Patient History

Case 1:03-cv-02006-EGS Document 69-26 Filed 06/09/06 Page 1 of 6 January 22, 2004

Owner

ID#: 1

Ref'd by

Blue Unit 132

Feld Entertainment, Inc.

Name:

Zina

Species:

Elephant-Asian

Breed:

Elephas maximus

Sex:

Fem

Grey

Weight:

6,850.0 Lbs

Age:

43 yrs & 1 mo DOB: 01/01/61

Color:

Tag num:

Chip ID #: 031*123*381

Patient ID: 70

File #: 22

Last visit: 7/29/2003

Due Date

Reminder

File #: 1

Date

Diagnosis

Date

Treatment

11/5/2003 - Exam-Elephant Physical: HX - Routine exam. Currently on medications for arthritis in left

PE - BAR. Significant trunk paralysis. Mild papilloma type changes to the vulva.

All feet/nails normal.

A: Normal examination with the same chronic problems noted again.

(RI)

7/24/2003 - Shockwave Therapy: 5000 pulses L stifle. Divided medial and lateral (WL)

7/24/2003 - Shockwave Therapy: - DUPLICATE ENTRY !!!!!! (WL)

6/26/2003 - Shockwave Therapy: (DeborF)

6/19/2003 - Shockwave Therapy: has been moving OK; 500 pulses to both medial and lateral stifle

(WL)

6/19/2003 - Shockwave Therapy: (DeborF)

6/12/2003 - Shockwave Therapy: 2500 pulses/15 per /4 bars (DeborF)

5/31/2003 - Technician's Notes/Treatment : out of show /improving (DeborF)

5/30/2003 - Technician's Notes/Treatment : out of show /improving (DeborF)

5/29/2003 - Banamine inj. [250ml Bttle] /ml : (50) (50) entered in error - this was given IM (50 mls) on

5-28-03 (WL)

5/29/2003 - Misc. Treatment : Troy M. will continue Banamine 5-29-03 - AM, 30 mls ; PM 20 mls

5-30-03 - AM 20 mls; PM 10 mls

6-01-03 - AM 10 mls

(WL)

FELD 0003219

5/29/2003 - Technician's Notes/Treatment : out of show/ lamness improving (DeborF) Case 1:03-cv-02006-EGS Document 69-26 Filed 06/09/06 Page 2 of 6 5/28/2003 - Exam-Elephant Physical : Lame RH; reluctant to place foot on ground; reluctant to use stifle; (WL) 5/28/2003 - Dexamethazone Na Phos.4mg /ml: (30) (30) (WL) 5/28/2003 - Dexamethazone Na Phos.4mg /ml: (30) (30) - entered in eror - she only received 30 mls Dex once! (WL) 4/17/2003 - Exam-Elephant Physical: Presenting Complaint: Routine Physical Observations: WT - 6783 lb Must glands: Mild, swelling, thick white, discharge can be expressed Feet LF#3 - Old NBA, line on mid nail face LF#5 - Active NBA, two lines on central nail face (RI) 4/3/2003 - ~Vet On Site [Dr. Case] : Dr. Allison Case (AC) 4/3/2003 - Vet On Site SUPER ITEM LIST: 4/2/2003 - ~Vet On Site [Dr. Case] : Dr. Allison Case (AC) 4/2/2003 - Vet On Site SUPER ITEM LIST: 3/14/2003 - ~Vet On Site [Dr. Case] : Dr. Allison Case 3/14/2003 - Vet On Site SUPER ITEM LIST: 3/13/2003 - ~Vet On Site [Dr. Case] : Dr. Allison Case (AC) 3/13/2003 - Vet On Site SUPER ITEM LIST: (AC) 3/13/2003 - ~Vet On Site [Outside Doctor] : ~Vet On Site [Ellen Bronson, Balt Zoo] - (AC)

(AC)

Major Problem List

Notes

3/2/2003 - 6850 Lbs 1972 Smart Circus - Eng.

