

Formatting Instructions for IAAAM Proceedings

Authors are encouraged to use the accompanying sample as an example of format and structure

1. Use one inch margins on sides, top, and bottom of each page. Text should be full justified (do not use left or right alignment and do not number pages).
2. The entire title should appear in **BOLD UPPERCASE** letters at the top of the first page, using a Times or Times Roman 14 point font, single spaced. Double space to the author line.
3. Names and current professional affiliation of all authors should be listed below the title at the top of the first page in **bold** Times or Times New Roman 12 point font, single spaced. The name of the author presenting the paper should be identified with an asterisk (*), and affiliation addresses should be italicized. Double space to **ABSTRACT**.
4. Start the abstract/manuscript with the heading **ABSTRACT** in bold uppercase letter, double space to abstract/manuscript text.
5. The text of the abstract/manuscript should be single-spaced, using a Times or Times New Roman 12 point font throughout the text. Scientific names should be in *italics*.
6. Student abstracts must be 500 words or less to be considered for Student Travel or Presentation Awards.
7. Avoid heavy solids or graphics with dark backgrounds. Simple line drawings or graphics reproduce the best and are encouraged.
8. References, if included, should be cited in the abstract/manuscript text with superscript numbers corresponding to their alphabetical order. Superscript numbers should follow the punctuation. The **LITERATURE CITED** section should be arranged alphabetically at the end of the manuscript. All references contained in the reference list must be cited in the text. Citation style is provided in the example abstract.
9. Students should email a separate copy with student classification noted to the Student Liaison Committee Chair, Dr. Lisa Murphy (murphylp@vet.upenn.edu) to apply for travel support. Only abstracts for oral presentations will be considered for student travel awards. Presentation award categories are Basic Research, Descriptive Investigation, Case Report, and Poster.
10. Double check for spelling errors and compare your format with the accompanying sample.
11. The abstracts should be informative and stand alone. Using “to be described or discussed” is not acceptable.

USE OF GASTROINTESTINAL ENDOSCOPY IN EVALUATION OF A GREEN MORAY EEL (*GYMNOTHORAX FUNEBRIS*) SUFFERING FROM CHRONIC REGURGITATION

Jenny Meegan,^{1*} Inga F. Sidor,² Nicole Roddy,² Cara Field,² Catherine Ellis,² and J. Lawrence Dunn²

¹University of Florida, College of Veterinary Medicine, Gainesville, Florida, 32610, USA

²Mystic Aquarium and Institute for Exploration, Mystic, Connecticut, 06355, USA

ABSTRACT

An adult female green moray eel (*Gymnothorax funebris*) was evaluated for a 2-month history of chronic regurgitation. Although appetite and behavior remained normal, whole food items were found in the tank 12-24 hours following each feed. The initial procedures, performed under general anesthesia using MS-222, consisted of radiographs, ultrasound, CBC/chemistry panel, fecal analysis, and gastric endoscopy.¹ Endoscopic evaluation revealed multifocal proliferative mucosal masses in the mid-stomach. Biopsies showed gastric mucus gland hyperplasia; no inflammation, neoplasia, or infectious etiologic agents were noted.^{2,3} The eel was treated with oral metoclopramide to stimulate intestinal motility and prevent further regurgitation. The patient responded well to therapy and regurgitation resolved. A follow-up endoscopy was performed 5 months later, and additional biopsies were obtained. A clinically healthy conspecific eel was also evaluated using endoscopy to compare with the gross and histopathologic findings. The healthy eel had no gross or histologic gastrointestinal abnormalities. Biopsies in the patient showed no change in the hyperplastic gastric lesions, as well as mild enteritis and intestinal nematodiasis.⁴ The patient was treated with fenbendazole and clinically continued to do well.⁵ A year after initial presentation, the animal died of unrelated causes. Necropsy revealed coelomic gastric adhesions which likely contributed to the chronic regurgitation. The gastric proliferative lesions were shown to be metaplastic changes associated with degeneration and necrosis of gastric pit mucosa without significant inflammation; no evidence of specific etiologic agents was seen. Gastrointestinal endoscopy is a useful diagnostic tool for examination and biopsy collection in eel species.

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