

Medical History Report - Summary for Individual Specimen  
NATIONAL ZOOLOGICAL PARK

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Scientific Name: LOXODONTIA AFRICANA KNOCHENHAUERI      Accession #: 26223
Common Name: EAST AFRICAN BUSH ELEPHANT                Female
Name: Nancy                                           Birth: 20.Mar.1954 (Estimated)
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.....2000....

- 3.Jan Clinical note recorded. (LHS)
- 5.Jan Urine sample analysis results:  
Blood sample: (EDTA) ( 9:00.0)  
Clinical note recorded. (LHS)
- 7.Jan Clinical note recorded. (LHS)
- 10.Jan Clinical note recorded. (LHS)
- 12.Jan Urine sample analysis results:  
Blood sample: (EDTA) ( 9:00.0)  
Clinical note recorded. (LHS)
- 19.Jan Parasitology examination: (ROUTINE EXAMINATION) Fecal sample.  
NO PARASITES SEEN
- 26.Jan Clinical note recorded. (RAY)
  
- 4.Feb Clinical note recorded. (LHS)
- 12.Feb Clinical note recorded. (RAY)
- 16.Feb Clinical note recorded. (LHS)
- 17.Feb Clinical note recorded. (LHS)
- 18.Feb Clinical note recorded. (LHS)
- 21.Feb Clinical note recorded. (LHS)
  
- 8.Mar Clinical note recorded. (LHS)
- 10.Mar Clinical note recorded. (LHS)
- 11.Mar Clinical note recorded. (LHS)
- 15.Mar Clinical note recorded. (LHS)
- 16.Mar Clinical note recorded. (LHS)
- 17.Mar Clinical note recorded. (LHS)
- 19.Mar Clinical note recorded. (LHS)
- 21.Mar Clinical note recorded. (LHS)
- 23.Mar Clinical note recorded. (LHS)
- 24.Mar Clinical note recorded. (LHS)
- 25.Mar Clinical note recorded. (LHS)
- 26.Mar Clinical note recorded. (LHS)
- 27.Mar Clinical note recorded. (LHS)
- 29.Mar Clinical note recorded. (LHS)
- 31.Mar Clinical note recorded. (LHS)
  
- 1.Apr Clinical note recorded. (LHS)
- 2.Apr Clinical note recorded. (LHS)
- 3.Apr Clinical note recorded. (LHS)
- 5.Apr Clinical note recorded. (LHS)
- 7.Apr Clinical note recorded. (LHS)
- 10.Apr Clinical note recorded. (LHS)
- 12.Apr Clinical note recorded. (LHS)
- 17.Apr Clinical note recorded. (LHS)

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Common Name: EAST AFRICAN BUSH ELEPHANT Female  
Name: Nancy Birth: 20.Mar.1954 (Estimated)  
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.....2000....

- 19.Apr Clinical note recorded. (LHS)
- 21.Apr Clinical note recorded. (LHS)
- 24.Apr Clinical note recorded. (LHS)
- 27.Apr Clinical note recorded. (LHS)
- 28.Apr Clinical note recorded. (LHS)
  
- 1.May Clinical note recorded. (LHS)
- 2.May Parasitology examination: (ROUTINE EXAMINATION) Fecal sample.  
NO PARASITES SEEN
- 4.May Clinical note recorded. (LHS)
- 5.May Clinical note recorded. (LHS)
- 10.May Clinical note recorded. (LHS)
- 12.May Clinical note recorded. (LHS)
- 13.May Clinical note recorded. (LHS)
- 17.May Clinical note recorded. (LHS)
- 19.May Clinical note recorded. (LHS)
- 25.May Clinical note recorded. (LHS)
- 26.May Clinical note recorded. (LHS)
- 28.May Clinical note recorded. (RAY)
- 31.May Clinical note recorded. (LHS)
  
- 7.Jun Clinical note recorded. (LHS)
- 8.Jun Clinical note recorded. (LHS)
- 9.Jun Clinical note recorded. (LHS)
- 13.Jun Clinical note recorded. (LHS)
- 14.Jun Clinical note recorded. (LHS)
- 20.Jun Clinical note recorded. (JS)
- 23.Jun Clinical note recorded. (JS)
- 26.Jun Clinical note recorded. (JS)
- 28.Jun Clinical note recorded. (LHS)
  
- 20.Jul Rx: ACETAMINOPHEN 5,200mg PO BID for 7 days. (1.25 mcg/kg)  
Clinical note recorded. (LAC)  
Clinical note recorded. (LS)
- 22.Jul Clinical note recorded. (LAC)
- 23.Jul Clinical note recorded. (LAC)
- 24.Jul Clinical note recorded. (LAC)
- 31.Jul Clinical note recorded. (LHS)
  
- 3.Aug Parasitology examination: (ROUTINE EXAMINATION) Fecal sample.  
NO PARASITES SEEN
- 9.Aug Rx: ACETAMINOPHEN 21000mg PO BID for 14 days. (6.36 mg/kg)  
Clinical note recorded. (LAC)  
Clinical note recorded. (LHS)

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Name: Nancy    Birth: 20.Mar.1954 (Estimated)  
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.....2000....

- 12.Aug Clinical note recorded. (LAC)
- 13.Aug Rx: ACETAMINOPHEN 8000mg PO BID for 7 days.. (2.42 mg/kg)  
Clinical note recorded. (LAC)  
Clinical note recorded. (LS)
- 15.Aug Clinical note recorded. (LAC)
- 18.Aug Parasitology examination: (VET REQUEST/ OCCULT BLOOD) Fecal sample.  
NO PARASITES SEEN/OCCULT BLOOD - NEGATIVE
- 19.Aug Rx: FLUNIXIN MEGLUMINE 1500mg PO SID for 4 days. (.455 mg/kg)  
Clinical note recorded. (CS)  
Clinical note recorded. (CSD)
- 20.Aug Clinical note recorded. (CSD)
- 21.Aug Clinical note recorded. (CSD)
- 22.Aug Removed from collection.

