

Medical History Report - Individual Specimen  
NATIONAL ZOOLOGICAL PARK

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Scientific Name: **ELEPHAS MAXIMUS INDICUS** Accession #: 28486  
Common Name: **INDIAN ELEPHANT** Female  
Name: Ambika Birth: 13.Apr.1948 (Estimated)  
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Purpose: abnormal behavior (Suspected)

Prescription Data >> Starting date: 28.Feb.2005  
Drug: IBUPROFEN 3600 mg PO SID for 32 days  
Formulation: 600.00 mg tablet  
Prescribed by: SZM (16.Dec.2002) Filled by: VA (26.Feb.2005)  
Drug dosage: 1.01 mg/kg Treatment weight: 3407 kg

Comments >>

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Dispensing Note: Dispense 83 doses. Each dose: 6 tablets. Total to  
dispense: 498 tablets. Use 600.00 mg tablets.

Dispensed bottle of 500. This animal is on ibuprofen until further  
notice, dispensing medication every 83 days.

Originally prescribed for 83 days.  
Discontinued on 31.Mar.2005 after 32 days. Changed per CSD on 3/31/05

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Scientific Name: *ELEPHAS MAXIMUS INDICUS*

Accession #: 28486

Common Name: INDIAN ELEPHANT

Female

Name: Ambika

Birth: 13.Apr.1948 (Estimated)

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**Clinical Note:**

25.Mar.2005

Problem: abnormal behavior (Suspected)  
Prob: Reported as looking "old" today (TB). Proc: Visual exam, blood sample.

Hx: Although this elephant had been loosing some weight in the past (>8,000 lbs Jan 2002 to 7400 lbs approx in Dec 2004 the last 3 BW on this elephant have been stable between 7500-7600 lbs. Food consumption is rated as very good by keepers. Initial observation from keepers: Ambika has been showing some odd behavior when asked to laydown in left side. She seems not putting lots of weight on the L elbow.

**Proc:**

Visual and PEX:

Elephant is BAR, EENT: NSF, H: 35/min. On palpation this elephant reacted more when the L elbow was palpated (pinched) when compared with the R one. There is no evidence of inflamantion, edema or increase temp on this area. The sole on L foot it's more worn down that the R one but no cracks on nails or other abnormality was present. Elephant was requested to lay in sternal position and although she went down she did not put any weight on L elbow at all. When standing this elephant is placing RF foot slightly forward perhaps putting more weight on this limb.

Blood sample collected - EDTA and serum, collected with 21" butterfly from ear vein.

Results: WBC: 13.2 (diff pending), Hct 42.0, T.P 8.5, Fibr 600.

CP: All WNL

Urine and temperature from fecal bolus requested.

A: Aging animal (age approx is 56 year-old but she can be older as she was wild caught and age was only estimated at that time) with pain/discomfort possibly associated to L elbow. R/O Joint lesion vs soft tissue lesion. Bloodwork is normal although WBC diff is pending. Last urine sample submitted on 3/08 was WNL.

P: No evident signs of inflammation in physical exam or bloodwork although the fibrinogen is elevated when compared to previous blood sample (but not to historic fibrinogen on this individual)

Consider increasing ibuprofen dose or changing to another NSAid temporarily or definitely. (CSD)

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**Clinical Note:**

26.Mar.2005

Problem: abnormal behavior (Suspected)  
Update: Keeper (SR) reported that the condition of this elephant hasn't changed in the past 24hrs. Her attitude, appetite, and fecal production remain normal.

Hx: This elephant had a similar episode back in March 03 where she was stiff in her left front leg and did a stutter step when trying to lay down on that side.

A: It is likely that this episode as the one in 2003 is probably age related problem.

P: Updates dail and no treatment necessary if not worsening or improvement noticed.

Consider trying an Xray of L elbow (standing and/or laying down) for more accurate diagnosis but the portable xray machine may not be able to burn through her elbow. (CSD)

**Clinical Note:**

28.Mar.2005

Problem: abnormal behavior (Suspected)  
Proc: Visual exam today and results from urine sample collected yesterday.

