



**KENYA  
WILDLIFE  
SERVICE**



# SKY VET QUARTERLY REPORT

February 2016 to May 2016

FROM THE DAVID SHELDRIK WILDLIFE TRUST

[www.sheldrickwildlifetrust.org](http://www.sheldrickwildlifetrust.org)

# SKY VET REPORT

## FEBRUARY 2016 TO MAY 2016





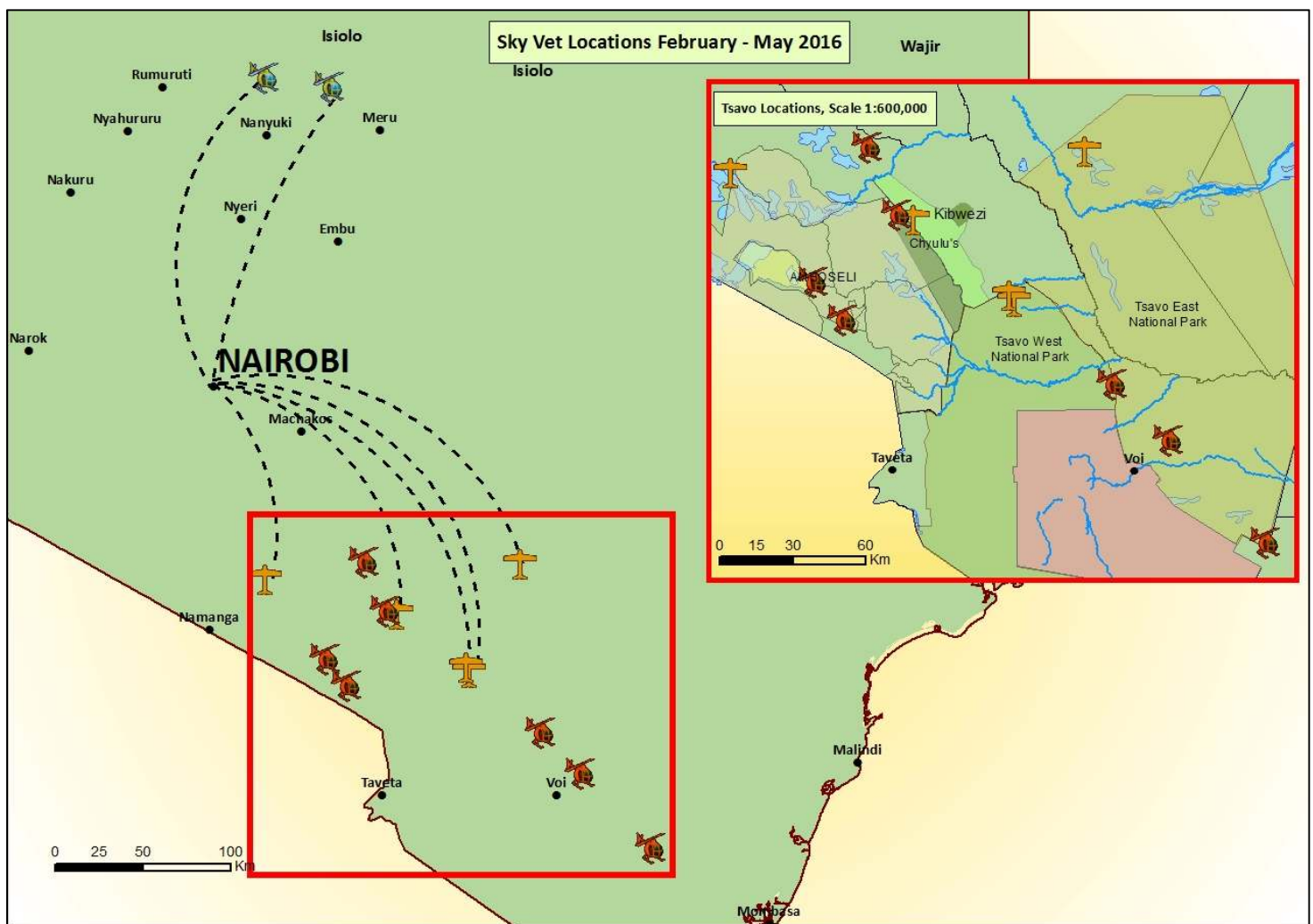
## SKY VET QUARTERLY OVERVIEW

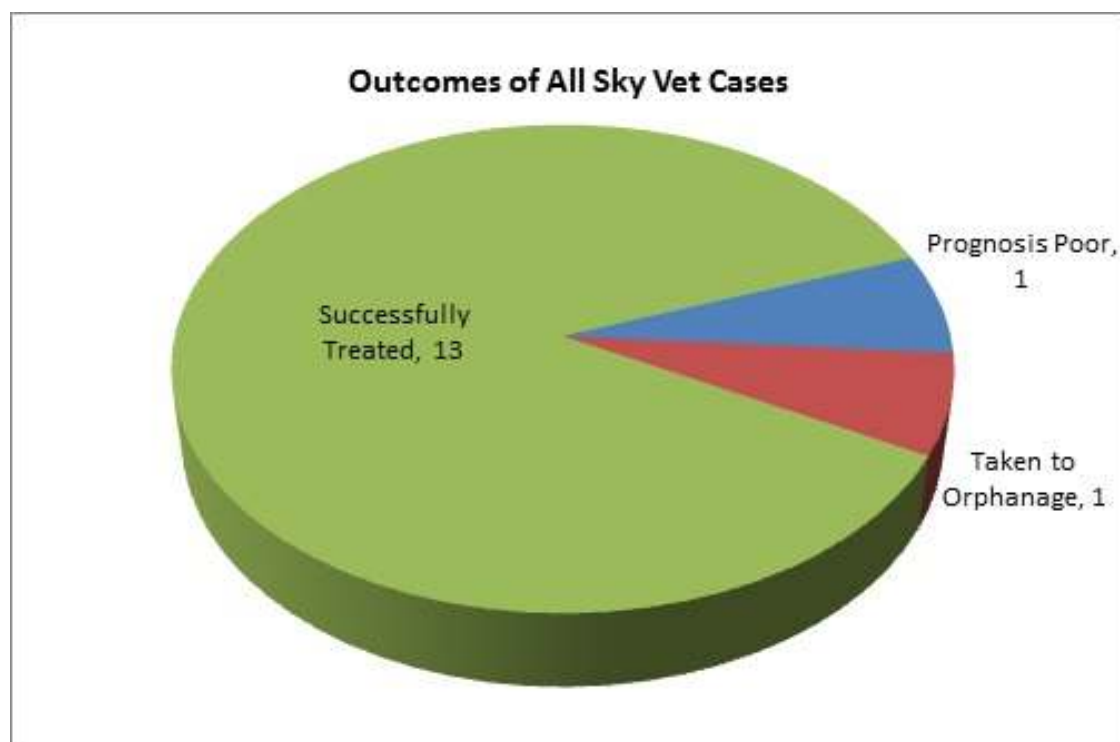
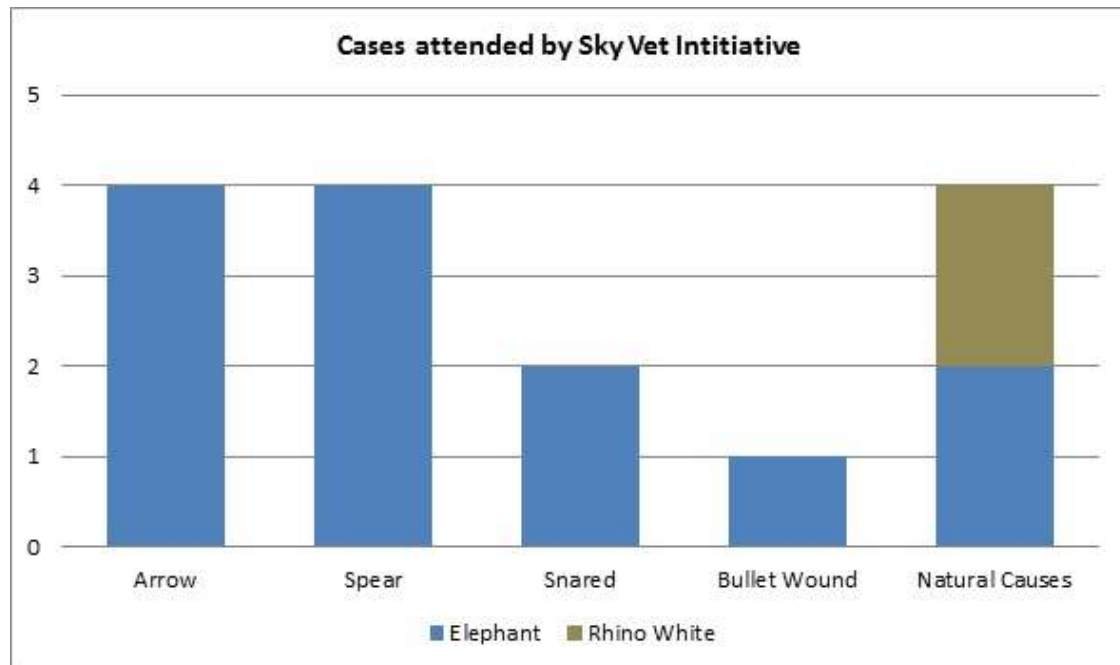
During February to May 2016 the DSWT/KWS Sky Vet program was called to handle **15 wildlife cases** several of which were supported by the DSWT helicopter to help with elephant darting operations as well as search and monitoring operations using the DSWT's fixed-wing aircrafts.

Of all the cases attended there were **13 elephant cases** including 4 spear cases, 2 snare cases, 4 poisoned arrow cases and 1 case with a gunshot wound. KWS Veterinary Officers were flown predominantly to Tsavo East and West National Parks, as well as Meru National Park, the Chyulu Hills and Amboseli National Park. The other **2 cases included white rhinos** in Meru.

Out of the 15 cases, 14 of the cases were given a positive prognosis whilst one of the cases was given a guarded prognosis due to the severity of the elephant's spear wounds. Without rapid veterinary response the majority of these cases would have died from their injuries. The elephant calf 'Luggard', who was rescued from Tsavo East and given immediate treatment most certainly wouldn't have survived his ordeal and his terrible wounds without timely intervention.