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Name: Nancy      Birth: 20.Mar.1954 (Estimated)  
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Clinical Note: 3.Jan.2000  
Proc: LF treatment: Excellent flow with no hematoma using the lateral  
carpal veing standing, butterfly barely beneath skin so presumeably no hole  
made this time. Very rapid flash back. Ceftin and gent given separately, 3  
flushes (LHS)

Clinical Note: 5.Jan.2000  
Proc: 1. RF treatment: Slow flow using adaptor rig at the medial carpal  
vein (quite medial) - held butterfly still and did not blow vein. Ceftin  
and gent, 2 flushes  
2. PEX RF: nail/toe area is slightly warm, although the nail is dry there  
is still moist and sensitive tissue at the nail bed/sole junction.  
A: Condition generally static  
P: Begin top tetracycline and continue with 1x/week treatments (LHS)

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Common Name: EAST AFRICAN BUSH ELEPHANT              Female
Name: Nancy                                           Birth: 20.Mar.1954 (Estimated)
                                                    Age: 46Y Est.
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Collection Information >>  
Health Status: Abnormal

Date of Collection: 5.Jan.2000  
Time of Collection: :  
Collected by:

Sample Collection Site: Mid-stream catch

Weight: 4014 Kg on 26.Oct.1999

Analysis Information >>  
Sample type: Urine  
Storage: Fresh  
Sample Quality: No quality problems.

Laboratory: NATIONAL ZOO  
Date of Analysis: 5.Jan.2000  
Time of Analysis:  
Analysis by:  
Automated analysis.

Tests and Results >>

|  |       |       |
|--|-------|-------|
| CHLORIDE (NON-BLOOD FLUID)                   | 228   | MEQ/L |
| CREATININE (NON-BLOOD FLUID)                 | 276   | MG/DL |
| POTASSIUM (NON-BLOOD FLUID)                  | 223   | MEQ/L |
| SODIUM (NON-BLOOD FLUID)                     | 0     | MEQ/L |
| SPECIFIC GRAVITY                             | 1.038 |       |
| TOTAL PROTEIN (NON-BLOOD FLUID; COLORIMETRY) | 13.1  | MG/DL |

Comments >>  
Lab No:2000-0039

Clinical Pathology Records - Specimen Report  
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Common Name: EAST AFRICAN BUSH ELEPHANT              Female
Name: Nancy                                           Birth: 20.Mar.1954 (Estimated)
                                                    Age: 46Y Est.
=====

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Collection Information >>

Health Status: Abnormal  
Fasting Time: < 8 hours  
Activity: Calm  
Weight: 4014 Kg on 26.Oct.1999  
Manual restraint used.

Date of Collection: 5.Jan.2000  
Time of Collection: 9:00.0  
Collected by:

Hematology >>

Analysis Information >>

Anticoagulant: EDTA  
Storage: Fresh  
Sample Quality: No quality problems.

Laboratory: NATIONAL ZOO  
Date of Analysis: 5.Jan.2000  
Time of Analysis:  
Analysis by:  
Automated analysis.

Tests and Results >>

|                              |            |   |     |       |
|------------------------------|------------|---|-----|-------|
|                              | FIBRINOGEN | > | 400 | MG/DL |
| TOTAL SOLIDS (REFRACTOMETER) |            |   | 7.8 | GM/DL |

Comments >>

Lab No:2000-0034

Comments >>

Lab No:2000-0034



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Common Name: EAST AFRICAN BUSH ELEPHANT              Female
Name: Nancy                                           Birth: 20.Mar.1954 (Estimated)
                                                    Age: 46Y Est.
=====

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Collection Information >>
Health Status: Abnormal
Weight: 4014 Kg on 26.Oct.1999
Date of Collection: 12.Jan.2000
Time of Collection:
Collected by:
Sample Collection Site: Mid-stream catch

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Analysis Information >>
Sample type: Urine
Storage: Fresh
Sample Quality: No quality problems.
Laboratory: NATIONAL ZOO
Date of Analysis: 12.Jan.2000
Time of Analysis:
Analysis by:
Automated analysis.

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Tests and Results >>
          CHLORIDE (NON-BLOOD FLUID)      178      MEQ/L
          CREATININE (NON-BLOOD FLUID)    292      MG/DL
          POTASSIUM (NON-BLOOD FLUID)     197      MEQ/L
          SODIUM (NON-BLOOD FLUID)       ND       MEQ/L
          SPECIFIC GRAVITY                 1.046
TOTAL PROTEIN (NON-BLOOD FLUID;COLORIMETRY) 28.2      MG/DL

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Comments >>
Lab No:2000-2000-0135
Purpose: Follow up.

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Clinical Pathology Records - Specimen Report  
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Common Name: EAST AFRICAN BUSH ELEPHANT  
Name: Nancy

Accession #: 26223  
Female  
Birth: 20.Mar.1954 (Estimated)  
Age: 46Y Est.

Collection Information >>

Health Status: Abnormal  
Fasting Time: 8-24 hours  
Activity: Calm  
Weight: 4014 Kg on 26.Oct.1999  
Manual restraint used.

Date of Collection: 12.Jan.2000  
Time of Collection: 9:00.0  
Collected by:

Hematology >>

Analysis Information >>

Anticoagulant: EDTA  
Storage: Fresh  
Sample Quality: No quality problems.

Laboratory: NATIONAL ZOO  
Date of Analysis: 12.Jan.2000  
Time of Analysis:  
Analysis by:  
Automated analysis.

Tests and Results >>

|                              |            |   |     |       |
|------------------------------|------------|---|-----|-------|
|                              | FIBRINOGEN | > | 400 | MG/DL |
| TOTAL SOLIDS (REFRACTOMETER) |            |   | 8.0 | GM/DL |

Comments >>

Lab No:2000-0134

Comments >>

Lab No:2000-0133  
Purpose: Follow up.

