

- page 1 -

Clinical Notes - Individual Specimen Report
LOS ANGELES ZOO

```

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

```

.....2005....

4.Jan.2005

Problem: abscess - left front digit (Suspected)
 Foot Check (x4)

Routine Weekly Foot Check: Left Front with improving pockets on digits II and IV, digit II approx 1cm diameter whereas digit IV is slightly larger approx 1.5-2cm. Right Front with small non-inflamed, non-painful pocket Digit III. Left Rear-V. small pocket present, no other abnormalities. Right Rear-No abnormalities at this time. AK's continuing daily foot soaks, recheck xlweek. (AG)

25.Jan.2005

Problem: abscess - left front digit (Suspected)

P/R: Recheck feet (weekly)

Keepers currently paring feet in small sections leaving divots along weight-bearing surface (instead of trying to level entire foot surface). All 4 feet in fairly good condition with cornification of previous abscesses of forefeet. LH foot had 1 cm pocket medially at digit 1, no infection present but not cornified, flushed and applied betadine swab (full strength)

A: foot care, cont'd

P: asked keepers to perform minor foot trim
 (JSB for LG) (JSB)

1.Feb.2005

Problem: abscess - left front digit (Suspected)

P/R: Weekly rechck of feet

Per keeper (Scott), gets daily soaks of feet 15 min or so.

RF: 0.5 cm deep and wide opening with spongy sole ventral to 3/4 digits

LF: 0.5 cm deep/1 cm wide openings ventral to 1/3/4 digits (approx)

LH: 1 cm deep and wide openings of spongy sole medially and ventral to 2/3 digits

RH: cornified for now

A: cont'd sole abscesses, improved with higher degree of cornification

P: cont combo of paring, soaks, rechecks UFN
 (JSB) (JB)

5.Mar.2005

Problem: abscess - left front digit (Suspected)

Lameness/foot abscess issues worse. Increased cosequin dose.

1500mg adequan IM. (Entered for LG)

Rx: GLUCOSAMINE CHONDROTIN 18000 mg PO BID until further notice.
 (JW)

- page 2 -

Clinical Notes - Individual Specimen Report
LOS ANGELES ZOO

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

8.Mar.2005

Problem: abscess - left front digit (Suspected)

Rx: WEST NILE VIRUS VACCINE (KILLED) 2 ml IM once for 1 day.

Rx: IBUPROFEN 20000 mg PO BID for 7 days.

S/O: Gita's left front foot has 2 areas of new active abscess and 2 old healing abscesses. At rest she is doing a lot of resting her right front foot (historically arthritic) and bearing most of her weight on left. This may be part of the cause of the recurrent abscesses.

A: Combination of arthritic problems and secondary abscesses that seem to be getting more severe.

P: Try 7 days of ibuprofen to see if we make her right front more comfortable. Keepers and curators are working on getting indoor areas fitted with mats. Continue soaking and applying 5% iodine to opening abscess areas. Reinstitute gerizyme. It was stopped when she was rarely kept on cement and her lameness issues were much improved. We will also get foot radiographs to evaluate her arthritis and how close the newest abscess is to underlying bone.

Rx: VITAMIN SUPPLEMENT 1/2 cup PO SID until further notice. (JW)

9.Mar.2005

Problem: abscess - left front digit (Suspected)

Adequan 15 ml IM per LG (JB)

10.Mar.2005

Problem: abscess - left front digit (Suspected)

Prob: Lamé RF, abscesses LF, rads today at HC of L and R forefeet

Proc: 1. Training restraint

2. Rads: using portable, LF and RF dorsoventral oblique views of D1-D5 (films marked with technique). D1 and D5 not as clearly defined, but abscess tracts are visible. Osteomyelitis lesion of LF D4, P2 is unchanged vs previous films. Unable to get good carpal technique this AM (short session)

3. Exam of LF foot: coronary band blow-out abscess over D5 with purulent debris, heat and pain on palpation. Large amt of proliferative tissue around abscess opening that is very sensitive, but based on rads does not seem to lead to bone at this time. Medially located abscess on weight bearing surface of D1, bleeding easily with some proliferative tissue present.