S/O: Ambika continues to be reluctant to place weight on L shoulder. No other abnormalities noted.

Urinalysis results from 3/28: SpG: 1.007, Neg for prot, gluco, ket, bilirub and blood. Rare WBC and epith cells in microscopic examination.

A: Diluted urine, but no abnormalities noted. Ambika continues to be painful on L elbow (R/O Joint problem vs soft tissue insult).

P: Consider starting her on increased dose of ibuprofen and attempt xrays this week. (CSD)

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**Clinical Note:**

31.Mar.2005

Problem: abnormal behavior (Suspected)  
Proc: Xrays from affected elbow. Ibuprofen dose increase.

S/O: This elephant continues w/o placing weight on L elbow.

Radiographs: Extremity, AP and lateral. Results -All techniques (3 films/techniques for each view) were underexposed even at the maximum technique.

A: Not bearing weight on L elbow, xrays were unsuccessful today.

P: Increase dose of ibuprofen today (CSD)

**Clinical Note:**

1.Apr.2005

Problem: abnormal behavior (Suspected)  
Rx: IBUPROFEN 3.6 gm PO BID for 10 days. (CS)

Purpose: abnormal behavior (Suspected)

**Prescription Data >>**

Starting date: 1.Apr.2005

Drug: IBUPROFEN 3.6 gm PO BID for 10 days  
Formulation: 600.00 mg tablet  
Prescribed by: CS (31.Mar.2005)  
Drug dosage: 1.04 mg/kg

Filled by: JLK (31.Mar.2005)  
Treatment weight: 3447 kg

**Comments >>**

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Dispensing Note: Dispense 60 doses. Each dose: 6 tablets. Total to dispense: 500 tablets. Use 600.00 mg tablets.

Dispensed bottle of 500. Per CSD change to twice daily

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Accession #: 28486  
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**Clinical Note:**

5.Apr.2005

Problem: abnormal behavior (Suspected)  
Proc: Blood sample and urine sample submitted.  
Hx: Ambika continue not putting weight on L shoulder. Blood sample taken today but red-top was not spun down and was left on tube x 5 hrs therefore sample was not processed for CP.

Blood sample collected - EDTA and heparin  
Results: CBC: WBC 16.0 with 43% of neutrophils and 46% monos, Hct 35, Fibr 900.

Urine sample: SpG: 1.011, trace prot, neg for ketone, glucose, bilirubin and blood.

A: Hyperfibrinogenemia and relative neutrophilia likely related to inflammatory process on L shoulder. First time protein is observed in the urine of this elephant R/O real vs artifact.

P: Cont with ibup BID as scheduled (4/11) and discuss with other vets about the use of cosequin or other "joint" supplements used in horses and elephants.

Request another urine sample for 4/11 (CSD)

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**Clinical Note:**

8.Apr.2005

Problem: abnormal behavior (Suspected)  
Proc: New blood sample for CP (CBC also performed).

Blood sample collected - EDTA and heparin by EH keepers.  
Result: WBC has decreased to 15.1 cells which is normal for this elephant. The proportion neutrophils:monocytes is more similar to what has been observed in the past on this elephant (39:56) although absolute count shows mod elevation of monocytes. Hct 35.0 Fibrinogen remains at 900mg/dl.  
CP is WNL.

A: Hyperfibrinogenemia remains unchanged. Possibly related to elbow problem.

P: Start cosequin on loading dose followed by maint dose along with ibuprofen therapy. (CSD)

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Clinical Note:

9.Apr.2005

Problem: abnormal behavior (Suspected)  
Rx: GLUCOSAMINE (PENTAFLEX) SUPPLEMENT 26.4 g PO BID for 70 days. (CS)

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Purpose: abnormal behavior (Suspected)

Prescription Data >>

Starting date: 10.Apr.2005

Drug: GLUCOSAMINE SUPPLEMENT 26.4 g PO BID for 70 days  
Formulation: 6000.0 mg powder  
Prescribed by: CS (9.Apr.2005)

Filled by: VA (9.Apr.2005)  
Treatment weight: 3447 kg

Comments >>

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Dispensing Note: Dispense 140 doses. Each scoop is 3.3g. Each dose is 26.4g (8 scoops). Use 1800 mg (Cosequin) powder.