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Scientific Name: LOXODONTA AFRICANA KNOCHENHAUERI  
Common Name: EAST AFRICAN BUSH ELEPHANT  
Name: Nancy  
=====

Accession #: 26223  
Female  
Birth: 20.Mar.1954 (Estimated)  
=====

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

Sample id.: 2000-0212  
Date collected: 19.Jan.2000

Collected from:  
From an individual specimen.

Enclosure: EH 13

Examination Data >>  
Storage: room temperature  
Consistency: formed  
Gross appearance: Typical

Date examined: 19.Jan.2000

Tests & Results >>  
FLOATATION - SUGAR

NO PARASITES SEEN

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**Clinical Note:**

26.Jan.2000

Hx: Reported for lameness left front, stiffness right front, loose stool in PM.

Proc

1. Visual exam: Slight swelling noted left front foot.

Comment: All the elephants have been housed indoors continuously for the past few days due to the extreme cold weather. The floors are extremely hard (cement) and this may have exacerbated her lameness.

A: Lameness, forelimb

R/O digital osteomyelitis, hard substrate

P: Increase phenylbutazone while housed indoors for cold

Consider recommending application of permanent soft flooring for this geriatric elephant.

Rx: Phenylbutazone 25 grams PO BID UPN (RAY)

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Clinical Note:

4.Feb.2000

Hx: Generally improved on increased bute 25 g bid; weather improving and likely that elephants will be back outside within a few days  
Proc: routine Tx and radiographs; no obvious external changes either foot on exam or rads  
P: Continue 1x/week treatments on each feet (LMS)

Clinical Note:

12.Feb.2000

Hx: Reported for mucus plug present in stall. Keepers not sure where mucus originated but saw her trunk near the glob of mucus.  
Proc  
1. Cytology: specimen submitted for cylogy  
A: Mucus production  
R/O Vagina vs respiratory  
R/O Pus vs mucus (RAY)

Clinical Note:

16.Feb.2000

Hx: Continues fairly lame, despite access to outside  
Proc: Routine treatments, Left foot, and radiographs. Radiographs essentially unchanged. But elephant was very nervous, jumpy, and a moving target today. Unclear if this is the result of increased pain, or behavioral.  
A: Decreasing tolerance for iv treatments  
Lameness, worsening  
r/o increased time inside and/or refractory to bute  
P: D/c TMS  
Consider increasing bute again, or adding acetaminophen y (LMS)

Clinical Note:

17.Feb.2000

Hx: Keepers report much more sore today.  
P: Monitor carefully (LMS)

Clinical Note:

18.Feb.2000

Hx: OK for treatments today but both feet, especially L seemed more swollen. (LMS)

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Clinical Note:  
RESUMED TMS ON WHAT DAY?? NOTES ON EDEMA? (LHS)

21.Feb.2000

Clinical Note:  
Hx: Elephant feeling well per keepers: laid down on her own for am bath and playing in water just as LS/By arrived for am tx. However, difficult to tx LF today (1+ hr); elephant a bit of a moving target for treatments (LHS)

8.Mar.2000

Clinical Note:  
Hx: Difficult to tx RF today (2 hours, with tourniquet break) but elephant generally very good (LHS)

10.Mar.2000

Clinical Note:  
Hx: Edema continues to "organize" and resolve; warmer weather so active as well (LHS)

11.Mar.2000

Clinical Note:  
Hx: Would not allow treatment today. Began as usual, few attempts, but moving the entire time, then avoidance behavior intensified. Finally worked back to foot on stand with training by Galloway; BY and LS approached and gave small reward  
A: Loss of behavioral restraint for iv treatments  
r/o one day disruption vs long term refusal  
P: Rads only tomorrow as nonpainful positive procedure  
Try again 3/17 in stages  
If avoidance behavior continues, drop treatments to every other week each foot, to allow vessels to heal (LHS)

15.Mar.2000

Clinical Note:  
Hx: excellent for radiographs today; Dr. Fowler visited  
Proc: radiographs; no change either foot (LHS)

16.Mar.2000



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21.Mar.2000

Clinical Note:

Hx: Very good initially but unsuccessful and even more negative behavioral cues at the end and afterward. Quit after 25 min at three sites: high lateral oblique vein, high middle horizontal vein, middle horizontal vein. Each time blocked with lidocaine which helped the elephant but not with identification of the flow.

A: Unsuccessful treatment #4

P: Try LF again 3/23 using "high" vessels, possibly with reduced cuff pressure to limit hematoma. If no success, consider d/c this therapy for several weeks at least

Try to clean our LF tract 3/22

Contact [REDACTED] re antibiotic impregnated beads to pack tract with (LHS) (6)

Clinical Note:

23.Mar.2000

Hx: Excellent today with leg standing, tx effort completed within 22 min, then elevated foot on stand. Tx was +- successful: tourniquet gage was broken so started with full pressure rather than low. Result was that main high carpal vessel blew up immediately once accessed with butterfly (no luck with smaller 22 g rig due to very thick and tough skin); so switched using small rig to caudal vessels, used before with questionable success due to pressure required to give the Rx. Same situation today: easy access, good flash back, but very hard pressure required. Placed limb up on tub for 60 ml flush. Small hematoma eventually formed. Elephant tried one spinning move at the very end, taking her foot off the stand.

A: Partially successful treatment #1

P: Try LF again at same site - back of the leg. Maybe a different rig? or again with no tourniquet pressure

Antibiotic bead matrix is on the way (LHS)

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Clinical Note:

24.Mar.2000

Hx: try new antibiotic slow release products today. Stiff upper RF leg.

