



SKY VETS REPORT

August ~ October 2013

FROM THE DAVID SHELDRIK WILDLIFE TRUST

SKY VETS INITIATIVE

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SKY VETS QUARTERLY OVERVIEW

Over the last three months the David Sheldrick Wildlife Trust in partnership with the Kenya Wildlife Service, has continued to operate its emergency mobile veterinary service for wildlife through the Sky Vets program. August was a quiet month for the KWS Veterinary Officers who are deployed from Nairobi to any case sites throughout Kenya funded by Sky Vets, yet sadly poaching incidences soon escalated again, September and October seeing a significant rise in elephant cases with spear and poison arrow wounds. The Sky Vets program also saw Nairobi veterinarians covering for the KWS/DSWT Mobile Veterinary Units during periods of leave, ensuring that all areas of operation had sufficient veterinary support.

During this period the KWS Veterinary Officers were deployed to the Lamu District on Kenya's remote north east coast, Tsavo East National Park, the Chyulu Hills, the Maasai Mara, Amboseli, Samburu and the Ndoto Mountains in Northern Kenya, covering vast distances by air and road. Fourteen emergency cases were treated during this reporting period including 11 elephant cases and 3 lion cases. 80% of cases treated were successful.

Locations: The Sky Vets program has deployed KWS vets to the following locations during this reporting period



CASE 1: AUGUST 25TH 2013

LAMU DISTRICT

WOUNDED ELEPHANT

Species African Elephant
Age Adult

Sex Male



INTRODUCTION

On August 24th the David Sheldrick Wildlife Trust deployed a Kenya Wildlife Service veterinary officer to the Lamu District on the DSWT/KWS Sky Vets initiative, following a report from local community members about a wounded bull elephant straying closer to community land neighbouring Nairobi Ranch, which is believed to be home to approximately 20 elephants alone. It was known that a group of armed poachers have been in the area in the past weeks and this bull was perhaps one of their victims that had escaped their ambush yet carried significant wounds. The Lamu Conservation Trust's security unit was immediately deployed, whilst the Sky Vets team was airborne, landing at Mkunumbi airstrip on Kenya's remote northern coastline. Both units joined and began the search for the wounded elephant through thick forest and near-impenetrable bush. The search continued for some hours until darkness arrived and the teams were called-off until the following morning.

CHEMICAL IMMOBILIZATION

On August 25th the KWS veterinary officer finally managed to get into a position where the bull was in sight and he fired off a tranquilising dart, which hit the target. The bull soon fell to the ground, luckily in a clearing, and the veterinary team got to work. The extent of this beautiful bull's injuries were soon apparent, much to the anguish of all who had tried to find and treat him, knowing he was one of Lamu's last majestic elephants.

PHYSICAL EXAMINATION AND DIAGNOSIS

This huge elephant had suffered several bullet-wounds to his front leg and chest as well as a poisoned arrow in his back leg. The barrage of gunshots aimed at this bull had shattered his left front leg in several places beyond cure, whilst the arrow wound had caused serious injury. The decision although difficult to make was absolute, the bull had to be humanely euthanized. The vet gave the bull his final injection.

CASE 2: SEPTEMBER 4TH 2013

Chyulu Hills NP

ELEPHANT WITH ARROW WOUNDS

Species African Elephant
Age Adult

Sex Male

**INTRODUCTION**

An adult male elephant was seen with several arrow head wounds at the water holes near the Ol Donyo Uwas Lodge

IMMOBILIZATION

Etorphine Hcl 16mg + Hyaluronidase 5000IU, in a 3 ml Dan - inject dart was prepared. Helicopter darting was carried out. Using a Dan Inject dart rifle the elephant was darted, it was immobilized after 9 minutes.

EXAMINATION AND AFTER CARE

On quick examination it was confirmed that the elephant had several pus discharging wounds. No arrow heads or foreign bodies were recovered from the wounds. The wounds were located at withers region, pinna of the left ear and the left hind leg at the tibia region. The suppurative wounds were lavaged with copious amounts of water and dead tissues removed. The wound was cauterized and severally lavaged with hydrogen peroxide and later liberally cleaned with Lugols iodine. The wounds were liberally covered with green clay.