Dispensed 1-3 lb bottle

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Clinical Note:

11.Apr.2005

Problem: abnormal behavior (Suspected)  
Rx: IBUPROFEN 3600 mg PO BID for 30 days. (CS)

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Purpose: abnormal behavior (Suspected)

Prescription Data >>

Starting date: 11.Apr.2005

Drug: IBUPROFEN 3600 mg PO BID for 30 days  
Formulation: 600.00 mg tablet  
Prescribed by: CS (31.Mar.2005)  
Drug dosage: 1.04 mg/kg

Filled by: VA (9.Apr.2005)  
Treatment weight: 3447 kg

Comments >>

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Dispensing Note: Dispense 60 doses. Each dose: 6 tablets. Total to dispense: 360 tablets. Use 600.00 mg tablets.

Dispensed bottle of 500.

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**Clinical Note:**

19.Apr.2005

Problem: abnormal behavior (Suspected)  
Cont: Due to unilateral lameness on the left front leg as well as an increased prevalence of Lyme dz in the area (as reported by local vets) - Lyme titers were sent out on Ambika. Lab reports that the results came back today and are negative. (SZM)

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**Clinical Note:**

28.Apr.2005

Problem: abnormal behavior (Suspected)  
Proc: Exam today.

Hx: No real change reported by keepers since cosequin administration started. Elephant reported as eating and defecating normally, still not placing weight on L elbow.

S/O: Elephant is BAR, the L elbow is slightly inflammed but not more than in previous visuals. No discomfort when palpated.

A: Cosequin has not improved this elephant's condition but this may take up to 8 weeks from initial cosequin administration.

P: Cont with prescribed tx and weekly updates (CSD)

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**Clinical Note:**

4.May.2005

Problem: abnormal behavior (Suspected)  
Proc: Exam today.

Hx: No real change reported by keepers since cosequin administration started. Elephant reported as eating and defecating normally, still not placing weight on L elbow.

S/O: Elephant is BAR, the L elbow is slightly larger than R one but this seems to be skin rather than fluid or soft tissue inflammation. Elephant did not react to palpation of R or L elbow.

A: Cosequin has not improved this elephant's condition but this may take up to 8 weeks from initial cosequin administration.

P: Cont with prescribed tx and weekly updates (CSD)

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Clinical Note:

11.May.2005

Problem: abnormal behavior (Suspected)  
S/O: L elbow is swollen and elephant is hesitant to flex and extend at the elbow. Palpation did not elicit any pain response. Movements suggest that shoulder is WNL. Leg may have palpated slightly warmer than other front leg. Toes on left >>> right have some wear at proximal aspect. When going in in sitting position, also very reluctant to kneel on back left knee. Condition remains good and appetite and defecation/urination NR.

Blood sample collected - serum for repeat CP incase yesterday blood not good sample.

A: Keepers (MG + SH) report that she is moving better than yesterday and they feel it is somewhat intermittent. Discussed possible AB therapy if ibuprofen continues to not seem to "touch" the lameness.

P: Discuss possibly minimizing activity for couple weeks during this period of increased ibuprofen intake. (SLD)

Clinical Note:

12.May.2005

Problem: abnormal behavior (Suspected)  
Comment: Keepers are minimizing movements and making so Ambika does not have to flex/extend her elbow. SLD lowered ibuprofen to 3.6 gram in AM and 1.8 gram in PM for 7 days. (SLD)

Clinical Note:

13.May.2005

Problem: abnormal behavior (Suspected)  
Rx: IBUPROFEN 3600 mg in the am and 1800 mg in the pm for 7 days. (SLD)

Purpose: abnormal behavior (Suspected)

Prescription Data >>

Starting date: 13.May.2005

Drug: IBUPROFEN 3600 mg PO BID for 7 days  
Formulation: 600.00 mg tablet  
Prescribed by: SLD (12.May.2005)

Filled by: JLK (12.May.2005)  
Treatment weight: 3447 kg

Comments >>

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Dispensing Note: Give 3600 mg orally in the am and 1800 mg in the pm for 7 days.

