

Medical History Report - Summary for Individual Specimen
TULSA ZOOLOGICAL PARK

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Scientific Name: ELEPHAS MAXIMUS (no subsp)           Accession #: 327
Common Name: ASIATIC ELEPHANT                         Female
Name: GUNDA                                           Birth: 16.Nov.1950 (Estimated)
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.....1954....

16.Nov Obtained from another institution.

.....1995....

8.Feb Blood sample: (9:30.0) Chemistry results.
BUN:17 MG/DL;

.....1996....

13.Aug Parasitology examination: (ROUTINE EXAMINATION) Fecal sample.
NO PARASITES SEEN.

.....1998....

22.Sep PROBLEM: tuberculin testing (onset)
Proc 1. Trunk wash for TB surveillance. 60mls of sterile saline
flushed into trunk with sterile red rubber tube. Elephant blew out
sample on command. 10mls frozen for researcher and 20mls+ frozen
for batched sample to NVSL. (KAB)

23.Sep Proc 1. Trunk wash for TB surveillance. 60mls of sterile saline
flushed into trunk with sterile red rubber tube. Elephant blew out
sample on command. 10mls frozen for researcher and 20mls+ frozen
for batched sample to NVSL. (KAB)

24.Sep Proc 1. Trunk wash for TB surveillance. 60mls of sterile saline
flushed into trunk with sterile red rubber tube. Elephant blew out
sample on command. 10mls frozen for researcher and 20mls+ frozen
for batched sample to NVSL. This is third and final sample
required, cultures should take 8-12 weeks. Tests requested:
Mycobacterial culture with speciation, Acid-fast stain and Nucleic
acid amplification. (KAB)

16.Dec PROBLEM: tuberculin testing (resolved)
CX Results: NVSL Mycobacterial culture of trunk wash, Negative -No
isolation made. (KAB)

.....1999....

7.Jan Blood sample: (EDTA) (: 9.0) Hematology/Chemistry/Serology results.
WBC:11.77 *10³/UL; HCT: 32.5%; BUN:12 MG/DL;

20.Jan CBC/Chem results: WBC:11.77X10⁻³, Neutros-40%, Lymphos-6%,
Monos-51%, Eos-3%, BUN-12, Tprot-8.3, Albumin-3.0, SGOT-13,
Tbili-0.3, CPK-65, GPT-2, NSF. (KAB)

26.Jan HX: Nail trimming for an abscess on right front foot, P3 swollen
tender tissue that limits opening abscess tract completely.

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.....1999....

- 26.Jan Plan: Will start soaks in epsom salts to reduce swelling and draw exudate. (KAB)
- 28.Jan PROBLEM: nail infection - right front foot (onset)
- 2.Feb Proc 1. Visual, soaking has not greatly reduced swelling, have been mixing epsom salts weakly, recommended full strength.
Plan: recheck in one week. (KAB)
- 9.Feb Proc 1. exam, presented right front foot, no effect to swelling by epsom salts. epsom soaks stopped.
New hoof knives obtained to help open toe nail abscess.
RX: phenylbutazone 7.0 grams PO BID x 2 days, then 7.0 grams PO SID x 2days. (KAB)
- 14.Feb Proc 1. Visual, nail bed swollen, lameness improved.
Phanylbutazone regimen completed. (KAB)
- 17.Feb Proc 1. nail abscess trimming, tried topical lidocaine to make more comfortable, only minimally successful. (KAB)
- 18.Feb Blood sample: (EDTA) Hematology/Chemistry/Serology results.
WBC:9.45 *10³/UL; HCT: 32.6%; BUN:15 MG/DL;
- 28.Feb Monthly CBC/chem results: WBC-9.45X10⁻³, Neutros-60%, Lymphos-24%, Monos-13%, Eos-3%, HCT-32.6%, tprotein-8.7, albumin-3.0, Gluc-75, BUN-15, Creatinine-1.2, Ca-10., SGOT-14, Na-126, Cl-89, CPK-101, GPT-2. (KAB)
- 18.Mar Blood sample: (EDTA) Hematology/Chemistry/Serology results.
WBC:10.67 *10³/UL; HCT: 34.1%; BUN:15 MG/DL;
Proc 1. Visual, recheck of nail abscess on right front p2, keepers have pared out abscess at bottom, all necrotic tissue has been removed.
Plan: spray area with betadine numerous times daily. (KAB)
- 25.Mar CBC/chem results: WBC: 10.67%, Neutros-24%, Lymphs-12%, Monos- 63%, (this is lab error most likely) HCT-34%, Tprotein-8.0, albumin-3.1, AST-15, CPK-113, BUN-15, creatinine-1.2, Gluc-75, other than lab error WNL (KAB)
- 15.Apr fecal results, routine, negative by floatation (EM)
- 4.Jun Blood sample: (EDTA) Hematology/Chemistry/Serology results.
WBC:7.48 *10³/UL; HCT: 35.3%; BUN:15 MG/DL;
CBC/chem results: WBC: 7.48X10⁻³, Neutros-42%, Lymphs-15%, Monos-38%, HCT-35.3%, Tprotein-8.7, albumin-3.2, BUN-15, creatinine-1.5. (KAB)
- 15.Jun PROBLEM: colic (onset)
Blood sample: (EDTA) Hematology/Chemistry/Serology results.
WBC:10.14 *10³/UL; HCT: 30.8%; BUN:15 MG/DL;

