

Clinical Notes - Individual Specimen Report
BURNET PARK ZOO

ELEPHAS MAXIMUS (no subsp)
Asiatic elephant
Name: SIRI

Sex: Female
Age: 38Y Est.

Acc. #: 169
Birth: 26 Oct. 1968

.....2006....

2.Feb.2006

Before refilling her iron prescription in 2 weeks, we need to recheck her hematological parameters to make sure she is not developing hemochromatosis. Dr. Kollias will check which tests to do.

20.Feb.2006

S/O: Annual 1st TB test (trunk) wash collected and frozen. A: normal appearing fluid collected. P: 2nd trunk wash to be completed on 2/21 (GVK)

21.Feb.2006

S/O: Annual TB test: 2nd trunk wash collected and frozen. A: normal appearing fluid collected. P: 3rd trunk wash to be completed on 2/22 (NAM)

22.Feb.2006

S/O: Annual TB test: 3rd trunk wash collected and submitted along with previous ones. Blood was collected and submitted for CBC, chem panel, and serum banking (samples to be send out for various tests for projects according to SSP reference page 100-107)

27.Feb.2006

Results of blood collected 2/22/06:
HCT is normal at 38% and RBC normal 3.0. Even though WBC was normal (12.4) there was a monocytosis at 6.8 (range 0.1 - 5.1). Iron was normal at 96. TP was 9.1, slightly increased (range is 7.8-9.0).
P: Review iron supplementation and consider supplementing every other week. (SLB)

4.Apr.2006

Decrease iron supplementation per NAM to every other week and decrease KCl to once a week. Monitor CBC and chem panel monthly. (EMB)

1.May.2006

Trunk washes from 2/20, 2/21 and 2/22/2006 near the end of the trunk. (EMB)

30.May.2006

Note: blood submitted for EEHV on 4/21/06 (measure of date of collection) showed high ELISA titers. (NAM)

17.Jul.2006

Note: Siri broke a piece of its right tusk. Reopens flank of tusk. No blood nor discharge were noted. Continue to monitor. (NAM)

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RUBENI PARK 2006

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Asiatic elephant
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Sex: Female

Age: 38Y Est.

Birth: 1968

19.Jul.2006

Note: keepers found one dead juvenile crow in her water trough.
Necropsy of the crow showed multiple petechias on skull and a small amount of water in the airsacs.
The crow appeared to have sustained a head trauma and to have drowned (NAM)

28.Sep.2006

Elkin rep came today to demonstrate digital radiography. Photographs of her from legs were taken.
Siri has small cracks on her left cheek patch. Keepers will work with prep H. Continue to monitor and assess success of treatment (SLB)

29.Nov.2006

Blood was collected and submitted to human hospital for iron, ferritin, and transferritin levels. The same tests will be done on Kirina as a comparison/control.
P: Collect blood tomorrow and submit for CBC to Cornell. (SLB)

30.Nov.2006

Blood was collected from the auricular vein to be submitted for CBC. (SLB)

4.Dec.2006

CBC results obtained 30-Nov-06 reveal normal CBC and hemoglobin (713,000, range 465,000 +/- 206,000/ul). (TAG)

11.Dec.2006

Siri was examined with a thermography unit. We were able to see a difference of temperature in her feet. The right front foot had hot spots on toes 3 and 4. The left front foot had hot spots on toes 4 and 5. The left hock had one hot spot (at the proximal joint). Both her cheek patches were equally large. (SLB)

14.Dec.2006

S/O: Yesterday the hydraulic door between enclosures was repaired. However, during the evening the door was breached. This morning Siri had a small (3x1cm) superficial abrasion on her right forehead. No treatment was necessary at this time, though keepers will continue to monitor. (SLB)

17.Dec.2006

Keeper (MC) reports that Siri is sore around her mouth and on her left side. She continues to eat well and laid down on her right side overnight. Keepers continuing to monitor. (RSC)

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ELEPHAS MAXIMUS (no subsp)
Asiatic elephant
Name: SIRI

Sex: Female
Age: 38Y Est.

