

# Records for #5

## House Name: Ruth

2005 - October 2010

Report Start Date  
1/1/2005

## Specimen Report for NEW BEDFO / 5

Report End Date  
10/26/2010



Taxonomic name: *Elephas maximus*  
Common name: Asiatic elephant

Family: Elephantidae  
Order: Proboscidea

### Current information

Sex: Female Sire ID:  
Birth type: Unknown Dam ID:  
Birth Location: Unknown Location Rearing: Unknown  
Birthdate-Age: 29 Oct 1958 - 51Y,11M,27D Hybrid: Not a hybrid  
Time since last Acq: 23Y,11M,27D as of report end date

Date in	Acquisition - Vendor/local Id	Holder	Disposition - Recipient/local Id	Date out
29 Oct 1986	Donation from USDI LAW / NONE	NEW BEDFO / 5		
Date	Type	Value	Units	Comments
5 Jul 2005	live animal weight	7200	pound	
25 Sep 2005	live animal weight	6500	pound	
10 Aug 2006	live animal weight	7300	pound	
9 Jan 2007	live animal weight	7000	pound	
3 Jul 2007	live animal weight	7500	pound	
23 Feb 2008	live animal weight	7900	pound	
11 Jan 2010	live animal weight	7500	pound	

Date	Note type	Comments
2 Jan 2005	Foot management	Routine footwork on front nails and cuticles
8 Jan 2005	Foot management	Routine footwork on rear nails and pads.
14 Jan 2005	Foot management	Routine footwork on left back pads, nails and cuticles
17 Jan 2005	Medical procedure	Annual PE and blood drawn for CBC and profile. Trunk wash #1 for TB test taken
18 Jan 2005	Medical procedure	Trunk wash #2 for TB test taken
19 Jan 2005	Medical procedure	Trunk wash #3 for TB test taken Rabies vaccination given.
19 Jan 2005	Medical procedure	Trunk wash #3 for TB test taken Rabies vaccination given.
29 Jan 2005	Foot management	Routine footwork on right front nails, pad and cuticles.
4 Feb 2005	Medical procedure	Received yearly vaccination for WEE,EEE and Tetanus
26 Feb 2005	Foot management	Routine footwork completed on left front nails, pads and cuticles
27 Feb 2005	Foot management	Routine footwork completed on right front pad, nails and cuticles as well as back right and left pad, nails and cuticles
27 Feb 2005	Medical observation	Keepers noting pus draining from lesion on roof of mouth
20 Mar 2005	Foot management	Routine footwork on front right and left nails
24 Apr 2005	Foot management	Routine footwork on back pads and cuticles and front nails and pads
7 May 2005	Foot management	Routine footwork on right and left back pad and nails
10 May 2005	Medical observation	Keepers report animal has a small lump just below right eye- to be checked by vet
11 May 2005	Medical procedure	Vet checked eye- possible cyst, area to be hot packed BID
17 May 2005	Medical procedure	Eye rechecked by vet- lesion looks ulcerated- vet would like to schedule sx to remove cyst.
29 May 2005	Medical observation	Stiff on right front leg
1 Jun 2005	Medical procedure	Recheck of eye by vet Right front leg also checked- Rx topical DMSO
6 Jun 2005	Foot management	Routine footwork on front nails pads and cuticles
10 Jun 2005	Foot management	Routine footwork on right front pad, nails and cuticles
13 Jun 2005	Foot management	Routine footwork on back left pad and cuticles
18 Jun 2005	Foot management	Routine footwork on back right pad and cuticles
24 Jun 2005	Foot management	Routine footwork
22 Jul 2005	Foot management	Routine footwork on left rear cuticles, nails and pads.
29 Jul 2005	Foot management	Routine footwork on right rear pads, nails and cuticles

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1 Aug 2005	Foot management	Routine footwork on front right nails and cuticles
3 Aug 2005	Medical observation	Elephant still slightly limping on right front.
5 Aug 2005	Foot management	Routine footwork on front left foot
30 Sep 2005	Aggression	Cow cycling- rammed "Ruth" pushing her back end down. Keepers called her off w/ou incident.
6 Oct 2005	Foot management	Routine footwork right rear pad
22 Oct 2005	Foot management	Routine footwork on right front nails
5 Nov 2005	Foot management	footwork on left front nails and cuticles, necrotic tissue trimmed on 5th digit
26 Nov 2005	Foot management	worked on left rear right nail 4th digit
27 Nov 2005	Foot management	Routine footwork on left rear feet
20 Dec 2005	Medical observation	Keepers report abscess found in nail/pad of right front foot. Cleaned out and debrided necrotic tissue. Vet notified, applied Koppertox.
4 Jan 2006	Medical procedure	Recheck of right front foot- nail abscess- healing well, CWCT
16 Jan 2006	Medical procedure	TB Trunk wash #1
17 Jan 2006	Medical procedure	TB Trunk wash #2 and Blood drawn for CBC, profile, WNV and Vit E levels. PE given- WNL
18 Jan 2006	Medical procedure	TB Trunk wash #3 and vaccinated for Rabies, WEE/EEE and Tetanus
19 Jan 2006	Medical observation	Swelling at injection site- right rear flank. RX- DMSO to reduce swelling.
20 Jan 2006	Foot management	Trimmed 3rd digit on left front foot. Worked on rear pads- keepers noting a decrease in the pad thickness. Where trimmed, pad is soft and spongy- applied Koppertox. (TMD/SA)
7 Feb 2006	Foot management	Routine footwork on right rear (KV/WLS)
8 Feb 2006	Foot management	Routine footwork on both hind feet (KV/WLS)
10 Feb 2006	Medical observation	West Nile Virus titers came back negative
16 Feb 2006	Foot management	Footwork done on left front nail- healing well. (TMD/SA/WLS)
3 Mar 2006	Foot management	Routine footwork on left front pad. (TMD/SA)
3 Apr 2006	Foot management	Routine footwork- left front foot, cuticle trimmed 3rd digit to expose tracking necrosis under the nail. (KV/WLS)
5 Apr 2006	Medical treatment	Rx: Daily foot soaks in apple cider vinegar.
16 Apr 2006	Foot management	Routine footwork on left back pad (KV/SA/JB)
21 Apr 2006	Medical procedure	Digital radiographs of all four feet were taken VD and lat
26 Apr 2006	Foot management	Routine footwork on right and left front pad, nails and cuticles (TMD/JB/WLS)
1 May 2006	Diet	Glycoflex added to daily diet as a joint supplement
3 Jun 2006	Foot management	Routine footwork on right and left rear pads (TMD/SA)
14 Jun 2006	Aggression	Emily bit approx. 6 1/2" of Ruth's tail off. Bleeding w/ tendons exposed. Vet performed sx to stop bleeding and close.
14 Jun 2006	Medical procedure	Sx to close tail wound. Used lidocaine block, removed additional 2" to create closure. Entire procedure took a little over an hour. Pressure bandage placed on tail. Rx. SMZ-TMP 80tabs SID for 7 days.
28 Jun 2006	Medical procedure	Sutures removed from tail wound.
1 Jul 2006	Foot management	Left front foot, nail trimmed and area of abscess debrided. Healthy tissue present, area healing well with no signs of infection. (TMD/SA)
4 Jul 2006	Medical observation	Vet tech reports wound at tip of tail has opened up exposing underlying tissue and sutures- pussy d/c present. Area cleaned and nitrofurazone applied. Bandaged tail for the day and vet notified.
5 Jul 2006	Medical treatment	Tail checked by vet- debrided and flushed w/ nolvasan. C&S sent out.
6 Jul 2006	Medical procedure	Tail wound debrided by vet and flushed w/ dilute nolvasan.. Nitrofurazone ointment applied. Tx of tail is to be done BID UFN
6 Jul 2006	Behavior note	Elephant showing agitated behavior- throwing tub and tire around yard. #% "Ruth" kept inside to reduce chance of displacement aggression. Whaling City Festival Weekend- Traveling Tiger Show set up within visual, auditory and olfactory range of elephant exhibit. During "show" times, elephant visibly agitated
7 Jul 2006	Foot management	Routine footwork on left front nail (TMD/SA)
7 Jul 2006	Medical treatment	Flushed and debrided tail.
11 Jul 2006	Aggression	Aggression toward keeper in training JB. Animal was being bathed and laying down. Elephant Manager stepped around corner and elephant proceeded to kick new keeper with front foot. JB disciplined elephant verbally and physically immediately. No injury to either keeper or elephant.