3/13/2003 - Vet On Site SUPER ITEM LIST:

Medical History

CEC Polk City, FL Elephas maximus Unit: Species: Name: Zina Common Name: Asian Elephant DOB: 1961 Sex: Computer Chip # 031*123*381 Origin: 1971, Billy Smart Circus, England 12/10/98tetanus toxoid 3/1/99 feet trimmed(wal) RF foot is dry and pocket above nail is healing nicely.(gdw) 3/25/99 4/8/99 nail much improved and dry RF.(gdw) HX- Slipped while unloading off a train about 2 months ago. Small laceration on the edge 4/13/99 of right front #5 nail. Observed during walk in, no problems. Possible partial trunk paralysis. (ri) PE-BAR. Dry. Healing well. TX- Routine soaks and dressing.(ri) 5/28/99 WT = 6340#Avid computer chip installed in L ear.(wal) AVID 031*123*381 6/8/99 examine on site in Toledo, OH (wal) 6/10/99 examine on site in State College, PA(wal) 6/17/99 examine on site in Ottawa & Toronto, Ontario, Canada(wal) 6/23-7/10/99 feet trimmed (wal) 7/8/99 7/27/99 examine on site in Dallas, TX (wal) observed during walk out, Kansas City. Foot care: LR#4 small split; LF #5 small crack; 9/12/99 LF #4 hangnail; RF#1 small misshappen nail; RF 4-5 interdigital tissue swollen RF #5, lateral abrasion. Trunk paralysis noted. (ri) examine on site in Grand Rapids, MI (wal) 9/23-24/99 examine on site in Boston, MI (wal) 10/13-16/99 10/20/99 Boston, MA HX - Routine exam. PE - LR #4 has a small, old nail split. RF between #4-5, interdigital tissue mildly swollen. A: Mild foot lesions. P: Currently being treated with trimming.(ri) examine on site in St. Louis, MO (wal) 11/3-4/99 examine on site in winter quarters in Tampa, FL (wal) 11/28-30/99 12/12, 14-15/99 Trunk washes to NVSL, wal 2000 1/3 - 6/2000Tampa on site wal 1/15/00 St. Petersburg, on site wal weight =6590 lbs 1/21/00 1-22-00 on site, Orlando, wal on site Birmingham, wal 1-26, 272-15, 16 on site, Norfolk wal 3/8/00 weight =6434 lbs on site Madison Square Gardens, also walk in(wal) 3/14 -17/00 on site, Madison Square and walk out, (ri) 3/30 - 4/02/00on site Philadelphia, PA (wal) 4/11, - 13/00 Zina, cont. 5/3. 4 & 5/00. on site New Haven, CT (wal)


