
P: Recheck next week if no improvement may need to place drying agent on the sole of nail where active discharge/possible infection. (LG)

Clinical Note:

10.Aug.2004

Problem: abscess - left front digit (Suspected)
Right front digit 3 from old lesion, there is another soft spot breaking out wher the nail attaches to the slipper of the sole. Additonally the lrft front digit 4 still has a hole in the sole with soft " new nail growth" type tissue, and marked lateral nail wall crack still present.
P: Requested keepers to apply merthiolate to these soft areas once a day to dry it out until I can recheck again in a week or so.
Rx: TINCTURE MERTHIOLATE 1 ml topically SID until further notice. (LG)

Medical History Report - Individual Specimen
LOS ANGELES ZOO

- page 8 -

=====
Scientific Name: *ELEPHAS MAXIMUS INDICUS*
Common Name: Indian elephant
Name: GITA

Accession #: 00216
Female
Birth: 8.Jun.1958 (Estimated)
=====

Purpose: abscess - left front digit (Suspected)

Prescription Data >>

Starting date: 10.Aug.2004

Drug: TINCTURE MERTHIOLATE 1 ml topically SID until further
notice

Formulation: liquid

Prescribed by: LG (10.Aug.2004)

Filled by: LG (10.Aug.2004)

Treatment weight: 4200 kg

Comments >>

Topical treatment: Apply to left front Digit 4 and Right Front Digit 3

Clinical Note:

21.Sep.2004

Problem: abscess - left front digit (Suspected)
Left front foot checked.

Small lesion on sole extends approx 1.5 cm deep on digit IV. Narrow
crack on medial digit. Both sites flushed with dilute Nolvasan.
Medial lesion started to slightly bleed. Will reassess in one week.
(AW)

Clinical Note:

28.Sep.2004

Problem: abscess - left front digit (Suspected)
Left front foot checked.

Small approx 2.5cm dm lesion on sole extends approx 1cm deep on digit
IV. Smaller soft spot in sole on digit I. Both sites vigorously
flushed with dilute Nolvasan. Did not visualize lesion one week prior
but A/K Scott believed site had improved. Will reassess in one week.
(AG)

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Scientific Name: *ELEPHAS MAXIMUS INDICUS*
Common Name: Indian elephant
Name: GITA
=====

Accession #: 00216
Female
Birth: 8.Jun.1958 (Estimated)
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Clinical Note:

5.Oct.2004

Problem: abscess - left front digit (Suspected)
Left front foot checked.

Small approx 3 cm x 2 cm lesion on sole extends approx 1-2 cm deep on digit IV (AK believes lesion is better). Smaller 2 cm x 1 cm soft spot in sole on digit I (AK believes this lesion is worse). Both sites vigorously flushed with dilute Nolvasan. Will reassess in one week. (AW)

Clinical Note:

12.Oct.2004

Problem: abscess - left front digit (Suspected)
Left front foot checked.

Small approx 3 cm x 2 cm lesion surrounded by soft region on sole extends approx 1-2 cm deep on digit IV (AK believes lesion is better and breaking out to the side; AK are filing nail down to bring the abscess to the side). Smaller 2 cm x 1 cm soft spot in sole on digit I and small crack on side of nail (AK believes this lesion is worse). Both sites vigorously flushed with dilute Nolvasan. Will reassess in one week. AK may need to file nails of medial digit to bring the abscess out from the bottem to the side of the digit. (AW)

Clinical Pathology Records Report - ISIS/In-House Reference Values
 LOS ANGELES ZOO