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Clinical Note: 16.May.2005

Problem: abnormal behavior (Suspected)  
Comment: Blood results from May 11

CP - TP 8.2; Alb 3.0; BUN 11; Creat 1.8; Gluc 63; SGOT 10; SGPT 2; TB 0.2; Alk Phos 73; Ca 10.7; Phos 4.8; Na 132; K 4.8; cl 91.

A: NR.

P: CWPT for lameness. (SLD)

Clinical Note: 17.May.2005

Problem: abnormal behavior (Suspected)  
Comment: Keeper (MG) reports that Ambika is doing fine with no major changes.

S/O: Visual while visiting Toni. No real change.

A/P: CWPT of decreasing dose of ibuprofen. (SLD)

Clinical Note: 20.May.2005

Problem: abnormal behavior (Suspected)  
Proc: verbal recheck with curator TB and keeper MG  
They report she is not worse, possibly slightly better.  
P: continue to monitor. (EB)

Clinical Note: 23.May.2005

Problem: abnormal behavior (Suspected)  
Comment: SLD changed ibuprofen dose to BID 1.8 gram for next 2 weeks.  
EH staff to monitor for any change in lameness / attitude. (SLD)

Clinical Note: 24.May.2005

Problem: abnormal behavior (Suspected)  
Rx: IBUPROFEN 3600 mg PO SID for 30 days. (SLD)

Purpose: abnormal behavior (Suspected)

Prescription Data >>

Starting date: 24.May.2005

Drug: IBUPROFEN 3600 mg PO SID for 30 days  
Formulation: 600.00 mg tablet  
Prescribed by: SLD (23.May.2005)  
Drug dosage: 1.01 mg/kg

Filled by: JLK (23.May.2005)  
Treatment weight: 3447 kg

Comments >>

Printed on: 10.Nov.2005

/ISIS/MedARKS/5.32a



Medical History Report - Individual Specimen  
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Common Name: INDIAN ELEPHANT                               Female
Name: Ambika                                             Birth: 13.Apr.1948 (Estimated)
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Prescription Record (continued):

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Dispensing Note: Each dose; 6 tablets. Total to dispense: 180  
tablets.

Dispensed           tablets. This animal is on ibuprofen until further  
notice,

Clinical Note:

27.May.2005

Problem: abnormal behavior (Suspected)  
Proc: verbal recheck with keeper MG  
SHe reports no change in past week. Ambika continues to do well, but  
they are no longer having her do behaviors that tax her elbows, so  
pain level is hard to actually assess.  
Ibu dose at present appears to be holding her pain.  
A/P: continue to monitor. (EB)

Clinical Note:

7.Jun.2005

Problem: abnormal behavior (Suspected)  
Comt: Over the past few weeks an elephant urine study was being  
conducted at the elephant house (with prior IACUC approval). Blood  
will be requested on all elephants to run Herpes tests. In addition,  
some of the urine samples will be run by PCR to test for Herpes. Aside  
from the intermittent elbow lameness this elephant appears healthy. (SZM)

Clinical Note:

8.Jun.2005

Problem: abnormal behavior (Suspected)  
Comt: Blood submitted for Herpes testing. (SZM)

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Accession #: 28486  
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Clinical Note:

13.Jun.2005

Problem: abnormal behavior (Suspected)  
Hx: Routine trunk wash. Day 1/3.  
Proc: Trunk wash: 60 ml saline instilled in trunk by keepers. Trunk raised then lowered as animal blew contents of trunk into plastic bag. Wash fluid transferred to sterile centrifuge tube.  
A: Routine 3 day trunk wash, day 1/3  
R/O tuberculosis  
P: Next trunk wash 6/14. (EB)

