

# Glomerulonephritis Secondary to a Perforated Duodenal Ampulla with Peritonitis in a Bottlenose Dolphin (*Tursiops truncatus*)

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## Abstract

A 12-year-old, male, bottlenose dolphin (*Tursiops truncatus*) with a previous good health history suffered an acute episode of pseudomembranous enteritis caused by *Clostridium perfringens* in June 2007. The initial treatment included metronidazole 7.5 mg/kg PO BID, Tetracycline 40 mg/kg PO BID, oral fluids and a gastric protector. Though the animal appeared to have recovered and was fine for the subsequent four months, his appetite never completely returned to normal and in October 2007 he became anorexic, exhibiting obvious post prandial pain that got progressively worse over the following months.

In January 2008 he developed a regenerative anemia and by February obvious hematuria and dysuria were detected, worsening over time. Urine analysis confirmed a protein losing glomerulopathy. At the time his weight loss had reached 40 kg and a daily tube-feeding program with fish formula had been established to try to revert the loss. Blood work included hemogram, complete biochemistry profile, fibrinogen, SR and ionogram. High fibrinogen was the most constant alteration; the WBC count was also generally high but showed large variations. Gastric samples were collected weekly and had an abnormally high WBC cell count.

Over these months a series of medical procedures (i.e., endoscopy, colonoscopy, contrast X ray, abdominal ultrasound and CT scan failed to help make a definitive diagnosis). Despite all the attempts to stop the progression of the disease and control the symptoms, the animal died one year after the initial enteritis with severe renal failure. The main post mortem findings were severe ascites with necrotic material in suspension and rupture of the duodenal ampulla with localized peritonitis. The histopathology report confirmed a protein losing glomerulopathy.

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## SPEAKER INFORMATION

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