

Clinical Notes - Individual Specimen Report
BURNET PARK ZOO

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Scientific Name: ELEPHAS MAXIMUS (no subsp)           Accession #: M05087
Common Name: Asiatic elephant                         Male
Name: Kedar                                           Birth: 31.Jul.2005
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3.Aug.2005

seen.

No petechia in mouth or conjunctiva. He is BAR and nursing. T 98.6F
Blood drawn from left ear for IStat:

BG 74, BUN 6, Na 131, K 3.6, Cl 94, TCO2 24, Anion Gap 18, HCT 42%, Hb
14.3 (both calculated), pH 7.510, PCO2 28.4, HCO2 22.6, Base def/exc
0.

Per NAM, started on Ceftiofur at 2.2 mg/kg IM SID. Given IM left
hamstring. DMSO applied after. (KWP)

3.Aug.2005

On Tuesday night the keepers called around 9:30 to report that Kedar
urinated and at first the urine was clear, and then became
progressively darker (blood tinged). Blood work from Monday was
normal. U/A showed large numbers of RBC no WBC, no crystals and no
casts. Once spun down, the urine was clear indicating no
hemoglobinuria or myoglobinuria. During urination, the stream of urine
was reportedly large and steady. No swelling around the umbilicus was
reported, but the umbilical cord was still moist. An abrasion was
noted around the opening of the urethra at the tip of the penis. Until
further evaluation was made, ceftiofur at 2.2 mg/kg IM was started
SID.

Monday:

WBC: 13.3 (15.3-20.5) PCV: 46 (46.9) Na: 130 (125-153) K: 5.5
(3.8-6.4) Cl: 89 (79-111) BUN: 15 (6-14) Creatinine: 3.1 (2.3-3.5)

Tuesday (10:30 PM I-Stat)

K: 3.6 Na: 131 Cl: 94 BUN: 6 Glucose: 74 Hct: 42 pH: 7.5 iGap:
18

Today - wednesday: Weight today was 333 lbs., which is an increase of
one lb since yesterday. His temperature was 98.1 deg F. He is BAR,
nursing normally. Examination of the penis confirmed the presence of
small scabs around the urethral opening as well as a yellow line
surrounding the opening. No inflammation was detected. Palpation of
the umbilicus revealed that the stalk was smaller than that palpated
on Monday but the cord itself was still moist. There was a mixture of
betadine in the fluid colleted (justa few drops). About 10 minutes
later, the cord was palpated again and there was more fluid "milk"
out. Samples were collected and submitted for cytology and gram
staining. The cord was treated topically with iodine (2%) which was
the only product available at that time.

A: differential diagnoses that were considered include trauma,
infection (umbilical cord), patent urachus, ruptured bladder, stones,

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that will be submitted on Kedar. T 99.4F, HR 80bpm, RR 32bpm. No engorged vessels or petechias were noted on the conjunctiva or in the oral cavity. Referred fluid sounds were auscultated along the trunk. The urine was noted to be grossly clear.

1245: Per Dr. Dorothy Ainsworth at CUHA, 7mg dexamethasone (0.05mg/kg) was given IV to help prevent further alveolar pathology. Oxygen was continued via the nasal tube.

1255: Kedar is sleeping in lateral recumbency. His RR is slightly increased but his breaths are smooth and regular. There is a slight abdominal effort on expiration.

1300: A small amount of blood tinged mucus is noted coming from the rectum as above. Hypothesized cause remains the same (intestinal mucosal hypoxia). There is no evidence of oral mucosal or conjunctival hemorrhage indicative of DIC. The keepers feel that Kedar is now laying down for much longer periods of time than normally.

1315: Respiration appears a bit labored and rapid. T 99.6F. Oxygen therapy is being continued as above. A: Kedar's temperature is rising. PCV at this time is 47% and TS 6.2 g/dl. There was no evidence of hemolysis in the plasma. P: The cause for the temperature elevation is thought to be from the increased ambient heat and humidity. Thus, we will keep a fan blowing on him at all times. If his temperature continues to elevate, we will apply ice and alcohol to his body, feet and ears. A: potential hyperthermia.

