

Association of Reptilian and Amphibian Veterinarians

Advancing reptilian & amphibian medicine, surgery, & conservation worldwide



ARAV Monthly Herp Blerp

Greetings from the ARAV Technician Liaison

Issue 13, March 2014

Hello my Reptilian and Amphibian shugs,

Sooo, this part of the newsletter has been hijacked to remind ALL of you, yes that means YOU and the person to your left and your right, that the deadline for ARAV submissions is due in April! Have you ever sat through our epic lectures during the conference and thought “WOW! I wish I could do that” or “I could totally do better”?! If so, get yourself to www.arav.org and submit a title and a mini-abstract. You only need a title and 100 words, easy!

Help us makes this conference amazing and help keep our President Elect busy! I know everyone reading this has a brilliant idea just aching to be shared. Not sure if it's brilliant? Don't sweat it! Send me an e-mail at e.medecvt@gmail.com and I'll direct you to the proper person to talk you into it **TECHNICIANS ARAV** wants to hear from YOU, honestly! Can't wait to see what comes through the channels!

Your ARAV pushing tech,

Erica Mede, CVT

The Tale of the Tell Tale Lump

I recently had the opportunity to be the primary caretaker of a sick corn snake... that may or may not have belonged to my parents. But as a veterinary student, I'll take all the hands on experience I can get.

History: A 5 year old corn snake that had been completely off feed for the past two months and had consistently regurgitated mice within 24 hours of eating for four months prior to going off feed—for a grand total of about 6 months without adequate/any nutrition. The owners (dear ole' dad and mortified mom) admitted that recently their husbandry had not been ideal; indicating that the water bowl sometimes dries up and that they are sometimes “forgetful” about turning on the heat bulb. The snake had been seen straining to defecate unsuccessfully for quite some time over this period, but it was observed that urates would pass occasionally.

Presentation: The snake was extremely emaciated upon presentation and was not nearly as active as one would expect while being examined. The most significant finding during physical exam was a solid, multilobulated mass just caudal of mid-body extending down to the cloaca. The snake was kept on newspaper which decreased the likelihood of a foreign body, so our most likely differentials were obstipation or eggbinding, respectively. The subsequent radiographs showed multiple mineralized, oblong, but not rounded, opacities that could not be definitively identified as old, inspissated eggs or as dried out mouse corpses/fecolith.



Tips, Tricks, and Toys

Have an herbivore in GI distress?
You'll love this tech's tip!

Administering fresh feces from healthy individuals helps repopulate the gastrointestinal tract with normal gut flora. There are several studies with various amounts of feces to offer based on the patient's species and body weight.

We used have used it in several species with great success.

- Josh B.

Continued on next page ...

Initial Treatment: For one week the snake was soaked in warm water baths for ten minute periods to encourage defecation. During these sessions the snake would attempt to defecate unsuccessfully multiple times with some urates passing. These sessions were followed up by gently attempting to manually “milk” the suspected fecoliths caudally (like a gross “Go-Gurt”) after administering enemas using sterile lube mixed with water. After a poopless week, a clinician suggested trying a stool softener, which was not at all awkward to get at the local pharmacy (“It’s for my snake” doesn’t really “soften” the blow either). After administering the stool softener for 5 days without any success, the decision was made that the snake should have surgery.

Surgery: The snake was placed in an acrylic induction chamber and anesthetized. After probing the cloaca unsuccessfully in a final attempt to manually extract/ break apart possible fecoliths, a celiotomy was performed. During the procedure multiple fecoliths were discovered and carefully removed; the mystery was solved! Or so we thought...two minutes later we discovered half a dozen, quarter sized, inspissated, and mineralized eggs as well. Which begs the age old question, which came first, the fecoliths or the eggs?

The patient was given IM injections of Ceftazidime for 1 month post surgery and received SQ fluids as well for the first week after surgery. The only complication was a transient gas buildup in the caudal 3rd of the snake for the first month after surgery. This has since resolved and the corn snake is now eating and defecating normally.

Daniel Loper

Student Corner

Collin is happy to announce that there are updates being made to the student section of the website! This includes changes in student chapters, changes in externship and internship sites, as well as important life altering updates for you! Stay tuned for more information to unravel!

ABVP Announcement!



For all of you interested in becoming boarded in Reptile and Amphibian medicine come visit the 19th Annual ABVP Symposium in Nashville, Tennessee October 30-November 2, 2014. Find out more information at www.abvp.com

Mark Your Calendars ...

June 4 – 4, 2014. **American College of Veterinary Internal Medicine Forum.** Nashville, Tennessee, USA.

July 25 – 29, 2014. **American Veterinary Medical Association Conference.** Denver, Colorado, USA.

August 2 – 6, 2014. **Annual Association of Avian Veterinarians Conference and Expo.** New Orleans, Louisiana, USA. Contact: www.conferenceoffice.com/aav.

October 8 – 12, 2014. **Wild West Veterinary Conference.** Reno, Nevada, USA.

October 18 – 24, 2014. **21st Annual Conference of the Association of Reptilian and Amphibian Veterinarians.** This will be a concurrent conference with the American Association of Zoo Veterinarians and the Association of Exotic Mammal Veterinarians and will be held at Walt Disney World, Orlando, Florida.

November 9 – 13, 2014. **World Association of Zoos and Aquariums Annual Conference.** New Delhi, India. Contact: www.waza.org.