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5/16 -18/00
                 On site, Hershev PA (wal)
6.2:00
                 WT=6600
6/8 - 10/00
                 On site, Lexington KY(wal)
7/24 - 28/00
                 on site, Anaheim (wal)
8/9 - 8/13/00
                 On site, San Diego (ri)
                 On site, Los Angeles (ri)
8/15/00
8/16,17/00
                 On site, Oakland for walk in (ri)
                 On site, Oakland, also walk out (mf)
8/20/00
8/22 - 25/00
                 On site, San Jose (wal/mf)
                 lower left molar delayed shedding
8/30 - 9/1/00
                 On site, San Francisco (wal/mf)
9/05 - 10/00
                 On site, Sacramento (mf)
9/12 - 15/00
                 On site, Seattle (wal)
                 On site, Chicago (wal)
11/7 - 8/00
11/10/00On site, Chicago (wal)
                 On site, Chicago (cs)
11/14 -15/00
11/17/00TEST: CBC and biochemical profile are normal
                 On site, Chicago (wal)
11/22 -24/00
12/13/00
                 HX – Abnormal lower left molar
                 PE - BAR. Eating, Fair BC. Trunk paralysis, Impacted left lower molar, Superficial
                 corneal defect, centrally in the left eye. Cuticles need trimming.
                 AN – Butrophanol 25 mg and Xylazine 100 mg IV. Produced mild standing sedation.
                 Reversal - Yohimbine 2.5 ml and Naltrexone 25 mg IM
                 SX – Manually removed the impacted tooth.
                 ID - Found AVID Chip behind the left ear
                LB – Blood collected for CBC and Chemistries
                 VC - Rabies (Imrab, Merial, #14017) 2 ml IM right leg
                Tetanus Toxoid (Fort Dodge) 1 ml IM left leg
                A:Resolved tooth problem. (ri)
12/13/00CBC and biochemical profile normal
12/19/00WT= 6838
12/22/00
                FOOT EXAM: Mild overgrowth of all feet.
                EYE EXAM: There is moderate serous discharge from the left eye. The left cornea has a
                 3 mm central focus of brown-white hazy to punctate opacity.
                NOTE: Elephant has partially paralysed trunk. There is a 6 cm superficial scrape on the
                 forehead between the eyes due to another elephant pushing her while loading onto the
                truck.
                 WEIGHT: 6834 lbs.(cs)
12/28/00on site (cs)
12/30.31/00
                 transfer of horses, camels, alpacas and elephants from stock cars to trucks and subsequent
                 unloading of animals from trucks at arena went well. (cs)
2001
1/7-10/01
                 Load-out from Sunrise onto trucks, then onto trains uneventful. Animal walk in Miami
                 next day uneventful.
                 1/10/01 - RADIOGRAPHS: Survey radiographs of digits 2-5, both forefeet. Not yet
                 developed (cs)
                 Unannounced inspection by Fish and Game Inspector. At conclusion of inspection said
1/18/01
                 he overall had no problems today. (cs)
                 Dr. Shilton on site in Columbia, SC
1/25-27/01
2/7-10/01
                 Dr. Shilton on site
2/8/01
                FOOT EXAM: Nails and soles trimmed. Feet look fine. (cs)
Zina, cont.
2/16-20/01
                 On site, All animals look good (wal)
2/23/01
                 WT=6925
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3/21/01	HX: Routine exam
	PE: BAR. Eating. Trunk paralysis. Old, RF #4/5 interdigital swelling. Upper left molar is long and too far rostral. Bilateral corneal focal degeneration.
	A: Mild RF #4/5 interdigitial swelling. The upper left molar is abnormal due to the previous lower left molar problem. No clinical problems noted from this tooth problem.
	(n)
4/12/01	Front right and left feet trimmed
4/12/01 5/3/01	On site (cs) On site (wal)
5/8-10/01	On site in Springfield MO (wal)
5/15/01	On site in Rockford IL (wal)
5/01 5/22/01	ON site everyday Unit was in Madison WI (wal) On site in Madison WI (cs)
5/23/01	routine corneal exam
	In the left eye, there is a 4mm central, brownish, irregular comeal opacity. In the right
	eye, there is a similar spot only smaller, just ventral of the central comea. No evidence of ocular irritation. Currently incidental corneal lesions. (cs)
5/26/01	FR and FL nails and cuticles trimmed
5/27/01	RR and RL nails and cuticles trimmed
6/3/01 6/4/01	FR and FL nails and cuticles trimmed RR and RL nails and cuticles trimmed
6/27-28/01	On site in Pensecola, FL (wal)
7/3/01 7/9-10/01	On site (wal) ON site in Houston TX (wal)
7/17/01	On site in Houston TX (war) On site in Houston TX
	HX – Routine exam.
	PE – BAR. Eating. Trunk paralysis. Upper left molar is too long. Bilateral corneal focal degeneration.
	A: The upper left molar is abnormal due to the previous lower left molar problem.
	No clinical problems noted from this tooth problem. (ri)
7/21-22/01 8/9/01	ON site (wal) On site in Dallas TX (cs)
5. 7. 01	HX: Recheck eye. For several days, there has been moderate serous ocular discharge
	from the left eye and possibly mild conjunctivitis, evidenced by swelling of the lower lid.
	from the left eye and possibly mild conjunctivitis, evidenced by swelling of the lower lid. Has been on treatment with triple antibiotic ointment. The eye has apparently improved