The elephant was injected with the following,

- i. Amoxicillin Trihydrate- 15000mg (Betamox® LA) I.M
- ii. Dexamethasone 40 mg I.M

ANIMAL CARE DURING ANESTHESIA

The animal was also doused with plenty of water on the ears to cool it and the eye covered with the upper ear pinna to reduce visual stimulation and prevent corneal drying/eye damage.

REVERSAL OF ANESTHESIA

Using 48mg of diprenorphine given intravenously into the ear vein (a $\frac{1}{4}$ of the dose was given intramuscularly). Recovery from anesthesia was smooth and he ambulated well.

PROGNOSIS OF THE CASE

Good



CASE 3: SEPTEMBER 4TH 2013

CHYULU HILLS NP

Injured African Elephant

Species African Elephant
Age Adult

Sex Male

**INTRODUCTION**

An adult male elephant was reported by Oldonyo Uwas Lodge wildlife scouts walking with a limping gait. He had a purulent wound on lateral aspect of shoulder joint.

CHEMICAL IMMOBILIZATION AND EXAMINATION

A fixed wing light aircraft was used to quickly travel to Oldonyo Uwas area. Foot darting was carried out. Etorphine Hcl 18mg combined with Hyaluronidase 5000IU in a 3 ml Dan- Inject dart was used to immobilize the elephant. Vehicle darting was not attempted because of bad terrain and dense bush land.

TREATMENT

A 8-9cm deep wound was discharging pus and had a putrid odor. The wound was cleaned with copious amounts of water and dead tissues removed then cauterized with dilute hydrogen peroxide. The suppurative wound was lavaged and liberally cleaned with dilute lugols iodine. The wound was also liberally covered with green clay.

The elephant was injected with the following:

- i. Amoxicillin Trihydrate- 15000mg (Betamox® LA) I.M
- ii. Flunixin meglumine 1000 mg I.M
- iii. Clindamycin Phosphate USP1200mg IM

The animal was also doused with plenty of water and the eye covered with the pinna of the ear.

Reversal of anesthesia using 60mg of diprenorphine given IV at the ear vein the animal was reversed from anesthesia, (a ¼ of the dose was given I.M). Recovery from anesthesia was smooth and he ambulated well.

PROGNOSIS OF THE CASE

Good

CASE 4: SEPTEMBER 4TH 2013**NAIBOSHIO CONSERVANCY****INJURED ELEPHANT**

Species
Age

African Elephant
Adult

Sex

Male

**INTRODUCTION**

An adult male elephant was sighted with traumatic injuries on the left thigh and on the right side of the abdomen on the flank region. The elephant was in pain and was quite reluctant to move, it preferred being under the shade along the river bank close to source of water. It was accompanied by another bull. This case was reported immediately by the conservancy managers who reported to KWS veterinary department for quick attention. The veterinarian was immediately flown to Naiboshio conservancy through the support of Sky Vet initiative.

CHEMICAL IMMOBILIZATION

The elephant was immobilized using 15mgs etorphine hydrochloride combined with 1000 i.u hyaluronidase delivered by Daninject dart gun. The drugs took effect after about 6 minutes and the elephant went down on lateral recumbency.

EXAMINATION AND TREATMENT

The elephant was emaciated, had a large wound on the left thigh which was full of pus and exudates, there was no foreign material in the wound. The wound was flushed and cleaned using a lot of water, 10% hydrogen peroxide and tincture of iodine then later filled with a paste of green clay until it was completely covered. The wound was then sprayed with oxytetracycline spray. The elephant was then turned to expose the injury on the right side of the abdomen. This was a small but deep wound on the right flank, it had little pus exuding from the wound. The wound was probed using long forceps but no foreign body was found in it, it was then flushed with clean water, 10% hydrogen peroxide, tincture of iodine then filled with a paste of green clay. Other treatments included long-acting oxytetracycline administered intramuscularly and flunixin meglumine.