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Clinical Note:

14.Jun.2005

Problem: abnormal behavior (Suspected)  
Proc: Exam today as FU for elbow lameness and routine trunk wash. Day 2/3.  
Hx: Reported as eating and acting normally.  
Proc: Trunk wash: 60 ml saline instilled in trunk by keepers. Trunk raised then lowered as animal blew contents of trunk into plastic bag. Wash fluid transferred to sterile centrifuge tube.  
S/O: Elephant is BAR, mod inflammation on R shoulder but animal is not responsive to palpation or compression of the area. No other abnormalities noted.  
A: Geriatric animal with possible joint problems. Treatment with cosequin has not caused a marked improvement on this elephant's condition but keepers mention that it may have helped somehow.  
Routine 3 day trunk wash, day 2/3  
R/O tuberculosis  
P: Cont cosequin at maintainance dose UFN  
Last trunk wash tomorrow (CSD)

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Accession #: 28486  
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Clinical Note:

15.Jun.2005

Problem: abnormal behavior (Suspected)  
Hx: Routine trunk wash. Day 3/3.  
Proc: Trunk wash: 60 ml saline instilled in trunk by keepers. Trunk raised then lowered as animal blew contents of trunk into plastic bag. Wash fluid transferred to sterile centrifuge tube.

A: Routine 3 day trunk wash, day 3/3  
R/O tuberculosis  
P: Trunk wash completed, culture results pending. (EB)

Clinical Note:

17.Jun.2005

Problem: abnormal behavior (Suspected)  
Rx: GLUCOSAMINE (PENTAFLEX) SUPPLEMENT 26.4 g PO SID for 70 days. (CS)

Purpose: abnormal behavior (Suspected)

Prescription Data >>

Starting date: 17.Jun.2005

Drug: GLUCOSAMINE SUPPLEMENT 26.4 g PO SID for 70 days  
Formulation: 6000.0 mg powder  
Prescribed by: SM (15.Jun.2005)

Filled by: VA (15.Jun.2005)  
Treatment weight: 3447 kg

Comments >>

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Dispensing Note: Dispense 140 doses. Each scoop is 3.3g. Each dose is 26.4g (8 scoops). Use 1800 mg (Cosequin) powder.

Dispensed 1-3 lb bottle

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Accession #: 28486  
Female  
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Clinical Note:

27.Jun.2005

Problem: abnormal behavior (Suspected)  
Comt: Keepers report abscess over left foot.

Obs: Small 4mm in diameter abrasion/abscess over left front ankle - 5 cm proximal to coronary band - does not appear to be related to foot. The area is not warm and there is no discharge present at this time.

A: Small abscess/possible broken pustule

P: No treatment at this time. Verbal check next week - keepers to call if worsens. (SZM)

Clinical Note:

5.Jul.2005

Problem: abnormal behavior (Suspected)  
Routine blood sample for CBC/CP: WNL (CSD)

Clinical Note:

15.Jul.2005

Problem: abnormal behavior (Suspected)  
Proc: Visual exam and evaluation with thermography camera.

Hx: Keepers report that this elephant is slightly better than 3 months ago. Although she tries to not put weight on L elbow she sometimes does and doesn't seem to bother her too much (per SR).

Pex: Elephant is BAR, apparently good body condition. Walking normally. Keepers did not request her to lay down as she just did a demo outside.

Thermography evaluation (ThermaCAM P20 - Flir systems- loaned by Disney Animal Kingdom). All limbs checked, the L elbow was scanned in detail. No increase in temperature in any area.

A: The absence of increased temp suggest no soft tissue insult but other causes such as cartilage, bone or deeper soft tissue insult can not be R/O via thermography. Animal seems to be more comfortable now on maint dose of cosequin.

