



Reptile & Amphibian Emergencies

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Husbandry

While critically important, this is a topic that deserves its own lecture.

Good resources:

- Association of Reptile & Amphibian Veterinarians (arav.org)
- LafeberVet
- Mader's Reptile and Amphibian Medicine and Surgery 3rd edition
- Reptiles Magazine (use with caution)



Signs of Illness (general)

- Depression, inactivity
- Eyes sunken, closed, bulging
- Anorexia
 - May be associated with seasonal changes and breeding activity (not illness)
- weight loss/changes in body condition
- Behavior change
 - Often dependent on owner for this observation
 - Caution: this relies on owner knowing normal behavior of the species they keep



Signs of Illness (order specific)

- Testudines
 - Shell lesions
 - Ulcers
 - Fractures
 - Discharge
 - Red/pink discoloration at scute junctions and on skin around legs

- Lizards
 - Chameleons weak or absent grip
 - Color change to a darker color than is normal
 - Varies by species
 - May be normal stress/excitation response in some species





Signs of Illness (order specific)

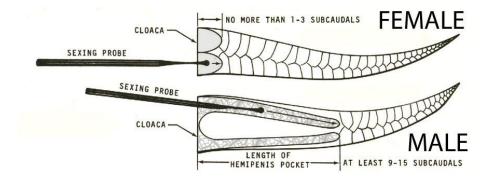
- Snakes
 - Stretched out or uncoiled body position
 - Loss of tongue flicking
 - Loss of righting reflex
 - Unusual aggression
 - Typically due to pain



Sex determination

- Owners may not know the sex of their animal or may be mistaken
- Females with reproductive tract disease are common
- Don't rely on owners to know

- Snakes
 - Typically not sexually dimorphic
 - Most accurate
 - Probing caudal cloaca
 - Visualize/eversion of hemipenes

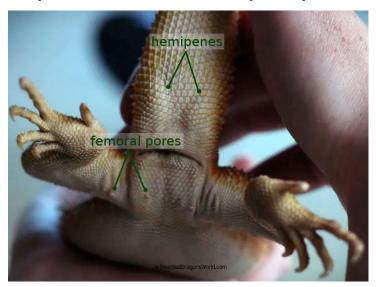






Sex determination

- Lizards
 - Hemipenes visible
 - Sexually dimorphic in some
 - Except skinks nearly impossible



Turtles

- Varies by species
- Typically males have longer tails with more distal cloacal opening



Female Cloaca Closter To Scutes



Male Cloaca Coster To Tail's Tip



Common Reptile Emergencies

- 1. Trauma
- 2. GI foreign bodies
- 3. Reproductive Disease
- 4. Respiratory Disease
- 5. Neurologic presentations
- 6. (Owner perception/concern)



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Trauma – more than just broken limbs

- Thermal injury
- Fractures
- Lacerations
- Bite wounds
 - Self inflicted and otherwise
 - Bitten by feeder insects (eyes & facial structures)

- Back to basics
 - Analgesia
 - Antimicrobials?
 - Stabilization of fractures
 - Diagnostics
- Wounds take longer to heal compared to mammals



Trauma

Plastron fracture





• Prey (rat) bites





Trauma

• Chronic, necrotic tail wound



Post amputation





Trauma

Thermal injury



Thermal injury





Analgesia

Opioids

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Pure mu agonists only

Hydromorphone 0.5 mg/kg SC/IM q24hr

Methadone 3-5 mg/kg SC/IM q24hr

Tramadol

10-11 mg/kg PO q48-72 hours (most species)
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NSAIDs

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Meloxicam 0.5 mg/kg PO/SC/IM q24hr (limited efficacy data, reserved for larger patients)
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Local

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Lidocaine 2-5 mg/kg (10 mg/kg maximum)
Bupivacaine 1-2 mg/kg q4-12hr (4 mg/kg maximum)
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Antimicrobials