REVERSAL

The elephant was revived using 48mgs diprenorphine hydrochloride administered through the ear vein. The elephant was not able to rise up on its own and had to be supported to stand up using straps and pulled by 4 x 4 vehicle.

PROGNOSIS

Prognosis was guarded. Unfortunately the elephant succumbed to the injuries a week later.



CASE 5: OCTOBER 13TH 2013**AMBOSELI NATIONAL PARK****INJURED ELEPHANT**

A male elephant was reported to have a wound on the flank region and to be in a debilitated condition at Amboseli National Park on 13th October, 2013. A sky veterinary team was sent to attend to the case on the same day. A decision was made to immobilize the elephant.

**IMMOBILIZATION**

The elephant was immobilized using 16 mgs Etorphine Hydrochloride in a 2cc dart topped up using water for injection. Darting from a vehicle was done using Dan-inject system. Full immobilization took place after 8minutes and fell on lateral recumbence. The trunk was maintained patent by the help of a piece of stick which was placed across at their' entrances. The ears were used as blindfold.

EXAMINATION AND TREATMENT

On close examination the elephant had a penetrating wound on the flank region oozing with creamy tenacious pus. The wound was then probed for any foreign body and there was none. They were thoroughly washed using clean water and Hydrogen Peroxide then lavaged using tincture of Iodine. The dam was injected with 20000mgs of tetracycline (L.A), 2500 mg flunixin meglumine and 100 ml multivitamin at four different sites into muscles. Green clay was then applied to facilitate healing. The operation lasted 25 minutes. Diprenorphine Hydrochloride (48mgs) into the ear vein was used. It took 10 minutes to be fully awake from the anesthesia.

PROGNOSIS

Prognosis was good and rangers were advised to monitor the elephant.



CASE 6: OCTOBER 17TH 2013**SAMBURU NATIONAL PARK****Injured Elephant Calf**

A sub-adult male elephant was sighted with a traumatic injury on the right front leg. The elephant was weak and limping, it was sighted close to Elephant Watch camp in Samburu NR. The KWS veterinarians were flown to Samburu through Sky vet initiative to attend to this elephant and other cases reported earlier.

**CHEMICAL IMMOBILIZATION**

The elephant was captured by chemical immobilized using 5mgs etorphine hydrochloride combined with 1000 i.u hyaluronidase delivered by Daninject dart gun. The drugs took effect after about 10 minutes and the elephant went down on lateral recumbency.

PHYSICAL EXAMINATION

The elephant was found to have a deep bullet wound that penetrated through right front leg breaking off parts of tibia bone. There was a lot of pain from the bone injury, the bullet exited on the medial side of the leg leaving a large exit wound on the medial side of the leg. The wound was rigorously flushed with water, 10% hydrogen peroxide and filled with green clay paste. Long-acting Betamox injection was also administered plus dexamethasone anti-inflammatories. It was then revived from anesthesia and joined other bull elephants nearby.

PROGNOSIS

Prognosis was favorable since it was still a young elephant that could easily recover from bone injuries; the mild inflammation of bone tissues is likely to heal soon after the treatment.



CASE 7: OCTOBER 17TH 2013**SAMBURU NATIONAL RESERVE****ELEPHANT WITH A HERNIA**

This was a case of 10 year old male elephant in Samburu National reserve in Northern part of Kenya which had a large pendulous swelling on the ventral part of the abdomen at the level of umbilicus. The swelling was life threatening as it kept on enlarging over time. The cause of the swelling could not be established until KWS veterinarian was called to examine it for possible treatment.



