STANDARD OPERATING PROCEDURE SOP# 619

COMMON RODENT TREATMENTS

1. PURPOSE

The intent of this Standard Operating Procedure (SOP) is to describe common treatments used in the Rodent Veterinary Care Program and provides a support tool for the veterinary care staff when treating the most frequent rodent medical conditions.

2. RESPONSIBILITY

Veterinarian, veterinary care staff.

3. GENERAL CONSIDERATIONS

3.1. Document all observations and treatments.

3.2. Prior to establishing any treatment plan, the principal investigator's (PI) approval must be given.

3.2.1. Common treatments can be pre-approved with the Veterinary Care Information Sheet.

3.2.2. If a treatment is not listed in the Veterinary Care Information Sheet or if emergency euthanasia is required, the PI staff must be contacted before starting the treatment or performing euthanasia. If no PI staff is available, seek veterinarian approval.

3.3. Refer to Annex 1. Each medical case can be subject to individual differences. This SOP should not replace the veterinarian evaluation and should only be used as a general overview of the most common treatments. All medical conditions that differ from the ones described or fail to improve after treatment must be discussed with a veterinarian.

3.4. Always evaluate the possible pain that can accompany the clinical condition. Refer to Rodent Analgesia SOP for Pain Grimace Scale.

3.5. In cases where the PI or their research staff are in disagreement with the treatment plan, the veterinarian has the authority and the

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Annex 1 - Frequent rodent medical conditions and treatments

Diagnosis	Clinical Signs	Treatment	Clinical Endpoint
Abdominal Distention	Marked abdominal distension present in an animal that is not pregnant.	Palpate abdomen to determine possible presence masses. Assess general condition. If the animal is doing otherwise well with no other clinical signs, monitor 2x/week.	If animal is showing any signs of distress (lethargy, hunched, weight loss, BCS < 2, dehydration, respiratory distress), or if an abdominal mass is palpable, euthanasia is recommended.
Conjunctivitis	Closed or partially closed eyelid(s), redness of the ocular or the periocular tissues and/or presence of ocular discharge.	• Cut front and hind nails 1x week. • Can be treated with application of antibiotic ophthalmic ointment to the affected eye 2-3 times per day for 5-7 days. • If no improvement after a week, daily treatment can be changed to an antibiotic ophthalmic ointment containing a corticosteroid, for 5-7 days. Perform a fluorescein test to rule out corneal ulceration prior to starting treatment with a steroid. • If condition does not resolve, consider isolating agent with culture swab.	
Corneal Ulceration	Corneal ulceration confirmed with fluorescein staining	• Contact research staff to determine if animal is valuable. • Administer systemic analgesics • Consider application of antibiotic ophthalmic ointment to thn 0 9.96 310.68 313.44 Tm [(a 6 (ma-4 (t)-3.3 (i)-1 (n)1 Tf 9.96 -0 0 (i)-1 (n)1 Tf 9.96)-3.9 (n)-9.	

Diagnosis	Clinical Signs	Treatment	Clinical Endpoint
Dystocia	Normally, pups are delivered every 30 minutes. If retained pups are present and no pups have been delivered within 1 hour, the animal is in dystocia. The animal will usually be hunched and/or in poor general condition.	• If pups are more valuable than female, the female can be euthanized for a caesarean section and pups can be fostered to another available lactating female. Note that in most cases, pup survival is poor. • If female is in good condition following dystocia but still has retained pups, systemic antibiotics can be administered for 5-10 days with daily monitoring. • If female recovers and no more retained pups are palpable, and if she is invaluable to the breeding program, female may be bred again in 2-3 weeks.	If animal is hunched and weak, and has been in dystocia for an unknown amount of time, euthanasia is recommended
Ear Tag Ulceration	Skin ulceration on the ear caused by the presence of an ear tag.	• Cut nails of hind paws • Clean area with disinfectant solution, e.g., chlorhexidine 0.2%. • Consider removing the tag with hemostatic forceps or pliers, if possible. • If not possible, apply 1-2 drops of local anesthetic around ear tag and wait a few minutes. Incise the ear to remove ear tag. • Consider administering systemic anti-inflammatory for 3 days to help reduce the associated inflammation and pain. • Monitor a few days later to evaluate the progression of the condition	
Fighting Lesions (Minor)	Seen mostly in male mice. Usually fighting wounds are seen on the rump, base of tail, tail, penis, and sometimes on the limbs.	Minor: • Add extra environmental enrichment, e.g., Envirodri® or aspen shavings. • If needed, treat wounds topically. • Monitor for the next few days for new lesions. • If fresh lesions are seen, despite treatments and interventions, separate dominant animal. • Once lesions are dry and healing, monitor as needed until wounds have completely healed.	

Diagnosis	Clinical Signs	Treatment	Clinical Endpoint
Fighting Lesions (Severe)		Severe: • Separate dominant animal if easily identifiable (animal with no wounds) or most wounded animals. • Treat wounds topically. • Consider administering systemic anti-inflammatory for up to 3 days to help reduce the associated inflammation and pain. • Add extra environmental enrichment, e.g., Envirodri®, aspen shavings. • Monitor for the next few days for [illegible]	

Diagnosis	Clinical Signs	Treatment	Clinical Endpoint
Seizures	Often induced by cage or animal manipulation. The animals can freeze, fall over, and lie on their sides while paddling the legs.	• Handle with care and as little as possible • Place cages in a low traffic areas in the room. • Monitor general health of the animal (2x/month or as needed)	If animal's general condit[illegible]