- Not everything needs ceftazidime!
- Consider PO
 - Enrofloxacin, ciprofloxacin
 - SMZ (choice of least concern for resistance but often less effective compared to fluoroquinolones)
- Injection
 - Ceftazidime doses and frequency vary by Order & Species (turtles vs lizards vs snakes)
 - Enrofloxacin use with caution, dilute in saline
 - Sterile injection site abscess
 - Aminoglycosides caution unless well hydrated
- Nebulized
 - Most drugs that can be used via injection
- Topical
 - Dilute betadine soaks (10-20 minutes q12-24hrs, dry docking w/ turtles)
 - SSD (light layer q12hr, some recent anecdotal work may indicate delayed healing)



Stabilization

- Splints
 - Tape, tongue depressors
- Bandages
 - Lizards bandage leg to tail or body in extended position
- Shell fractures
 - Do not close until any potential infection has been addressed





GI Foreign Bodies

- Substrate
- Overly large prey
- Accidental scavenging during free roaming

- Imaging
 - Rads vs. CT vs. Ultrasound
- Fluid therapy
- Analgesia
- Provide POTZ
- (surgery)



Fluid therapy

- Maintenance requirement: 10-15 mL/kg/day
- Correct dehydration in the fashion it occurred
 - If acute, correct more quickly (48-72 hours)
 - If chronic, correct slowly (72-96 hours)
- Perfusion deficits
 - Crystalloids 5-10 mL/kg bolus
 - Colloids 3-5 mL/kg bolus
- Routes
 - Preferred IV, SC, PO
 - Last resort intracoelomic
 - Compression of lungs



Fluid therapy

- Replacement fluids
 - LRS
 - Norm-R
 - Plasmalyte 148
- Maintenance fluids
 - Normosol-M
 - Plasmalyte 56
- Blood transfusion
 - If you think you need this, please call





Preferred

Optimal

Temperature

Zone

POTZ



Thermal Support/POTZ

- Essential for drug metabolism, organ function, healing
- Generally, 80-90 F
 - Varies by species
 - There are resources to find this information for common species
 - ARAV, VIN, Mader's text
 - Carpenter Formulary



- Pre-ovulatory follicular stasis
- Dystocia (Egg Bound)

- Signs
 - Depression
 - Anorexia
 - Cloacal prolapse
 - tremors

- Diagnosis
 - Coelomic palpation
 - Imaging (rads vs. ultrasound)
 - Ca:P
 - Exploratory coeliotomy







- Support care
- Rarely a need for emergency surgery
- Reduction of cloacal prolapse

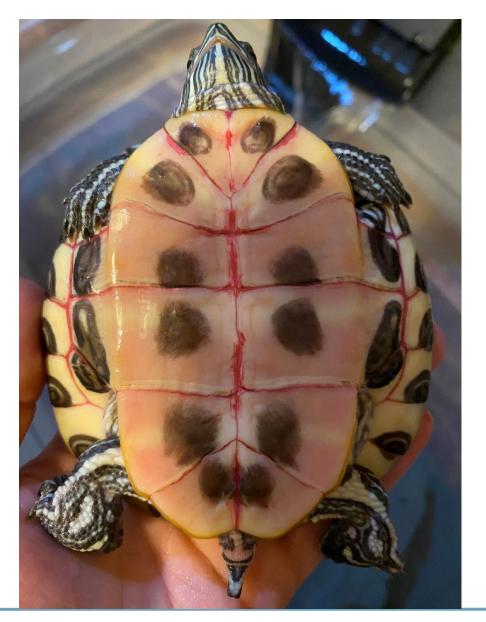
- Follicular stasis
 - Challenging to differentiate normal from abnormal w/o owner history
 - Not a surgical emergency

- Dystocia critical windows
 - Snakes
 - 24 hours
 - Lizards
 - 47-72 hours
 - Turtles
 - Surgery rarely indicated for true dystocia
 - exceptions:
 - Broken/ruptured eggs
 - Sepsis
 - Eggs that are too large (subjective)