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11 Jul 2006	Medical observation	Keepers report milky secretion coming from elephant's right temporal gland.
13 Jul 2006	Medical procedure	Vets in to recheck tail. Blood drawn for CBC and profile. RX: Baytril Otic BID UFN Tail to be cleaned w/ dilute nolvasan and soft brush. Apply nitrofurazone ointment after Baytril Otic.
5 Aug 2006	Foot management	Routine footwork on right front nail #4, pads and cuticles (TMD/SA)
10 Aug 2006	Medical procedure	Proc: Recheck tail  Exam: Tail is much improved from last visit. The pocket within the granulation bed has completely closed up leaving a good granulation bed of tissue. The skin is also starting to turn around from the lateral sides to the caudal edge to begin to closed over the wound. No pockets of material could be located. Minimal infection present at this time.  Plan: 1) Stop Baytril otic. 2) Using only the soft scrub brush, lightly brush off the worst of the debris. 3) Using the sponge on the scrub brush, soak the tip of the tail in nolvasan solution for approx 10 seconds, repeat 1-2 times. 4) Apply nitrofurazone cream, be sure to include the lateral surfaces of the tail and the scab on the right side of the tail that should be coming off soon.
19 Aug 2006	Foot management	Routine footwork on right front nails. (TMD/JB)
29 Aug 2006	Medical note	Keepers noting rocks in stool over last several days. Appetite and fecal output normal.
31 Aug 2006	Diet	Glycoflex added to diet- 4 scoops BID
6 Sep 2006	Medical observation	Keepers noting d/c (pus) from head sore.
14 Sep 2006	Medical procedure	Tail recheck- wound continues to improve- mild bleeding ingranulation bed after cleansing. Continue with current tx- Baytril Otic and either SSD or nitrofurazone ointment.
20 Sep 2006	Medical procedure	Recheck Tail- Tail continues to improve- continue with current treatment.
22 Sep 2006	Foot management	Routine footwork on right front nails pad and cuticles. (JB/SA)
23 Sep 2006	Foot management	Routine footwork on left front nails, pad and cuticles. (SA/TMD)
27 Sep 2006	Foot management	Routine footwork on left rear nails, pads and cuticles. (JB/SA)
4 Oct 2006	Medical note	Tail rechecked by vet. Wound healing well.
4 Oct 2006	Medical procedure	Recheck tail. Continues to heal. There is still a small area of exposed granulation tissue at center tip of tail which is surrounded by a thick scab.
11 Oct 2006	Medical note	Tail continues to heal.  Plan: Continue treatment as before.
13 Oct 2006	Foot management	Routine footwork on right front pad and nails. (TMD/SA)
18 Oct 2006	Medical note	Tail continues to heal well.  Plan: 1) Continue treatment 2) Recheck next week.
18 Oct 2006	Medical note	5 - Asian elephant - Ruth  Tail continues to heal well.  Plan: 1) Continue treatment 2) Recheck next week
25 Oct 2006	Medical procedure	recheck tail. Tail continues to heal well. Skin slowly epithellating over tail tip.

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1 Nov 2006	Foot management	Routine footwork on back right pad, nails and cuticles. (SA/KV)
20 Nov 2006	Foot management	Routine footwork- trimmed front left cuticle and nails. (SA/JB)
21 Nov 2006	Foot management	Routine footwork left back pad and front foot- nails and cuticles. (TMD/SCM)
25 Nov 2006	Foot management	Routine footwork on left front nails and cuticles. (JB/KV)
27 Nov 2006	Foot management	Routine footwork on right front pad, nails and cuticles. Left front nail trimmed and opened by WLS (JB/KV)
29 Nov 2006	Foot management	Routine footwork on left rear pad, nails and cuticles (JB/SA)
3 Dec 2006	Medical observation	Keepers report secretion from right temporal gland.
6 Dec 2006	Foot management	Routine footwork on left front nails. Filed between #2&3- found soft spot, cleaned out area- no infx. Tx w/ vinegar soak SID (JB/WLS)
13 Dec 2006	Medical procedure	Recheck of Ruth's tail. Scab at the tip has continued to shrink. Approx. 1.5cm Plan: Continue to cleanse and apply topical treatment.
13 Dec 2006	Foot management	Right front toe #1 outside edge, small area of soft tissue- cut back and filed, no signs of infection. (JB/KV)
13 Dec 2006	Medical procedure	Rechecked Ruth's tail. The scab at the tail tip has continued to shrink. The scab is approximately 1.5 cm. Plan: Continue to cleanse apply topical treatment
15 Dec 2006	Foot management	Routine footwork left front foot- soft spot on digit #4, cut back- no signs of infection. (TMD/SA)
29 Dec 2006	Foot management	Routine footwork on left front nails and pads (TMD/SA)
16 Jan 2007	Medical procedure	Trunk Wash #1 for TB testing Elephant vaccinated for EEE/WEE Tetanus and Rabies
17 Jan 2007	Medical procedure	Trunk wash #2 of 3 for TB test Annual PE and blood drawn for CBC and profile.
18 Jan 2007	Medical procedure	TB Trunk Wash #3 Discontinue treatment on tail.
1 Feb 2007	Foot management	Vinegar soak on right front foot. (JB/TMD)
2 Feb 2007	Foot management	Routine footwork on Left Front pads, nails and cuticles and Right Front pad and cuticles (TMD/SA)
16 Feb 2007	Foot management	Routine footwork on right and left front pads and nails (TMD/SA)
17 Feb 2007	Foot management	Routine footwork on right and left rear pads (TMD/SA)
19 Feb 2007	Medical observation	Keepers noting elephant has slight sensitivity in right foot- mild swelling noted.
22 Feb 2007	Medical treatment	Treatment with DMSO started- Apply SID to right front leg/foot.
13 Mar 2007	Foot management	Routine footwork on left rear foot (KV/JB)
3 Apr 2007	Medical observation	Keeper reports there is slight swelling on back of right front foot- no sensitivity or lameness observed. Keepers to monitor.
13 Apr 2007	Foot management	Routine footwork- rear left and right pad, nails and cuticles, 1st and 4th digit minor cracks opened and bevelled (TMD/SA)
5 May 2007	Foot management	Routine footwork on right front nails- 3rd digit- small soft spot present (TMD/SA)
31 May 2007	Medical observation	Keepers noting elephant tail swatting
1 Jun 2007	Fecal check/worming	Fecal check- NPS
2 Jun 2007	Medical treatment	Cow has been tail swatting and rubbing urogenital tract. RX: Miconazole SID for 7 days
5 Jun 2007	Foot management	Front left nail, pad and cuticles trimmed. Front right 3rd digit, some soft tissue trimmed away. Foot to be soaked SID per WLS (JB/KV)
6 Jun 2007	Foot management	Front left- finished filing nails front right pad, nails and cuticles (JB/SA)
9 Jun 2007	Foot management	Routine footwork on left front foot- opened cracks on nails and pads- superficial (JB/SA)
13 Jun 2007	Foot management	Routine footwork on left and right rear pads, nails and cuticles. (JB/SA)
22 Jun 2007	Medical treatment	Rx: DMSO topically to front right leg for stiffness
6 Jul 2007	Foot management	Routine footwork on left and right front nails, pads and cuticles (TMD/SA)
9 Jul 2007	Foot management	Routine footwork on left front and rear pads, nails and cuticles (JB/KV)
12 Jul 2007	Foot management	Routine footwork on left and right rear pads, cuticles and nails. (JB/TMD)
15 Jul 2007	Medical observation	Keeper reports elephant has small open/drainage abscess on lower right jaw.
23 Jul 2007	Medical observation	Keepers report right rear knee has small superficial abrasion- slightly sensitive to the touch. Cleaned and keepers will monitor.
2 Aug 2007	Medical procedure	Scheduled ophthalmic exam with Dr. Marsh Aubin for August 17, 2007 at 9:30am (Free consult to evaluate

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		sight right eye)
7 Aug 2007	Foot management	Routine footwork on left rear pad and nails. (KV/JB)
17 Aug 2007	Medical note	Ophthalmic exam (Dr. Marsha Aubin): Old corneal scar. No cataracts. No treatments needed.
20 Aug 2007	Foot management	Routine footwork on front right pad, nail and cuticle. (JB/SA)
9 Sep 2007	Foot management	Routine footwork on left hind nail and cuticle, and right front pad, nail and cuticle (KV/JB)
19 Sep 2007	Foot management	Routine footwork on front right pad, nails and cuticles. (SA/TMD)
9 Oct 2007	Foot management	Routine footwork on left front pad, cuticle and nail and right front cuticle (TMD/SA)
25 Oct 2007	Foot management	During routine footwork, keepers uncovered a minor prolapse under the nailbed on the right front foot between digits II and III. Checked by elephant manager and vet. Rx: Vinegar soak SID
1 Nov 2007	Medical note	Interdigital lesion between digits III and IV on left front foot is improving with regular trimming and soaks.  Plan: Watch for secondary infection. Recheck next week.
3 Nov 2007	Foot management	Routine footwork on right front nails (TMD/SA)
7 Nov 2007	Medical note	Interdigital lesion between digits III and IV on left front foot.  Improving.
23 Nov 2007	Medical observation	Blood observed in stool one time last week. No report of blood since then.  Fecal negative. Fecal occult blood negative.  Plan: Monitor for recurrence.
25 Nov 2007	Foot management	Routine footwork on right rear pad, nail and cuticle. (TMD/SA)
28 Dec 2007	Medical procedure	Keepers reported abnormal fold of gingiva next to left upper molar. Elephant is eating normally.  PE: appears to be an irregular area where the gingival is raised and then invaginates next to the left upper molar. Unable to visualize any foreign material. No reddening or irritation apparent.  Plan: Monitor for change in size or morphology, difficulty chewing, discharge, etc. Keep clean.
20 Jan 2008	Foot management	Footwork on left front pad, nails and cuticles and right front nail and cuticles (TMD/SA)
26 Jan 2008	Foot management	Left foot, 4th digit small pocket of black d/c, bruising and soft tissue opened up. SD/TMD
27 Jan 2008	Foot management	Footwork on rear right pad, nails and cuticles (JB/KV)
31 Jan 2008	Medical procedure	3rd trunk wash completed today for T.B. testing. Blood also taken for CBC/Chem and TB serology  Plan: PE's and vaccines next week.
7 Feb 2008	Medical procedure	Keepers are power washing left rear foot daily. Bill trimmed top of nail back.  PE: EENT: small white scar approx 1-2mm in diameter in center of cornea OD. M/S/I: Digit IV on left rear foot nail is separating from nailbed. No discharge seen. Healthy granulation tissue is forming. Area is no longer sensitive to touch. Pressure sore on left side of face and hip.  Bloodwork: Persistent elevated amylase. All else NSF.  TB serology negative. Trunk wash pending.  Plan: 1.) Vaccinated with 2ml rabies right rear gluteal. 2ml tetanus/E and W encephalitis Right front triceps area. 2.) Continue powerwashing and trimming nailbed as needed.
14 Feb 2008	Medical procedure	Recheck toes: toe on left rear foot looks good. Tissue granulating in and hardening. Does not appear sensitive to touch.
27 Mar 2008	Medical procedure	Draining tract erupted on left rear foot digit IV. Keepers trimmed out nail overlying tract and cleaned large amount of caseous material.