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- 15.Jun Problem: extreme lethargy at morning check.
Proc 1. Visual exam. Patient stands totally still with eyes closed. No interest in food or water. Very reluctant to move, but not showing signs of discomfort or pain. Right side of abdomen has a large swelling. Mucous membranes pale with a sallow tinge. Sometimes stands with mouth open.
Proc 2. Blood to HMC for CBC and chem 6 & 12.
Proc 3. Withhold grain and alfalfa until further notice. Offer prairie hay, browse, and water only.
Animal urinated around 1400, moving normally by 1430, and ate browse at 1500. Still no defecation. Will reevaluate in morning.
Animal moving normally by 1400 hours, and readily ate browse. (MLL)
- 16.Jun PROBLEM: colic (resolved)
PROC 1. Visual exam, animal has returned to normal attitude and appetite. Walking yesterday seemed to help bring resolution to problem.
Assess: Possible colic
CBC/chem results: WBC:10.14X10⁻³, neutros-33%, bands-9%, lymphs-25%, Monos-30%, HCT-30.8%, tprotein-8.3, albumin-3.1.
Plan: Had only half ration of alfalfa and grain today, will be back on full feed tomorrow. (KAB)
- 6.Jul Visual: Animal acting a little off, keepers noted slightly pale mm, like when she has been colicky. Keepers instructed to not feed pm grain and walk animal for 25 minutes. (KAB)
- 7.Jul Proc 1. Visual, mm color is pink and back to normal. Has good appetite for hay and pellets, but was only given 1/2 her normal ration of pellets. (KAB)
- 15.Aug Proc 1. Visual, animal is sore on left rear P1, large chunk of this nail is free floating and keepers are working every other day on trimming. Animal is sensitive and painful of this foot
Assess: Mild lameness associated with bad nail and foot trimming
Plan: RX PHenylbutazone 7 grams BID for 1 day then 7 gram q 24 hours for 6 days. (KAB)
- 4.Sep RX: Dispense phenylbutazone 7 grams SID PO to be given at least an hour before foot trimming as an experiment. (MLL)
- 2.Nov PROBLEM: tuberculin testing - trunk (onset)
Proc 1. Annual elephant trunk wash for Mycobacterial screening. 60 mls of sterile saline flushed into trunk, elephant blew into bag.

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- 2.Nov Retrieved fluid frozen for batched culture. Day 1 or 3. (KAB)
5.Nov PROBLEM: tuberculin testing - trunk (resolved)
12.Nov Proc 1. Verbal restraint.
Proc 2. Physical exam. Slight head tilt to left, with a stiff-appearing neck. No swelling, heat, pain, or crepitation upon palpation. Tusks are normal (for this animal), and except for some impacted food on the lingual side, teeth appear normal. External orifice of left ear canal normal.
Plan: observation only. (MLL)
13.Nov Proc 1. Visual exam. Animal appears back to normal. (MLL)
15.Dec PROBLEM: nail infection - right front foot (resolved)
nail infection - left rear foot (onset)
Proc 1. Visual, continuing treatment of abscess on plantar surface of left rear P-1. Recommended keepers pare out edges so debri does not get stuck into wound. (KAB)

.....2000....

- 29.Jan Blood sample: (EDTA) Hematology/Chemistry/Serology results.
WBC:10.56 *10³/UL; HCT: 29.6%; BUN:12 MG/DL;
Proc 1. Vocal restraint.
Proc 2. Blood taken for routine CBC and chem - HMC. (MLL)
13.Feb Proc 1. Vocal restraint.
Proc 2. Blood taken for weekly progesterone levels. (KAB)
29.Feb NVSL Mycobacterial cultures from annual trunk washes: All three samples are negative, no mycobacterial isolates made. (KAB)
16.Mar Proc 1. Blood sample collected - serum. from ear vein for progesterone assays. (KAB)
23.May PROBLEM: dermatitis - right front limb (onset)
dermatitis - both rear limbs (onset)
Proc 1. visual exam, hyperkeratotic lesions on back of rear legs proximal to tibia/tarsal joint, approximately 2 feet from ground. Lesions are bilaterally symetrical in their position on legs. Appear as mildly proliferative dermal papillary lesions. Animal also has similar lesions on posterior side of right front leg. Lesions appear to be mildly pruritic. No lesions noted elsewhere including mouth
Assess: proliferative/hyperkeratosis on rear legs, pruritis, symmetry of lesions make them appear to be associated with some sort of superficial trauma such as rubbing. Rule out of infectious,

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.....2000....

23.May trauma etc.
Plan: monitor for further development of lesions on legs and elsewhere. (KAB)

16.Jun PROBLEM: dermatitis - right front limb (resolved)
dermatitis - both rear limbs (resolved)

.....2001....

15.Jan PROBLEM: VACCINATION
Blood sample: (EDTA) (: 9.0) Hematology/Chemistry/Serology results.
WBC:9.62 *10³/UL; HCT: 36.3%; BUN:16 MG/DL;
Proc 1. Blood sample collected - EDTA and serum.CBC/Chem/research serum samples
Proc 2. Vaccinated with ~1X10⁷PFU of VMC0 experimental EMCV vaccine. (KAB)

16.Jan Proc 1. Reduced appetite today. (MLL)

18.Jan Proc 1. recheck, held off grain for second day today. Was walked outside yesterday and will be twice today.
Animals appetite is good and she is defecating normally.
RX: banamine 3.0 grams ~.7mg/kg PO once (KAB)

25.Jan Note: Inappetance has slowly resolved over the last week, elephants grain" pelleted diet being brought back to normal levels over this week. Keepers are continuing to walk her outside 1-2X a day.
CBC/Chem results: WBC: 9.62X10⁻³, Neutros-43%, bands-3%, lymphos-47%, monos-3%, eos-4%, HCT-36.3%, tprotein-8.1, albumin-3.0, Na-125, K-4.2, Cl-89, BUN-16, Creatinine-1.3, Ca-10.6,ALT-3, AST-14, alkphos-75, tbili-0.3, CPK-101. (KAB)

NVSL trunk wash results: No isolation made. (MLL)

29.Jan Proc 1. Ear vein blood collection for serum progesterone and vaccination t-14 sample, samples divided and frozen for analysis at a later date.

Assess: grain ration still slightly decreased due to weather conditions. Animal's appetite and attitude are normal.
Plan: monitor (KAB)

2.Feb PROBLEM: nail infection - left rear foot (resolved)

5.Feb Blood sample: (EDTA) (9:20.0) Hematology/Chemistry/Serology results.
WBC:10.59 *10³/UL; HCT: 34.0%; BUN:15 MG/DL;
Proc 1. Blood sample collected - EDTA and serum. from ear vein for CBC/Chem/progesterone and research serum samples (KAB)

26.Feb Blood sample: (9:15.0)

5.Mar Blood sample: (EDTA) (9:00.0) Hematology/Chemistry/Serology results.