Scientific name: **ELEPHAS MAXIMUS**
 Common Name: Indian elephant

		ISIS Values				
		Mean	S.D.	Min.	Max.	(N)
WBC	*10 ³ /UL	14.43 ±	4.409	5.800	33.30	(1779)
RBC	*10 ⁶ /UL	3.06 ±	0.51	1.78	5.15	(1501)
HGB	GM/DL	13.2 ±	2.2	6.6	24.9	(1568)
HCT	%	37.1 ±	6.0	20.3	68.0	(1890)
MCH	MG/DL	43.3 ±	4.8	16.6	63.2	(1464)
MCHC	uug	35.4 ±	3.6	16.9	68.6	(1536)
MCV	fL	122.3 ±	13.4	47.1	213.2	(1491)
SEGS	*10 ³ /UL	4.822 ±	2.925	0.291	23.90	(1502)
BANDS	*10 ³ /UL	1.402 ±	2.124	0.000	11.40	(307)
LYMPHOCYTES	*10 ³ /UL	5.243 ±	3.223	0.196	20.60	(1513)
MONOCYTES	*10 ³ /UL	3.677 ±	2.909	0.000	9.983	(1273)
EOSINOPHILS	*10 ³ /UL	0.465 ±	0.551	0.000	4.520	(1093)
BASOPHILS	*10 ³ /UL	0.173 ±	0.105	0.000	0.508	(119)
NRBC	/100 WBC	1 ±	1	0	3	(85)
PLATE. CNT.	*10 ³ /UL	469 ±	215	121	1394	(428)
RETICS	%	0.8 ±	1.6	0.0	4.4	(10)
GLUCOSE	MG/DL	91 ±	21	33	223	(1257)
BUN	MG/DL	13 ±	4	4	30	(1260)
CREAT.	MG/DL	1.6 ±	0.4	0.7	3.3	(1230)
URIC ACID	MG/DL	0.2 ±	0.3	0.0	3.4	(286)
CA	MG/DL	10.6 ±	0.8	7.8	14.8	(1184)
PHOS	MG/DL	5.0 ±	1.2	1.9	11.1	(724)
NA	MEQ/L	130 ±	6	99	181	(859)
K	MEQ/L	4.6 ±	0.5	3.2	6.6	(861)
CL	MEQ/L	89 ±	4	77	103	(731)
IRON	MCG/DL	65 ±	23	29	158	(82)
MG	MG/DL	2.10 ±	0.53	0.00	2.90	(68)
HCO3	MMOL/L	26.3 ±	3.0	19.0	32.3	(55)
CHOL	MG/DL	48 ±	19	0	189	(599)
TRIG	MG/DL	61 ±	42	10	329	(745)
T.PROT. (C)	GM/DL	8.1 ±	0.8	5.8	11.3	(1227)
T.PROT. (R)	GM/DL	8.4 ±	0.4	7.8	9.2	(23)
ALBUMIN (C)	GM/DL	3.2 ±	0.5	1.9	4.7	(648)
GLOBULIN (C)	GM/DL	5.0 ±	1.0	2.7	8.6	(639)
AST (SGOT)	IU/L	22 ±	11	4	97	(1227)
ALT (SGPT)	IU/L	7 ±	8	0	72	(781)
T. BILI.	MG/DL	0.2 ±	0.2	0.0	1.2	(765)
D. BILI	MG/DL	0.1 ±	0.1	0.0	1.3	(233)
I. BILI.	MG/DL	0.1 ±	0.1	0.0	0.6	(224)
AMYLASE	U/L	3017 ±	2492	0	9866	(170)
ALK.PHOS.	IU/L	143 ±	66	28	641	(1157)
LDH	IU/L	655 ±	703	46	4769	(495)

Clinical Pathology Records Report - ISIS/In-House Reference Values
LOS ANGELES ZOO

Scientific name: *ELEPHAS MAXIMUS*
Common Name: Indian elephant

ISIS Values
Mean S.D. Min. Max. (N)

		Mean	S.D.	Min.	Max.	(N)
CPK	IU/L	225 ±	170	23	1260	(486)
OSMOLARITY	MOSMOL/L	264 ±	29	0	325	(98)
ALPHA GLOB.	MG/DL	250.4 ±	353.1	0.7	500.0	(2)
ALPHA-1 GLOB	MG/DL	0.8 ±	0.1	0.7	1.0	(6)
ALPHA-2 GLOB	MG/DL	0.9 ±	0.2	0.7	1.1	(6)
BETA GLOB.	MG/DL	1.0 ±	0.6	0.6	1.4	(2)
Body Temperature:		36.3 ±	0.5	36.0	37.0	(4)
CO2	MMOL/L	24.8 ±	4.0	15.8	37.0	(230)
CORTISOL	UG/DL	2.0 ±	1.0	0.5	5.4	(35)
ESR	MM/HR	98 ±	32	53	130	(7)
FIBRINOGEN	MG/DL	371 ±	181	0	810	(238)
GGT	IU/L	7 ±	5	0	33	(314)
LIPASE	U/L	19 ±	30	0	127	(53)
PROGESTERONE	NG/DL	18.82 ±	62.45	0.020	346.0	(379)
TESTOSTERONE	NG/ML	20.34 ±	27.95	0.570	40.10	(2)
A-TOCOPHEROL	UG/DL	19 ±	15	0	42	(8)
TOTAL T4	MCG/DL	10.0 ±	2.7	4.2	12.6	(10)
T3 UPTAKE	%	28 ±	2	26	29	(2)
ALBUMIN (E)	GM/DL	4.1 ±	0.6	3.5	4.9	(4)
GAMMA GLOB	GM/DL	2.9 ±	2.9	0.0	9.0	(11)