PE: soft tissue in area of previous draining tract is soft and pink. No discharge seen at exam. Tissue appears to extend inward towards center of foot. Unable to determine depth of tract. Left front foot swelling is improved. Soft area on bottom of foot behind nail on digit IV is sensitive to touch.

R/O: Abscessation of nailbeds.

Plan:

- 1.) OK to go out during cleaning and a couple of hours light exercise outside per day.
- 1.) Encourage flexion and extension of left front ankle.
- 2.) Continue betadine foot soaks of all four feet SID - BID for 7 days. Also flush any draining tracts using curved tip syringe.
- 3.) Apply warm towel to left carpus during foot soaks.
- 6.) Contact Dr. Sims if swelling recurs, gait worsens, evidence of drainage occurs in left front foot, or appetite decreases. If this occurs, consider SMZ (800mg/tab) 98 tablets PO BID X 7 days.

3 Apr 2008 Medical procedure Persistent pressure sore on left hip. Wound edges are dry and involuted.

Plan:

- 1.) Same topical foot treatment as Ruth if any nailbed issues occur.
- 2.) DC granulex on hip.
- 3.) Continue routine cleaning with water and start SSD BID on hip.
- 4.) Consider freshening edges of wound

10 Apr 2008 Medical procedure Keepers noted eruption of abscess on left front foot behind nailbed on digit IV on Saturday. Advised to start SMZ PO BID as previously dosed.

Tracts continue to be flushed with betadine using a curved tip syringe.

PE: No discharge seen at exam. Tissue where nailbed on left rear foot was trimmed is still soft. No discharge seen on exam. Nailbed is separating at top on left front foot. No discharge noted at this time.

Trunk Wash results: Mycobacterium Tuberculosis: Negative

R/O: Abscessation of nailbeds.

Plan:

- 1.) OK regular exercise in yard.
- 2.) Continue to encourage flexion and extension of left front ankle.
- 3.) DC betadine foot soaks of all four feet
- 4.) Continue to flush any draining tracts using curved tip syringe with betadine solution.
- 5.) Continue SMZ 98 tablets PO BID X 7 more days.

17 Apr 2008 Medical procedure SMZ complete. Keepers opened pocket of fecal material behind digit V on left front foot.

Tracts continue to be flushed with betadine using a curved tip syringe.

PE: No discharge seen at exam. Gait normal.

R/O: Abscessation of nailbeds.

Plan:

- 1.) Continue to flush any draining tracts using curved tip syringe with betadine solution and Koppertox application after feet are cleaned.

24 Apr 2008 Medical procedure Recheck- Tissue behind nailbeds is beginning to harden-up. Healthy tissue present when soft tissue is



trimmed back.

PE: No discharge seen at exam. Gait normal.

R/O: Abscessation of nailbeds.

Plan:

1.) Continue to flush any draining tracts using curved tip syringe with betadine solution and Koppertox application after feet are cleaned.

1 May 2008 Medical procedure Nail on Right rear is loose. Bill to trim tomorrow.

PE: No discharge seen at exam. Gait normal.

R/O: Abscessation of nailbeds.

Plan:

1.) Continue to flush any draining tracts using curved tip syringe with betadine solution and Koppertox application after feet are cleaned.

15 May 2008 Medical procedure Recheck- No new abscesses in the last week.

PE: Nailbed granulating in and beginning to harden. No discharge seen at exam. Gait normal.

R/O: Abscessation of nailbeds.

Plan:

1.) Continue to flush any draining tracts using curved tip syringe with betadine solution and Koppertox application after feet are cleaned.

2.) Hold on AB's unless any new abscess occur.

19 May 2008 Medical procedure No new abscesses in the last week.

PE: Nailbeds on left front and rear feet granulating in and beginning to harden. No discharge seen at exam. Healthy appearing granulation tissue still present on right front and left nailbeds which are still sensitive to touch. Gait normal.

R/O: Abscessation of nailbeds.

Plan:

1.) Continue to flush any draining tracts using curved tip syringe with betadine solution and Koppertox application after feet are cleaned.

2.) Hold on AB's unless any new abscess occur.

10 Jan 2009 Fecal check/worming

Routine fecal-NPS

19 Jan 2009 Medical procedure

TB Trunk wash #1

20 Jan 2009 Medical procedure

TB Trunk wash #2

21 Jan 2009 Medical procedure

TB Trunk wash #3

Annual PE, blood drawn and vaccinations given (EEE/WEE/Tet and Rabies)

27 Jan 2009 Foot management

Routine footwork on front left nail, pad and cuticles

28 Jan 2009 Foot management

Routine footwork on left front pad, nail and cuticle

29 Jan 2009 Foot management

Routine footwork on right rear pad, nails and cuticles

1 Feb 2009 Foot management

Routine footwork on left hind pad nails and cuticles

3 Feb 2009 Foot management

Corrective trimming on 2nd outside nail on left hind foot by WLS



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10 Feb 2009	Foot management	Corrective trimming by WLS on left rear nail- edges freshened.
26 Feb 2009	Foot management	Corrective trimming on nail- tissue debrided by WLS.
1 Mar 2009	Foot management	Routine footwork performed on left front pad nails and cuticles
5 Mar 2009	Foot management	Corrective trimming on middle nail and cuticle by WLS
21 May 2009	Medical procedure	5/18/09: Blood drawn and frozen for anti-Mullerian study.
7 Jul 2009	Medical observation	7/7/09: Keeper reports left ventral edema.  PE: small amount of edema palpable on right aspect of ventrum. Previously palpated mass is persistent caudal to the edema and approximately the size of a quarter  Plan: Monitor
7 Jul 2009	Medical note	7/7/09: Keeper reports left ventral edema.  PE: small amount of edema palpable on right aspect of ventrum. Previously palpated mass is persistent caudal to the edema and approximately the size of a quarter  Plan: Monitor
13 Oct 2009	Medical observation	Left front leg- moderate swelling from wrist down- sensitive to touch. Small soft spot between 4th and 5th digit on left front (bruising on 4th nail). Per MS cold hose/compress SIDxBID for 5 minutes
13 Oct 2009	Medical observation	10/13/09: AM: Swelling and decreased ROM of left carpus reported.  PM: Soft spot palpable on ventral aspect of left front foot between digits IV and V. Localized swelling noted over digit IV on cranial aspect of left carpus and generalized swelling noted on posterior aspect of left carpus. Cranial aspect of carpus appears painful to palpation. Swelling has decreased slightly and ROM has increased slightly since this morning.  Plan: 1.) Cold compress or cold hose left carpus BID. 2.) Epsom salt foot baths BID.
14 Oct 2009	Medical note	Some swelling still noted on left front leg. WLS opened nail (4th digit on left foot) Soaked foot in dilute cider Vinegar and Koppertox applied
22 Oct 2009	Medical observation	Keepers report elephant has swelling above cuticle bed of outer digit on rear left foot and some swelling above the third digit. 10/22/09: Left front swelling improved. Nailbed was worked on revealing deeper soft tissue which was debrided last Wednesday. Left rear digit IV cuticle swollen and sensitive to touch. Digit III slightly warm above cuticle.
23 Oct 2009	Medical note	Left front foot- swelling above cuticle opened- pus pocket drained and tissue debrided- cleaned with chlorihex solution.
2 Nov 2009	Foot management	Routine footwork on right front pad, nail and cuticle
3 Nov 2009	Foot management	Routine footwork on right rear pad, nails and cuticles (JB/KVS/SD)
25 Nov 2009	Note	Both elephants had access to stalls and exhibits last night. Stall and door were left unlocked by WLS
30 Nov 2009	Foot management	Routine footwork on left rear (JB/SD)
23 Dec 2009	Foot management	Routine footwork on left front pad, nails and cuticles
2 Jan 2010	Medical note	Blood drawn fro EEHV study
7 Jan 2010	Foot management	Routine footwork on rear left pad and nails (JB/SD)
9 Jan 2010	Medical note	Blood drawn for EEHV study