CLINICAL EXAMINATION

When the elephant was immobilized for detailed physical examination, rigorous palpation of the swelling, auscultation revealed the presence of intestines in the swollen part. The intestines could be felt and it was possible to momentarily push them back into the abdomen and collapse the swelling (poach). Aspiration revealed that there was no fluid or pus in the swelling. It was described as abdominal hernia at the point of umbilicus. At the tip of the swelling was the umbilicus which was hyperemic and tense to the point of rupture due to increased tension from the abdomen.

This was a congenital case in which the umbilicus failed to close completely thereby creating a weak point through which intestines popped out and were only covered by a thin wall of abdominal muscle. Surgical treatment was recommended as the only way to save the elephants life. But surgical intervention had to be done fast or else the elephant was destined to die due to enlargement of the swelling and intestinal strangulation at some point.



CHEMICAL IMMOBILIZATION

Surgical treatment was arranged for another day. On 17th October, 2013, the elephant was again immobilized using 10mgs of etorphine Hcl combined with 5000 i.u of hyaluronidase. Anesthesia was constantly being monitored as the operation progressed. Vital physiological parameters such as respiration rate and depth, heart rate, blood pressure measured using arterial pulse on the ear pinna, colour of the mucous membranes, capillary refill time (CRT), and temperature were monitored throughout the operation. This ensured that the elephant did not experience respiratory depression, hypoxia or any adverse effect due to deep anesthesia; it also ensured that the elephant did not wake up at the middle of the operation or feel pain due to waning anesthesia. A temporary shade was set up using a large umbrella that covered the elephant from direct sunshine; a lot of water was poured onto the ears and other parts of the elephant to help control possible hyperthermia due to anesthesia.

SURGICAL PROCESS

The elephant was then put to lie on its back on dorsal position with one the hind legs tied to a vehicle to hold it in dorsal position. The swelling was cleaned with clean water and surgical spirit to disinfect it. The intestines were pushed by hand into the abdomen and anterior-posterior blunt incision made at the tip of the swelling. A local analgesia using lignocaine/adrenaline was infiltrated along the incision line to reduce pain as much as possible. The incision was enlarged to about 15 cm wide to allow full exposure of all the intestines and omentum in the swelling. Hemorrhage was controlled using Mayo hemostats and suture ligation depending on the type of the bleeding vessel. Pressure from sterile gauze swabs was also used to clean the site and control bleeding. Hemorrhage was kept at minimum throughout the operation.



The intestines and the omentum were then pushed back into the abdomen by gloved hands and held in position as the aperture/opening into the abdomen closed up using 3-0 catgut suture using simple interrupted pattern. The suture was done using a long curved cutting needle. There was too much pressure and tension from the abdominal organs popping out but this was managed by using double strand of suture and assistant surgeon holding the intestines back into the abdomen. Once the aperture into the abdomen was securely closed an antibiotic ointment (cloxacillin ointment) was applied along the suture line and we embarked on suturing the abdominal muscles.

Oblique abdominal muscles were sutured using 3-0 catgut using simple interrupted pattern, the suture material was folded to form a double strand so that it could be strong enough to hold back pressure from the abdominal contents. Another layer of suture was made on the subcutis muscles and abdominal fascia using the same suture material and pattern. An antibiotic ointment (cloxacillin ointment) was applied along every suture line to minimize chances of opportunistic bacterial infection.

The skin was closed using threaded nylon suture folded to form two strands attached to 6cm long curved cutting needle. Excess skin, fascia and fatty tissues that formed the hernia poach were retained and sutured together to help counter the tension from the abdomen after suture.

The skin was tough and thick and most of the times the needle could not penetrate easily. In such cases a surgical blade attached to a blade holder was used to puncture the skin at the point where the needle was to be inserted. Interrupted cruciate suture pattern was used to close the skin, a few simple interrupted suture patterns were also placed over the cruciate sutures for reinforcement. All the sutures were water tight to minimize the risk of wound gaping caused by pressure from the abdomen.