Acc. #: 100
Birth: 26 Oct 1968

18.Dec.2006

Examined with thermograph. She had spots of relative hyperthermia on the left front foot (between toes 4 and 5 and the nail of the 3rd toe). She also had one on the right lateral tarsus. Her left side appeared more diffusely warm, but not as hot as the right side of her left side. (SLB)

21.Dec.2006

Keepers report that Siri has had some discharge around both tusks and that she still favors the left hind. On oral exam 2 ulcerations (each about 3cm long x 2cm wide) were seen on the hard palate and there was a superficial 5cm long, narrow laceration inside the mouth on the left, rostral aspect. The right tusk was blunted at the tip and appeared to have been scraped recently. The left tusk had a sharp point and there was some light grey purulent discharge present around the tusk medially. The keepers have been flushing both tusks once daily.

Thermography was again performed. The same hot spot on the left front foot between digits 3 and 4 was noted, as well as a spot above the left elbow.

P: Flush the tusk sulci twice daily with tap water. Continue treatment of dilute (0.12%) Nolvasan for one week. Also apply Nolvasan to the or cotton-tipped applicator for one week, then reassess.

27.Dec.2006

S/O: Oral exam. No new discharge noted around tusks. Oral lesions on the hard palate and the linear laceration on the upper left lip are all healing. Siri continues to be sore on her left hind leg and is voluntarily lying down on that side. (EMB)

29.Dec.2006

S/O: Oral recheck exam. The ulcerations of the hard palate and linear laceration on the upper left lip continue to heal well (appear as superficial discoloration). There was some irritation of the tissue medial to both tusks and continued healing scabs, but no discharge present. (SLB)

.....2007....

2.Jan.2007

S/O: Recheck: all lesions on her hard palate are resolving. On the right tusk there is a small amount of material present. Keepers report she is still favoring her left hind leg. There was evidence that she had laid down on her left side.

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Name: SIRI

Sex: Female
Age: 38Y Est.

Acquired: 1971
Birth: 1969

4.Jan.2007

S/O: Recheck exam - oropharyngeal lesions on hard palate resolving. John reports dorsal ulcerations are approximately 1/2 size today than at presentation. Abrasions around tusks, bilaterally appears improved as no purulent material has been seen over the past week.
A/P: Keepers to continue daily monitoring. (TAG)

8.Jan.2007

S/O: Oral lesions are still visible but are contracting down and healing well. (EMB)

10.Jan.2007

S/O: Oral lesions are healing well, keepers are continuing to flush once daily with chlorhexidine. (EMB)

11.Jan.2007

All oral lesions are healing well and are nearly closed. The chlorhexidine flushes were discontinued and keepers will monitor progress and let us know if there are any changes.

Siri has no problem walking but she continues to favor her left rear leg and lifts the leg no higher than half of the bend knee position. She is not laying down on her left side and keepers will monitor her to do so until she is seen laying down on that side on her own. An asymmetry between the thickness of the soft tissues of both knees (more on left?) was noted when she flexed her left and right knees. She might have (re-) injured her left knee last month. Consider increasing the ketoprofen to SID if needed. Keepers will use warm water hydrotherapy and encourage mild exercise and warm blankets help keep the joints flexible. (NAM)

16.Jan.2007

All oral lesions have resolved except for a very small ulcer on the mucosal side of the right tusk. There is no evidence that she is laying down on her left side but is laying down on her right side and is not tired in the morning. She continues to slightly favor the left hind leg at rest by placing it more forward than the right. No leg discomfort noted when walking but she is a bit slower. Discussed with keepers and John pros and cons of increasing her ketoprofen dose. There are risks of renal and gastric problems, but she may get enough comfortable to start using her left leg again and increase flexibility. At this point, her stools are normal (not dark, soft, no evidence of colic) and her urination is also normal (they are all drinking very well). We agreed to increase the frequency of her meds to once a day (instead of every other day) for one week and assess the response to this change. Keepers are also aware to look for side effects. Recheck at each vet visit. (NAM)