1. Exam: mild stiffness RF as if above elbow. Very relaxed for today's procedures

2. Tx RF: Cleaned RF nail lesion thoroughly using flush and currette. Removed large amount of brown debris until finally reached bleeding and sensitive, but not malodorous or obviously infected tissue. Dried pocket as well as possible. Applied single dose of amikacin+MIII matrix. Material was pasty and was easily spread on the tissue surface; it adhered well but appeared to form more of a gel than a hard matrix. Suggested keepers search for things to plug the hole with that will not pull this material out with it (e.g. gauze first, then small amount of clay or wax)

2. Exam and Tx LF: reconstituted 400 mg of slow-release piperacillin microbeads in 12 ml LRS; placed tampons, infused 400 mg piperacillin

A: Slow release products have potential

P: Keepers to monitor RF toe to see how product survives

Switch from tetracycline to piperacillin sid

Product inventor (Gar Royer) to visit 3/27 in order to develop more suitable product for elephant - possibly a "bullet" or tampon shaped slow release material containing amikacin and clindamycin (LHS)

Clinical Note:

25.Mar.2000

Hx: Keepers found that a light layer of gauze will stay in place.

Will try clay later today

Proc: exam RF: apparently there remains a layer of (white) antibiotic material (LHS)

Clinical Note:

26.Mar.2000

hx: Bloating a bit today. Hay is relatively green timothy CRC hay.

Clay in RF out immediately during the day; replaced with a smaller amount for o/n.

P: Switch to straw hay? (LHS)

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Clinical Note:

27.Mar.2000

Hx: Excellent again today with leg standing, tx effort completed within 20 min, then elevated foot on stand for 20 min. Cefoxitin given for sure, questionable gentocin. Clay in RF hole stayed in o/n.

Proc:

1. Exam: Ventral edema almost gone. No obvious change L or R leg in terms of swelling (mild and diffuse LF) or LF and RF lameness (shifting but mild) 2. LF infusion: Used ethylchloride (EC) to block skin (10 sec), used 1" 22 g rig on caudal vertical vessel 2/3 up leg. Excellent flow, cefoxitin definitely went iv, but after flush, elephant moved very slightly, infusion became difficult. Upon slight reposition of needle, got flash again but as gave gentocin hematoma began to form (larger than last time). Gave gentocin and 30 ml flush. Large hematoma at this time so pulled iv and spent 10 min trying to find another site with no success. EC worked great. No behavior negative moves today

A: Partially successful treatment #2

P: Rads on 3/29

If changes, try again LF in same region with same approach; time after that go back to digital veins

Proc 0200: visit with [redacted] of [redacted]

(6)

1. Exam and Tx RF: Cleaned RF nail lesion of gauze, debris, and a layer of mucoid material (amikacin matrix plus typical elephant inflammatory material) using currette, nolv flush, q-tips. Applied double dose of amikacin+MIII matrix. Allowed material to set up longer per [redacted]; upon application was thick pasty and a bit dry. Once dry in the lesion the material seemed to be caking and flaking off. Plugged with gauze.

(6)

2. Exam and Tx LF: placed catheter, infused 400 mg piperacillin, replaced tampons

P: [redacted] recommends SSD cream in a special heavy formulation for the R nail, and will fashion an amikacin+clindamycin "bullet" of slow release material to be placed ahead of the tampons

(6)

Continue current Rx for now

Note: hay will be switched to wheat straw...per [redacted] (LHS)

(6)









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Clinical Note:

21.Apr.2000

Hx: Questionable change with bupivacaine bullets in place x 2 days

Proc:

1. Cleaned LF tract: possibly slightly less sensitive to debridement, but tract still quite narrow, bleeding readily
2. Replaced new ab bullets (still only lasting 2-3 days) with tampons; difficult to place, again since tract is narrow.
3. PEX: swelling still present over R carpus, fluctuant, possibly reduced a bit from 48 hrs ago

P: Continue 30 g bute bid

Consider placing bupiv bullet on Wednesdays for Friday tract debridement (LHS)

Clinical Note:

24.Apr.2000

Hx: Generally unsuccessful LF RDIP tx today, although elephant very good for 24 min tota.

Proc:

1. PEX: No heat over the LF. Fluctuant swelling over the R carpus unchanged. Observed waling out in yard quite stiff on the RF barely bending the R carpus.
2. Routine RDIP using RAY rig. Started at middle of 3 vertical vessels on the lateral side, fairly high up, with back flow but unable to flush. Second site was middle digit vertical vessel, suddenly got great back flow but then difficult to give cefoxitin, presumeably hematoma. Unable to flush or give gentocin.

A: Unsuccessful RDIP

P: Repeat attempt at RDIP 4/28

Radiographs 4/29 or sooner if film arrives

Continue bute to 30 g po bid (LHS)





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Parasitology Examination:

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

Sample id.: 2000-1272  
Date collected: 2.May.2000

Collected from:  
From an individual specimen.

Enclosure: EH 13

Examination Data >>  
Storage: room temperature  
Consistency: formed  
Gross appearance: Typical

Date examined: 2.May.2000

Tests & Results >>  
FLOATATION - SUGAR

NO PARASITES SEEN

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Clinical Note:

4.May.2000

Hx: RDIP today, successful with both Rx on first attempt, although flow somewhat slow.

PROC:

1. PEx: Again LF foot is cool to touch with no external changes evident. Continued decrease in swelling over the R carpus but also more obviously bearing weight medially with the foot turned inward slightly.
2. Routine RDIP using RAY rig. Success at "high" hoizr more medial than the last successful efforts. Flow was never very rapid, but no hematoma formed and entire flush was given after both Cefox and gent.