 Look for evidence of coelomitis/sepsis











Respiratory Disease

- Signs: open mouth breathing, nasal discharge, increased moisture in mouth, buoyancy alterations (aquatic/semi aquatic)
- No diaphragm = coelomic disease alters respiration
- Pneumonia (bacterial, viral, fungal, verminous)
- Tracheitis/tracheal obstruction
- Nasal obstruction (Dysecdysis)



Respiratory Disease

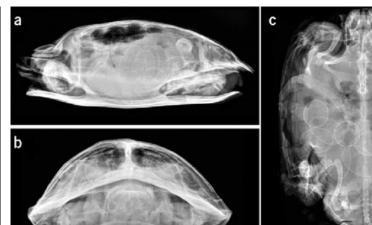
- Oxygen supplementation
 - NO more than 40%
- Nebulize w/ saline
- Warm slowly to POTZ
- Imaging
 - Lateral, DV, Cranial-caudal (turtles)
 - Symmetry of lungs
 - Densities w/in lungs

 May not be appropriate to assist feed until less dyspneic

• Stabilize, image, transfer















Neurologic Presentations

- Tremors, seizures, muscle weakness
- Loss of righting reflex, rolling/torticollis



- NSHP vs. renal hyperparathyroidism (older animals)
- Viral infection
- Primary CNS disease (abscess, neoplasia)
- Neuroendocrine gastric neoplasia (Bearded Dragons)



Metabolic Disease

- Nutritional secondary hyperparathyroidism (NSHP)
 - "Metabolic Bone Disease"
- Never acute
- Often concurrent w/ more emergent disease process as a secondary sequalae
- Always a safe assumption
- Guarded to poor prognosis







Metabolic Disease



- General treatment
- Ca Gluconate 100 mg/kg PO/IM q24hr x 30 days
- Analgesia
- Vitamin AD 0.15 mL/kg IM once
- Nutritional support



CPR

- Respiratory
 - 1 to 6 breaths per minute
- Intubation with uncuffed ET tube or catheter sleeve
- Ventilate with room air or 40% oxygen

- Cardiac
 - Tolerant of significantly lower HR
 - No published information about compressions
- Thermal Support!



Med Doses

- Atropine
 - 0.1-0.2 mg/kg IV, IM, IO, IT
- Epinephrine
 - 0.1 mg/kg IV
- Glycopyrrolate
 - 0.01-0.02 mg/kg IV, IM

- Nutrition
 - Start with 1% of weight in grams SID
 - Slowly increased to 3% over the course of a week



Amphibians

- Not just reptiles without scales
- More sensitive to topical exposures
 & transdermal toxins

- Oral/injectable meds > topical
- Fungal infections more common compared to reptiles

- Common diseases
 - NSHP
 - Cloacal prolapse
 - Dermatitis
- Water Quality
- Gloves
- Vitamin A



Chromomycosis in a White's Tree Frog

- Contagious between cage mates
- Often systemic







Ornate Horn Frog (Pacman Frog)









Amphiuma



• Crocodile Skink





Nile Monitor



• Blue Tongue Skink





Uromastyx



Senegal Chameleon





• Spotted Salamander

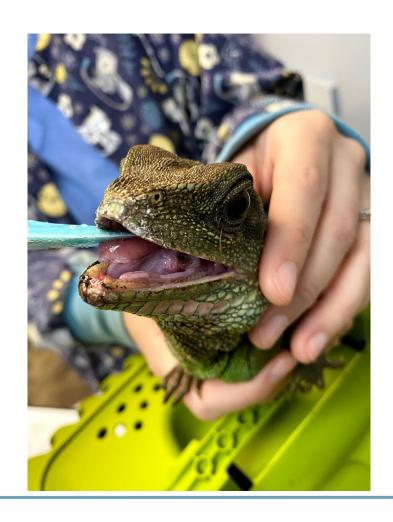


• Florida Softshell Turtle





Mandibular symphysis fracture secondary to NSHP







Monitor threat stance/dance