P: Cont cosequin as prescribed and get regular update by keepers (CSD)

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Common Name: INDIAN ELEPHANT                       Female
Name: Ambika                                       Birth: 13.Apr.1948 (Estimated)
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Clinical Note: 23.Jul.2005  
 Problem: abnormal behavior (Suspected)  
 Rx: IBUPROFEN 3600 mg PO SID for 30 days. (SLD)

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Purpose: abnormal behavior (Suspected)

Prescription Data >> Starting date: 23.Jul.2005  
 Drug: IBUPROFEN 3600 mg PO SID for 30 days  
 Formulation: 600.00 mg tablet  
 Prescribed by: SLD (23.May.2005) Filled by: VA (22.Jul.2005)  
 Drug dosage: 1.01 mg/kg Treatment weight: 3447 kg

Comments >>

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 Dispensing Note: Each dose: 6 tablets. Total to dispense: 180 tablets.  
 Dispensed           tablets. This animal is on ibuprofen until further notice,

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Clinical Note: 16.Aug.2005  
 Problem: abnormal behavior (Suspected)  
 Comment: Keeper (DF) reported that Amibika's abscess on her left elbow ruptured this AM. Keeper (SR) was able to palpate briefly and flush with nolvasan but no C/S was collected.

P: Culturettes to be taken to EH and keepers shown how to collect sample should it need to be during tomorrow's daily visual of Toni. (SLD)

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Clinical Note: 23.Aug.2005  
 Problem: abnormal behavior (Suspected)  
 Rx: IBUPROFEN 3600 mg PO SID for 60 days. (SLD)

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Purpose: abnormal behavior (Suspected)

Prescription Data >> Starting date: 23.Aug.2005  
 Drug: IBUPROFEN 3600 mg PO SID for 60 days  
 Formulation: 600.00 mg tablet  
 Prescribed by: SLD (23.May.2005) Filled by: JLK (23.Aug.2005)  
 Drug dosage: 1.01 mg/kg Treatment weight: 3447 kg

Comments >>

Printed on: 10.Nov.2005 /ISIS/MedARKS/5.32a

Medical History Report - Individual Specimen  
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Scientific Name: *ELEPHAS MAXIMUS INDICUS* Accession #: 28486  
Common Name: INDIAN ELEPHANT Female  
Name: Ambika Birth: 13.Apr.1948 (Estimated)  
=====

Prescription Record (continued):

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Dispensing Note: Each dose; 6 tablets. Total to dispense: 180  
tablets.

Dispensed tablets. This animal is on ibuprofen until further  
notice,

Clinical Note:

26.Aug.2005

Problem: abnormal behavior (Suspected)  
Rx: GLUCOSAMINE (PENTAFLEX) SUPPLEMENT 26.4 g PO SID until further  
notice. (CS)

Prescription Data >>

Starting date: 26.Aug.2005

Drug: GLUCOSAMINE SUPPLEMENT 26.4 g PO SID until further  
notice

Formulation: 6000.0 mg powder

Prescribed by: CS (15.Jun.2005)

Filled by: JLK (22.Aug.2005)

Treatment weight: 3447 kg

Comments >>

-----  
Dispensing Note: Dispense 140 doses. Each scoop is 3.3g. Each dose is  
26.4g (8 scoops). Use 1800 mg (Cosequin) powder.

Dispensed 1-3 lb bottle

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27.Aug.2005

**Clinical Note:**

Problem: abnormal behavior (Suspected)  
 Proc: Visual exam for reported purulent material in mouth.  
 Hx: Curator reported yesterday in p.m that there was some pus from the space between the upper left tooth and the roof of her mouth. She is reported as eating, acting and defecating normally.

S/O: Ambika is BAR, no ocular or nasal discharge. There is a small amount of greenish/grayish material accumulated in the medial aspect of molar and gingiva. Not possible to palpate due to location. No evident inflammation on the area.