	from the left eye and possibly mild conjunctivitis, evidenced by swelling of the lower lid. Has been on treatment with triple antibiotic ointment. The eye has apparently improved in last few days. EXAM: The central corneal deposits first noted 12/4/00 are still present. Flouriscein
	from the left eye and possibly mild conjunctivitis, evidenced by swelling of the lower lid. Has been on treatment with triple antibiotic ointment. The eye has apparently improved in last few days. EXAM: The central corneal deposits first noted 12/4/00 are still present. Flouriscein negative. Serous ocular discharge may be related to intermittent corneal stromal
	from the left eye and possibly mild conjunctivitis, evidenced by swelling of the lower lid. Has been on treatment with triple antibiotic ointment. The eye has apparently improved in last few days. EXAM: The central corneal deposits first noted 12/4/00 are still present. Flouriscein
	from the left eye and possibly mild conjunctivitis, evidenced by swelling of the lower lid. Has been on treatment with triple antibiotic ointment. The eye has apparently improved in last few days. EXAM: The central corneal deposits first noted 12/4/00 are still present. Flouriscein negative. Serous ocular discharge may be related to intermittent corneal stromal discomfort due to these deposits, as seen in a few other Ringling elephants. Other than thin body condition, this elephant appears healthy. Being fed extra cracked corn and extra protein in the form of soybean meal.
8/23/01	from the left eye and possibly mild conjunctivitis, evidenced by swelling of the lower lid. Has been on treatment with triple antibiotic ointment. The eye has apparently improved in last few days. EXAM: The central corneal deposits first noted 12/4/00 are still present. Flouriscein negative. Serous ocular discharge may be related to intermittent corneal stromal discomfort due to these deposits, as seen in a few other Ringling elephants. Other than thin body condition, this elephant appears healthy. Being fed extra cracked corn and extra protein in the form of soybean meal. TX: Treatment for eye no longer required. Continue to monitor. (cs)
8/23/01	from the left eye and possibly mild conjunctivitis, evidenced by swelling of the lower lid. Has been on treatment with triple antibiotic ointment. The eye has apparently improved in last few days. EXAM: The central corneal deposits first noted 12/4/00 are still present. Flouriscein negative. Serous ocular discharge may be related to intermittent corneal stromal discomfort due to these deposits, as seen in a few other Ringling elephants. Other than thin body condition, this elephant appears healthy. Being fed extra cracked corn and extra protein in the form of soybean meal.
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8/27-28/01	from the left eye and possibly mild conjunctivitis, evidenced by swelling of the lower lid. Has been on treatment with triple antibiotic ointment. The eye has apparently improved in last few days. EXAM: The central corneal deposits first noted 12/4/00 are still present. Flouriscein negative. Serous ocular discharge may be related to intermittent corneal stromal discomfort due to these deposits, as seen in a few other Ringling elephants. Other than thin body condition, this elephant appears healthy. Being fed extra cracked corn and extra protein in the form of soybean meal. TX: Treatment for eye no longer required. Continue to monitor. (cs) HX: Routine exam. PE: BAR. Eating. Trunk paralysis. Bilateral corneal focal degeneration. Chronic, mild tearing from the left eye. Noted early vaginal polyps. A: Mild conjunctivitis left eye (ri) Everything OK On site in Moline IL (wal)
8/27-28/01 9/27-28/01	from the left eye and possibly mild conjunctivitis, evidenced by swelling of the lower lid. Has been on treatment with triple antibiotic ointment. The eye has apparently improved in last few days. EXAM: The central corneal deposits first noted 12/4/00 are still present. Flouriscein negative. Serous ocular discharge may be related to intermittent corneal stromal discomfort due to these deposits, as seen in a few other Ringling elephants. Other than thin body condition, this elephant appears healthy. Being fed extra cracked corn and extra protein in the form of soybean meal. TX: Treatment for eye no longer required. Continue to monitor. (cs) HX: Routine exam. PE: BAR. Eating. Trunk paralysis. Bilateral corneal focal degeneration. Chronic, mild tearing from the left eye. Noted early vaginal polyps. A: Mild conjunctivitis left eye (ri) Everything OK On site in Moline IL (wal) ON site in Buffalo (wal)
8/27-28/01	from the left eye and possibly mild conjunctivitis, evidenced by swelling of the lower lid. Has been on treatment with triple antibiotic ointment. The eye has apparently improved in last few days. EXAM: The central corneal deposits first noted 12/4/00 are still present. Flouriscein negative. Serous ocular discharge may be related to intermittent corneal stromal discomfort due to these deposits, as seen in a few other Ringling elephants. Other than thin body condition, this elephant appears healthy. Being fed extra cracked corn and extra protein in the form of soybean meal. TX: Treatment for eye no longer required. Continue to monitor. (cs) HX: Routine exam. PE: BAR. Eating. Trunk paralysis. Bilateral corneal focal degeneration. Chronic, mild tearing from the left eye. Noted early vaginal polyps. A: Mild conjunctivitis left eye (ri) Everything OK On site in Moline IL (wal)