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- 5.Mar WBC:10.50 *10³/UL; HCT: 31.0%; BUN:10 MG/DL;
Proc 1. Blood sample collected - serum. From ear vein for research serum samples. and CBC/Chem (KAB)
- 12.Mar Blood sample: (9:00.0)
- 22.Mar NVSL titers negative at 1:32 for all serum samples. No response to vaccine (KAB)

- 7.Apr Blood sample: (EDTA) (9:40.0) Hematology/Chemistry/Serology results.
WBC:10.40 *10³/UL; HCT: 32.6%; BUN:14 MG/DL;
Proc 1. Blood for routine CBC & chem to HMC.
Proc 2. Annual fecal exam by flotation: NPS. (MLL)
- 16.Apr Blood sample:
Proc 1. Blood sample collected - serum. From ear vein for research serum samples. (KAB)
- 30.Apr Blood sample collected - serum. From ear vein for research serum samples. (KAB)

- 7.May Blood sample collected - serum. From ear vein for research serum samples.
vaccinated with 3.0 ml of experimental VMC0 vaccine IM in right deltoid region. (KAB)
- 14.May Blood sample collected - serum. From ear vein for research serum samples. (KAB)
- 21.May Blood sample: (EDTA) Hematology/Chemistry/Serology results.
WBC:11.60 *10³/UL; HCT: 36.0%; BUN:16 MG/DL;
Blood sample collected - serum. From ear vein for research serum samples.
and routine CBC/chem. (KAB)

- 4.Jun Blood sample:

- 2.Jul Blood sample collected - serum. From ear vein for research serum samples. (KAB)
- 3.Jul PROBLEM: partial anorexia (onset)
Blood sample: (EDTA) (9:30.0) Hematology/Chemistry/Serology results.
WBC:12.47 *10³/UL; HCT: 34.4%; BUN:9 MG/DL;
Proc 1. brief exam, has not been eating well (picky) for last 2 days. Is slightly off in attitude. Recheck weight she may be at high end of her range.
Proc 2. Blood sample collected - EDTA and serum.CBC/Chem/fibrinogen. Normal compared to species results. WBC: 12,470; polys: 48%; bands: 1%; lymphs: 23%; monos: 25%; eos: 3%; HCT: 34.42%; TP: 8.3 g/dl; SAP: 76 u/l; gluc; 81 mg/dl; BUN: 9 mg/dl; CPK: 99 u/l. (KAB)
- 9.Jul Blood sample: (8:05.0)

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- 9.Jul Blood sample collected - serum. From ear vein for research serum samples.
Note animal is still being somewhat finicky about food, not eating all of diet and just picking out favorite produce. (KAB)
- 16.Jul PROBLEM: partial anorexia (resolved)
Blood sample: (9:30.0)
- 30.Jul Blood sample:
Blood sample collected - serum. From ear vein for research serum samples. (KAB)
- 3.Aug NVSL EMC virus neutralization results:
07MAY01 T-0 1:32 NEG (MLL)
- 16.Aug PROBLEM: dental points - RIGHT MANDIBLE (onset)
Blood sample: (EDTA)
Proc 1. Oral exam, animal has been avoiding harder produce and rejecting larger particled pelleted diet. Right mandibular molar is slightly elevated at rostral end and appears as if this portion should soon fracture off and be spit out. No obvious inflammation or tenderness in mouth. Keepers feel that this molar maybe problem. Assess: for age this animal should have final 6th molar in wear. Plan: monitor and wait as most of these problems are temporary. phenylbutazone to provide temporary relief.
RX: Phenylbutazone 7.0 grms PO q 24 hours X 10 days. (KAB)
- 17.Aug Blood sample: (EDTA) Hematology/Chemistry/Serology results.
WBC:8.16 *10³/UL; HCT: 31.2%; BUN:13 MG/DL;
- 14.Sep HMC hematology results: WBC: 8,160; polys: 27%; bands: 2%; lymphs: 32%; monos: 37%; eos: 2%; HCT: 31.17%; TP: 7.6 gm/dl; SAP: 58 u/l; gluc: 75 mg/dl; BUN: 13 mg/dl; CPK: 108 u/l. (MLL)
- 13.Oct Blood sample: (EDTA) (8:50.0)
Hemolysis
Proc 1. Blood for CBC/chem to HMC. (MLL)
- 17.Nov PROBLEM: dental points - RIGHT MANDIBLE (resolved)
osteoarthritis - both front limbs (onset)
- 29.Nov Proc 1. Blood sample collected from left ear. (CLD)
- 6.Dec TB test via trunk wash. (CLD)

.....2002....

- 18.Feb Problem: Dental points - RIGHT MANDIBLE (Suspected)
Proc 1. Blood smaple collected from right ear for hormone

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.....2002....

- 18.Feb levels.
(ADF) (ADF)
- 27.Feb NVSL annual Trunk wash mycobacterial isolation attempts are
negative. (KAB)
- 7.Mar Problem: Dental points-RIGHT MANDIBLE (Suspected)
Proc 1. Blood sample collected from right ear for hormone
levels.
(ADF) (ADF)
- 17.May Blood sample: (EDTA) (10:00.0) Hematology/Chemistry/Serology results.
WBC:11.74 *10³/UL; HCT: 36.7%; BUN:17 MG/DL;
- 30.Jul Proc 1. Reproductive ultrasound exam performed by Dr. Dennis Schmitt
for AZA/SSP survey. See his comments below.
Uterus:Few areas that are hyperechoic which may be small
leiomyoma's. vagina: mucosal epithelium 1cm 3-4 small hyperpechoic
lesions(leiomyomas?) one was 3 cm in diameter.
A 2cm fluid filled cyst was examined at the junction of the anus and
rectum.
Assess: reproductive tract changes are consistent with nulliparous
animal of her age. Unsatisfactory breeding candidate due to advanced
age. (KAB)
- 10.Oct Proc 1. Physical exam under vocal restraint. Fluctuant swelling 10
cm w x30 cm l x 10 cm h cm on ventrum cranial to umbilicus. Area is
mostly fluid-filled, but soft tissue can be felt on midline
extending almost the entire length of mass. Skin is loose. Animal
resents palpation of cranial edge and half of soft tissue structure.
Assess: probable edematous swelling. (MLL)
- 14.Oct Proc 1. Visual and tactile exam of ventral edema on abdomen. Area
of swelling is small and thinning out according to keepers. Walking
and hydrotherapy BID for 10-20 minutes started yesterday as per RX
orders
Visual exam of teeth normal, fecal fiber consistency comparable to
that of younger elephant.
Proc 2. Intern unable to get blood due to cold weather associated
venous constriction.
Assess: Edema
Plan: continue prescribed hydrotherapy and exercise. (KAB)
- 15.Oct Proc 1. Visual examination of ventral edema on abdomen. Swelling
has decreased somewhat in 24hrs. Walking and hydrotherapy as per Rx
orders.
Proc 2. Blood collection from left ear vein for cbc/biochemistry.
(PHJ)