A/P: Requested to keepers to try to obtain a sample on monday and flush with water (hose).  
 No Rx for now  
 Visuals weekly (CSD)

29.Aug.2005

**Clinical Note:**

Problem: abnormal behavior (Suspected)  
 Proc: recheck left elbow abscess  
 S/O: BAR, overall doing fine, eating well, active, no lameness. Keepers have been flushing abscess with dilute Novalsan, but opening has continued to get smaller, and is now only few mm wide (end of a qtip barely fits inside). Swelling is approx. 10 cm, round, quite firm, on the caudal aspect of the SQ and skin of the elbow joint, does not appear at all involved with the joint or other underlying structures. When probed with Qtip end, probe can be inserted approx. 5 cm, and clear fluid (r/o novalsan) then exudes from small opening. Several fibrous strands appear to be within the abscess when probed. Area scrubbed and skin sprayed with ethylen oxide. #10 scalpel inserted quickly into head of abscess, and 4-5 cm vertical incision made, partially but not completely 1-2 cm deep. Small amount of further clear fluid and small pieces of purulent material can be expressed. Used hemostats to spread incision, but elephant was sensitive to this and last stab, reacting with trumpeting, although standing very still and cooperating well.  
 A: abscess, draining, but recently starting to close again.  
 P: keepers will continue to try to spread sides of stab incision with hemostats over the next few days and continue to flush with novalsan and with hose. (EB)

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Accession #: 28486  
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Clinical Note:

30.Aug.2005

Problem: abnormal behavior (Suspected)  
Results of mycobacterium culture from trunk washes 6/13-15/05 are  
negative (NVSL) (EB)

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Clinical Note:

8.Sep.2005

Problem: abnormal behavior (Suspected)  
Proc: Exam as FU for L elbow abscess.  
Hx: Keepers report that they cont to flush the abscess on L elbow.

S/O: Elephant is BAR, Abscess is about 8-10 cm in diameter and firm on  
palpation. Ambika still reacts when abscess is sqeezed. Only whithish  
fluid expressed today (abscess was already flushed in a.m).

A: Abcess remains unchanged

P: Keepers to cont flushing and to probe the opening of the abscess  
with forceps. (CSD)

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Clinical Note:

15.Sep.2005

Problem: abnormal behavior (Suspected)  
Proc: recheck left elbow abscess  
S/O: BAR, abscess had been cleaned before visit and no discharge  
evident. Keepers report they continue flushing and getting some  
purulent material out. She has been more sensitive in past day,  
although abscess appears to be draining well and open approx. 1 cm at  
present. Skin is mildly warm just dorsal to the abscess.  
A/P: continue to flush, open with forceps when needed, keepers also  
applying bag balm to soften surface to prevent it from closing again.  
(EB)

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Accession #: 28486  
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24.Sep.2005

**Clinical Note:**

Problem: abnormal behavior (Suspected)  
Proc: Exam to check L elbow abscess.  
Hx: Keepers report that this elephant is now bearing weight on L elbow when laying on L lateral.  
S/O: Ambika is BAR, excellent appetite. The abscess on L elbow is reduced in size since last CSD visual. Keepers continue to flush this area and report that less amount of discharge is draining from abscess.

A: Abscess continue to drain well and is decreasing in size

P: Lift exercise restriction on this animal as L elbow lesion was an abscess and not related to DJD. TB informed  
Keepers to continued flushing  
Weekly vet viusals (CSD)

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**Clinical Note:**

4.Oct.2005

Problem: abnormal behavior (Suspected)  
Proc: Monthly urine and blood sample submitted today.

Blood obtained by keepers: WNL

Urine sample: SpG: 1.010, neg for prot, gluc, blood, bilirubin. No RBC WBC, epith, cast crystals or bacteria.

A: Lab results are normal (CSD)

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Scientific Name: *ELEPHAS MAXIMUS INDICUS*  
Common Name: INDIAN ELEPHANT  
Name: Ambika  
=====

Accession #: 28486  
Female  
Birth: 13.Apr.1948 (Estimated)

12.Oct.2005

**Clinical Note:**

Problem: abnormal behavior (Suspected)  
Proc: Exam today as FU for abscess on L elbow.