A: RDIP

P: Next RDIP 5/10 (LHS)













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Clinical Note: 13.Jun.2000  
Hx: Doing very well last few days  
Proc: visit in yard with visitors: standing comfortably, no visible swelling; very content (LHS)

Clinical Note: 14.Jun.2000  
Hx: actually more sore today, with RF swelling; questionable RDIP (LS)  
1. PEx: obvious caudal swelling RF; mild generalized swelling LF. Very humid, of several days now.  
2. Routine RDIP using RAY rig. Two sticks at high lateral vessel near the high horizontal site. Skin thick, elephant moved and flow started, but flashback was lost during infusion? Elephant was also quite antsy, and did not even eat watermelon until allowed to put the RF down, presumably due to LF pain.  
3. Rads: tried more colimation, exactly 30", too light (so best films at correct distance are with more open light beam). Essentially no change in 1 week: gradual progression seems most likely.  
A: RDIP, questionable success  
P: Repeat RDIP earlier next week?  
Check RF nail tomorrow  
Consider higher bute (LHS)

Clinical Note: 20.Jun.2000  
Hx: LF swelling resolved, no obvious lameness. RDIP today rapid, successful tx today (LS)  
1. PEx: both forefeet generally free of heat and swelling.  
2. Routine RDIP using RAY rig. First stick at diagonal vessel just below high horizontal vessel. Excellent attitude; Dr [redacted] feeding (6)  
3. Rads: good films. Essentially no change in 1 week: no additional bony loss.  
A: RDIP  
P: Continue weekly treatment and rads  
(LS) (JS)



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Clinical Note:

20.Jul.2000

Hx: RF rads and unsuccessful RF RDIP. Keepers report increased swelling and soreness in RF over past few days. Is eating all her food. Stool normal. Was scheduled to do LF today, but given decline in RF elected to work with that foot. No reported drainage from RF lat sole defect recently. Normal odor. Weight at 4000 kg

1. PEx: Swelling in RF, holding foot off ground with slight toe touching. Reluctant to bear weight on RF when standing, only periodically shifting weight from L to R. Short stride on the RF. RF carpal area and foot appears swollen and is slightly warm. Lateral sole defect at D5 has no discharge, tissue appears viable, no change in size.

2. Radiographs of RF digits taken with portable machine and arm kept in closet in elephant house. Slight difficulty in keeping her steady on plate, reluctant to bear weight. \*\*\* prelim reading: no bony changes noted.

3. RF RDIP using RAY rig attempted. RAY attempted 1st. Tried vert vessel between D3 and 4, could get flash back, slow, but could not advance fluids without losing vein. Attempted on a horz vessel between D 2-3, same result. Attempted more medially on hoz vessel, same result. LHS tried in higher vessels and lateral hoz vessels, same result. Nancy was aggitated and reluctant to hold position during procedure, as if keeping weight on LF was painful for her. She was upset by the end of the procedure, unwilling to eat treats.

A:

1. Difficulty with RDIP due to RF swelling and likely sore LF.
2. Swollen RF chronic, progressive. R/O infection vs swelling secondary to physical breakdown of tissues.
3. Sole defect - stable.
4. Painful RF chronic, progressive. R/O see #2

P:

1. Elected to add in more medication to try and establish better analgesia and possibly added anti-inflammatory effect  
Rx Acetaminophen 5200 mg PO BID x 7 d (1.3 mg/kg).
2. Increased AM dose of phenylbutazone to 45 gm (from 35 gm) for same effect. Go back to regular 35 gm dose in PM and start Acetaminophen at that time.
3. Recheck 1-2 d. Likely hold on more procedures this week (originally was sch to try and do LF RDIP tx this week).  
(LAC for LHS and RAY) (LAC)



=====  
Scientific Name: *LOXODONTA AFRICANA KNOCHENHAUERI* Accession #: 26223  
Common Name: EAST AFRICAN BUSH ELEPHANT Female  
Name: Nancy Birth: 20.Mar.1954 (Estimated)  
=====

Clinical Note:

23.Jul.2000

Hx: Reread RF. Keepers report eating well, stride continues to seem improved to them this AM but foot seems slightly more swollen than yesterday. Were not able to get hydrotherapy or pool time yesterday. Her attitude seems good to them.

Proc:

Visual exam - Holding RF off ground with more frequency and height than noted yesterday but will periodically shift weight to the foot. Foot does appear slightly more swollen than noted yesterday, stride is about the same.

No sign of GI upset

A: RF swelling/pain - overall stable from yesterday to very sl decline. Still not normally weight bearing.

P: Continue with present course. Keepers will do hydrotx today.

(LAC) (LAC)

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Scientific Name: LOXODONTA AFRICANA KNOCHENHAUERI                      Accession #: 26223  
Common Name: EAST AFRICAN BUSH ELEPHANT                              Female  
Name: Nancy    Birth: 20.Mar.1954 (Estimated)  
=====

Clinical Note:

24.Jul.2000

Hx: Successful RF RDIP. Continued severe RF pain with slight improvement on acetaminophen Is eating all her food. Stool normal.

Proc:

1. PEX: Swelling in RF, holding foot off ground with slight toe touching. Reluctant to bear weight on RF when standing, only periodically shifting weight from L to R. Short stride on the RF. RF carpal area and foot appears swollen and is slightly warm. Lateral sole defect at D5 has no discharge, tissue appears viable; no change in size. Has 2 "rub" sites (left cheek and left shoulder) both approx 4 in diameter, sup epidermal layer gone, pink color, no discharge.
2. RF RDIP using RAY rig attempted. LHS unsuccessful in 2 locations, slightly lateral and slightly medial on horizontal vessels, then successful in very superficial horz vein at cranial aspect of foot between D2-3, got approx 24 ml lidocaine/flush mix (50/50), both AB, full 20 ml flush, then got 12 ml straight 20% lidocaine and 20 ml of lidocaine/flush combo (50/50 of each). OK attitude for treatment, had periods where she seemed to "turn off" but keepers able to get her back to eating treats again each time.

A:

1. RF continued swollen and painful. R/O infection vs swelling secondary to physical breakdown of tissues.
2. Sole defect - stable.
3. Skin sites R/O rubs, pressure sores from leaning at night

P:

1. Increased acetaminophen 10400 mg PO BID
2. Radiograph RF and LF tomorrow.
3. Clean rub areas SID.

(LAC for LHS and RAY) (LAC)

=====  
Scientific Name: *LOXODONTA AFRICANA KNOCHENHAUERI* Accession #: 26223  
Common Name: EAST AFRICAN BUSH ELEPHANT Female  
Name: Nancy Birth: 20.Mar.1954 (Estimated)  
=====

Clinical Note:

31.Jul.2000

Hx: Successful RF RDIP. Continued RF pain. Is eating all her food. Stool normal. Has been seen resting hind legs on water tank. Layed down the other day for a few hours, it was at about 6 pm, a very abnormal time. Attitude has seemed to be fine.