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9 Jan 2010	Fecal check/worming	Fecal check-NPS
14 Jan 2010	Medical note	1/14/10: Elephants do not find the Ramard TJS palatable
16 Jan 2010	Medical note	Drew blood for EEHV study
19 Jan 2010	Medical note	TB Trunk wash #1 completed
19 Jan 2010	Medical note	TB Trunk wash #1 completed
19 Jan 2010	Medical observation	Keepers noted some bleeding at cuticles- foot soaked w/ nolvosan in pm
20 Jan 2010	Medical procedure	Annual PE and blood drawn Vaccinated for WEE/EEE/Tet and Rabies TB Trunk wash #2 completed
21 Jan 2010	Medical procedure	TB Trunk wash #3 completed
23 Jan 2010	Medical note	Blood drawn for EEHV study
30 Jan 2010	Medical note	Blood drawn for EEHV study
30 Jan 2010	Foot management	Routine footwork on front right pad, nails and cuticles (SAM/TMD)
1 Feb 2010	Medical observation	Keepers reported elephant appeared to be straining to urinate throughout day and only passing small amounts of urine at a time. BAR eating and drinking normally and stools look normal.
4 Feb 2010	Foot management	Routine footwork on back left nail, pad and cuticles (KV/SD)
12 Feb 2010	Medical note	Blood drawn for research study
17 Feb 2010	Medical note	Glycoflex: Lameness score without glycoflex x 1 week, then lameness score with glycoflex (3 level scoops BID) x 5 weeks.
20 Feb 2010	Medical note	Blood drawn for research study
27 Feb 2010	Medical note	Blood drawn for research study
27 Feb 2010	Foot management	Routine footwork, crack in 4th digit healed as well as pad and cuticles (SAM/TMD)
6 Mar 2010	Medical note	Drew blood for research study
13 Mar 2010	Medical note	Drew blood for research study
13 Mar 2010	Foot management	Routine footwork on front left pad nails and cuticles
20 Mar 2010	Medical note	Drew blood for research study
23 Mar 2010	Medical note	3/23/10: TB trunk washes from 1/19, 1/20, 1/21: negative
24 Mar 2010	Foot management	Large crack in nail opened by WLS
26 Mar 2010	Foot management	Routine footwork on front right cuticles, pad and nails (SAM/TMD)
27 Mar 2010	Medical note	Drew blood for research study
1 Apr 2010	Medical note	D/c foot soaks per WLS
3 Apr 2010	Medical note	Blood drawn for EEHV study
10 Apr 2010	Medical note	Blood drawn for EEHV study
15 Apr 2010	Foot management	Routine footwork on left rear pad, nails and cuticles
17 Apr 2010	Medical note	Blood drawn for EEHV study
24 Apr 2010	Medical note	Blood drawn for EEHV study
24 Apr 2010	Foot management	Routine footwork on right rear pad nails and cuticles
28 Apr 2010	Medical observation	Keepers report some edema on ventral side 7 1/2cm x 2 3/4cm on left ventral side near naval 3 12/cm x 2 1/4cm on right side and 3cm x 1 1/4cm on right side. Some small scabs present and areas seem pruritic.
30 Apr 2010	Fecal check/worming	Routine fecal check-NPS
1 May 2010	Medical note	Blood drawn for EEHV study
8 May 2010	Medical note	Blood drawn for EEHV study
12 May 2010	Foot management	Routine footwork on right front pad nails and cuticles (JB/SD)
15 May 2010	Medical note	Blood drawn for EEHV study
22 May 2010	Medical note	Blood drawn for EEHV study
28 May 2010	Note	Keepers report Ruth was trumpeting midday. Upon arrival, Emily was standing close by- marks in sand indicate Emily may have been pushing Ruth. No marks on Ruth
29 May 2010	Medical note	Blood drawn for EEHV study
5 Jun 2010	Medical note	Blood collected for EEHV study

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Buttonwood Park Zoo

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Report Start Date  
1/1/2005

## Specimen Report for NEW BEDFO / 5

Report End Date  
10/26/2010



15 Aug 2010	Foot management	Left front nail- tissue debrided and cleaned- applied Kopperlox
20 Aug 2010	Medical note	Collected blood for EEHV study
23 Aug 2010	Foot management	routine footwork on right front pad, nails and cuticles. Some bruising noted on pad, also small pockets opened between 4th and middle digit- cleaned, filed and shaped nail to allow flushing.
27 Aug 2010	Medical note	Collected blood for EEHV study
28 Aug 2010	Note	Keepers reporting Ruth has been stepping on her grain before eating it the last 2-3 days. Oral exam- teeth look ok, some cavities present, no irritation or inflammation around teeth.
4 Sep 2010	Medical note	Collected blood for EEHV study
5 Sep 2010	Foot management	WIS trimmed around prolapse
9 Sep 2010	Foot management	Routine footwork, trimmed nails on left front foot.
11 Sep 2010	Medical note	Collected blood for EEHV study
12 Sep 2010	Foot management	Debrided tissue back under cuticle and filed and shaped nail near prolapse
25 Sep 2010	Medical note	Collected blood for EEHV study
2 Oct 2010	Medical note	Collected blood for EEHV study
9 Oct 2010	Medical note	Collected blood for EEHV study

Medical History Report - Summary for Individual Specimen  
BUTTONWOOD PARK ZOO

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ELEPHAS MAXIMUS (no subsp)           Sex: Female           Acc. #: 5
Asiatic elephant                     Age: 51Y 11M 17D      Birth: 29.Oct.1958
Name: RUTH
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.....2010....

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3.Feb NO PARASITES SEEN
4.Feb Keepers report straining to urinate over the weekend. Repeat
      episodes have not been observed during the week. This has occurred
      and spontaneously resolved in the past.
      Plan: Monitor.
      (MS) (TMD)
20.Feb 2/17/10: Glycoflex: Lameness score without glycoflex x 1 week,
      then lameness score with glycoflex (3 level scoops BID) x 5
      weeks. (MS) (TMD)

2.Apr 3/23/10: TB trunk washes from 1/19, 1/20, 1/21: negative (MS)
2.Apr (TMD)
30.Apr Parasitology examination: (DIAGNOSTIC EXAMINATION) Fecal sample.
      NO PARASITES SEEN

15.Jul Parasitology examination: (ROUTINE EXAMINATION) Fecal sample.
      NO PARASITES SEEN
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/ISIS/MedARKS/5.54.c



Medical History Report - Summary for Individual Specimen  
BUTTONWOOD PARK ZOO

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ELEPHAS MAXIMUS (no subsp)      Sex: Female      Acc. #: 5
Asiatic elephant                Age: 51Y 11M 17D  Birth: 29.Oct.1958
Name: RUTH
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.....2009....

- 16.Oct aspect of left carpus. Cranial aspect of carpus appears painful to palpation. Swelling has decreased slightly and ROM has increased slightly since this morning.  
Plan:  
1.) Cold compress or cold hose left carpus BID.  
2.) Epsom salt foot baths BID.  
(MS) (TMD)
- 29.Oct 10/22/09: Left front swelling improved. Nailbed was worked on revealing deeper soft tissue which was debrided last Wednesday. Left rear digit IV cuticle swollen and sensitive to touch. Digit III slightly warm above cuticle. (MS) (TMD)
- 13.Nov 11/8/09: Start lameness scoring for 1 week. Then 5 week trial of Trial of Ramard Equine Total Joint supplement (3 level scoops once a day) recording lameness scores throughout. (MS) (TMD)
- 26.Dec 12/22/09 Date rescheduled: Start lameness scoring for 1 week on 12/27/09. Then 5 week trial of Trial of Ramard Equine Total Joint supplement (3 level scoops once a day) recording lameness scores throughout. (MS) (TMD)
- 31.Dec 12/27/09: Lameness scoring for 1 week. Then 5 week trial of Trial of Ramard Equine Total Joint supplement (3 level scoops once a day) recording lameness scores throughout (MS) (TMD)

.....2010....

- 12.Jan 12/27/09: Lameness scoring for 1 week. Then 5 week trial of Trial of Ramard Equine Total Joint supplement (3 level scoops once a day) recording lameness scores throughout.  
1/6/10: Elephants do not find Ramard TJS palatable. Will try throughout week and DC on 1/9/10 if difficulty feeding it.  
(MS) (TMD)
- 20.Jan 1/14/10: Elephants do not find the Ramard TJS palatable.  
(MS) (TMD)
- 21.Jan 1/16/10: Fecal NPS.  
1/19/10: TB trunk wash performed. Bloodwork from 1/17/10: Unremarkable for this individual. Amylase remains elevated at 12,319 U/L. Wt on 1/11/10: 7500lbs.  
1/20/10: PE: NSF. Vaccinated with 2ml BEE/WEE/Tetanus and 2ml rabies IM left rear. TB trunk wash performed.  
1/21/10: TB trunk wash performed and shipped to USDA/NVSL.  
(MS) (TMD)
- 3.Feb Parasitology examination: (ROUTINE EXAMINATION) Fecal sample.

Medical History Report - Summary for Individual Specimen  
BUTTONWOOD PARK ZOO

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ELEPHAS MAXIMUS (no subsp)	Sex: Female	Acc. #: 5
Asiatic elephant	Age: 51Y 11M 17D	Birth: 29.Oct.1958
Name: RUTH		

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.....2009....

- 1.Jul 6/29/09: Keeper reports small lump under the skin on right caudolateral ventrum.  
S:BAR  
O: PE: Subcutaneous lump is flat and freely moveable, approximately the size of a quarter. Appears sensitive to palpation.  
A: R/O: insect bite, trauma, lipoma, other.  
Plan: Monitor.  
(MS) (TMD)
- 10.Jul 7/7/09:  
Keeper reports left ventral edema.  
PE: small amount of edema palpable on right aspect of ventrum. Previously palpated mass is persistent caudal to the edema and approximately the size of a quarter  
Plan: Monitor  
(MS) (TMD)
- 16.Jul 7/7/09:  
Keeper reports left ventral edema.  
PE: small amount of edema palpable on right aspect of ventrum. Previously palpated mass is persistent caudal to the edema and approximately the size of a quarter  
Plan: Monitor  
(MS) (TMD)
- 25.Jul 7/7/09:  
Keeper reports left ventral edema.  
PE: small amount of edema palpable on right aspect of ventrum. Previously palpated mass is persistent caudal to the edema and approximately the size of a quarter  
Plan: Monitor  
(MS) (TMD)
- 21.Aug 8/19/09: Both animals have been off glycoflex because we ran out of product and could not re-order with budget hold.  
Keeper reports left front stiffness in AM and sometimes throughout day in both animals.  
Plan: Trial of Ramard Equine Total Joint supplement.  
(MS) (TMD)
- 16.Oct 10/13/09:  
AM: Swelling and decreased ROM of left carpus reported.  
PM: Soft spot palpable on ventral aspect of left front foot between digits IV and V. Localized swelling noted over digit IV on cranial aspect of left carpus and generalized swelling noted on posterior



Medical History Report - Summary for Individual Specimen  
BUTTONWOOD PARK ZOO

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*ELEPHAS MAXIMUS (no subsp)*  
**Asiatic elephant**  
Name: RUTE

Sex: Female                      Acc. #: 5  
Age: 51Y 11M 17D      Birth: 29.Oct.1958

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.....2008....