4. Flushed LF lateral tract but not medial because AK said they would later, because they were in a hurry

A: abscesses around nails LF, r/o substrate, infection

lamé RF, r/o DJD R carpus vs secondary to LF soreness

P: continue soaks and trimming, add ketoprofen, check daily (JB)

- page 3 -

Clinical Notes - Individual Specimen Report
LOS ANGELES ZOO

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

10.Mar.2005

Problem: abscess - left front digit (Suspected)
Rx: KETOPROFEN 3750 mg PO SID for 10 days. (JW)

17.Mar.2005

Problem: abscess - left front digit (Suspected)
Spoke with keepers today for an assesment of how her lameness is doing and how txs are working. She is using her right leg more normally and is back to a more normal weight shifting stance, using both legs fairly evenly. We started NSAIDS and adequan at the same time. I think her current improvement is more likely due to the ketoprofen. Hopefully the adequan will provide a longer lasting effect.
P: We will stop ketoprofen at 10 days (now). We will continue adequan, giving 30mls q7days for the next month (4 more txs). It also might be beneficial to start using the equilight.
Rx: POLYSULFATED GLYCOSAMINOGLYCAN 3000 mg IM q7d for 4 doses.
(JW)

18.Mar.2005

Problem: abscess - left front digit (Suspected)
P/R: Farrier consult today (K DeYoung) and rechck forefeet with SK/JB for JW
h/o rocking on both feet and less obvious lameness RF.
Obs: LF lateral toe abscess still puffy, warm, uncomfortable and oozing purulent dischg, central toe coronary band is receded off of main dorsal toenail surface and the toenail itself is irreg with central crack extending half way up the nail with a pitted surface. Medial toe abscess is fairly quiet and looks healed with scarring of toenail surface.
A: LF abscesses, active
P: cont as per AK routine
CC: M Dee had to intervene in order to get me an appt to see Gita with the farrier team. AK Vicki rejected suggestions from farrier at this time since she has farrier experience and is doing things her way.
(JB)

1.Apr.2005

Problem: abscess - left front digit (Suspected)
Recheck the left front. The two medial abscess areas are improved and smaller. The lateral lesion is about the same. The front lesion is more extensive and abscessing out at the coronary band at times. Gave them a 1% Betadine solution to flush with if the area opens up again.
SK (SK)

- page 4 -

Clinical Notes - Individual Specimen Report
LOS ANGELES ZOO

Scientific Name: **ELEPHAS MAXIMUS INDICUS**

Accession #: **00216**

Common Name: **Indian elephant**

Female

Name: **GITA**

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

23.Apr.2005

Problem: abscess - left front digit (Suspected)

RECHECK FEET

D-3 abscess is still quite extensive. They trimmed necrotic tissue today.

We discussed pros & cons of antibiotics. They are willing to try suppositories. I'm not sure they are indicated. Trimmed necrotic tissue smells foul, but the interior fibinous bloody tissue does not seem infected. At the next trimming, Vicki will culture the freshly trimmed interior tissue to help determine if systemic antibiotics are indicated. The lesion is very moist. We will try additional drying agents.

Rx: GENTOCIN BETAMETHASONE SPRAY topically BID for 14 days.

Rx: MERCAPTOMETHYLPHTHALIMIDE topically q72h for 8 doses. (JW)

1.May.2005

Problem: abscess - left front digit (Suspected)

CC: Rechecked feet while AK Vicki was trimming.

S/O:

Both Back feet - normal

Front right foot - had a DS abscess at sole of nail that also had purulent material at the cuticle. Vicki had already trimmed both spots - looked clean when I was there - Flushing from the sole upward indicates an obvious connection at the cuticle as fluid extrudes from this area.

Front Left foot D-3 looks improved, D5 still soft and extensive up toward the nail.

A: Nothing appears infected at this time that would warrant systemic antibiotics.

P: Will submit aerobic and anerobic cultures of the Left front D5 lesion.

Will switch to an even more drying agent for painting the soft nail areas.

Rx: RAMSAY'S SOLUTION 2 mls topically SID for 14 days. (LG)

6.May.2005

Problem: abscess - left front digit (Suspected)

Culture results from left front D5 Cuticle = light growth anaerobe, Bacteroides, sensitive to Piperacillin, Chloramphenicol.

Aerobic results = light growth Klebsiella and Proteus, also sensitive to Chloramphenicol, sensitivities were not run on Piperacillin.

A: AK report no clinical change at this time.