A bolus of long-acting oxytetracycline was inserted into the skin suture line to treat any postoperative infection. Large amounts of green clay paste was applied over the surgical wound to cover it completely, the clay forms a seal over the wound and has some antibiotic effects which facilitate faster healing. Other treatments instituted include injection of penicillin based antibiotics (Penstrep) and flunixin meglumine to treat any opportunistic bacterial infections and reduce pain respectively.

Soon after the surgical process was finish the ropes tied at the legs were released and the elephant was immediately revived from anesthesia using 60mgs of diprenorphine hydrochloride administered through the superficial ear veins. The elephant regained consciousness and rose up steadily but carefully feeling some mild pain on the surgical site. Eventually it stood up and posed for a while before it moved away and joined the rest of the herd nearby.

CONCLUSION

The surgical process lasted 3 hours and anesthesia was topped up twice with etorphine Hcl; after one and half hours and after two and half hours respectively. Prognosis was good after the surgical intervention, the elephant is constantly being monitored and the wound is healing well.

CASE 8: OCTOBER 21ST 2013

TSAVO EAST NP

INJURED ELEPHANT

A report of a male elephant with an injury on the left hind limb was received from Tsavo East. A sky veterinary team visited the area to attend to the case. After observation a decision was made to immobilize the animal for examination and treatment.



DARTING

A preparation of etorphine 18mg in a 2ml dart was made. Using dan-inject rifle, the elephant was darted from a vehicle. Immobilization took 12 minutes to take effect.

OBSERVATION

The male elephant had a pus filled penetrating wound on the left hind limb.



MANAGEMENT

The infected region was cleaned using clean water and hydrogen peroxide. It was then lavaged using povidone iodine. All the dead matter was debrided to give a fast healing effect. Green clay was then applied to give a healing effect. The elephant was injected with 20000mgs of tetracycline (L.A) at two different sites into muscles. The operation took 30 minutes

REVERSAL

The reversal was done after management of the wound. A preparation of 54 mg diprenorphine was administered IV into the ear vein. The reversal took 7 minutes and the elephant was up again and strong.

PROGNOSIS:

Good

CASE 9: OCTOBER 27TH 2013**RUKINGA RANCH****INJURED ELEPHANT BULL**

This case was reported by the security officer in charge of the Rukinga ranch. While on patrol around Rukinga dam they came across an elephant bull with a swollen fore limb. The elephant was on sight and was attended to under the Sky-Vet program from the veterinary headquarters in Nairobi.

On arrival at the site, the elephant could barely move as it was evidently in pain and listless. General observation revealed an emaciated bull with protruding bony prominences. He was hesitant to move and thus preferred being near the water pool, standing under a tree while resting the left forelimb.



IMMOBILIZATION AND PHYSICAL EXAMINATION

To ascertain the extent of the injuries, the elephant was immobilised using 18mg Etorphine Hcl with a combination of 1500 IU Hyaluronidase in a 3ml dart. Darting was done from a car using the Dan inject® system.

It took 10 minutes for the drug to take effect and the Elephant went on a left lateral recumbency. On closer examination, multiple penetrating (gunshot) wounds could be seen on the axillar aspects of the left forelimb, another one anteriorly through the thoracic wall and another one lodged laterally on the left knee joint. The wounds were oozing purulent discharge.



TREATMENT

The wounds were probed with a long haemostatic forceps to ascertain the depth and determine if the projectile heads were retrievable. All the wounds were cleaned with copious volumes of water and the pus drained. 10% Hydrogen peroxide was also flushed in to remove dead tissue and Lugol's iodine used to irrigate the wounds. Topical antibiotic spray (Oxytetracycline) and green clay was also applied in the wounds. Systemic administration of 15 000mg amoxicillin was done via intramuscular injection.

REVIVAL

48 mgs of Diprenorphine hydrochloride was administered through the ear vein. The elephant attempted to rise up but was overwhelmed. The veterinary team tried assisting it up through roping and pulling it up but the attempts were unsuccessful. After several hours of attempted efforts, a consultative decision was made to euthanize the bull so as to get rid of pain and suffering.

Both tusks were retrieved and handed over to KWS security team at Rukinga ranch for safe custody.