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- 4.Nov PROBLEM: abscess - nail (onset)
Proc 1. Visual exam, ventral edema on abdomen is reduced, but animal has shown lameness on right front for last 2 days, better today per keeper observation. Keeper noted swelling of foot above P-3 where nail abscess has been being treated for last month.
Proc 2. Manual exam, area above cuticle on medial side of P-3 is swollen and tender, small amount of pus has been expressed at cuticle.
Proc 3. Abscess lanced, CX taken and small amount of tissue removed at top of incision to allow flushing. Pocket flushed with nolvasan and water.
Proc 4. Microbiology: Swab submitted for aerobic/anaerobic bacterial culture.
Assess: Nail abscess has progressed above cuticle and has ruptured on its own, lanced, Cx'd, drained
Plan: Keepers will flush out pocket and massage BID until further notice
RX: Phenylbutazone for inflammation, 8 grams Q 24 hours X 5 days.
Antibiotics pending CX. (KAB)
- 5.Nov Proc 1. Flushing of abscess, allowed pocket to flushed with dilute nolvasan. Very little exudate present.
Plan: RX: phenylbutazone 5 mg/kg BID for 1st day, then 2.5 MG/kg BID for 4 days
TMS:30 mg/kg PO q 24 hours X 14 days (KAB)
- 7.Nov RX: For ease of administration, change TM/S to 15 mg/kg BID for remainder of treatment. (MLL)
- 9.Nov Proc 1. Exam of above abcess. Pocket is nearly granulated in. Small amounts of the rough epidermis appear close to sloughing. Toenail lesion is back to pulp. Animal is very reluctant to take abx.
Assess: healing abcess.
Plan: try different formulation of abx. Continue flushings. (MLL)
- 12.Nov Proc 1. visual exam, Abscess where lanced has closed, pocket not longer "palpated" behind cuticle, nail.
Plan: keepers applying betadine 2-3x a day (KAB)
- 17.Nov Proc 1. Visual exam, keeper has trimmed more of top of affected nail, animal does not appear especially lame
Plan; Monitor, protect cuticle from further trimming to promote nail regrowth. (KAB)
- 17.Dec Proc 1. Visual exam, affected toe of right front foot continues to improve. Keeper will begin to trim down medial 1/3 of nail that will become isolated by hole that goes through and through. Nail growth is already evident from cuticle in abscess area.
Plan: continue betadine, and corrective trimming, use copper tox as

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- 17.Dec Proc 1. Visual exam, affected toe of right front foot continues to improve. Keeper will begin to trim down medial 1/3 of nail that will become isolated by hole that goes through and through. Nail growth is already evident from cuticle in abscess area.
Plan: continue betadine, and corrective trimming, use copper tox as necessary to cauterize proliferative tissue and harden nail (KAB)
- 22.Dec Gram stain: few PMN, many Gram + cocci in groups and chains.
Hillcrest CX results of nail abscess:#1 Beta strep groupB (many), #2&3 E. coli (rare), #4 Klebsiella (rare), anaerobic - Bacteroides fragilis (moderate) and Veillonella (many)
Organisms 2-4 are susceptible to TMS
Assess: culture results typical of contamination
Plan: trimming and topical treatment will help resolve. (KAB)
- 27.Dec Proc 1. Visual exam: Keeper reports slight swelling of right front foot and
mild lameness last 1-2 days. Toenail growing out well from cuticle. Distal through and through hole in nail has been trimmed open leaving an approximately 2-3 cm wide vertical crevice in distal 2/3 of nail. Soft tissue exposed on palmar surface at distal aspect of the crevice, pink centrally but black and spongy at margins. Keeper is gradually trying to trim out black spongy tissue. No palpable fluid/pus pockets.
Assess: Slight swelling right front foot, no appreciable defined abscess
Plan: continue daily betadine soaks and every other day coppertox.
RX: TMS 15mg/kg PO BID x 28 days. (VEM)
- 30.Dec Proc 1. Visual exam, visual and palpable exam of forefeet, cannot detect swelling to foot above affected nail. Large area of proliferative tissue is present in nail defect.
Plan: reconsult to see what swelling was seen. antibiotics may not be necessary if swelling is confined to granulation tissue in nail defect. (KAB)

.....2003....

- 6.Jan Note: keepers noting swelling of foot after trimming on proliferative tissue in nail defect, RFFoot P3.
RX: 8grms phenylbutazone PO on day of nail trimming
70grams Cosequin PO q 24 hours UFN. (KAB)
- 12.Jan Proc 1. Visual exam, nail defect continues to fill in with proliferative tissue at distal end. Small amount of exudate seen at base of proliferative tissue. No swelling to foot noted. (KAB)
- 19.Jan Proc 1. Visual exam, keeper has trimmed away medial edge of nain and

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- 19.Jan defect continues to fill slowly.
Plan: monitor (KAB)
- 22.Jan Proc 1. Visual exam: 2.5-3cm moist exudative tissue exposed on medial-cranial aspect of left front foot toe abcess, surrounding nail is soft.
Proc 2. Cryosurgery: exposed tissue was cleaned and sprayed with "verruca-freeze"liquid N2 container to inhibit proliferative tissue. Assess: toe abcess- proliferative tissue exposed.
Plan: Daily foot soaks in epsom salt water. Trim back toe in 5 days and repeat cryotherapy. (PHJ)
- 27.Jan Proc 1. Visual exam: Nail deficiet in right fore D2 nail still present. Most of exposed tissue is crusted over-primarily at site of cryotherapy. 1cm area of medial sole is still moist exudative tissue. Normal nail is begining to grow down over open cleft. Assess: Toe abcess- moist proliferative tissue exposed, mild improvement with cryotherapy.
Plan: Continue daily epsom salt foot soaks. Keeper will trim back exposed crusted over soft tissue with aim to expose healthy tissue. Repeat cryosurgery tomorrow on infected tissue. (PHJ)
- 28.Jan Proc 1. Recheck of nail defect. Keepers trimmed away excess tissue that was "cryoed" last week. Papillated excess granulation tissue was nicely trimmed by last freeze session. Cryo session repeated with 3 freeze/thaw cycles.
Plan: Wait until frozen tissue to be trimmed before reassessing. Staff will continue epsom salt soaks. (KAB)
- 2.Feb Proc 1. Recheck of nail abscess/defect. Affect of cryo application has greatly curtailed proliferative tissue, but small amount of exudate was expressed from center of proliferative bed. Epsom salt soaks have dried out cuticle.
Assess: infection still present
Plan: continue trimming and soaking, but should apply a conditioner to cuticles to keep soft and supple. (KAB)
- 4.Feb NVSL trunk wash Mycobacteria isolation results: No isolation made.
- 4.Feb (MLL)
- 15.Feb Proc 1. Skin of left temporal area has a full-thickness open lesion 4 cm diameter caudoventral to the gland opening. Area caudoventral to the lesion feels softly fluid-filled. Possibly slightly warm to the touch.
Proc 2. Needle aspiration yields 10 mls of moderately thick, opaque, non-odorous, non-viscous brown fluid. Centrifugation did not cause a separation. Dif-quick stain shows numerous neutrophils and lymphocytes with numerous intracellular coccobacilli. Gram stain did not work.