Plan:

Keep clean. Monitor healing. (MS) (TMD)

14.Nov Parasitology examination: (ROUTINE EXAMINATION) Fecal sample.  
NO PARASITES SEEN

.....2009....

10.Jan Parasitology examination: (ROUTINE EXAMINATION) Fecal sample.  
NO PARASITES SEEN

22.Jan 1/16/09 Bloodwork NSF

1/19/09, 1/20/09, 1/21/09: Trunk washes performed using 60cc Sterile saline.

1/21/09: PE: EENT: NSF, M/S/I: Small pressure sore on left side of face. No evidence of infection. All nailbeds look good.

Vaccinated with 2ml IMRAB 3 (s/n 12525C) Left rear and 2m

EEE/WEE/Tetanus (S/N 1685108A)

Submitted amylase to Antech.

Plan: Run seasonal amylase to determine if any seasonal variation with feeds. (MS) (TMD)

29.Jan Amylase 11, 536 U/L

Lipase 10 U/L

Plan: Run seasonal amylase to determine if any seasonal variation with feeds. (MS) (TMD)

19.Mar Received trial of ZoonOx Hyperbaric ointment to use on pressure sores.

Plan: Start treatment at first sign of re-emergence of pressure sores. Discuss protocol at Elephant meeting on 3/23/09. (MS) (TMD)

3.Apr 4/2/09: Previous front toenail prolapse is completely healed over. Looks great. Small sores on right side of face. (MS) (TMD)

15.May Plan:

1.) Blood draw for anti-Mullerian study.

2.) DC SSD cream on hip and face pressure sores.

3.) Start zoonox trial if/when sores become active again.  
(MS) (TMD)

22.May 5/18/09: Blood drawn and frozen for anti-Mullerian study. Filmed by Ed Camara.

5/20/09: Serum sent out to Conservation and Research Center.

Plan:

1.) DC SSD cream on hip and face pressure sores.

2.) Start zoonox trial if/when sores become active again.  
(MS) (TMD)

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ELEPHAS MAXIMUS (no subsp)  
Asiatic elephant  
Name: RUTH

Sex: Female                      Acc. #: 5  
Age: 51Y 11M 17D      Birth: 29.Oct.1958

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.....2008.....

- 8.May    antimicrobials on the panel. In light of the chronic nature of the nailbed abcessation, treatment for this target organism is being elected.  
R/O: Abcessation of nailbeds.  
Plan:  
1.) Continue to flush any draining tracts using curved tip syringe with betadine solution and Koppertox application after feet are cleaned.  
2.) RX: (MS) (TMD)
- 15.May    No New abscesses in the last week  
PE: Nailbed granulating in and beginning to harden. No discharge seen at exam. Gait normal.  
R/O: Abcessation on nailbeds.  
Plan:  
1.) Continue to flush any draining tracts using curved tip syringe with betadine solution and koppertox application after feet are cleaned.  
2.) Hold on AB's unless any new abscess occur. (MS) (TMD)
- 19.May    No New abscess in the last week  
PE: Nailbeds on left front and rear feet granulating in and beginning to harden. No discharge seen at exam. Healthy appearing granulation tissue still present on right front and left nailbeds which are still sensitive to touch. Gait normal.  
R/O: Abcessation of nailbeds  
Plan:  
1.) Continue to flush any draining tracts using curved tip syringe with betadine solution and koppertox application after feet are cleaned.  
2.) Hold on AB's unless any new abscess occurs. (MS) (TMD)
- 19.Jun    Right rear and left front toenail still soft at bottom. New nailbed coming down looks healthy. No new lesions. Pressure sore on left side of face is open.  
Plan: Apply SSD to face. (MS) (TMD)
- 26.Jun    Right rear and left front toenail static. (MS) (TMD)
- 3.Jul    Recheck nailbeds: nailbeds are not draining and appear to be filling in well. (MS) (TMD)
- 30.Oct    Recheck feet. no new lesions. left front and right rear nailbeds are healing in. (MSS)
- 13.Nov    Footwork done to trim overgrown nail on left front. Soft spot on sole, reach underlying tissue. No evidence of infection or f.b.

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Medical History Report - Summary for Individual Specimen  
BUTTONWOOD PARK ZOO

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ELEPHAS MAXIMUS (no subsp)      Sex: Female      Acc. #: 5
Asiatic elephant                Age: 51Y 11M 17D   Birth: 29.Oct.1958
Name: RUTH
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.....2008....

- 10.Apr discussed.  
Tracts continue to be flushed with betadyne using a curved tip syringe.  
PE: No discharge seen at exam. Tissue where nailbed on left rear foot was trimmed is still soft. No discharge seen on exam. Nailbed is separating at the top on the left front foot. No discharge noted at this time.  
Trunk Wash results: Mycobacterium Tuberculosis: Negative  
R/O: Abcessation of nailbeds.  
Plan: 1.) OK regular exercise in yard.  
2.) Continue to encourage flexion and extension of left front ankle  
3.) DC Betadyne foot soaks of all four feet  
4.) Continue to flush any draining tracts using curved tip syringe with betadine solution  
5.) Continue SMZ 98 tablets BID for 7 more days. (MSS)
- 17.Apr SMZ Complete. Keepers opened pocket of fecal material behind digit V on left front foot.  
Tracts continue to be flushed with betadine using a curved tip syringe.  
PE: No discharge seen at exam. Gait normal.  
R/O: Abcessation of nailbeds.  
Plan: Continue to flush any draining tracts using curved tip syringe with betadine solution and koppertox application after feet are cleaned. (MS) (TMD)
- 24.Apr Tissue behind nailbeds is beginnning to harden-up. Healthy tissue present when soft tissue is trimmed back.  
PE: No discharge seen at exam. Gait normal  
R/O: Abcessation of nailbeds.  
Plan: Continue flush any draining tracts using curved tip syringe with betadine solution and koppertox application after feet are cleaned. (MS) (TMD)
- 1.May Nail on right rear is loose. bill to trim tomorrow.  
PE: No discharge seen at exam. Gait is normal.  
R/O: Abcessation of nailbeds.  
Plan: Continue to flush any draining tracts using curved tip syringe with betadine solution and koppertox application after feet are cleaned. (MS) (TMD)
- 8.May Bill trimmed nails back to healthy granulation tissue last week.  
PE: No discharge seen at exam. Gait normal. Broken upper right molar.  
Culture returned a single organism of Serratia Marcescens, which is a common soil inhabitant. It is resistant to SMZ and serval other



Medical History Report - Summary for Individual Specimen  
BUTTERNWOOD PARK ZOO

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ELEPHAS MAXIMUS (no subsp)  
Asiatic elephant  
Name: RUTH

Sex: Female                      Acc. #: 5  
Age: 51Y 11M 17D      Birth: 29.Oct.1958

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.....2008....

27.Mar material.

PE: Soft tissue in area of previous draining tract is soft and pink. No discharge seen at exam. tissue appears to extend inward towards center of foot. Unable to determine depth of tract. Left front foot swelling is improved. Soft area on bottom of foot behind nail on digit IV is sensitive to touch.

R/O: Abscessation of nailbeds

Plan:

- 1.) Ok to go out during cleaning and a couple of hours light exercise outside per day.
- 2.) Encourage flexion and extension of left front ankle
- 3.) Continue betadine foot soaks of all four feet SID-BID for 7 days. Also flush any draining tracts using curved tip syringe.
- 4.) Apply warm towel to left carpus during foot soaks.
- 5.) Contact Dr. Sims if swelling recurs, gait worsens, evidence of drainage occurs in left front foot or appetite decreases. If this occurs, consider SMZ (800mg/tab) 98 tablets PO BID x 7days. (MS) (TMD)

3.Apr Keepers have been doing betadine foot soaks 10 minutes SID-BID plus flushes of tracts. tracts behind nailbed on Digit IV of left rear have not produced any further caseous material this week, however there are several areas of communication with original tract which remains patent and are able to be flushed with betadine.

PE: No discharge seen at exam. Tissue where nailbed on left rear foot was trimmed is still soft. no discharge seen on exam. Left front foot swelling around carpus is improved. Area above the nailbeds between digit II and IV is sensitive and slightly warm to touch. Lameness on left front is resolved. ROM in left carpus is improved.

R/O: Abscessation of nailbeds.

Plan:

- 1.) ok regular exercise in yard.
- 2.) Continue to encourage flexion and extension of left front ankle.
- 3.) DC betadine foot soaks of all four feet.
- 4.) Continue to flush any draining tracts using curved tip syringe with betadine solution.
- 5.) Start SMZ if any purulent material recurs from nailbeds. (MS) (TMD)

5.Apr Rx: SULFAMETHOXAZOLE/TRIMETHOPRIM (5:1) mg PO BID for 7 days.  
Give 98 tablets twice a day x 7 days.

Rx: SULFAMETHOXAZOLE/TRIMETHOPRIM (5:1) mg PO BID for 7 days. (MS)

10.Apr Keepers noted eruption of abscess on left front foot behind nailbed on digit IV on Saturday. Advised to start SMZ PO BID as previously

Medical History Report - Summary for Individual Specimen  
BUTTONWOOD PARK ZOO

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ELEPHAS MAXIMUS (no subsp)          Scx: Female          Acc. #: 5
Asiatic elephant                    Age: 51Y 11M 17D      Birth: 29.Oct.1958
Name: RUTH
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.....2008....