8/27-28/01 9/27-28/01 10/4-5/01 Zina, cont.	from the left eye and possibly mild conjunctivitis, evidenced by swelling of the lower lid. Has been on treatment with triple antibiotic ointment. The eye has apparently improved in last few days. EXAM: The central corneal deposits first noted 12/4/00 are still present. Flouriscein negative. Serous ocular discharge may be related to intermittent corneal stromal discomfort due to these deposits, as seen in a few other Ringling elephants. Other than thin body condition, this elephant appears healthy. Being fed extra cracked corn and extra protein in the form of soybean meal. TX: Treatment for eye no longer required. Continue to monitor. (cs) HX: Routine exam. PE: BAR. Eating. Trunk paralysis. Bilateral corneal focal degeneration. Chronic, mild tearing from the left eye. Noted early vaginal polyps. A: Mild conjunctivitis left eye (ri) Everything OK On site in Moline IL (wal) ON site in Detroit (wal)
8/27-28/01 9/27-28/01 10/4-5/01	from the left eye and possibly mild conjunctivitis, evidenced by swelling of the lower lid. Has been on treatment with triple antibiotic ointment. The eye has apparently improved in last few days. EXAM: The central corneal deposits first noted 12/4/00 are still present. Flouriscein negative. Serous ocular discharge may be related to intermittent corneal stromal discomfort due to these deposits, as seen in a few other Ringling elephants. Other than thin body condition, this elephant appears healthy. Being fed extra cracked corn and extra protein in the form of soybean meal. TX: Treatment for eye no longer required. Continue to monitor. (cs) HX: Routine exam. PE: BAR. Eating. Trunk paralysis. Bilateral corneal focal degeneration. Chronic, mild tearing from the left eye. Noted early vaginal polyps. A: Mild conjunctivitis left eye (ri) Everything OK On site in Moline IL (wal) ON site in Buffalo (wal) ON site in Detroit (wal)
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EXAM: Intermittent slightly chopy hind leg gait with shortened strides. Trainer notes is
11/1/01
                 worse after laying down of stretching out.
                 TX: Continue Adequan, 20cc (2000mg) IM every 5 days. (cs)
11.2.01
                 ON site (cs)
11/8-9/01
                 On site (cs)
11/25/01
                 Trunk wash - Neg
                 VACC: Tetanus toxoid (Fort Dodge, serial # 277324B, exp. 19Mar.03), 1 cc IM left
                 triceps region. Imrab 3 (serial # 12409, exp. 19Jul.03), 4 cc IM right triceps region.
                 (Used 20 Gauge, 1.5 inch needles inserted to hub). (cs)
11/26/01
                 Trunk wash – Neg (cs)
11/27/01
                 Trunk wash - Neg
                 TESTS: Blood drawn for routine CBC, chemistry panel and serum banking.
                 NOTE: No obvious reactions lameness/swelling) to vaccination for tetanus and rabies two
                 days ago. (cs)
11/30/01
                 TESTS: CBC and Chem panel reveal no significant findings. (cs)
12/1/01
                 Dr. Isaza on site
12/4-6/01
                 Dr. Shilton on site
12/11-13/01
                 Dr. Shilton on site
                 Dr. Shilton on site
12/15/01
12/18/01
                 Dr. Shilton on site
                 Dr. Shilton on site
12/23-26/01
2002
1/3/02
                 Dr. Lindsay on site
1/4/02
                 Dr. Shilton on site
1/5/02
                 Dr. Shilton on site
1/16/02
                 Dr. Lindsay on site
1/17/02
                 Dr. Shilton on site
1/22-23/02
                 Dr. Ed Murray on site (On call vet, In Birmingham AL).
                 Dr. Shilton and Dr. Isaza on site
2.7'02
                 WT = 6800
2/9/02
2/14/02
                 Dr. Isaza on site
2.28/02
                 HX: Mild LH stiffness noted by trainers
                 PE-BAR Good BC Very mild gait abnormality noted LH
                 RX- Adequan 30ml every 14 days
                 A- Possible hip or stifle arthritis (ri)
                 30 x 800 mgm Ibuprofen per rectum for 3 doses
3/13/02
4/7/02
                 HX – Mild lameness in hide legs (LH>RH).
                 TX - Banamine 30 ml IM
                          Currently on ibuprophen
                          Suspect mild arthritis of spine, hips, or stifle (ri)
                 A:
                 HX - Routine exam
8/10/02
    PE - BAR. LF #5 horizontal crack. Pressure sore over left knee area with a focal lesion. Healed wound
    on left upper forehead. Small healing abrasion on left axillary area.
                          Normal Exam except minor skin lesions. Currently being treated. (RI)
8/13/02
                 HX - Tender on left front foot when unloading from train
                          Bottom of foot examined / no foreign bodies found
                          Examined again at barn/a questionable spot was found at the junction of the
                          slipper and skin (MF)
8/14/02
                 HX - Still tender on left front foot
                          More swelling noted back of leg just above slipper/ area tender and hot to
                          touch/T = 98.4
                          Obvious in some discomfort/has started to drain an exuviate from area
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