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- 15.Feb Assess: possible early stage temporal gland abcess
Plan: consider hydrotherapy, lancing and draining or antibiotic therapy. (MLL)
- 16.Feb Proc 1. Recheck exam, fluid filled pocket just lateral to left temporal gland pore. It is slightly tender when pressed on.
Plan: lance, culture and flush suspected abscess tomorrow. (KAB)
- 17.Feb PROBLEM: abscess - face (onset)
Proc 1. Animal stationed with voice commands.
Proc 2. Recheck of nail abscess, applied cryo to small area with a 3x freeze and thaw cycle.
Proc 3. Lanced ventral wall of abscess near left temporal gland. Serosangiuneous fluid expressed. Pocket flushed with full strength betadine solution.
Proc 4. Microbiology: Swab submitted for aerobic/anaerobic bacterial culture.
Assess: Overall progress of nail abscess on RF P-3 is going very well, proliferative tissue is well controlled and nail is regrowing at expected rate. Abscess of left side of face in area of temporal gland.
Plan: keepers will flush facial abscess daily with large syringe of full strength betadine solution, then massage/hydrotherapy the area with warm water during her baths. Until further notice. (KAB)
- 19.Feb Proc 1. Visual exam of temporal abcess: Localised inflammation, original skin wound is dry and healing slowly. Lance site is open with minor drainage.
Assess: Open abcess, increased inflammation.
Plan: Continue keeper flushes daily with betadine and ensure incision site stays open for drainage. (PHJ)
- 24.Feb Proc 1. Visual exam: Left side temporal abcess is open, keeper reports pus observed at flushing 3 days ago, but little drainage since. On digital palpation, pus was expressed and wound was flushed with betadine. Exam of rf P3 nail abcess-palmar nail has small, crusted soft spot but no discharge present. Nail appears much improved
Assess: Temporal abcess
Plan: Continue daily flushings of temporal abcess with betadine. Trim toe nail to reveal underlying tissue. Update tetanus vaccine. (PHJ)
- 25.Feb PROBLEM: VACCINATION TETANUS TOXOID
Microbiology results: Gram stain: few rbc's present, rare wbc's, few gram negative coccobacilli.
Culture, Aerobic: moderate coagulase negative staphylococcus varying morphologies, rare bacillus sp, rare diphtheroids, rare alpha hemolytic streptococci.

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- 25.Feb Culture, Anaerobic: few anaerobic gram positive rods, typically sensitive to penicillin.
Assess: CX results typical of skin flora.
Proc 1. Vaccinate: 1ml Tetanus Toxoid i/m left triceps, Professional Biological Co. 138D Exp 11Jul03. (PHJ)

- 4.Mar PROBLEM: abscess - left front digit 3 (onset)
Proc 1. Visual exam, recheck on facial abscess, keeper are diligently flushing and still getting exudate. A new abscess has opened and been pared out on the dorsomedial side of P3 nail on left front foot. This is a circular depression in top of nail that has minimally undermined cuticle. Abscess pocket shows numerous septate walls with honeycomb appearance. Exudate is a light pink color.
Assess: abscess of P3 nail on left front feet. Chronic abscess on right front foot is resolving though complete nail regrowth is several months away.
Plan: keepers will increase flushing of temporal abscess to BID. Abscess of left front foot will begin daily epsom salt soaks, betadine applications and trimming. (KAB)

- 8.Mar Blood sample: Chemistry results.
BUN:13 MG/DL;
Quantity not sufficient for chemistry sample
Proc 1. Visual exam. Central back tongue has two or three either ruptured vesicles or excoriations. Rectum has a raised erythematous patch at 7 o'clock which may be forming vesicles. Animal was sluggish responding to commands and ate her a.m. diet without the normal enthusiasm.
Assess: potential undetermined vesicular disease, has had history of papillomas many years ago.
Plan: serum to HMC for BUN and creatinine. (MLL)

- 9.Mar PROBLEM: vesicular dermatitis - buccal (onset)
vesicular dermatitis - rectum (onset)
vesicular dermatitis - tongue (onset)
Proc 1. Visual exam, as per yesterday there are 2 ruptured superficial vesicles or excoriations on center of tongue, 3-5 small ulcers with cheesy surface are also present on mucocutaneous junction of left lip. Rectal lining is covered with vesicles that form a chain or line right at junction of pigmented and nonpigmented rectal mucosa. Chronic vesicle that has been noted before is unchanged. Animal is alert and responding to commands today, eating. Mucous membranes are pink and moist. Feces are normal
Assess: Animal has had history of vesicles in the past, also possible papillomas many years ago. Possible resurgence of herpetic or papillomatous disease in response to stress. Abscess on left

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- 9.Mar P-3 toenail has been further curetted out by staff, appears to be superficial and traveling under nail and not into connective tissue of deeper layers.
Keeper report good flushing of temporal gland BID.
Plan: monitor (KAB)
- 17.Mar Proc 1. Recheck temporal abscess. Digital palpation reveals 4-5 cm rostral and 2-3 cm caudal pockets in left temporal abscess. Flushed with betadine solution, small amount of caseous debris. 2 cm x 1 cm necrotic piece of tissue partially protruding from opening, debrided with gauze. (VEM)
- 24.Mar Proc 1. Recheck temporal abscess: keepers report decreased amount of exudate
at BID flushings. Flushed pocket with betadine, small amount of purulent material produced, pocket seems decreased in depth on digital palpation.
Assess: Improving abscess.
Plan: Keepers to continue BID betadine flushing, digital palpation to remove debris. (VEM)
- 27.Mar Proc 1. Cryotherapy to proliferative soft tissue at distal margins of toenail abscesses (right and left front feet) using verruca freeze. Right foot has small amount of recurrence of proliferative soft tissue, left foot has proliferative appearing tissue in nail bed. Assess: Abscesses continue to improve, will need repeat cryotherapy. Plan: repeat cryotherapy PRN, continue trimming and cleaning. (VEM)
- 7.Apr Proc 1. Visual exam, nail infections are improving with trimming, soaking. Proliferative tissue is present and making continued clean up difficult.
Temporal gland abscess is markedly improved with reduced thickening of skin in that area and minimal exudate produced.
Plan: cryo proliferative nail tissue tomorrow. (KAB)
- 8.Apr Proc 1. 3 freeze and thaw cycles to proliferative tissue in nail abscesses of left front P3 and right front P3 nails. (KAB)
- 12.Apr Proc 1. Exam left front P3. Proliferative tissue bleeds easily when is touched. Skin surrounding cuticle is warmer and slightly swollen. Assess: continuation of nail infection.
Plan: watch for possible abscess development above cuticle. (MLL)
- 15.Apr PROBLEM: VACCINATION WNV
Proc 1. Exam left front P3. Cuticle no longer warm to touch or sensitive.
No exudate or bleeding from cuticle margin.
Proc 2. 3 freeze/thaw cycles to proliferative tissue in nail beds at