Proc:

1. RADS: 2 of RF and 1 of LF
2. PEX: Swelling in RF. Relucant to bear weight on RF when standing. Swelling of foot and carpal area. Lateral sole defect at D5 has no discharge, tissue appears viable, slightly smaller. Has 2 "rub" sites (left cheek and left shoulder) both aprox 4" diameter, sup epidermal layer gone, pink color, no discharge, very smooth.
2. RF RDIP using RAY rig attempted. LHS unsuccessful in 2 locations, slightly lateral and slightly medial on horizontal vessels, then successful in horz vein at proximal part of foot, near fold of skin as foot turns into carpal area on cranial aspect of foot. Flushed w aprox 24 ml lidocaine/flush mix (50/50), both AB, and 20 ml flush. OK attitude for treatment. Shifted weight off left foot slightly more fully than she has past few times, she would throw weight onto back legs and right leg to relieve left front.

A:

1. RF continued swollen and painful. R/O infection vs swelling secondary to physical breakdown of tissues.
2. Sole defect - stable.
3. Skin sites R/O rubs, pressure sores from leaning at night, stable to improving

Concern about resting hind legs on water tank - while it could mean her front feet are feeling better, it could also be a sign of increasing pelvic limb pain (breakdown secondary to increased weight bearing)

P:

1. No change in current treatment.
2. Monitor for changes in lameness, rest periods, attitude.  
(LAC for LHS and RAY) (LHS)

=====  
Scientific Name: LOXODONTA AFRICANA KNOCHENHAUERI      Accession #: 26223  
Common Name: EAST AFRICAN BUSH ELEPHANT      Female  
Name: Nancy      Birth: 20.Mar.1954 (Estimated)  
=====

Parasitology Examination:

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

Sample id.: 2000-2346  
Date collected: 3.Aug.2000

Collected from:  
From an individual specimen.

Enclosure: BH 13

Examination Data >>  
Storage: room temperature  
Consistency: formed  
Gross appearance: Typical

Date examined: 3.Aug.2000

Tests & Results >>  
FLOATATION - SUGAR

NO PARASITES SEEN

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Clinical Note:

9.Aug.2000

Hx: Successful RF RDIP. Continued RF pain.

Proc:

1. PBX: Swelling in RF is sig reduced. LF carpal area starting to be swollen. Poss wt loss (visual exam).

2. RF RDIP. Successful in mid horz vein. Easiest of last few attempt. Both AB and flush in.

A:

1. RF continued swollen and painful. R/O infection vs swelling secondary to physical breakdown of tissues.

LF carpal swelling R/O tissue breakdown vs infection

P:

1. Double acetaminophen again for 4 days then re-assess. Consider adding ibuprofen.

(LAC for LHS and RAY) (LAC)

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Scientific Name: *LOKODONTA AFRICANA KNOCHENHAUERTI* Accession #: 26223  
Common Name: EAST AFRICAN BUSH ELEPHANT Female  
Name: Nancy Birth: 20.Mar.1954 (Estimated)  
=====

Clinical Note: 9.Aug.2000  
Rx: ACETAMINOPHEN 21000 mg PO BID until further notice. (LHS)

Prescription Data >> Starting date: 9.Aug.2000  
Drug: ACETAMINOPHEN 21000 mg PO BID for 14 days  
Formulation: 500.00 mg tablet  
Prescribed by: LHS (9.Aug.2000) Filled by: JLK (9.Aug.2000)  
Drug dosage: 6.36 mg/kg Treatment weight: 3300 kg

Comments >>

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Dispensing Note: Use 500.00 mg tablets.

Originally prescribed until further notice.  
Discontinued on 22.Aug.2000

Clinical Note: 12.Aug.2000  
Hx: Off food this AM but did take AM meds. [redacted] advised to d/c meds (L) (all) for today. She ate slightly better in afternoon.  
LAC (LAC)

Clinical Note: 13.Aug.2000  
Hx: Review of bloodwork shows Alk Phos increasing (at 255 on 8/9 -- highest value in past 1 1/2 years). In 1999 AlkPhos ranged apex 30-69. Since 2000, have seen a relatively steady increase. There has also been a gen treand down in her Hct, though variation in the past is notable. on 8/9 the Hct was 28.5.

Resume Acetaminophen 8,000 mg Po BID today. (LAC)

Clinical Note: 13.Aug.2000  
Rx: ACETAMINOPHEN 8000 mg PO BID for 7 days. (LS)

Prescription Data >> Starting date: 13.Aug.2000  
Drug: ACETAMINOPHEN 8000 mg PO BID for 7 days  
Formulation: 500 mg tablet  
Prescribed by: LS (13.Aug.2000) Filled by: (13.Aug.2000)  
Drug dosage: 2.42 mg/kg Treatment weight: 3300 kg

Comments >>

Medical History Report - Individual Specimen  
NATIONAL ZOOLOGICAL PARK

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Scientific Name: LOXODONTA AFRICANA KNOCHENHAUERI      Accession #: 26223
Common Name: EAST AFRICAN BUSH ELEPHANT              Female
Name: Nancy                                           Birth: 20.Mar.1954 (Estimated)
=====

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Prescription Record (continued):

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Dispensing Note: Dispense 14 doses. Each dose: 16 tablets. Total to dispense: 224 tablets. Use 500 mg tablets.

Clinical Note:

15.Aug.2000

Hx: Rads R and L F. Failed attempt at RF RDIP. Sig decrease in carpal and foot swelling in both front legs. However, seemed very uncomfortable on LF during procedure.

Proc:

1. Radiographs of R and L front feet. Used portable machine and arm kept in elephant house closet.
2. RF RDIP: Multiple superficial veins were hit, but could not inject medications. Stopped when her attitude deteriorated (after about 20 min). She shifted weight from LF to RF more than usual during this procedure
3. Pressure sores continue to be present on left elbow and side of head

A: Failed RF RDIP attempt

Possible increase in LF discomfort

Pressure sores stable

P: Retry in 2 days.