The Sky Vet program has deployed KWS vets to the following locations during this reporting period





## CASE 1: 7<sup>th</sup> FEBRUARY 2016

### MANYANI, TSAVO WEST

### INJURED ELEPHANT

#### INTRODUCTION

This adult male elephant was spotted near Manyani Training Department by the DSWT Aerial Unit on the evening of the 6th February 2016. The vet team attended to the case the following day. The male elephant was thought to have a wound to the right flank region and possibly the left shoulder. A decision was made to immobilize and treat the elephant via helicopter due to the rough terrain.

#### CHEMICAL IMMOBILIZATION & TREATMENT

The elephant was immobilized using 19mgs Etorphine Hydrochloride in a 3cc dart using Dan-inject system from a helicopter. Full immobilization took place after 4 minutes and he fell into left lateral recumbency. The trunk was maintained patent using a piece of stick placed across the nostril entrances. The ears were used as blindfold. Plenty of water was doused on the ears (pinnae) and the entire body to help cool the elephant during the operation.

On examination, the elephant had a septic wound to the right flank region. The wound wasn't deep (approx. 4 cm) and was walled off via granulation and fibrous tissue. There was a small amount of pus in the wound which is likely an older spear wound that never punctured completely through the abdomen. There were two wounds on the underside of the trunk (6cm x 3cm and 8cm x 2cm). Both wounds contained pus but were surrounded by granulation tissue. All wounds were lavaged with water, hydrogen peroxide, and a tincture of Iodine. Topical antibiotic cream, Alum-spray, and green clay were then applied into and around the wound to facilitate healing and avoid infection. All three wounds were healing well as they were closing up via granulation tissue. The elephant was then injected with 200ml Amoxycillin and 100 ml Dexamethasone HCL at different sites intramuscularly. The entire operation lasted about 40 minutes.

#### PROGNOSIS

Prognosis is good.





**CASE 2: 16<sup>TH</sup> FEBRUARY 2016**

KIBOKO, CHYULU HILLS NP

INJURED ELEPHANT

**INTRODUCTION**

This elephant bull was spotted near Olepolos village near Masimba Township, Kiboko. Helicopter assistance was requested as the elephant was in thick bush. The bull was with another herd of 18 but later separated and remained with only one bull. The bull had been treated previously for the same wound.

**CHEMICAL IMMOBILIZATION & TREATMENT**

The elephant was immobilised using 18 mgs of Etorphine in a dan-inject dart and loaded into a dart gun, the helicopter was used to separate the two bulls and drive the injured one to an open area. He was darted in the rump and kept in the grassland by the helicopter. He went down after 14 minutes.

The bull had a wound on the caudal aspect of the right front limb just below the elbow joint suspected to have been caused by an old snare. The necrotic tissues were cut away, the pus drained and the wound cleaned using water mixed with Hydrogen peroxide. Tincture of Iodine and Oxytetracycline spray were applied before the wound was covered with wetted green clay. An intravenous administration of 50cc Dexamethasone Hcl was given through the ear vein and 200cc of long acting Amoxicillin injected intramuscularly. Anaesthetic reversal was achieved by administration of Diprenorphine Hcl at three times the Etorphine dose. The bull woke up and moved away slowly.

**PROGNOSIS**

Prognosis is good.



## CASE 3: 23<sup>RD</sup> FEBRUARY 2016

ARUBA, TSAVO EAST

### ELEPHANT WITH AN ARROW INJURY

#### INTRODUCTION

An aerial patrol by the DSWT airplane spotted a lone elephant bull with a huge pus filled wound to the abdominal wall possibly caused by an arrow. Due to the thick bush and long distance from the road assistance of the helicopter was sought.

#### CHEMICAL IMMOBILIZATION & TREATMENT

The elephant was immobilised using 18mgs Etorphine Hcl in a 1.5 ml Dan - inject dart from the helicopter using a Dan-inject dart rifle. The elephant was guided by the DSWT helicopter to an open area and was immobilized after 12 minutes.

The bull went down on the injured flank and a rope and a vehicle were used to flip him over to access the injured side. A penetrating arrow wound was observed to the left abdominal wall with an accumulation of pus below it. An incision was made at the lowest point of the wound so the pus could be drained and the dead flesh cut out. The wound was cleaned using water mixed with Hydrogen peroxide then sprayed with tincture of Iodine before wetted green clay was applied.

An intravenous administration of Dexamethasone Hcl was given through the ear vein and long acting Amoxicillin administered by intramuscular injection.

#### PROGNOSIS

Prognosis is good.





## CASE 4: 28<sup>TH</sup> FEBRUARY 2016

### AMBOSELI NATIONAL PARK

### ELEPHANT WITH A SPEAR WOUND

#### INTRODUCTION

A team from the Big Life Foundation spotted a young elephant bull aged about 15 years old that looked sickly, had lost weight and could not move much. The vet was airlifted in the helicopter to the area for quicker response and the elephant was spotted in thick bush nearby.

#### CHEMICAL IMMOBILIZATION & TREATMENT

The elephant was immobilised using 16mgs Etorphine Hcl in a 3 ml Dan - inject dart from a vehicle using a Dan inject dart. The first dart unfortunately hit the ear and discharged the drug so a second dart was prepared which was placed into the rump. He was immobilized after 5 minutes and went down lying on the injured flank. Ropes and a vehicle were used to roll him over to access the injured side.