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- 15.Apr abscess sites on left P3 and right P3.
Proc 3. Vaccination: WNV 1ml IM left tricep (Ft. Dodge, 1666126A, 14Apr04). (VEM)
- 23.Apr PROBLEM: abscess - left front digit 3 (resolved)
vesicular dermatitis - buccal (resolved)
vesicular dermatitis - rectum (resolved)
vesicular dermatitis - tongue (resolved)
Proc 1. Recheck and cryo treatment of nail abscesses. Rt. front P3 nail abscess has small area of proliferative tissue on bottom, otherwise healing of this older abscess is advanced and resolving well. Left front P3 nail still has rapidly growing proliferative soft tissue/infection at base of abscess. this tissue has filled in hole in nail since last treatment.
Plan: 3 freeze thaw cycles performed on each abscess. Rt. Front P3 unlikely to need further treatments.
Recheck weekly (KAB)
- 28.Apr Proc 1. Recheck and cryo treatment of nail abscesses. (KAB)
- 8.May PROBLEM: VACCINATION WNV
Proc 1. Vaccination: Keeper stationed elephant for WNV #2 of 2, 1ml IM rt thigh (Ft. Dodge, 1666122A, 17May04). (VEM)
- 14.May Proc 1. Repeat cryotherapy of nail abscesses front left P3 and front right P3. (VEM)
- 21.May Proc 1. Exam left front P3 abscess: small hemorrhagic area 2cm distal to cuticle, remainder of tissue is proliferative.
Proc 2. Freeze and thaw lesions 3 times.
Proc 3. Culture and sensitivity: swab of left toe abscess for aerobic and anaerobic culture.
Plan: re-check in 3 days, continue epsom salt baths, regular trimming and cleaning. (PHJ)
- 24.May Proc 1. Physical exam. No return of proliferative or necrotic tissue at this time. (MLL)
- 27.May Proc 1. Recheck exam, both affected nails P3 on both front feet will require cryofreezing several more times. (KAB)
- 16.Jun Proc 1. Routine cryofreezing of proliferative tissue inside nail abscess.
This has been done 2x a week for 3 weeks and will probably continue for some time. (KAB)
- 24.Jun Proc 1. Routine cryofreezing of proliferative tissue inside nail abscess.
This has been done 2x a week for some time. (KAB)
- 29.Jun Cryofreezing of feet today, lesions are static

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- 29.Jun RX: keepers recommended to use betadine numerous times daily, or full strength nolvasan. (KAB)

- 2.Jul Proc 1. Recheck of facial abscess. Pocket is linear and 1.5 cm deep. According to keepers, very little exudate coming out with flush. Skin edges look healthy. Assess: healing abscess. Plan: continue flushes SID for 72 hours. (MLL)
- 14.Jul Proc 1. Routine cryofreezing of nail abscess. Plan: keepers instructed to continue epsom salt soaks daily until further notice. (KAB)
- 16.Jul PROBLEM: VACCINATION IMRAB-3 - left front limb
Proc 1: Vaccination: Keeper stationed elephant for Rabies, 2ml IM Left front tricep (IMRAB3, Merial, 12456A, 05Mar04). (TJZ)
- 23.Jul Proc 1. Visual exam, nail of left front foot P-3, is still very proliferative. Nail needs to be trimmed back to allow air to area. Plan: try to deaden nail with lidocaine to facilitate necessary trimming. (KAB)

- 5.Aug Proc 1. Nail trimming, Cryotherapy performed lightly after trimming. Topical nolvasan applied. Plan: continue 2 X week (KAB)
- 8.Aug Proc 1. Nail trimming. Cetacaine spray and 2% lidocaine used for local anesthesia. Much less proliferative tissue and bleeding. Cryotherapy performed after trimming. Plan: continue 2x/week. (MLL)
- 11.Aug Proc 1. Nail trimming, 2% lidocaine local in proliferative tissue, tissues trimmed then cryotherapy applied in a 3x freeze and thaw cycle. (KAB)
- 29.Aug Proc 1: Visual exam of left leg. Proximal aspect of nail bed warm to touch but proliferative tissue and nail bed abscess in general no worse than usual. Keepers noted is slower to walk starting yesterday, mild swelling yesterday. Is weight bearing. Assess: continued treatment of abscessed toenail. Plan: Keepers to start anti-inflammatories for next 2 days, monitor progress and activity level. RX: Phenylbutazone 7g PO SID x 2 days (TJZ)
- 30.Aug Keeper's note: lameness is gone. (MLL)
- 31.Aug Proc 1. Visual exam, animal is no longer lethargic, no swelling noted. (KAB)

- 1.Sep Proc 1. Visual exam, animal is no longer lethargic, no swelling noted. (KAB)
- 2.Sep Proc 1. Nail trimming done by staff, left front P3 nail bed abscess

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- 2.Sep improved. No lameness or swelling noted. Proliferative area cryofrozen after trimming.
Plan: continue weekly as needed. (KAB)
- 8.Sep Proc 1. Nail trimming done by staff, left front P3 nail bed abscess static this week. Post trimming area of proliferation cryofrozen.
Plan: continue weekly. (KAB)
- 15.Sep Proc 1. Nailtrimming and cryofreezing to left front P3 nail. Wet weather has slightly slowed the improvement that has been ongoing with this nail. (KAB)
- 19.Sep Proc 1. Cryofreezing to left front D3. Proliferative tissue has returned to the level is was originally. Cyst-like structure between left digits 3&4 has ruptured and is dry inside.
Plan: return to cryofreezing 2x/week. (MLL)
- 25.Sep proc.1 Cryofreezing of nail bed (P3) left front leg.
Plan-Continue cryofreezing twice a week. (AGB)

