Parasitic infection of Heterakidae family in a Rosy Pelican

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plus web supplement of 1 page

Two Rosy Pelicans aged about nine months weighing 2.5kg and 3kg, respectively were reared at the Department of Forests and Wildlife, Puducherry. As a general health checkup two pelicans were examined for endoparasitic infection. Fresh faecal droppings were collected from them during the month of October 2006. Standard parasitologic techniques for examination of faecal droppings were done as per the method described by Soulsby (1982). Both the direct smear and centrifugal floatation technique revealed the presence of parasitic eggs. Of the two pelicans examined, one of them had harboured parasitic egg. The morphology of the egg was unique to the egg of parasite belonging to the family Heterakidae. The egg was oval with smooth shell and unsegmented in nature (Image 1[w]). Because a specific diagnosis cannot always be made from the eggs it may be necessary to cultivate the larvae from those eggs that hatch in free state (Soulsby, 1982). Hence, the parasitic infection is identified up to the family level Heterakidae. But the morphology of the egg was comparable with either *Heterakis* sp or *Ascaridia* sp. Soulsby (1982) stated that the family Heterakidae consists of parasites like *Heterakis* sp and *Ascaridia* sp etc., which can infect water birds.

However, Dyer *et al.* (2002) reported nematodes like *Contracaecum* sp, *Eustrongylides* sp, *Syngamus* sp, *Tetrameres* sp, *Physaloptera* sp, *Paracuaria* sp in Brown Pelican. Perusal of literature revealed that studies on endoparasitic infection of pelicans in India are scanty. An ascarid, *Contracaecum* sp was reported in the Brown Pelican *Pelecanus occidentalis* (Grimes *et al.*, 1989; Greve *et al.*, 1986).

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[w] See Image 1[w] in the websupplement at www.zoosprint.org

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Treatment of an injured Indian Cobra *Naja naja*

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plus web supplement of 1 page

A bicellate Indian cobra *Naja naja* was presented by Snake Helpline, an NGO working for the conservation of snakes, with the history that the snake was moving sluggishly with bleeding from its mouth near village Chandrasekharpur outskirts of Bhubaneswar city. The local people informed the NGO who brought it to Veterinary College. The cobra was anaesthetized with 60mg of ketamine hydrochloride administered intramuscularly. The cobra weighted to be 3.1kg. After 5min its mouth cavity was opened which revealed both of its fangs absent with deep wounds (Image 1[w]). The skin and muscles were partly separated from left side of lower jaw and hanging down. A dorso-ventral radiograph was taken which showed unilateral mandible fracture with multiple fragments (Image 2[w]). The wounds were cleaned with sterile gauze (Image 3[w]) and dressed with 5% povidone-iodine lotion. Post-operatively gentamycin 50mg was injected intramuscularly once daily for three days. Fifty ml of 5% DNS was administered into the stomach using an infusion set pipe lubricated with xylocaine 2% jelly (Image 4[w]). Tube feeding was continued once daily for five days with dressing of the wounds. The snake became active by the sixth day and started moving. Glucose water and milk in separate pans were kept in its enclosure which it took without any difficulty. The Snake Helpline kept it for a month and then released it into nature.

Indian Cobras, being highly poisonous, are likely to be injured by people in panic as happened in this case. Ketamine hydrochloride at the dose rate of 20mg/kg body weight was injected intramuscularly for dressing of intra-oral wounds with slight mobility which prompted us to use xylocaine jelly for lubricating the feeding tube. The similar dose rate was recommended by Glenn *et al.*, 1972 for tranquilizing snakes around 2kg with slight mobility. Since there were multiple fragments no attempt for fracture repair was undertaken. Tube feeding and dressing of the wounds helped in the recovery of the snake

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Editor's Note: Although releasing such snakes could be termed 'humane', this course of action is not recommended due to the incapability of the snake to hunt.

[w] See Images 1-4[w] in the websupplement at www.zoosprint.org

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