- 18.Mar dependant situation. The soft spot on the sole of the foot does not feel warm to the touch.  
Blood was drawn for CBC, Profile  
DDx: Sole bruise, sole abscess, arthritis, "soft tissue injury"  
Plan:  
1.) Submit blood for CBC, Profile  
2.) 3.5gm phenylbutazone, once. further doses PRN on Dr. Sims recommendation and evaluation of biochemistry panel. Staff instructed to report any changes in appetite or fecal consistency to veterinary staff.  
3.) Keepers to avoid any footwork on left front foot until limp has resolved.  
4.) Perform light active PT by having animal stand on uneven surfaces until she is willing to bend the carpus. PT should be guided by Dr. Sims.  
5.) Soak in warm Epson salts today, and with further treatments based on Dr. Sims recommendation.  
6.) Monitor for improvement. if improvement not seen, consider radiographs and/or thermography. (MM) (TMD)
- 20.Mar Keepers reported swollen left front leg with prominent blood vessel on 3/18/08. Dr. McBride attended and Rx's bute. See Dr. McBride's notes.  
This morning carpus was visibly swollen. Examination of bottom of foot revealed some flexibility in the sole near one of the cracks in the sole, but no evidence of any discharge. Left rear nail bed contains a draining tract. All feet have some amount of flexibility if various areas of the sole. In PM, swelling around left front carpus was significantly reduced. gait is normalizing.  
CBC/Chem NSF.  
Plan:  
1.) Continue bute tablets SID for two more days.  
2.) Continue to restrict to inside holding on mats. Ok to go out during cleaning.  
3.) Encourage flexion and extension of left front ankle.  
4.) Start betadine foot soaks of all four feet SID-BID for 7 days. Also flush draining tract using curved tip syringe.  
5.) Apply warm towel to left carpus during foot soaks.  
6.) Contact Dr. Sims if swelling recurs, gait worsens, evidence of drainage occurs in left front foot, or appetite decreases. if this occurs, consider SMZ (800mg/tab) 98 tablets PO BID x 7 days. (MS) (TMD)
- 27.Mar Recheck foot:  
Draining tract erupted on left rear foot digit IV. Keepers trimmed out nail overlying tract and cleaned large amount of caseous



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BUTTONWOOD PARK ZOO

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<i>ELEPHAS MAXIMUS</i> (no subsp)	Sex: Female	Acc. #: 5
Asiatic elephant	Age: 51Y 11M 17D	Birth: 29.Oct.1958
Name: RUTH		

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.....2008....

- 7.Feb Plan:
- 1.) vaccinated with 2ml Rabies right rear gluteal. 2 ml tetanus/E and W encephalitis right front triceps area.
  - 2.) Continue powerwashing and trimming nailbed as needed. (MS) (TMD)
- 14.Feb Recheck toes: toe on left rear foot looks good. Tissue grgranulating in and hardening. Does not appear sensitive to touch. (MS) (TMD)
- 21.Feb Recheck toes: Toes continue to heal. Cracks on bottom of feet are being trimmed out. (MS) (TMD)
- 6.Mar Recheck toes; Toes continue to heal. Cracks on bottom of feet are beding trimmed out. (MS) (TMD)
- 18.Mar HX: Called by keeper staff for a sudden onset of lameness of the left front leg. Staff also noted a large prominent vein on the lateral aspect of the leg.
- I arrived 45 minutes later. keepers report normal appetite and stools. She is reluctant to allow anyone to touch the leg but otherwise is acting normally. keepers have performed some routine foot care in the past few days. Keepers did some painted elephant footprints today, but skipped the left front leg.
- Animal is BAR and out on exhibit exploring a log normally. When walking, the animal is gradeII/V lame. She drags the foot early in a forward step, and then swings it laterally to bring the leg forward and avoids bending it. The remainder of her gait is normal. She is willing to walk with minimal encouragement.
- Once inside, the leg was plapated while she was standing. She was reluctant to allow anyone to touch any part of the leg but deeper palpation did not seem to be uncomfortable. Leg and foot were slightly warm to the touch but no hot areas could be localized along the length of the leg or around the toes. The lateral vessel was prominent, but could be collapsed with digital pressure.
- The elephant was placed in right lateral recumbency (through training) and as soon as the leg was elevated, the carpus and elbow immediately relaxed and flexed in a normal position. After 1 minute of lateral recumbency, the lateral vessel was no longer as prominent.
- The staff cleaned the bottom of the foot with water. Palpation revealed a soft spot in the sole slightly medial of the center of the foot. There was an old crack from the medial toe to the soft spot. No discharge could be elicited from the crack or the soft spot. keeper staff reports they did not perform any footwork in this soft area or along the crack.
- Flexion and extension of the carpus seemed painful. Flexion and extension of the elbow did not elicit any obvious pain. Palpation of the foot and leg revealed no heat now that the leg was not in a



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BUTTONWOOD PARK ZOO

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<i>ELEPHAS MAXIMUS</i> (no subsp)	Sex: Female	Acc. #: 5
Asiatic elephant	Age: 51Y 11M 17D	Birth: 29.Oct.1958
Name: RUTH		

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.....2007....

- 18.Nov Fecal test sent to antech.  
Negative for ova and parasite (including Giardia)  
Occult Fecal Blood- Negative  
Tail continues to heal well. (SCM)
- 23.Nov Blood observed in stool one time last week. No report of blood since then.  
Fecal negative. Fecal occult blood negative.  
Plan: Monitor for recurrence. (MS) (TMD)
- 28.Dec Keepers reported abnormal fold of gingiva next to right upper molar. Elephant is eating normally.  
PE: appears to be an irregular area where the gingival is raised and then invaginates next to the right upper molar. Unable to visualize any foreign material. No reddening or irritation apparent.  
Plan: Monitor for changes in size or morphology, difficulty chewing, discharge, etc. Keep clean. (MS) (TMD)

...2008...

- 21.Jan Parasitology examination: (ROUTINE EXAMINATION) Fecal sample.  
NO PARASITES SEEN
- 29.Jan Trunk Wash:  
1st trunk wash completed today for TB testing. (MS) (TMD)
- 30.Jan Trunk Wash:  
2nd trunk wash completed today for TB testing. (MS) (TMD)
- 31.Jan 3rd trunk wash completed today for TB testing. Blood also taken for CBC/Chem and TB serology.  
Plan: PE's and vaccines next week. (MS) (TMD)
- 3.Feb Digit IV on left rear foot nail is separating from nailbed. No discharge seen. Area is sensitive to touch.  
Plan:  
1.) Power wash and soak in vinegar BID.  
2.) Digital photos to monitor progression.  
3.) Recheck on Thursday. (MS) (TMD)
- 7.Feb Keepers are powerwashing left rear foot daily. WLS trimmed top of nail back.  
PE: EENT: small white scar approx 1-2mm in diameter in center of cornea OD. M/S/I: Digit IV on left rear foot nail is separating from nailbed. No discharge seen. Healthy granulation tissue is forming. Area is no longer sensitive to touch. Pressure sore on left side of face and hip.  
Bloodwork: Persistent elevated amylase. All else NSF.  
TB serology negative. Trunk wash pending.

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Sex: Female                      Acc. #: 5  
Age: 51Y 11M 17D              Birth: 29.Oct.1958

3. Jun	pH: 8.5	Casts/lpf: none
	Blood: neg	Crystals: none
	Ketones: neg	
	Bilirubin: neg	
	Glucose: neg	Epithelial cells: Few
		Mucus: none

6.Jun Results: UA - WNL. Culture still pending. (MM)

20.Sep Keeper observed pus rostral to left upper molar.  
PE: large white area ~2cm x 2cm rostral to upper molar. Right molars NSF.  
R/O: Tooth abscess, foreign body, other.  
Plan: Keepers to attempt digital manipulation to express pustule/remove any obvious foreign material. Start flushing with powerwash and then follow with dilute novalsan.  
May add oral antibiotics if necessary. (MS) (TMD)

27.Sep Tooth abscess  
Keepers have been powerwashing and some debris was removed.  
Recheck: White area cranial to left upper molar resolving. Right molars N3F.  
Plan: Rinse with H2O daily and monitor. Consider adding topical or oral AB's if necessary. (MS) (TMD)

PE: area in front of left upper molar appears improved. (MS) (TMD)

25.Oct Prolapse of rectum or hemorrhoids of hind upper anal appears improved. (MS) (TMD)  
Interdigital lesion between digits III and IV on left front foot.  
Plan: WLS trimmed necrotic tissue out. Keepers will begin daily  
foot soaks in vinegar or epon salts. Watch for secondary  
infection. Recheck next week. (MS) (TMD)

Interdigital lesion between digits III and IV on left front foot is improving with regular trimming and soaks.  
Plan: Watch for secondary infection. Recheck next week. (MS) (TMD)

8.Nov Recheck foot:  
Improving. (MS) (TMD)

18.Nov Parasitology examination: (ROUTINE EXAMINATION) Fecal sample.  
NO PARASITES SEEN

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Medical History Report - Summary for Individual Specimen  
BUTTONWOOD PARK ZOO

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ELEPHAS MAXIMUS (no subsp)	Sex: Female	Acc. #: 5
Asiatic elephant	Age: 51Y 11M 17D	Birth: 29.Oct.1958
Name: RUTH		

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.....2007....