- 3.Oct Proc 1. Light cryofreezing of lateral nail bed of left front third digit. (MLL)
- 21.Oct Proc 1. Light cryofreezing of lateral nail bed of left front third digit. (MLL)
- 24.Oct Proc 1. Regular cryofreezing of lateral nail bed of left front third digit and right front third digit. (MLL)

- 8.Dec Proc 1: Cryofreezing of lateral nail bed of left front thrid digit and right front third digit. (TJZ)
- 11.Dec Proc 1: Cryofreezing of lateral nail bed of left front thrid digit and ventral nail bed of right front third digit.
Proc 2: Visualization of annual trunk wash for tuberculosis testing. Repeat for next 2 days. (TJZ)
- 15.Dec PROBLEM: abscess - face (resolved)
Proc 1: Cryofreezing of lateral nail bed of left front third digit and ventral nail bed of right front third digit.
Proc 2: Palpation of temporal abscess, no purulent exudate manipulated, negligable amount of serum discharge, no pocket palpated.
Assess: Nail bed abscesses, temporal abscess resolved.
Plan: Continue cryofreezing, monitor temporal abscess site weekly for recurrence. (TJZ)

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- 2.Jan Proc 1. Cryofreezing of above nails. No exudate or granulomatous tissue noted.
Assess: condition much improved. (MLL)

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- 8.Jan Proc 1: Cryofreezing of nail abscess. Granulomatous tissue improved on left foot.
Assess: Left foot improved, right still fairly proliferative
Plan: Continue cryofreezing 2x a week.‡ (TJZ)
- 12.Jan Proc 1: Cryofreezing of nail abscess. Granulomatous tissue improved on left and right front foot
Assess: Both feet have improved.
Plan: Continue cryofreezing 2x a week. (AGB)
- 16.Jan Keeper mentioned at cryofreezing session that Gunda appeared to be lame on the right front leg. No obvious swelling were noted. Gunda seem a little bit stiff upon walking.
Assess: mild flare up of osteoarthritis seen occasionally in this animal
Plan- Phenylbutazone-7 mg PO for two days. Recheck in 48 hours. (AGB)
- 20.Jan Kepr informs that Gunda seems to be moving slowly. Gunda was hesitant to place feet on bar enclosure.
Assess- Suspect flare of arthritis due to cold weather.
Plan- Told keeper to give one days worth (7 grams) of phenylbutazone and re-evaluate tomorrow. (AGB)
- 26.Jan Proc.1- Cryotherapy. Left and right nail bed abscess front leg. The left fore limb had several soft areas that had fresh blood (recently trimmed). the left appeared worse than the right. Righth fore limb appears to be improving.
Plan-Continue with current cryo-therapy regimen. (AGB)
- 9.Feb Proc.1- Cryotherapy. - right forelimb has several soft areas that will likely need to be trimmed. No significant changes on left forelimb.
Plan- continue cryotherapy twice a week. (AGB)
- 12.Feb Proc.1 Cryotherapy. both nail bed abscesses appear to have improve some. cryotherapy will continue as before. (AGB)
- 16.Feb Both nail bed abscesses on front limb were recently trimmed. Left nail bed had significant bleeding associated with the defect. (AGB)
- 23.Feb Proc 1: Cryofreezing of nail abscesses. Both healing well, still proliferative areas.
Assess: Nail bed abscesses bilateral front feet
Plan: Cryotherapy 2x a week. (TJZ)
- 24.Feb NVSL trunk wash Mycobacterial isolation results: No isolation made.
- 24.Feb (MLL)
- 26.Feb Proc 1: Cryofreezing of nail abscesses. Both healing well, still proliferative areas.
Assess: Nail bed abscesses bilateral front feet
Plan: Cryotherapy 2x a week. (TJZ)

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- 9.Mar Proc 1: Cryofreezing of nail abscesses. Proliferative areas improving on left foot.
Proc 2: WNV vaccination (WNV Innovator, Ft. Dodge, 1666135A, 29July05) Left front leg.
Assess: Nail bed abscesses bilateral front feet
Plan: Cryotherapy 2x a week. Repeat WNV vaccine annually. (TJZ)
- 10.Mar PROBLEM: VACCINATION WNV
- 12.Mar Proc 1: Cryofreezing of nail abscesses. Proliferative areas improving on left foot, right has increase in proliferation.
Assess: Nail bed abscesses bilateral front feet
Plan: Cryotherapy 2x a week. (TJZ)
- 5.Apr Proc 1: Cryofreezing of nail abscesses. Proliferative tissue on right foot much smaller, improved.
Assess: Nail bed abscesses bilateral front feet
Plan: Cryotherapy 2x a week. (TJZ)
- 8.Apr Proc 1: Cryofreezing of nail abscesses/proliferative tissue. Right foot proliferative tissue smaller, left foot removed much of the tissue to reveal deep pocket.
Assess: Nail abscesses bilateral front feet
Plan: Cryotherapy 2x a week (TJZ)
- 19.Apr Proc 1: Cryofreezing of nail abscesses/proliferative tissue. Right foot proliferative tissue smaller, are getting to the edge of the tissue. Left smaller still working on tunneling away from the pad
Assess: Nail abscesses bilateral front feet
Plan: Cryotherapy 2x a week (TJZ)
- 26.Apr Proc.1 Cryofreezing of nailbed abscess. Trimming was just performed prior to cryofreezing. Nail is becoming harder at the periphery of the abscess. Most palmar aspect of abscess still proliferative in nature.
Assess-Bilateral nail abscess.
Plan-Continue cryotherapy twice a week. (AGB)
- 7.May Proc 1. Cryofreeze both right and left nail abscesses.
Plan: Continue cryotherapy twice a week. (MLL)
- 17.May Cryofreezing of bilateral nail bed abscess on front limb. Some improvement seen. Continue current therapy twice a week. (AGB)
- 25.May Cryofreezing nail bed abscess. Little improvement on both limbs. New nailbed abscess on medial digit present of left forelimb. Started cryofreezing new abscess.
Plan-Continue cryofreezing therapy. (AGB)
- 28.May Proc.1 Cryofreezing- some improvement on nail bed abscess on middle digit of left forelimb. New abscess left forelimb is very "fleshy" and soft. Nailbed abscess on right forelimb seems unchanged.