P: Will continue to monitor (LG)

- page 5 -

Clinical Notes - Individual Specimen Report
LOS ANGELES ZOO

```

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

```

8.May.2005

Problem: abscess - left front digit (Suspected)
CC: recheck

S/O: Small cuticle lesion has grown in last 48 hrs, now about 5 inch diameter protrudes about 3 inches laterally. There is no draining from this area, just moist tissue. The epidermal tissue covering this swelling has sloughed. She does not seem bothered by this or lame.

A: Appears to be fairly quiet, benign swelling, no obvious infectious component. There is soft core at the base of swelling, I used a 16 gauge catheter (without the sharp stylet) to infuse Piperacillin reconstituted with 5 mls of Lidocaine and 15mls of sterile water for injection. I infused 10 mls of mix up this pocket area. I happened to culture this small cuticle area on 4/30 which indicated possible anaerobe which would explain the unusual tissue reaction. Anaerobes usually sensitive to piperacillin.

P: Animal keepers will continue to perform daily foot care with soaks and trims. They will also continue to infuse antibiotics into the pocket. Currently we will use piperacillin because that is what we have. We will special order Chloramphenicol for continued topical infusion.

Rx: PIPERACILLIN 10 ml topically SID for 5 days. (LG)

9.May.2005

Problem: abscess - left front digit (Suspected)

Recheck:

AK reported that cuticle lesion is same as yesterday. Not actively draining.

P: Continue daily foot care and antibiotic infusion, start topical betadine on this area as well after foot soaks.

Rx: POVIDONE-IODINE 10% 5 ml BID until further notice. (LG)

12.May.2005

Problem: abscess - left front digit (Suspected)

RADIOGRAPHS, RECHECK FOOT

Kprs walked Gita up to HC today for radiographs of front feet. Lesion on LF is slightly smaller than pictures and how described by LG. Techs took numerous views of front feet. Was not able to evaluate them today (ran out of time). Will look at them with primary vet next week.

(RB)

13.May.2005

Problem: abscess - left front digit (Suspected)

Looked at the Left Front digit 5 abscess area. This has a large swelling at the coronary band and the ventral nail base is abscessed. AK's need to get this to drain. Hot soak BID and work on the ventral aspect of the lateral coronary swelling. Radiographs should be rechecked in two weeks as the bone is close to this area and it is a large abscess. SK (SK)

- page 6 -

Clinical Notes - Individual Specimen Report
LOS ANGELES ZOO

```

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

```

14.May.2005

Problem: abscess - left front digit (Suspected)
 PROB: PRACTICE RADS AT EXHIBIT FOR LATERAL RADS OF FEET
 Tried maximum MAS at KVP at 80/90/100, all TOO DARK (JB)

17.May.2005

Problem: abscess - left front digit (Suspected)
 Swelling above D-5 left fore is above the size of 1/2 a soft ball. The keepers report its been like this for about 1 week. It is firm, no fluctuance or heat. It is just above an area of chronic toe abscess. Recent cultures grew bacteroides, proteus and ... Local ABs were prescribed to flush a tract, but it is all closed now and the is no tract to flush.
 A: This may just be reactive tissue, but my concern is that if there is infection within this swelling, it needs to be treated with systemic antibiotics.
 P: Biopsy and culture. (JW)

18.May.2005

Problem: abscess - left front digit (Suspected)
 Rx: POLYSULFATED GLYCOSAMINOGLYCAN 3000 mg IM q28d for 4 doses.
 (JW)

19.May.2005

Problem: abscess - left front digit (Suspected)
 BIOPSY OF SWELLING, LEFT FORE ABOVE D-5
 Done without restraint. Prepped area. Used cold spray to freeze surface. Took deep punch biopsy from the center of the lesion. She objected a little, but not bad. Collected 2 cultures for anaerobes & aerobes from within the punch site. Controlled bleeding with pressure & quick stop. (JW)

20.May.2005

Problem: abscess - left front digit (Suspected)
 Vitamin E serum results = 1.68 ug/dl
 A: Run at Lansing, MI. There are no absolute normal values for elephants, however, based on several hundred samples this lab has run, the estimated range is 0.75 -1.3 ug/ml (other domestic species range 2.0 - 4.0 ug/ml).
 P: Appears to be in great range, no change in diet necessary. (LG)

20.May.2005

Problem: abscess - left front digit (Suspected)
 Brief check: There appears to be no problems with the area that was biopsied yesterday by JW. SK (SK)