SEA TURTLE CLINICAL EVALUATION FORM

IDENTIFICATION

Primary identifier #: _____ **Other identifier(s):** _____
(Used by Stranding Network) (Patient name / other stranding number)

Agency/Facility: _____

Veterinarian: _____

SPECIES ID & MORPHOMETRICS

Species: ☐Loggerhead ☐Green ☐Leatherback ☐Hawksbill ☐Kemp's Ridley ☐Olive Ridley ☐Hybrid ☐Unknown

Carapace length (nuchal notch to tip of pygal)**:**_____ ☐ Straight ☐ Curved **Body weight:**_____ ☐ kg ☐ lb ☐ actual ☐ est.

BASIC BEHAVIORAL ASSESSMENT

Alertness: ☐Bright & alert ☐Quiet ☐Depressed ☐Not conscious ☐Dry dock required

Activity level: ☐Very active ☐Somewhat active ☐Inactive

Responsiveness to handling/stimulation: ☐Very responsive ☐Somewhat responsive ☐Minimally responsive ☐Unresponsive

Neurological status: ☐Normal ☐Abnormal (complete neuro exam form) ☐CBD (Cannot be determined/evaluated)

Comments:_____

_____

_____

PHYSICAL EXAMINATION

Epibiota coverage: **Head/appendages:** ____% **Carapace:** ____% **22c. Plastron:**____%

Heavily encrusted w/ epibiota **☐Leeches/eggs** **☐Gooseneck barnacles**

Describe epibiota:_____

_____

Body condition score: ☐1(emaciated) ☐2 ☐3(normal) ☐4 ☐5 (obese) **☐Eyes sunken** **☐Plastron depressed**

Dehydration suspected? ☐No ☐<5% ☐5-10% ☐>10% **☐Appears gaunt**

Comments:_____

_____

Skin (head/appendages): ☐Normal ☐Abnormal **Carapace:** ☐Normal ☐Abnormal **Plastron:** ☐Normal ☐Abnormal

Eyes: ☐Normal ☐Abnormal **Nares:** ☐Normal ☐Abnormal **Tympanum:** ☐Normal ☐Abnormal

Rhamphotheca (beak): ☐Normal ☐Abnormal **Oral cavity:** ☐Normal ☐Abnormal

Mucus membranes: ☐Normal ☐Abnormal **Glottis:** ☐Normal ☐Abnormal **Tongue:** ☐Normal ☐Abnormal

Vent/cloaca: ☐Normal ☐Abnormal **Prefemoral palpation:** ☐Normal ☐Abnormal

Musculoskeletal palpation: ☐Normal ☐Abnormal

Describe any injuries or other abnormalities: _____

_____

_____

_____

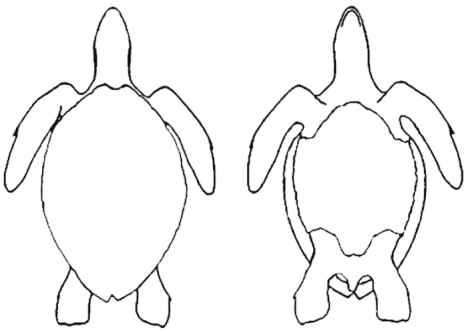
_____

_____

_____

_____

_____



TEMPERATURE, PULSE, RESPIRATION

Temperature:_____ ☐cloacal probe/thermometer ☐external **Heart rate:**_____bpm **Respiratory rate:**_____bpm

Respiratory sounds: ☐Normal ☐Abnormal **Comments:**_____

DIAGNOSTIC PROCEDURES

IMAGING **Radiographs:** ☐No ☐Yes If yes: ☐Normal ☐Abnormal **Other imaging:** ☐CT ☐MRI ☐Ultrasound

Findings & interpretation:_____

HEMATOLOGY AND BLOOD CHEMISTRY (INITIAL RESULTS)

Date of initial bloodwork: _ _ / _ _ / _ _

Analyses (check all done): ☐Blood smear evaluation ☐Hematology ☐Plasma biochemistry panel ☐Point of care analyzer

Location sample collected: ☐Cervical sinus/ext. jugular vein ☐Caudal vein ☐Internal jugular ☐Other:_____

PCV: _____% **Total solids:**_____ (mg/dl) **Glucose:**_____ (mg/dl)

Plasma/serum color: ☐Clear ☐Yellow ☐Green ☐Red-tinged ☐Red ☐Milky

Findings & interpretation:_____

MICROBIOLOGY & PARASITOLOGY

Cultures submitted: ☐No ☐Yes If yes: ☐Bacterial ☐Fungal ☐Blood ☐Other:_____

Culture sites(s):_____ Date(s):_____

Fecal analysis: ☐Flotation ☐Direct ☐Sedimentation Date(s):_____

Findings & interpretation:_____

BIOTOXIN ANALYSES

Samples submitted ☐No ☐Yes If yes, collection date(s):_____

Sample type submitted (check all submitted): ☐Plasma ☐Serum ☐Whole blood ☐Feces ☐Urine

OTHER DIAGNOSTICS: _____

BANKED SAMPLES

☐Plasma, date(s):_____ ☐Serum, date(s): _____

☐Feces, date(s):_____ ☐Urine, date(s): _____

Provisional diagnoses, final diagnoses and other comments: _____