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- 28.May Plan- Continue cryotherapy twice a week. (AGB)
- 1.Jun Cryotherapy nailed abscess (AGB)
- 7.Jun Cryotherapy- slight improvement on abscesses. Will continue cryotherapy twice a week. (AGB)
- 17.Jun Cryotherapy- abscesses seems to be progressing slowly. Right abscess seems to be static and has significant depth after trimming. Plan- Continue cryotherapy twice a week. (AGB)
- 25.Jun Proc 1. Cryotherapy. Abscesses much improved over 05JUN04. (MLL)
- 28.Jun Cryotherapy- abscesses on right foot have remained static. The left abscess was recently trimmed. Proliferative tissue present on the left abscess site. (AGB)
- 8.Jul Cryotherapy- both feet show some improvement. (MLL)
- 13.Jul Cryotherapy- both feet about the same. (MLL)
- 16.Jul Proc 1. Cryotherapy. Left abscesses are much larger due to keeper trimming away soft nail. Right abscess has been dug out deeper. Plan: continue semi-weekly cryotherapy. (MLL)
- 20.Jul Proc 1. Cryotherapy. Froze for a longer time per keeper's request
- 20.Jul (MLL)
- 22.Jul Proc 1. Cryotherapy. Both feet looked better today. Assess: slow healing toenail abscesses. (MLL)
- 26.Jul PROBLEM: lameness - left front limb (onset)
Proc 1. Visual exam, left front P-3 nail shows extreme amount of proliferative tissue protruding from abscess tract.
Proc 2. cryotherapy to proliferative tissue.
Plan: more aggressive cryotherapy of proliferative tissue
RX: 4 mg/kg phenylbutazone for 24 hours, then reduce to 2mg/kg q 24 hours X 3 days. (KAB)
- 29.Jul Proc 1. cryotherapy to left front P-3 lesion. keepers note lameness less apparant. (KAB)
- 1.Aug PROBLEM: lameness - left front limb (resolved)
- 21.Oct Proc 1. Cryotherapy to left front digit #3 after footwork. (MLL)
- 10.Dec NVSL mycobacterium culture results: No isolation made. (MLL)
- 30.Dec Proc 1. Cryotherapy to left front digit #3 before footwork. Area of softness is larger than before. (MLL)

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- 6.Jan Proc 1. Cryotherapy to left front digit #3 after footwork. No change from 30DEC04. (MLL)

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- 10.Jan Proc 1: Cryotherapy to left front digit #3. Proliferative tissue area has improved/shrunken (ALL)
- 17.Jan Proc 1. Cryotherapy to left front digit #3. Area is soft.
Plan: footwork to remove proliferative tissue, cryotherapy on hold for now until get more in (ALL)
- 31.Jan Proc 1. Recheck of left front digit #3. Area of lesion soft, but not red.
Plan: recommend keepers pare out soft area, cryotherapy on hold. (JS)

- 14.Feb Proc 1. cryotherapy to left front digit; area has improved except for a quarter sized region towards the middle of the digit.
Plan: Cryotherapy Monday and Thursday. (JS)
- 15.Feb Proc 1. Blood collected from ear vein.
serum banked and logged. (JS)
- 17.Feb Proc 1. cryotherapy to left front digit; area has improved except for a quarter sized region towards the middle of the digit. Keepers pared out this area today before cryotherapy.
Plan: Cryotherapy Monday and Thursday. (JS)
- 21.Feb PROBLEM: VACCINATION WNV
Proc 1. cryotherapy to left front digit; area has improved except for a quarter sized region towards the middle of the digit. Keepers pared out this area today before cryotherapy.
Proc 1. Vaccination: WNV IM, left hip, Fort Dodge, serial # 1666140A, exp June 18, 2006.
Plan: Cryotherapy Monday and Thursday. (JS)
- 22.Feb Proc 1. Blood collected from left ear vein. Serum banked and logged. (JS)

- 1.Mar Proc 1. Blood drawn from left ear vein. Serum banked and logged for research project. (KAB)

- 11.Apr Proc 1: Cryotherapy LFP3 as before. Trimmed out fibrous granulation tissue distal to primary lesion.
Plan: repeat Thursday (ALL)
- 13.Apr Proc 1: Visual exam. Keeper reported that she was lame on the back right and front feet yesterday. Today, only lame on the back right. She was moving the back right foot with an exaggerated movement, flexing the knee more than the left and standing with the left hind tucked up more under her.
Assess: r/o's osteoarthritis, soft tissue trauma
Plan: 4 days of phenylbutasone day, monitor for increased lameness
Rx: Phenylbutasone @ 4mg/kg day 1, then 2mg/kg for 3 days PO SID (MLL)

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- 22.Apr Proc 1. Cryotherapy on left digit #digit. Some footwork performed before therapy. (MLL)
- 25.Apr Proc 1: Cryotherapy on left foot. (ALL)
- 16.May Proc 1: Cryotherapy on left foot. (JS)
- 18.May Blood sample: (10:30.0)
Blood sample: (EDTA) (10:30.1) Hematology/Chemistry/Serology results.
WBC:10.70 *10³/UL; HCT: 37.5%; BUN:15 MG/DL;
- 19.May Blood sample: (EDTA) (13:05.0)
- 8.Sep Proc 1: Cryotherapy to left front foot; the lesion is gradually decreasing in size over last two months. Similar lesion noted this week on left rear D1. Keepers have trimmed new lesion aggressively today.
Assess: chronic solar abscess of left front foot almost completely healed. Small area on left rear foot near P1 is new and superficial
Plan: consider starting cryotherapy on back foot next week. continue debridement and front foot treatment. (KEV)
- 12.Sep Proc 1: Cryotherapy to left front and left rear feet today. (KEV)
- 15.Sep Proc 1: Cryotherapy to left front and left rear feet today. (KEV)
- 17.Sep PROBLEM: abscess - left rear foot (onset)
- 29.Sep Proc 1. Cryotherapy to left rear foot today.
Note LFront foot P3 abscess is resolved. (MLL)
- 17.Oct Proc 1. Visual exam - L rear foot, chronic solar abscess at pad nail interface plantar aspect D2. Two focal depressions present. Keepers have trimmed out additional portion of soft fibrous tissue.
Proc 2. Cryotherapy to left rear foot lesions.
A: superficial solar abscess
P: Continue bi-weekly cryotherapy, magnesium sulfate foot baths, and regular trimming. (TAG)
- 20.Oct Proc 1. Cryotherapy to L rear foot lesions. (TAG)
- 24.Oct Proc 1. Cryotherapy to L rear foot lesions. (TAG)