17.Jan to rotate yet, look normal. Trunk-Unchanged from previous exams.  
Chest-WNL. Abd-normal GI sounds. Skin-WNL except for cheek and hip  
which show moderate pressure sores that the keepers report are  
resolving with vit E/mineral oil. Feet-No current lesions. Tail-WNL  
Body condition - Slim, not too thin. (MM)

18.Jan Purpose/Problem: Routine vaccination.  
Vaccination: RABIES VACCINE (KILLED) 2.0ml IM SID  
                  ENCEPHALOMYELITIS EWV/TETANUS TOXOI 2.0ml IM SID  
Proc: Routine TB testing, EEE, Rabies  
Restraint: Training  
Instilled 60 ml LRS into trunk, expelled into bag.  
Admin EEE/WEE/Tetanus in Front right  
Admin Rabies in Rear right  
Rx: RABIES VACCINE (KILLED) 2.0 ml IM SID for 1 dose. (12507A)  
Rx: ENCEPHALOMYELITIS EWV/TETANUS TOXOI 2.0 ml IM SID for 1 dose.  
(1683100B) (MM)

1.Apr PROBLEM: bite wound - tail (resolved)

1.Jun Parasitology examination: (ROUTINE EXAMINATION) Fecal sample.  
NO PARASITES SEEN

2.Jun Rx: MICONAZOLE NITRATE mg topically SID for 7 days.  
Topical treatment: Apply to  
Tradename of drug used is CONOFITE CREAM 2%.

Rx: MICONAZOLE NITRATE mg topically SID for 7 days. (MM)

3.Jun Submitted midstream catch urinalysis and culture/MIC  
                  <<< Urinalysis >>>

Laboratory:	[X] Antech	Sample Accession #:	
	[ ] Idexx n	Date collected:	6/3/2007
	[ ] Buttonwood Zoo	Date received:	6/3/2007
	[ ] In-house	Analysis by:	
Sample collection:		Sample storage:	
	[ ] floor		[ ] room temperature
	[X] mid-stream		[X] refrigerated
	[ ] catheter		[ ] frozen
	[ ] cystocentesis		
Color:	Yellow	Appearance:	[ ] clear
USG:	1.021		[ ] hazy / slightly cloudy
Leukocytes:			[X] cloudy / turbid
Nitrite:		RBC/hpf:	0-3
Urobilinogen:		WBC/hpf:	4-10
Protein:	neg	Bacteria/hpf:	none

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BUTTONWOOD PARK ZOO

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=====

ELEPHAS MAXIMUS (no subsp)  
Asiatic elephant  
Name: RUTH

Sex: Female                      Acc. #: 5  
Age: 51Y 11M 17D      Birth: 29.Oct.1958

=====

.....2006....

Continued improvement. Open sore is 7/8 inch along longest dimension.

Checked feet - front feet are well maintained, but keepers need to work on rear feet pads and nails.

Plan:

1) Continue treatment plan (MM)

4.Oct Observation: Small center of granulation tissue surround by thick scab. Continues to improve. Suspect eventually scab will fall off and allow area to completely epithelialize over.

Plan: Continue topical treatment (CC)

11.Oct Recheck: tail

Tail continues to granulate well. Open wound now 7/16 of an inch along the longest diameter.

Plan: Continue topical treatment. (MM)

18.Oct Recheck tail.

Continues to granulate in well.

Plan: Continue topical treatment. (MM)

25.Oct Rechecked tail. Area continues to granulated in.

Plan: Continue to cleanse with Nolvalsan solution and apply topical antibiotics. (CC)

8.Nov Recheck tail: Healing well. No pocket at this time.  
Continue with plan. (MM)

13.Dec Comment: The size of the scab at the tail tip continues to shrink. It is now approximately 1.5 cm.

Plan: Continue daily topical treatment. (CC)

.....2007....

9.Jan

Weight: 3176 Kg ( 7002 Lb)

16.Jan Proc: Routine TB testing.

60 mls Saline injected via red rubber tube up trunk, and expelled into clean ziplock bag. (MM)

17.Jan Blood sample: (EDTA) Hematology/Chemistry/Serology results.

WBC:10.30 \*10<sup>3</sup>/UL; HCT: 32.9%; BUN:14 MG/DL;

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

Proc: Routine TB testing, Routine Examination

Restraint: Training

Trunk wash performed first. Blood drawn from left ear.

PE: BAR. Eyes-OS-WNL, OD-central corneal scar from previous fungal infection. Ears-WNL. Nares-WNL. Oral exam- teeth have not started

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BUTTONWOOD PARK ZOO

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ELEPHAS MAXIMUS (no subsp)  
Asiatic elephant  
Name: RUTH

Sex: Female                      Acc. #: 5  
Age: 51Y 11M 17D      Birth: 29.Oct.1958

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.....2006....

Plan: 1. More aggressive debridement using ultrasound  
2. Baytril Otic applied BID  
3. CBC & Chemistry (CC) (SJC)

19.Jul Purpose/Problem: bite wound - tail

Rx: BAYTRIL OTIC SUSPENSION 6ml PO BID for 7 days. (.002 ml/kg)

Rx: BAYTRIL INJECTION 6 ml PO BID for 7 days. (CC)

Recheck and debride tail- multiple necrotic areas & mucopurulent discharge significantly less- good granulation bed.

Flushed area w/ dilute Nolvasan

Removed a fair amount of necrotic tissue

Applied Baytril Otic w/ SSD and Furacin Ointment

P: 1. Continue flushing w/ dilute Nolvasan BID

2. Weekly debridement

3. Apply Baytril Otic & Nitrofurazone BID to affected area after flushing. (CC) (SJC)

20.Jul Purpose/Problem: bite wound - tail

Rx: NITROFURAZONE DRESSING 0.2% 6ml topically BID for 10 days. (.002 ml/kg)

Topical treatment: Apply to affected area of tail.

Rx: NITROFURAZONE DRESSING 0.2% 6 ml topically BID for 10 days. (CC)

26.Jul CBC/Chem-NSF

Recheck & Debrided Tail

Necrotic tissue covering well established granulation tissue. No mucopurulent discharge evident.

P: 1. Scrape away necrotic tissue

2. Flushed w/ dilut Nolvasan sol.

3. Continue Baytril Otic & Nitrofurazone BID fter flushing w/ Nolvasan Sol. (CC) (SJC)

2.Aug Proc: Recheck tail.

Tail is granulating in well. The deep pocket originally that originally existed is nearly completely filled in now. There is still moderate purulent material coming out of the caudal aspect of the tail but no pockets could be located. Caudal tail has good blood supply.

Plan: 1. Continue Baytril Otic and nitrofurans ointment BID

2. Keepers to stop using cotton tipped applicators and use soft surgical scrub brushes soaked in nolvasan 10 minutes prior to use.

3. Keepers not to enter remainder of pocket with any instrument or flush. Try to get that to close up.

4. If not improving in 2 weeks consider collagen matrix or silver screen. (MM) (SJC)

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ELEPHAS MAXIMUS (no subsp)  
Asiatic elephant  
Name: RUTH

Sex: Female                      Acc. #: 5  
Age: 51Y 11M 17D      Birth: 29.Oct.1958

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.....2006....

10.Aug Proc: Recheck tail

Exam: Tail is much improved from last visit. the pocket within the granulation bed has completely closed up leaving a good granulation bed of tissue. The skin is also starting to turn around from the lateral sides to the caudal edge to begin to close over wound. No pockets of material could be located. Minimal infection present at this time.

Plan:

- 1) Stop Baytril otic.
- 2) Using only the soft scrub brush, lightly brush off the worst of the debris.
- 3) Using the sponge on the scrub brush, soak the tip of the tail in nolvasan solution for approx 10 sec., repeat 1-2 times.
- 4) Apply nitrofurazone cream, be sure to include the lateral surfaces of the tail and the scab on the right side of the tail that should be coming off soon. (MM) (SJC)

16.Aug Procedure: Re-check tail

Exam: Superficial purulent material noted and removed. Debrided down to healthy granulation bed and disinfected area. Applied Nitrofurazone cream topically.

Plan: Keeper to resume application of Baytril otic to tail once per day. (MPM)

23.Aug Procedure: Re-check tail

Observations: Cleaned and lightly debrided wound. Wound healing well - edges closing in and healthy bed of granulation tissue formed. Minimal d/c noted. Applied Gentocin otic and Nitrofurazone.

Plan: Continue to apply Gentocin otic and Nitrofurazone daily after cleaning wound. (MC)

30.Aug Recheck tail

Lesion is closing over the end. Approx 30% coverage today.

Plan:

- 1) Continue treatment with baytril otic
- 2) OK to substitute A/D cream in place of nitrofurazone cream
- 3) Recheck in 7 days. (MC)

14.Sep Recheck: Tail continues to improve. Some mild bleeding noted in granulation bed after cleansing.

Plan: Continue cleansing and topical baytril otic and either nitrofurazone or A/D cream. (CC)

20.Sep Recheck tail:

Tail continues to improve. No changes to treatment. Keepers to continue to clean and add topical baytril otic/nitrofurazone cream. (MM)

7.Sep Recheck tail

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BUTTONWOOD PARK ZOO

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*ELEPHAS MAXIMUS* (no subsp)  
Asiatic elephant  
Name: RUTH

Sex: Female                      Acc. #: 5  
Age: 51Y 11M 17D              Birth: 29.Oct.1958

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.....2006....