A penetrating spear wound with pus was observed to the left chest wall near the cardiac area and another to the skull. An incision was made to enlarge the wound so the pus could be drained and the dead flesh removed. The wound was cleaned using water mixed with Hydrogen peroxide, and then tincture of Iodine was sprayed on the wound before wetted green clay was applied.

An intravenous administration of Dexamethasone Hcl was given through the ear vein and long acting Amoxicillin administered by intramuscular injections. Reversal of the anaesthetic was attained by intravenous administration of Diprenorphine hcl at 3 times the Etorphine dose. He struggled to get up so a vehicle was called in and ropes were used to assist the elephant onto his feet.

#### PROGNOSIS

Prognosis is poor as the spear had caused deep tissue damage and infection had set in. The ground and aerial team was advised to keep the elephant in sight and monitor progress to determine whether repeat treatment might be needed.





## CASE 5: 14<sup>TH</sup> MARCH 2016

### MERU NATIONAL PARK

### CUTANEOUS FILARIASIS IN RHINOS

#### INTRODUCTION

Two white rhinos were treated in Meru National Park for cutaneous filarial wounds following reports from the rhino monitoring team. Affected rhinos showed extensive wounds on the skin. Treatment was required to prevent wound expansion and infection. The first rhino was treated on the 14<sup>th</sup>. It was a rhino named Gakuyu.

#### CHEMICAL IMMOBILIZATION & TREATMENT

Darting was done from a helicopter. For immobilization we used a combination of M99® 5mg and azaperone 60mg in 1.5cc DanInject dart syringe with a 2.2 × 60mm needle. Darting site was the left gluteal muscle and induction time was 6 and 8 minutes.

- i. Thorough wash with water, dilute hydrogen peroxide and debridement of necrotic tissue. Tincture of Iodine soaked in gauze swabs was the applied
- ii. 1% Ivermectin 300mg administered subcutaneously
- iii. 20% Oxytetracycline administered intramuscularly

Anesthesia effects were reversed within 3 minutes of intravenous injection of Naltrexone Hcl 150mg.

#### PROGNOSIS

Filarial wounds respond to ivermectin and antibiotic treatment, therefore these rhinos are expected to make a speedy recovery. The rhino monitoring team will observe and report on their progress.



## CASE 6: 19<sup>TH</sup> MARCH 2016

### MERU NATIONAL PARK

### CUTANEOUS FILARIASIS IN RHINOS

#### INTRODUCTION

Two white rhinos were treated in Meru National Park for cutaneous filarial wounds following reports from the rhino monitoring team. Affected rhinos showed extensive wounds on the skin. Treatment was required to prevent wound expansion and infection. The second rhino was treated on the 19th. It was a rhino named Ernest.

#### CHEMICAL IMMOBILIZATION & TREATMENT

Darting was done from a helicopter. For immobilization we used a combination of M99® 5mg and azaperone 60mg in 1.5cc DanInject dart syringe with a 2.2 × 60mm needle. Darting site was the left gluteal muscle and induction time was 6 and 8 minutes.

This rhino was agitated prior to darting and ran some distance before going down, therefore to manage risk of hyperthermia it was doused with plenty of water. A blind fold was applied to reduce visual stress. It was then roped to right lateral recumbency for examination and treatment. Examination showed ulcerative cutaneous wounds with serrated edges undermined by pockets of pus. Wounds emitted a foul smell due to tissue necrosis caused by bacterial infection. These wounds are characteristic of cutaneous filariasis.

- i. Thorough wash with water, dilute hydrogen peroxide and debridement of necrotic tissue. Tincture of Iodine soaked in gauze swabs was the applied
- ii. 1% Ivermectin 300mg administered subcutaneously
- iii. 20% Oxytetracycline administered intramuscularly

Anesthesia effects were reversed within 3 minutes of intravenous injection of Naltrexone Hcl 150mg.

#### PROGNOSIS

Filarial wounds respond to ivermectin and antibiotic treatment, therefore these rhinos are expected to make a speedy recovery. The rhino monitoring team will observe and report on their progress.

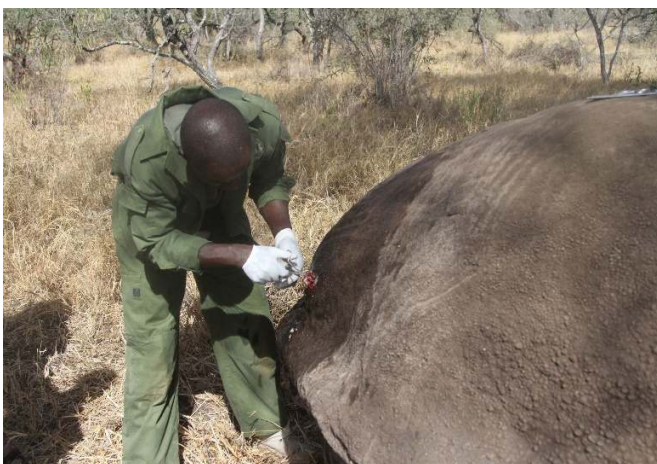




**CASE 7: 30<sup>TH</sup> MARCH 2016****OL DONYO WUAS, CHYULU HILLS****INJURED ELEPHANT****INTRODUCTION**

The mature solitary bull was observed to resent movement with a preferential standing posture. It was apparent that the right rear limb was bearing more weight over the left; there was a clearly noticeable penetration wound on the left dorsal flank overtly inflicted by a sharp object (suspected arrow), the wound was relatively clean with only some slight discharge of purulent exudate. There was a slight limp on the left rear limb detected on a walking gait.