Hx: Keepers report that this elephant is eating and acting normally.  
Keepers report that abscess is still oozing white material; they cont  
to flush BID.

S/O: BAR, eagerly eating treats during exam. No discharge from eyes,  
nose or mouth noticed. Abscess in L elbow is slightly smaller than  
last CSD exam (lemon size today). Abscess expressed and 2cc of white  
material with nolvasan obtained. Material is non-odorous but the odor  
can be masked by nolvasan. Elephant didn't seem to be painful to  
manipulation of the area.

A: L elbow abscess, persistent.

P: Requested to collect material from abscess before flushing with  
nolvasan for cytology as FU. (CSD)

**Clinical Note:**

13.Oct.2005

Problem: abnormal behavior (Suspected)  
Proc: Exudate from L elbow submitted for cytology today.  
Result: Chronic active inflammation. Many neutrophils with mod number  
of spindle cells and macrophages and few gram positive diplococci were  
observed.  
A: No evidence of IC bacteria.

P: Continue with local flushing and weekly visuals (CSD)

**Clinical Note:**

29.Oct.2005

Problem: abnormal behavior (Suspected)  
Rx: IBUPROFEN 3600 mg PO SID for 60 days. (SLD)

**Purpose:** abnormal behavior (Suspected)

**Prescription Data >>**

Starting date: 29.Oct.2005

Drug: IBUPROFEN 3600 mg PO SID for 60 days  
Formulation: 600.00 mg tablet  
Prescribed by: SLD (23.May.2005)  
Drug dosage: 1.01 mg/kg

Filled by: VA (26.Oct.2005)  
Treatment weight: 3370 kg

**Comments >>**

Medical History Report - Individual Specimen  
NATIONAL ZOOLOGICAL PARK

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Scientific Name: *ELEPHAS MAXIMUS INDICUS* Accession #: 28486  
Common Name: INDIAN ELEPHANT Female  
Name: Ambika Birth: 13.Apr.1948 (Estimated)  
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Prescription Record (continued):

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Dispensing Note: Each dose: 6 tablets. Total to dispense: 180  
tablets.

Dispensed tablets. This animal is on ibuprofen until further  
notice,

Clinical Note:

4.Nov.2005

Problem: abnormal behavior (Suspected)  
Proc: Visual exam. A: Abscess hasn't changed. Small amount of white  
discharge present when expressed.  
A/P: Keepers to continue flushing with nolvasan. (CSD)

Clinical Pathology Records Report - ISIS/In-House Reference Values  
NATIONAL ZOOLOGICAL PARK

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

		ISIS Values				
		Mean	S.D.	Min.	Max.	(N)
WBC	*10 <sup>3</sup> /UL	14.43 ±	4.409	5.800	33.30	(1779)
RBC	*10 <sup>6</sup> /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 <sup>3</sup> /UL	4.822 ±	2.925	0.291	23.90	(1502)
BANDS	*10 <sup>3</sup> /UL	1.402 ±	2.124	0.000	11.40	(307)
LYMPHOCYTES	*10 <sup>3</sup> /UL	5.243 ±	3.223	0.196	20.60	(1513)
MONOCYTES	*10 <sup>3</sup> /UL	3.677 ±	2.909	0.000	9.983	(1273)
EOSINOPHILS	*10 <sup>3</sup> /UL	0.465 ±	0.551	0.000	4.520	(1093)
BASOPHILS	*10 <sup>3</sup> /UL	0.173 ±	0.105	0.000	0.508	(119)
NRBC	/100 WBC	1 ±	1	0	3	(85)
PLATE. CNT.	*10 <sup>3</sup> /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  
 NATIONAL ZOOLOGICAL PARK

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 Scientific name: *ELEPHAS MAXIMUS*  
 Common Name: ASIATIC ELEPHANT  
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		ISIS Values				
		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)
TOT. T4 (RIA)	UG/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)