Ct off Tribissen, ct on other meds, tylenol at 15,000 mg po bid (LAC)

Submission Data >>

Type: Fecal sample

Purpose: VET REQUEST/ OCCULT BLOOD

Sample id.: 2000-2513

Date collected: 18.Aug.2000

Collected from:

From an individual specimen.

Enclosure: EH 13

Examination Data >>

Storage: room temperature

Consistency: formed

Gross appearance: Atypical

Date examined: 18.Aug.2000

Tests & Results >>

FLOATATION - SUGAR

OCCULT BLOOD

NO PARASITES SEEN

NEGATIVE

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|   |                                |
|---|--------------------------------|
| Scientific Name: LOXODONTA AFRICANA KNOCHENHAUERI | Accession #: 26223             |
| Common Name: EAST AFRICAN BUSH ELEPHANT           | Female                         |
| Name: Nancy                                       | Birth: 20.Mar.1954 (Estimated) |

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Clinical Note: 19.Aug.2000  
 Rx: FLUNIXIN MEGLUMINE 1500 mg PO SID until further notice. (CS)

Clinical Note: 19.Aug.2000  
 Hx: Off of all her pm meds yesterday. But got her acetaminophen am. She did not eat yesterday. Today morning she was resting her head on the bars of the stall, she does not look very good. Keepers concern about she is worse than yesterday. Large amount of faeces, consistency slightly soft but nothing abnormal. R and L foot are swollen up. Keepers [redacted] offered some jelly and tricks, she does not eat them. On the exhibit she is holding right foot off ground with slight toe touching. (a)

Proc: 9:00 IV injection of 1500 mg of flunixin meglumine (Banamine 0.5mg/kg) on left ear vein. 19" x 7/8 butterfly was OK.  
 9:30 Visual exam: Sometimes holding RF off ground, ate half of a bucket of pellets (apple, cinnamon flavoured). Kprs will try to give her the TMS on food.  
 11:30 Keeper [redacted] called, [redacted] got the TMS, looks brighter, was asking for some food. (c)  
 A: IV Banamine (9:00), TMS, after Tx better appetite than yesterday  
 IV Banamine (3:00 pm)  
 P: Inejctable phenylnbutazone?  
 Give her different items as food to asses her appetite.  
 (CSD)

Prescription Data >> Starting date: 19.Aug.2000  
 Drug: FLUNIXIN MEGLUMINE 1500 mg PO SID for 4 days  
 Formulation: 50.00 mg/ml injectable  
 Prescribed by: CS (19.Aug.2000) Filled by: CS (19.Aug.2000)  
 Drug dosage: .455 mg/kg Treatment weight: 3300 kg

Comments >>

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 Dispensing Note: Use 50.00 mg/ml injectable.  
 Give 30 ml iv once and repeat if animal is eating and alert.  
 Originally prescribed until further notice.  
 Discontinued on 22.Aug.2000

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Scientific Name: LOXODONTA AFRICANA KNOCHENHAUERI                      Accession #: 26223  
Common Name: EAST AFRICAN BUSH ELEPHANT                                      Female  
Name: Nancy    Birth: 20.Mar.1954 (Estimated)  
=====

Clinical Note: 20.Aug.2000

Hx: Keepers report she is better than yesterday. Yest afternoon ate very well.

Proc.

1.- Visual exam.

The improvement is not enough according with LHS, although not very swollen, L and R front foot are swollen up. She hesitated to get into the room from the exhibit (pain? or normal behaviour for this animal?)

Rx: 50 ml phenylbutazone IV in the morning (9:50)  
100ml (100mg/ml) Ketofen (Ketoprofen) IV  
75 ml phenylbutazone IV in the afternoon (4:00)

Keepers report that she has eaten very well today after her injection. (CSD)

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Clinical Note: 21.Aug.2000

Rx: 6 gr phenylbutazone PO (morning)  
980 mg Dexamethasone IV (aprox 11:00 am)  
Give 70 ml of flunixin meglumine IV in the afternoon (CSD)