The elephant was standing alone within a fairly open area, the posture revealed that the left rear limb was bearing minimal weight. This was confirmed with a limping gait on his left. The mature bull was in a good body condition even though he had a penetrating wound on the left dorsal flank. The wound appeared to have been inflicted by a sharp object and was slightly oozing some pus.





### CHEMICAL IMMOBILIZATION & TREATMENT

The bull was chemically immobilized using 18mg, Etorphine Hcl (0.98%) (M99®) (Novartis South Africa (Pty) Ltd) topped up with sterile water in a 3 ml Dan – inject dart. The dart was delivered remotely through a Dan-inject rifle (Dan-inject APS, Sallerup Skovvej, Denmark); Darting was done from a vehicle and the animal went down on sternal recumbency after about 7minutes. He was then properly positioned to a right lateral recumbency by ropes for a generous exposure of the wound.

The elephant was in good general body condition and was browsing on the nearby shrubs, specific examination of the wound confirmed a traumatic penetrating wound possibly caused by an arrow. The wound was discharging some pus and maggots had begun to form in the affected tissue that was now becoming necrotic. Precise probing of the wound for a possible arrow head revealed no foreign body. The elephant's ears were flapped over the eyes which were treated with cloxacillin (ampiclox®) eye ointment to preserve the corneal integrity. The bull was liberally doused with sufficient amounts of water and the trunk patency was maintained to enhance respiration.

The wound was thoroughly cleaned with sufficient amount of water and hydrogen peroxide. Tissue debridement was done to remove the maggots and necrotic flesh. Tincture of iodine was used to disinfect the wound and green clay applied for residual topical antibiosis. Oxytetracycline spray (Norbrook Laboratories (GB) Limited, United Kingdom) was also applied to control fly infestation.

Parenteral treatment was administered using intramuscular injection of 15000mg, amoxicillin trihydrate (Betamox LA®) and 1000mg, 40 mg of dexamethasone (Colvasone®)

Anesthesia was reversed using 54mg of Diprenorphine Hcl (Novartis South Africa (Pty) Limited) given intravenously through the auricular vein. Recovery from anesthesia was smooth and the bull slowly walked away from the treatment site.

### PROGNOSIS

Good, hoping that the traumatic object was not laced with poisonous substance. Recommendation is to monitor the bull's movement to inform on recovery.



## CASE 8: 30<sup>TH</sup> MARCH 2016

KAMBOYO, TSAVO NP

INJURED ELEPHANT

### INTRODUCTION

The elephant was sighted in a herd of four bulls near the water pool and he had a swollen lump on the right dorsal flank; he was also observed to be limping from the right rear limb. The bull was reported almost immediately after we attended our first case hence the response was prompt.

General observation was conveniently done from the chopper as the herd had already moved into a relatively bushy site. The bull was confirmed to have an overt swelling on the right flank, slightly above the thigh muscles. This was apparently causing him some discomfort as he was slightly limping from the right rear limb

An 18mg immobilization dose of Etorphine Hcl was prepared in a 3ml dart. Aerial darting was done and the bull was efficiently immobilized within 10 minutes. The bull went down on a left lateral recumbency that was convenient for a quick examination and treatment. The swollen lump was confirmed to be calcified/fibrous tissue that was healing from a 'seemingly' previous treatment. There was mild inflammatory exudate with slight pus that was probably diminishing as a response to preceding treatment.



### CHEMICAL IMMOBILIZATION & TREATMENT

The wound was thoroughly cleaned with copious amounts of water and the pus flushed out using hydrogen peroxide. Tincture of iodine was used to disinfect the wound and topical antiseptic spray applied to concurrently keep flies away.

Intramuscular injection of 15000mg amoxicillin trihydrate was administered as well as 750mg Flunixin Meglumine.

The animal was revived back from anaesthesia using 54mg Diprenorphine hydrochloride injected via the auricular vein. Recovery from anaesthesia was smooth and gradual.



## PROGNOSIS

Good as the wound was showing remarkable signs of healing.





## LUGARDS, TSAVO EAST

## ELEPHANT CALF WITH BULLET INJURIES

### INTRODUCTION

This elephant was sighted early in the morning by the DSWT Aerial Unit. The calf had been reported to be suffering from a serious hind limb injury and could barely catch up with the rest of his herd. There was urgent need to assess the status of the calf and advise as appropriate.

Aerial observation was done for a clear view and assessment; the elephant calf was in a family of 11 elephants and he was carrying lameness and was walking on three limbs. The right rear limb was significantly deformed just at the knee joint, there was a clear swelling on the right rear knee with significant joint abnormality, the affected limb was off the ground and the calf was in clear distress as she struggled to keep pace with the rest of the herd.