CASE 10: OCTOBER 26TH 2013**TSAVO EAST****INJURED LION**

While on routine patrol, the DSWT- Bura desnaring team came across a Lion that got injured while fighting for a mating partner near Aruba dam. On general examination, the lion exhibited a leg carrying lameness and was walking with difficulty.

**IMMOBILIZATION AND PHYSICAL EXAMINATION**

The lion was remotely darted with a combination of 4mg medetomidine Hcl and 290mg of Ketamine Hcl. The drug took 10minutes for full effect. On physical examination, the Lion was in good body condition and the bite wounds were clearly visible, laterally on the left foreleg around the carpus, elbow and shoulder region. Palpation revealed intact bones with soft tissue swelling distally around the carpus. The bite wounds were discharging pus. Further examination revealed a laceration at the mucosa of the lower lip. Evident bite wounds see laterally on the left forelimb

TREATMENT

The pus was expressed and the wounds flushed with 10% Hydrogen peroxide. Lugol's iodine was used to clean the wounds before topical treatment with antibiotics and Alamycin® spray.

Parenteral treatment was done with Intramuscular injection of 3000mg Amoxicillin and 20mg dexamethasone.

REVIVAL

15mg Atipamizole Hcl was injected intramuscularly about one hour after the last Ketamine dose. There was a smooth recovery from anesthesia.



CASE 11: OCTOBER 30TH 2013**MAASAI MARA****INJURED LION**

A lioness was reported injured and lame on 30TH October 2013. The lioness had not moved from the same spot for 24 hrs. hence speculating serious injury. The veterinary team was informed and immediately attended to the case. The lioness had young cubs (about 9 months old) hence the need for urgent and immediate attention.

**IMMOBILIZATION**

The lioness was immobilized using 4 mg medetomidine and 295 mg ketamine in a 2ml dart. The lioness was immobilized after 10min. Darting was done from a vehicle using the dan inject system. Opticlox (eye ointment) was applied on the eyes and a blind fold applied.

EXAMINATION;

On close examination, the lioness had no physical injuries. However on palpation it was evident that there were internal muscle tears. She also had some injuries on the hind paws.

TREATMENT

The wounds on the paws were cleaned using clean water then flushed using hydrogen peroxide. They were then lavaged using tincture of iodine. The lioness was then given a dose of 4500 mg Amoxicillin (L.A), 15 ml Catasol and 750mg flunixin meglumine to manage the pain and inflammation.

PROGNOSIS;

Good

CASE 12: OCTOBER 30TH 2013

TSAVO EAST NP

SPEARED ELEPHANT

The speared elephant was a member of a herd of eight adult bulls sited at the watering point just by the Ngutuni Lodge. The manager of the lodge reported the cases in time and the veterinary team responded appropriately.

On general examination, this particular bull had an obvious protruding mass at the lateral aspect of the right thigh. This swelling had an opening that was discharging pus.



IMMOBILIZATION AND PHYSICAL EXAMINATION

The elephant was darted using the Dan inject[®] remote darting system with 18mg Etorphine Hcl combined with 1500IU Hyaluronidase. Effective anesthesia was achieved within 12 minutes and the animal adopted a right lateral recumbency.

We noticed some mild wounds which were cleaned with water and treated with Lugol's iodine before it was roped over to a left lateral recumbency to expose the swollen side. A large volume of pus was drained from a pus filled pocket which had formed subcutaneously.

TREATMENT

The swelling was lanced to enhance drainage and to facilitate access to the underlying necrotic fibrous tissue which had plugged the point of entry of the arrow. The plug was removed and large volumes of pus oozed out from within the thigh muscle tissue. An arrow head was recovered while probing the wound within the muscles. The wound was cleaned with copious amount of water and 10% used to clean the necrotic tissue. Lugol's iodine was also irrigated on the wound and topical antibiotics applied together with a plug of green clay to facilitate healing. Large volume of pus drained from the thigh region and necrotic debris removed.