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Name: SIRI

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Sex: Female

Age: 11.5

Height: 2.5m

18.Jan.2007

Recheck range of motion of the left rear leg. She appears to be lifting her leg with increased ease and at a higher level. She does not appear to be laying down on that side. We will continue Ketoprofen until next week and re-evaluate Wednesday frequency of administration. (NAM)

25.Jan.2007

Per keepers, there has been no significant change in her overall condition. The ketoprofen was decreased to EOD. (NAM)

7.Feb.2007

John reports Siri is still not lying down on her left side. She is able to flex her L stifle more than previous observations and lift her hind leg to approximately normal height. When she rises, she is adducting her LHL more than usual. John does not feel that she has significantly improved her LHL lameness. (TAG)

12.Feb.2007

Keeper staff noted that Siri stumbled on Saturday. On Sunday she appeared lame on her right front leg, and specifically stiff in the right carpus. Her lameness is worse after periods of being stationary but this improves as she moves around. The staff is treating her with warm hydrotherapy. On palpation, the right limb feels cooler than the left front limb except for the area of the neck and the flexor muscles. She pulled her right limb during the palpation of the proximal and distal area.

P: Continue warm hydrotherapy twice daily, followed by 5 minutes of gentle exercise (walking in holding). If lameness continues, consider increasing ketofen to SID. (KWP)

18.Feb.2007

Keeper log 17 February: no sign of limping with right front limb for past 2 days, so we discontinued water therapy.

Today, Collection Manager (JM) reports no lameness. (KWP)

19.Feb.2007

Stiffness is resolved and Siri is back to normal. (NAM)

26.Feb.2007

Keepers noted lie down marks on Siri's left side in the am for the first time since 12/14/06. First time they can say she definitely went down on her left side since that date. (KWP)

28.Feb.2007

S/O:JM found part of an exfoliated molar today in the area where Siri

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Acc. #: 166
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28.Feb.2007

had been held overnight. On oral JM reported the left lower posterior molar to be absent but the anterior left lower molar to be present. JM stated that there was no exudate present but the base of the crown of the molar was malodorous. GVK attempted an exam of the mouth but the elephant was not cooperating. On exam of the left lower anterior molar, the crown was to be abnormal in shape (not a normal rounded crown but the crown being lingual). No roots were present and this portion of the crown was very darkly pigmented. A: Partially exfoliated left lower posterior molar which is abnormal in shape. P: attempt flushing of the area with water and examine this area daily. GVK/TG will look into obtaining the fiberoptic otoscope from CUHA to better visualize this area.
(EMB)

7.Mar.2007

Per keeper report 3/6: Evidence of left side lie down overnight. Asked to lie down on left side during bath, performed well. Lie down on both sides for bath until further notice don't ask for ground site.
(KWP)

7.Mar.2007

Blood was collected on 3/7/07 as part of the baseline physical examination (CBC). Blood was also opportunistically collected to assess immune function. CBC was WNL, her PCV was 38% (from the end of the bleed). Her PCV has been at 36% for the past few months despite the supplementation in iron.
P: discontinue iron supplementation but monitor CBC monthly. If anemia is noticed, then we should start supplementation again.
Examination of pictures of her molars showed a clean socket for the lower left molar with an intact molar cranial to the socket. No evidence of infection was noted, and keepers have detected no foul smell. The upper left molar has rotated and is now at a 90 degree from its normal position with the cranial edge rotated medially; a smaller molar seems to be growing forward behind it. The upper right tooth is also rotated about 40 degrees but the cranial edge is moved laterally. The position of the teeth will be monitored by monthly photographs.
(NAM)

15.Mar.2007

Blood will be collected at the next bleeding opportunity for banking to submit for rabies and tetanus titers. We will wait for the chembio test to become approved before testing our animals.
(NAM)

2.Apr.2007

Rabies titer from 3/19/2007 was 1:245. This is well in excess of the human cutoff for immunity which is 1:5. The AAZV recommends Fluorad vaccination regardless of titer since there is "insufficient data to determine adequate protective vaccine doses and titers."
(EMB)