### CHEMICAL IMMOBILIZATION & TREATMENT

From the assessment, it was appropriate that the calf be separated from the rest of the herd and closely examined. The family was successfully separated using a helicopter and the now isolated calf was physically restrained for examination and rescue.

The examination was done under a low dose of Azaperone tartrate (stresnil®), 20mg was effectively used to facilitate manipulation. Examination revealed that a bullet wound that seriously deformed the right rear limb, there was apparent entry and exit wound on the affected legs.

Another bullet wound was distally placed on the left rear leg and a third one right through the left right ear lobe. There was need for radiographic diagnosis to confirm any foreign bullet lodged in the affected tissues. The calf was in overt pain and distress. An immediate rescue had to be undertaken from the following considerations:

- The calf was very young and walking with a struggling gait; there was a potential risk of predation.
- Concerning animal welfare; the elephant was in clear pain that needed consistent management.
- A confirmatory X ray would be essential to clearly diagnose the status of the limb
- Restricted movement would relieve the animal from distress and offer a good chance for recovery.



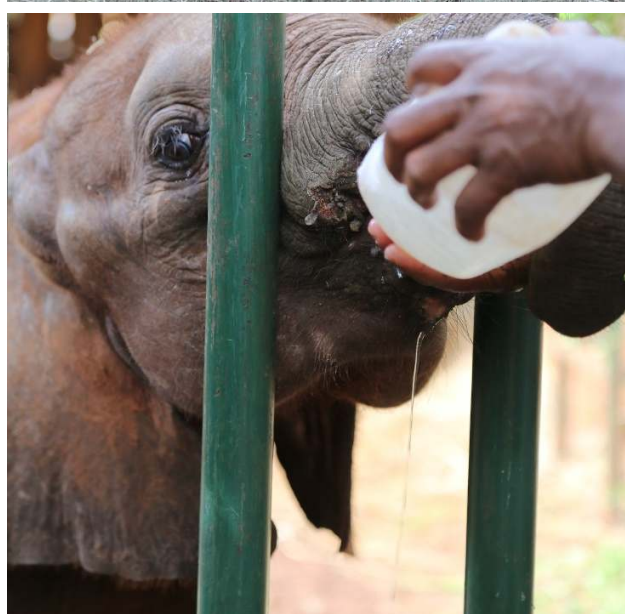
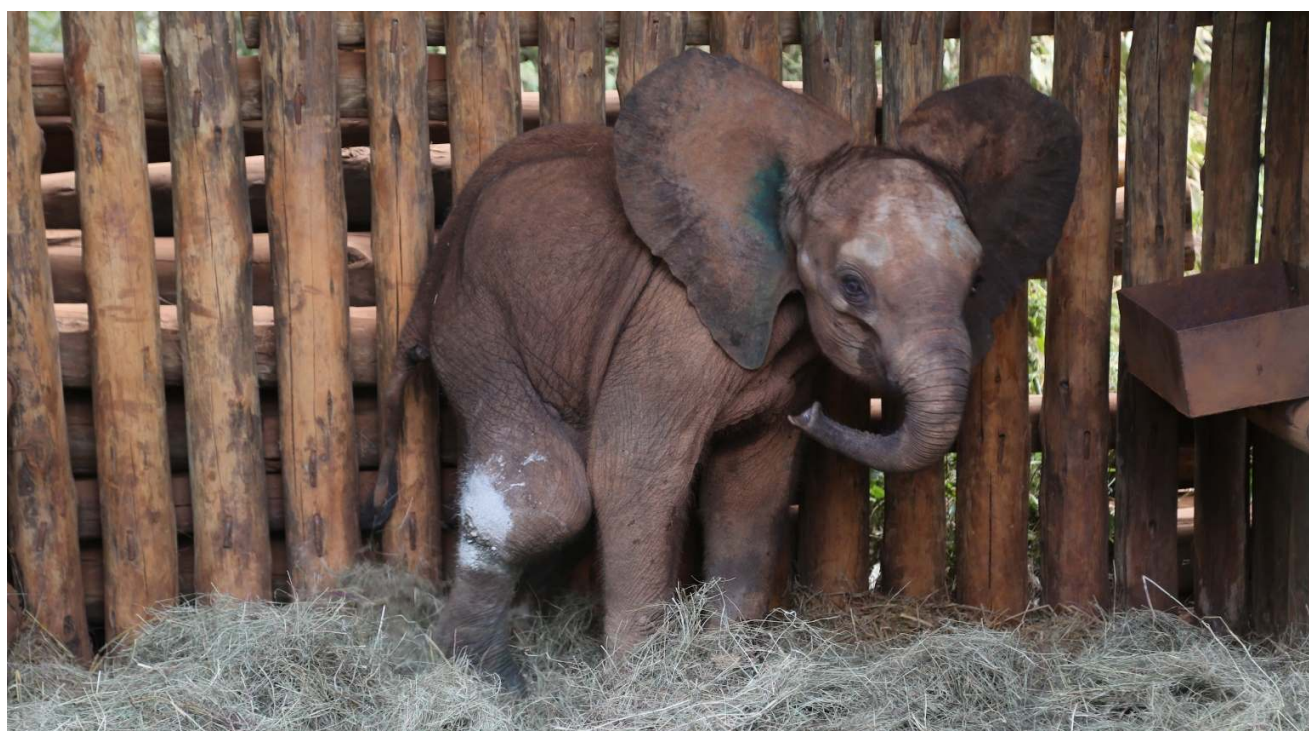
The wounds were cleaned with water and treated with tincture of iodine. Antibiotic injection of 3000mg Amoxicillin was administered together with anti-inflammatory treatment of 250mg Flunixin Meglumine. The DSWT rescue team arrived in time, flying from Nairobi, for the rescue operation. The animal was airlifted under minimal stress to the DSWT elephant orphanage in Nairobi.