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

Scientific name: *LOXODONTA AFRICANA*  
Common Name: AFRICAN ELEPHANT

|              |                      | IBIS Values |       |       |       |        |
|--------------|----------------------|-------------|-------|-------|-------|--------|
|              |                      | Mean        | S.D.  | Min.  | Max.  | (N)    |
| WBC          | *10 <sup>3</sup> /UL | 10.50 ±     | 2.648 | 4.500 | 22.10 | (1544) |
| RBC          | *10 <sup>6</sup> /UL | 3.15 ±      | 0.40  | 2.05  | 4.80  | (1480) |
| HGB          | GM/DL                | 13.7 ±      | 1.6   | 7.0   | 26.1  | (1522) |
| HCT          | %                    | 39.5 ±      | 4.6   | 27.0  | 56.0  | (1984) |
| MCH          | MG/DL                | 43.6 ±      | 3.0   | 34.8  | 66.8  | (1454) |
| MCHC         | ug                   | 34.7 ±      | 2.0   | 18.4  | 57.9  | (1501) |
| MCV          | fL                   | 125.8 ±     | 8.1   | 91.1  | 190.0 | (1466) |
| SEGS         | *10 <sup>3</sup> /UL | 3.146 ±     | 1.695 | 0.000 | 11.80 | (1224) |
| BANDS        | *10 <sup>3</sup> /UL | 0.843 ±     | 0.799 | 0.000 | 6.530 | (605)  |
| LYMPHOCYTES  | *10 <sup>3</sup> /UL | 4.913 ±     | 2.532 | 0.022 | 17.40 | (1236) |
| MONOCYTES    | *10 <sup>3</sup> /UL | 1.513 ±     | 1.651 | 0.000 | 9.480 | (1175) |
| EOSINOPHILS  | *10 <sup>3</sup> /UL | 0.225 ±     | 0.273 | 0.000 | 2.898 | (885)  |
| BASOPHILS    | *10 <sup>3</sup> /UL | 0.049 ±     | 0.081 | 0.000 | 0.525 | (464)  |
| NRBC         | /100 WBC             | 0 ±         | 1     | 0     | 3     | (92)   |
| PLATE. CNT.  | *10 <sup>3</sup> /UL | 417 ±       | 245   | 74    | 1380  | (215)  |
| RETICS       | %                    | 0.0 ±       | 0.0   | 0.0   | 0.0   | (7)    |
| GLUCOSE      | MG/DL                | 84 ±        | 15    | 38    | 174   | (1437) |
| BUN          | MG/DL                | 10 ±        | 3     | 0     | 22    | (1458) |
| CREAT.       | MG/DL                | 1.5 ±       | 0.5   | 0.0   | 11.0  | (1405) |
| URIC ACID    | MG/DL                | 0.2 ±       | 0.4   | 0.0   | 5.1   | (466)  |
| CA           | MG/DL                | 10.9 ±      | 0.6   | 8.1   | 15.3  | (1434) |
| PHOS         | MG/DL                | 4.9 ±       | 0.8   | 2.8   | 8.2   | (1291) |
| NA           | MEQ/L                | 129 ±       | 4     | 107   | 182   | (1353) |
| K            | MEQ/L                | 4.8 ±       | 0.5   | 3.3   | 7.6   | (1368) |
| CL           | MEQ/L                | 88 ±        | 4     | 67    | 129   | (1323) |
| IRON         | MCG/DL               | 79 ±        | 42    | 8     | 174   | (54)   |
| MG           | MG/DL                | 1.97 ±      | 0.75  | 0.65  | 4.20  | (98)   |
| HCO3         | MMOL/L               | 25.1 ±      | 3.6   | 13.0  | 31.0  | (44)   |
| CHOL.        | MG/DL                | 68 ±        | 17    | 0     | 234   | (1290) |
| TRIG         | MG/DL                | 64 ±        | 31    | 0     | 179   | (1124) |
| T. PROT. (C) | GM/DL                | 7.7 ±       | 0.6   | 5.8   | 10.5  | (1261) |
| T. PROT. (R) | GM/DL                | 8.0 ±       | 0.4   | 7.4   | 8.6   | (8)    |
| ALBUMIN (C)  | GM/DL                | 3.6 ±       | 0.4   | 2.4   | 5.2   | (1145) |
| GLOBULIN (C) | GM/DL                | 4.1 ±       | 0.5   | 2.6   | 6.4   | (1135) |
| AST (SGOT)   | IU/L                 | 24 ±        | 10    | 6     | 93    | (1398) |
| ALT (SGPT)   | IU/L                 | 7 ±         | 6     | 0     | 40    | (547)  |
| T. BILI.     | MG/DL                | 0.2 ±       | 0.1   | 0.0   | 1.0   | (1187) |
| D. BILI      | MG/DL                | 0.1 ±       | 0.1   | 0.0   | 0.3   | (154)  |
| I. BILI.     | MG/DL                | 0.1 ±       | 0.1   | 0.0   | 0.9   | (152)  |
| AMYLASE      | U/L                  | 3075 ±      | 1552  | 0     | 7918  | (241)  |
| ALK. PHOS.   | IU/L                 | 128 ±       | 61    | 32    | 441   | (1404) |
| LDH          | IU/L                 | 988 ±       | 568   | 157   | 4306  | (1099) |

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

=====  
Scientific name: LOXODONTA AFRICANA  
Common Name: AFRICAN ELEPHANT  
=====

|                   |          | ISIS Values |       |       |       |       |
|-------------------|----------|-------------|-------|-------|-------|-------|
|                   |          | Mean        | S.D.  | Min.  | Max.  | (N)   |
| CPK               | IU/L     | 256 ±       | 196   | 18    | 1884  | (247) |
| OSMOLARITY        | MOSMOL/L | 259 ±       | 4     | 246   | 272   | (689) |
| ALPHA GLOB.       | MG/DL    | 0.7 ±       | 0.0   | 0.7   | 0.7   | (1)   |
| ALPHA-1 GLOB      | MG/DL    | 0.7 ±       | 0.2   | 0.2   | 0.8   | (8)   |
| ALPHA-2 GLOB      | MG/DL    | 1.0 ±       | 0.3   | 0.8   | 1.6   | (8)   |
| BETA GLOB.        | MG/DL    | 1.2 ±       | 0.8   | 0.6   | 1.7   | (2)   |
| Body Temperature: |          | 39.0 ±      | 0.0   | 39.0  | 39.0  | (1)   |
| CO2               | MMOL/L   | 27.0 ±      | 3.1   | 12.0  | 61.4  | (840) |
| ESR               | MM/HR    | 27 ±        | 0     | 27    | 27    | (1)   |
| FIBRINOGEN        | MG/DL    | 238 ±       | 139   | 0     | 600   | (70)  |
| GGT               | IU/L     | 12 ±        | 5     | 0     | 37    | (389) |
| LIPASE            | U/L      | 7 ±         | 7     | 0     | 45    | (66)  |
| PROGESTERONE      | NG/DL    | 144.8 ±     | 216.4 | 0.060 | 1005  | (266) |
| TESTOSTERONE      | NG/ML    | 1.010 ±     | 1.117 | 0.220 | 1.800 | (2)   |
| TOT. T4 (RIA)     | UG/DL    | 8.2 ±       | 1.3   | 6.9   | 9.5   | (3)   |
| TOT. T3 (RIA)     | NG/ML    | 209.0 ±     | 0.0   | 209.0 | 209.0 | (1)   |
| ALBUMIN (E)       | GM/DL    | 4.4 ±       | 0.3   | 4.1   | 4.9   | (7)   |
| GAMMA GLOB        | GM/DL    | 1.6 ±       | 0.4   | 0.7   | 1.9   | (7)   |