1327: Kedar accepted 170ml of Targa's milk while standing. His suckle response was not as strong as previously.

1400: The rectum and perineum are noted to be free of blood tinged mucus. He is resting quietly in lateral recumbency. His feet, ears and skin are cool to the touch.

1412: RR 20bpm, HR 120 bpm, T 99.6F. Conjunctiva and mucus membranes are free of petechias and the perfusion and color of the mm is normal. Kedar has been standing for some time now and is attempting to nurse and is vocalizing.

1420: the umbilicus was dipped in 7% iodine solution as previously done on a daily basis. At this time Kedar unsuccessfully attempted to nurse.

1430: 3 g of injectable amoxicillin was administered IM in the right hip to prevent (in conjunction with the ceftiofur) pneumonia of anaerobic bacterial origin. Kedar is standing, QAR and flapping his ears.

1445: Results of Coagulation profile:
Romani (as control)/Kedar (human normals):
d-dimer <0.5 ug/ml/<0.5 ug/ml (<0.5)
Fibrinogen 272 mg/dl/294 mg/dl (190-500)

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Prothrombin time 8.5 sec/8.7 sec (8.9-11.4)

APTT 15.2 sec/ 20.2 sec (22.2-34.2)

Within normal limits, no evidence of DIC.

1500: Kedar has now been standing for over 50 minutes, the longest period for the entire day. A: HR 140bpm, RR 52bpm, and rectal temperature 100.2F continue to increase. S/O: blood was drawn for a PCV and arterial blood gas analysis to determine if the changes in the HR and RR are due to hyperthermia or poor tissue oxygenation. The sclera of both globes is now injected. There is no urine production noted at this point. Results: ISTAT failure due to high ambient temperature in barn. Tx: place ice packs on ears to combat hyperthermia. continue oxygen therapy.

1525: Kedar laid down in lateral recumbency by the outside door. His respiratory rate remains elevated. At this point Targa became extremely agitated and had to be chained front and rear due to human danger potential.

1555: Targa remains very agitated and is now intractable. GVK administered 200mg xylazine into her left triceps muscle.

1605: Targa was administered 40mg butorphanol IM in the right hip to supplement sedation with xylazine. Kedar's rectal temperature is now 101F.

1615: Initial effects of sedation are now noted for Targa.

1630: Kedar's rectal temperature is now 101.7F. Targa's rectal temperature is 98.8F. P/tx (for Kedar): apply ice packs to his body as he walks around using a multi-pocketed vest. Administer cold water enema (1L) using a stomach tube and 140cc syringe. Kedar continues to walk and receive oxygen via trunk tube.

1700: Kedar is standing but appears exhausted. RR 40bpm, T 101F

1750: Kedar was trying to nurse but went down in sternal recumbency. A: He appeared almost sedated rather than shocky at this point being that his perfusion and other vital signs have not changed dramatically. P: given that Targa was sedated and there is speculation that some xylazine or butorphanol may have been ingested via the milk, naltrexone (20mg) and yohimbine (4 mg) were given 5 minutes apart IV. Only slight stimulation was noted following the yohimbine.

1805: Kedar remains in sternal recumbency. His pupils are dilated and only marginally responsive to light stimulation, his mm are pale/white and his respirations are infrequent. He was intubated and ventilated using the Hudson demand valve and oxygen. A 2cc volume of 1:10,000 epinephrine was given intratracheally and IV with no response.

Atropine (0.01mg/kg) was then given IV with no response.

Ventilation/resuscitation procedures continued.

1815: GVK pronounced Kedar dead due to irreversible cardiac and respiratory failure.

1915: AW and EMB transported Kedar to Cornell University in Ithaca. The on duty pathologist was contacted and stated that the necropsy would be performed AM 8/5/05. (EMB)

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/ISIS/MeDARKS/5.31g