#### PROGNOSIS

The vet gave the calf a fair chance of survival based on diagnostic findings hoping the fracture is confirmed to have healed.

#### UPDATE

The elephant calf was brought to the Nairobi Nursery for further treatment and care. He has since been named Luggard. Although his wounds are very serious we hope Luggard pulls through this terrible trauma.



**CASE 10: 31<sup>ST</sup> MARCH 2016**

KAMBOYO, TSAVO

INJURED ELEPHANT

**INTRODUCTION**

This elephant bull was in a herd of 3 bulls and was reported to be having a hanging mass of tissue under the belly. The elephant was fortunately sighted after the rescue operation and was promptly attended to.

Aerial observation confirmed a herd of 3 elephants and one had a mass of necrotic tissue hanging from the ventral abdomen. The bull was in good body condition and foraging with the rest of the herd mates.

**CHEMICAL IMMOBILIZATION & TREATMENT**

The mature bull was darted using 18 mg Etorphine hydrochloride prepared in a 3ml dart. Darting was efficiently done from the helicopter. The dart did not discharge appropriately and the animal went for a course of 13 minutes without any promising sign of anaesthesia. The bull had to be re-darted with a second dose of 18mg, Etorphine Hcl and the animal went down in 10 minutes. Examination revealed a necrotic tissue mass hanging medially from the ventral abdomen. There was a traumatic wound seemingly caused by a blunt object, the wound affected the full thickness of the skin but did not penetrate through the peritoneal wall. The hanging tissue mass was confirmed to be subcutaneous tissue; purulent exudate was also coming out of the traumatic wound. The wound could have been possibly caused by a serious impact gore from another dominant male.

The wound was thoroughly cleaned with copious amount of clean water and hydrogen peroxide. The hanging tissue mass was excised and wound debridement done to create fresh tissue that would be essential to enhance healing; Wound lavage was done using tincture of iodine before a generous application antibiotic green clay®. The wound was then sprayed with topical Oxytetracycline that would help abate flies. Antibiotic injection of 15000mg amoxicillin trihydrate was given intramuscularly, 1000mg Flunixin Meglumine was also given via the same route.

Reversal or anaesthesia was done using 54mg, Diprenorphine Hcl injected via the ear vein. Recovery from anaesthesia was successful.

**PROGNOSIS**

Good as there was no puncture of the peritoneal wall.

***(No images are available for this case)***



**CASE 11: 31<sup>ST</sup> MARCH 2016**

MAILUA RANCH, AMBOSELI

INJURED ELEPHANT

**INTRODUCTION**

This particular elephant was reported in the Amboseli Conservation Area within Mailua ranch. The elephant was observed to be limping and resented movement as he was reportedly spotted in one position for a worryingly long period of time.

**CHEMICAL IMMOBILIZATION & TREATMENT**

The elephant was darted with 18mg, Etorphine Hcl, darting was done on foot and the dart was deflected off target. A second darting was done using the helicopter using 18 mg, Etorphine Hcl. The animal went down in 13 minutes. Thorough specific examination revealed no overt bullet wounds as was suspected. The slight lameness might have possibly resulted from a mild sprain.

The elephant was given prophylactic antibiotic cover using 15000mg, amoxicillin trihydrate (Betamox®). Anti-inflammatory treatment with 1000mg Flunixin Meglumine was administered. Anaesthesia was reversed using 54mg Diprenorphine hydrochloride injected through the ear vein. Recovery was successful.

**PROGNOSIS**

Good.

***(No images are available for this case)***

**CASE 12: 10<sup>TH</sup> APRIL 2016****OL DONYO WUAS, CHYULU HILLS****SPEARED BULL ELEPHANT****INTRODUCTION**

The elephant bull was spotted near a watering point in Ol Donyo Wuas by Big life rangers from Mbirikani Ranch with wounds to the right rump discharging pus. They notified the vet team who were immediately airlifted to the area using DSWT airplane.

**CHEMICAL IMMOBILIZATION & TREATMENT**

The vet prepared a dan-inject dart with 19 mgs of Etorphine and attempted to dart the elephant from both the vehicle and from foot. However, this was impossible so the the DSWT helicopter was called in to assist and arrived after 45 minutes.

The helicopter was used to approach the bull which had moved away after hearing the noise. He was darted in the rump and kept in the open for up to ten minutes but ran into the bush despite spirited efforts by the helicopter pilot. He ran for nearly 2kms before going down after a record 18 minutes.