- 14.Jun Lidocaine local (2% 10-15cc) w/ tourniquet  
Amputated caudal vestibul body  
Closed SQ and SC w/ multiple 00 PDS  
SIP- 4 layers  
Closed skin w/ 000 nylon SIP  
Place light pressure wrap.  
Plan 100mg TMS PO SID for 7 days.  
Bandage removed after 24 hours  
Monitor for seroma, infx, etc. (MCR) (SJC)
- 16.Jun Bandage removed from tail. Healing ok. No swelling, drainage or  
signs of infection. (SCM) (SJC)
- 18.Jun Recheck of tail- no signs of infection, drainage or swelling. (MCR)
- 18.Jun (SJC)
- 21.Jun Recheck tail- Healing well. No signs of infection, Antibiotics  
completed  
Suture removal in 7 days. (MCR) (SJC)
- 28.Jun S/R- tail looks good. (MCR) (SJC)
- 5.Jul Hx: 2 week post surgery sutures removed. The skin covering the tip  
of the tail dehisced and began exuding a mucopurulent discharge.  
Observation: Tip of tail's suture dehisced exposing normal  
granulation bed beneath a layer of mucopurulent discharge.  
Tx: Area was flushed and necrotic tissue was gently debrided using  
Q-tips. A thick coat of nitrofurazone ointment was applied.  
Plan: 1. Anaerobic and aerobic C&S of discharge submitted  
2. Flush area with dilute nolvasan solution BID and remove  
necrotic tissue and discharge with Q-tips.  
3. Apply nitrofurazone ointment after flushing. (CC) (SJC)
- 10.Jul Purpose/Problem: bite wound - tail  
Rx: NITROFURAZONE DRESSING 0.2% 6ml topically BID for 10 days. (.002  
ml/kg)  
Topical treatment: Apply to affected area of tail.  
Rx: NITROFURAZONE DRESSING 0.2% 6 ml topically BID for 10 days.  
(CC)  
C & S of tail lesion  
Isolated E. Coli, Enterobacter cloacae, and Beta Hemolytic Strep  
No anaerobic organisms isolated.  
Sensitive to Baytril (CC) (SJC)
- 13.Jul Blood sample: (EDTA) Hematology/Chemistry/Serology results.  
WBC:10.10 \*10<sup>3</sup>/UL; HCT: 48.0%; BUN:12 MG/DL;  
Tail Recheck  
Observation: Necrotic debris accumulating over healthy granuletic  
bed.  
Area flushed & superficial debridement w/ Q-tips

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BUTTONWOOD PARK ZOO

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ELEPHAS MAXIMUS (no subsp)  
Asiatic elephant  
Name: RUTH

Sex: Female                      Acc. #: 5  
Age: 51Y 11M 17D      Birth: 29.Oct.1958

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.....2006...

- 19.Jan    right rear hip. (SJC)
- 31.Jan    Keepers to continue to treat resolving foot cracks on left front  
         foot- 3rd nail. Area opened and necrotic tissue trimmed. (SJC)
- 1.Feb    Recheck feet  
         Summary  
         Left foot- nail #4- old healing abcess  
         Nail #3- new sub-inguinal necrotic area- keepers cleaned out and  
         widened opening- applying Koppertox, Bluekote and doing cider  
         vinegar soaks on foot  
         Nail#2- improving (MCR) (SJC)
- 8.Feb    Recheck- foot looks better- continue w/ topical treatment  
         Clean, flush and apply Koppertox (MCR) (SJC)
- 14.Feb    West Nile Virus titers came back negative 1:20 (SJC)
- 3.Apr    Keepers report during routine footwork, found area on left front  
         foot- cuticle over 3rd digit trimmed back to reveal tracking  
         necrosis under the nail- opened up and treated w/ Koppertox. (SJC)
- 12.Apr    Recheck foot- See chart  
         CWCT (MCR) (SJC)
- 21.Apr    Digital radiographs taken on all four feet. (SJC)
- 1.May    PROBLEM: abscess - right front foot (resolved)  
         Discussion with elephant staff during EMC about nutritional/medical  
         management of aging elephants. Keepers requested elephants receive  
         glycoflex supplement to promote joint and health. Research on  
         efficacy of supplement inconclusive, but supplement will not impact  
         health negatively. Both elephants to begin receiving supplement-  
         glycoflex added to food daily. Recommend continuing with current  
         exercise routine and practice of walking elephants in park and  
         wooded areas for additional mental and physical stimulation. (MCR)  
         (SJC)
- 3.May    Radiographs reviewed by MCR. Some concerns over Left front foot and  
         current infection. Monitor to make sure does not reach/affect  
         bone. (TMD) (SJC)
- 17.May    Recheck left foot see 4/12 diagram- healing well (MCR) (SJC)
- 14.Jun    PROBLEM: surgical procedure - tail  
         bite wound - tail (onset)  
         Purpose/Problem: abscess - right front foot; surgical procedure - tail  
         Rx: SULFATRIM-DS 76880mg PO SID for 7 days. (26.08 mg/kg)  
         Rx: SULFATRIM-DS 76880 mg PO SID for 7 days. (MCR)  
         Hx: Other elephant bit 5" of distal tail off.  
         PE: BAR Tail bleeding w/ exposed tendons.

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BUTTONWOOD PARK ZOO

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ELEPHAS MAXIMUS (no subsp)  
Asiatic elephant  
Name: RUTH

Sex: Female                      Acc. #: 5  
Age: 51Y 11M 17D              Birth: 29.Oct.1958

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.....2005....

- 5.Nov    Keepers report some necrotic tissue uncovered during routine foot work on left front foot- 5th digit. Area debrided and cleaned- Koppertox applied. (SJC)
- 9.Nov    LF Digit- nail #4 abscess/infection medial to nail w/ potential draining tract  
Exposed tissue and nail cut away  
Keepers debriding and treating w/ Koppertox SID UFN (MCR) (SJC)
- 20.Dec    Keepers report elephant has small abscess on right front foot-pad/nail. Cleaned and debrided area- no signs of infection. Top be treated topically with Koppertox and Bluekote (SJC)
- 28.Dec    PROBLEM: abscess - right front foot (onset)  
Hx: 3 days ago keepers discovered an abscess filled w/ necrotic, purulent tissue (RF). No lameness, animal BAR eating/drinking  
Probed w/ file and finger 2x2cm neck, very tender, exposed tissue vascular, mild d/c. Can't appreciate deeper infx.  
AP: Gram neg abscess- draining, keepers to keep open and tx topically w/ cleanser and Koppertox.  
Recheck weekly (MCR) (SJC)

.....2006....

- 6.Jan    Recheck foot  
No signs of infection  
Less pain present  
Tissue granulating in  
CWCT- recheck weekly (MCR) (SJC)
- 16.Jan    PROBLEM: tuberculosis screening  
Trunk Wash #1 (MCR) (SJC)
- 17.Jan    PROBLEM: tuberculosis screening  
Trunk Wash #2  
Blood drawn for CBC & Profile, WNV titer and Vit E (MCR) (SJC)
- 18.Jan    PROBLEM: annual examination  
tuberculosis screening  
vaccination  
Parasitology examination: (ROUTINE EXAMINATION) Fecal sample.  
NO PARASITES SEEN  
Trunk Wash #3  
PE: Feet OK, lesion on LF is healing. Old wound still present on dorsal surface of soft palate- not active  
AP: No current problems  
2cc Rabies  
2cc EEE/WEE/Tet IM (MCR) (SJC)
- 9.Jan    Keeper reports some minor swelling at vaccination injection site-

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BUTTONWOOD PARK ZOO

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ELEPHAS MAXIMUS (no subsp)           Sex: Female           Acc. #: 5
Asiatic elephant                     Age: 51Y 11M 17D      Birth: 29.Oct.1958
Name: RUTH
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.....2005....

17.Jan PROBLEM: annual examination  
          tuberculin testing (onset)  
          Annual PE and 1st trunk wash sample taken.  
          Blood drawn for CBC and profile (SJC)

18.Jan 2nd Trunk Wash. (TMD)

19.Jan PROBLEM: tuberculin testing (resolved)  
          3rd trunk wash. TB Trunk was samples sent out to the lab. (SJC)

4.Feb PROBLEM: vaccination  
          Vaccinated for WEE, EEE and Tetanus in right rear leg (SJC)

5.Feb Elephant showing no adverse signs from vaccination. Temp in am 98.6

5.Feb (SJC)

27.Feb Keepers report some pus draining from old buccal lesion on roof of  
          mouth. No swelling or inflammation, area is not sensistive to the  
          touch. Animal BAR, eating and drinking, behavior normal. Keepers  
          flushed area w/ dilute nolvasan and wiull monitor over next few  
          days. (SJC)

11.May Keepers report a small lump just below right eye- checked by vet-  
          cyst, recommends hot pack be applied twice a day. (SJC)

16.May Recheck: Cyst onver nasal puncta OD ruptured? Has raised, ulcerated  
          appeareance. To be monitoreed. (MCR)

18.May Rx: SULFADIAZINE 3ml topically BID for 36 days. (.001 ml/kg)  
          Topical treatment: Apply to cyst on right eye, and head sores  
          Originally prescribed until further notice.  
          Discontinued on 22.Jun.2005

          Rx: SULFADIAZINE 3 ml topically BID until further notice. (MCR)  
          Eye rechecked- vet recommends recheck after 2 week treatment of hot  
          packing and application of SSD cream. (SJC)

29.May Keepers report elephant is stiff on right front leg. Stiffness  
          lessened after morning exercise routine. keepers to monitor over  
          next few days. (SJC)

1.Jun Purpose/Problem: Atiinflammatory  
          Rx: DIMETHYL SULFOXIDE 4500.0mg topically BID for 7 days.  
          Topical treatment: Apply to affected area on right front leg  
          Recheck of eye- looks improved- vet would like to continue w/  
          medication (SJC)

22.Jun Recheck of left eye and front leg. (TMD)  
          -Eye less infected. D/C ab and observe (MCR) (SJC)

5.Aug Small "lump" left frontal area- no drainage  
          R/O hook abscess, trauma (during walks through woods)/insect bite  
          P: Watch (MCR) (SJC)

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