REVIVAL

Reversal of anesthesia was done using 48mg Diprenorphine Hcl and the elephant recovered in 2 minutes. The prognosis of the case is good as the insult was lodged out.



CASE 13: OCTOBER 31ST 2013**MAASAI MARA****INJURED LIONESS**

A lioness was reported injured and lame on 31st October. The lioness did very limited movements hence speculating serious injury. A veterinary team was dispatched to the reserve for clinical intervention. The lioness also had young cubs (5 months old) hence the need for urgent and immediate attention.

**IMMOBILIZATION**

The lioness was immobilized using 4 mg medetomidine and 295 mg ketamine in a 2ml dart. The lioness was immobilized after 8 min. Darting was done from a vehicle using the dan inject system. Opticlox (eye ointment) was applied on the eyes and a blind fold applied.

EXAMINATION

On close examination, the lioness had deep wounds on the hind limbs and on the spinal region. The wounds were about 2 days old. On speculation, the wounds could have been gotten after a fight with another wild animal.

TREATMENT

The wounds were cleaned using clean water then flushed using hydrogen peroxide. They were then lavaged using tincture of iodine. The lioness was then given a dose of 4500 mg Amoxicillin (L.A), 15 ml Catasol and 750mg flunixin meglumine to manage the pain and inflammation.

PROGNOSIS

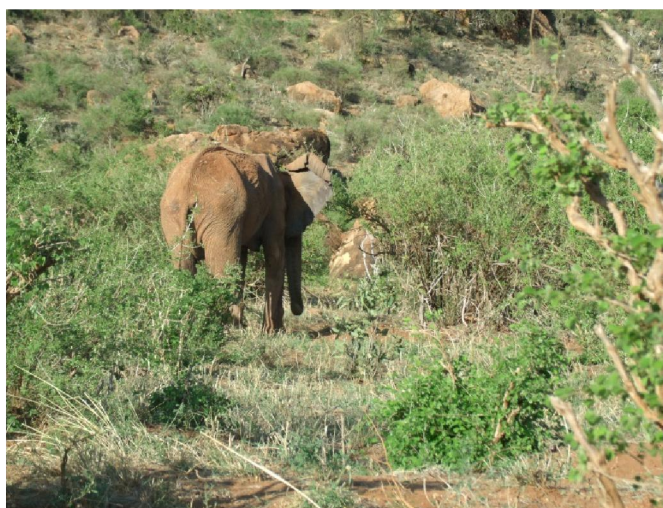
Good- The lioness was spotted hunting and later found feeding on a zebra 2 days after treatment.

CASE 14: NOVEMBER 2ND 2013

TSAVO EAST NATIONAL PARK

INJURED ELEPHANT

A tourist reported a lame elephant just by the roadside near the voi safari lodge. The mobile veterinary unit responded in time to confirm and attend to the case. On general observation, the elephant was very weak and emaciated. It was dragging its right hind limb which was swollen distally.



IMMOBILISATION AND PHYSICAL EXAMINATION

The elephant was darted on foot using 15mg Etorphine Hcl together with 1500 IU Hyaluronidase combined in a 3 ml dart since the terrain was not reachable by a vehicle. It took 10 minutes for the drug to take effect and the elephant adapted a left lateral recumbency.

On physical examination the right limb was swollen distally at the level of the tarsus. Pus was discharging from a wound that penetrated through to the tarsal joint. Probing revealed loose irregular bone fragments that were confirmed to be tarsal bones. On palpation through the wound, a fractured end of the distal tibia could be felt. The wound was septic and the chances of recovery were negligible.

DIAGNOSIS

Complete open fracture at the tibia-tarsal joint and secondary septic osteoarthritis. The prognosis for this case is poor due to the complexity of the tarsal joint and the resultant infection. For welfare reasons, animals should be free from pain and suffering and hence euthanasia is best for this case.

CONCLUSION

The elephant was euthanized to relieve it from pain and suffering