

Clinical Notes - Individual Specimen Report
BURNET PARK ZOO

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Scientific Name: ELEPHAS MAXIMUS INDICUS                               Accession #: M99157
Common Name: INDIAN ELEPHANT                                           Female
Name: JOTHI (JODY)                                                       Birth: 1.Jul.1982 (Estimated)
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26.Feb.2000

Keepers noted that she hadn't urinated by late morning. Gave her alot of water today, which she drank. She is BAR. She finally urinated around 4:15pm. U/A run: SG=1.010 Prot=trace Bacteria=++++ pH=8
Mucus=++++ Squam. epith. cells=1-4/HPF
No WBC in sediment (positive on stick but not reliable)

Keepers also noted less stool than usual. Observed crossing her rear legs and seemed a bit uncomfortable. It is notable that she bred with Indy last week. Will inform DVM. (KW)

27.Feb.2000

Keepers noted a mucoid discharge post-urination this morning. The specimen was brought to the clinic for exam. A smear was prepared with DiffQuik stain and examined. Many degenerate neutrophils containing phagocytized bacteria were noted in the smear. RBC's were also noted. Unable to do specific gravity due to gelatinous nature of the specimen. Plan: increase water consumption and attempt to obtain a clean urine catch tomorrow and possible blood draw for CBC and panel. A CBC performed today revealed a WBC of 29,000/uL with 31% segs, 38% lymphs, 28% monos and 3% eos. with ~13 platelets/OIF. (RSC)

28.Feb.2000

Hx: No urination noted on friday. Was given large amounts of water and then did urinate. Keepers noted large amount of mucous and white gelatinous purulent material; her defecations were scant and she passed one boli at a time. Urinations on saturday were again monitored and Jothi passed more mucous/pus, however her defecation returned to normal. She showed signs of discomfort by crossing her legs. She was given access to water ad lib. On sunday, urinations contained again mucous and pus, water was given ad lib and she was encouraged to drink. Today, all her urinations were normal except at the end of the day were about 50ml of mucous was passed and about a tablespoon of white flocculent and gelatinous pus. These were noted at the end of the urination. Appetite, attitude and defecation are normal. Her vulva was normal: it did not appear inflamed, did not have any material adhered to mucosa, etc.

Proc: the urinary sample was collected and submitted for gram stain, fungal bacterial culture and sensitivity. Smears were made but because of the gelatinous nature of the material, the smear were difficult to make. Preliminary examination revealed high numbers of inflammatory cells and possibly yeast-like organisms (although they appeared much larger than usual yeast). (NAM)

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29.Feb.2000

Recheck: Abnormal urine/vaginal discharge noted yesterday.P.E.: examined vaginal antrum to a distance of approximately 12cm and no abnormalities were noted. Dx: Collected free-catch mid-stream urine sample on which an in-house urinalysis was performed;UA Results: spun sample revealed TNTC bacteria and crystals, but NO WBC's(A large "mucus" clot was passed at the end of urination but was only examined visually since it fell on the enclosure floor). Plan: Await urine culture results from 2/28 (NOTE: the DL was called and it was requested that the urine culture submitted on 2/28 include ureaplasma).The keepers were requested to collect a mid-stream urine sample from "Indi" (male) for UA and potentially culture. (GK)

2.Mar.2000

Hx: Urine completely clear yesterday and today. No mucus seen. First TB test of series performed today.
Proc: 60 mL of saline instilled into trunk. Exhaled into 1 gallon plastic bag. Submitted for mycobacterial culture at NVSL.
Plan: Repeat sample collection on 3/7/00 and 3/9/00. On 3/5/00 collect blood for CBC, Chem panel, and serum banking. On 3/9/00 vaccinate for tetnus and rabies. Collect stool at convenience for culture and analysis. (NAM)

5.Mar.2000

Blood drawn for CBC and chemistry panel from ear vein for annual physical exam. CBC performed in-house. (RSC)

6.Mar.2000

Hx: no mucous noted in urine on sunday. Today, keepers noted more mucous in urine, but no white flocculent material. (GK)

7.Mar.2000

Hx: annual physical including trunk washes for mycobacterium cultures. Urine has been clear but mucous still present. She strained today and passed 3 small masses of flocculent material.
Proc: 2nd trunk wash using 60 ml of saline. Send out to NVSL via DL for culture.
Will discuss with Dr Schmitt and Mikota further diagnostic options. (NAM)

9.Mar.2000

Hx: vaccination and TB test. No mucous noted yesterday or today during and around urination.
Proc: Third and last trunk wash using 60 ml of saline. Submitted to NVSL via Cornell's DL.

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9.Mar.2000

Both triceps area were surgically prepped with nolvasan scrub and sterile saline irrigation. Tx: 1ml tetanus toxoid IM in left triceps and 1ml rabies (ImRab) in right triceps. A small amount of DMSO was applied topically around the site of each injection.
Plan: monitor for swelling, pain, discharge at/around the injection sites.
Fecal pending for culture and parasite check. (NAM)

13.Mar.2000

Hx: normal urinations but Jothi passed one mucous mass on 3/12/00 and 3/11/00. No white flocculent material observed.
Discussed findings with Dr Susan Mikota. Her feelings without seeing the animal is that it may be an urinary tract infection with some vaginal discharge, although she was surprised that the cultures were negative. She recommended consultation with Dr Schmitt (email already send to him). (NAM)

16.Mar.2000

Hx: last 2 days no mucous seen. Today she passed another about 50ml of turbid mucous.
~~Dr Prowten was called yesterday and message to call us back was left on voice mail.~~
Plan: collect mucous and new urine for analysis. (NAM)

20.Mar.2000

Hx:Jothi passed 2 mucous masses yesterday but none today.
Dr Prowten was called but has not yet returned our call. (NAM)

30.Mar.2000

Hx-Dr. Dennis Schmitt came to examine Jothi as she had been examining signs of vaginal discomfort and had no evidence of urinary tract dz. A more complete report will follow: Dr. Schmitt found what appears to be a resolving vaginal tear. There is an area of swelling in the vagina consistent with a small tear that is healing. Fetus could not be visualized-which is not unusual for this stage. She was bred on 2/18/2000. Her progesterone levels are low, however, they do not rule out pregnancy, as these can be low during the first 10 wks or more of pregnancy.
Plan-Continue to monitor for signs of discomfort, discharge etc.
Continue to monitor progesterone levels. (SF)

27.Apr.2000

Hx-Vaginal tear diagnosed by Dr. Schmitt.
Keepers report that recheck rectal exam on 4/26/00 revealed that the vaginal tear lesion is still the same size as when previously diagnosed. However, since the amount and frequency of mucus discharge has decreased, we are monitoring this lesion monthly. (SF)

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13.Jun.2000

Hx: Jothi is not pregnant at this time. She was introduced to Indy again last week. He bred her once.
Plan: keepers will palpate again site of vagina trauma and monitor. No discharge has been noted in several weeks. (NAM)

3.Sep.2000

Jothi had a single vaginal mucus discharge at bath time. Discharge was also bloody.
Taken from 9/3 keeper report (KW)