The elephant had two spear wounds, one to the right rump and the other at the base of the trunk. The necrotic tissues were cut away and the pus removed when the wound was cleaned using water mixed with Hydrogen Peroxide. Tincture of iodine was then applied and Oxytetracycline spray administered before the wounds were finally covered with wetted green clay. The elephant was given an intravenous administration of 50 cc Dexamethasone Hcl through the ear vein and 200 cc of long acting Amoxicillin was injected intramuscularly. Drug reversal was achieved by administration of DiprenorphineHcl at three times the Etorphine dose.

**PROGNOSIS**

The bull woke up and moved away slowly. Prognosis is good.





**CASE 13: 11<sup>TH</sup> APRIL 2016****KIMANA – AMBOSELI NP****INJURED ELEPHANT****INTRODUCTION**

The elephant bull was spotted near Kimana gate area by KWS rangers from the Amboseli platoon with wounds to the foot. They notified the vet team who were immediately airlifted to the area using the DSWT helicopter to find the injured bull foraging nearby.

**CHEMICAL IMMOBILIZATION & TREATMENT**

The elephant was immobilized using 20 mgs of Etorphine in a dan-inject dart. A vehicle was used to trail the bull who had moved away after seeing the vet vehicle. He was darted in the rump and kept in grassland by the vehicle. He went down after 12 minutes.

There was one penetrating spear wound on the lateral aspect of the front right foot going through to the sole. The wound was cleaned using water mixed with hydrogen peroxide and the necrotic tissues were cut away. Tincture of iodine and Oxytetracycline spray were administered before the wound was covered with a final cover of wetted green clay.

An intravenous administration of 50 cc Dexamethasone Hcl was given through the ear vein and 200 cc of long acting Amoxicillin was injected intramuscularly. Drug reversal was achieved by administration of DiprenorphineHcl at three times the Etorphine dose. The bull woke up and moved away slowly.

**PROGNOSIS**

Repeat treatment was advised after one month. Prognosis is good



**CASE 14: 25<sup>TH</sup> APRIL 2016****BACHUMA, TSAVO EAST****INJURED ELEPHANT****INTRODUCTION**

The elephant bull was spotted in KMC ranch just outside the Bachuma –Dakota fence boundary by DSWT aircraft while patrolling the area. The team moved to the area aided by the DSWT helicopter to try to drive the elephants back to the park and then treat the injured bull. Despite several attempts by the helicopter the elephants refused to cross the fence line even after the wire was removed and the elephants separated making the drive impossible. The team decided to embark on the treatment of the bull.

**CHEMICAL IMMOBILIZATION & TREATMENT**

The elephant was immobilized with 18 mgs of Etorphine in a Dan-inject dart. The chopper was used to approach the bull who had moved away after hearing the noise from the chopper. He was darted in the rump and kept in a less bushy area by the helicopter. He went down after 10 minutes.

There was one penetrating arrow wound to the left abdominal wall discharging pus and very swollen. The wound opening was enlarged, dirt materials and pus were cleaned out, necrotic tissues cut off and the wound cleaned using water mixed with hydrogen peroxide. Tincture of iodine was applied and Oxytetracycline spray administered before a final cover of wetted green clay was applied.

An intravenous administration of 50 cc Dexamethasone Hcl was given through the ear vein and 200 cc of long acting Amoxicillin was injected intramuscularly. Drug reversal was done by administration of Diprenorphine Hcl at three times the Etorphine dose. The bull woke up and moved away slowly.

**PROGNOSIS**

Repeat treatment was advised after one month. Prognosis is good





**CASE 15: 20<sup>TH</sup> MAY 2016****ITHUMBA, TSAVO EAST****SNARED ELEPHANT****INTRODUCTION**

The elephant bull was sighted at a watering point near Ithumba airstrip with a swollen leg that had a wire snare. He was in a herd of other three bulls. The DSWT and KWS rangers called for veterinary intervention. The animal was in good body condition and in a herd of other three bulls. He was significantly limping from the right front leg which had a localized swelling on the distal part just above the digits. A wire snare could be observed tightly fixed around the swollen leg; this wire had cut through the soft tissue and was causing much distress to this animal

**CHEMICAL IMMOBILIZATION & TREATMENT**

The bull was effectively immobilized using 18mg Etorphine Hcl. Aerial darting was done using a chopper and the bull went down in about 10 minutes. The animal was assisted to a left lateral recumbency for sufficient exposure of the affected leg. The wire snare was then exposed from the soft tissue and cut loose. The wound had no pus or maggots hence thorough cleaning was done using copious amount of water and tincture of iodine.

Green clay was applied topically for residual antibiotic therapy and the wound was then sprayed with Oxytetracycline spray to abate fly infestation. Parenteral administration of 20000mg Oxytetracycline dihydrate (Alamycin LA 20®) and 40mg Colvasone® was injected intramuscularly.

Reversal of anaesthesia was done using 60mg Diprenorphine Hcl injected via the auricular vein. Recovery from was smooth and the bull walked away with significant relief.

**PROGNOSIS**

Favourable as there was no bone involvement and wound was not septic.



The DSWT is hugely grateful to Lori Price for her unwavering support of our Sky Vets program and for helping our teams to save the lives of Kenya's threatened and endangered species.

