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UNIVERSITY OF CALIFORNIA  
SANTA CRUZ

***IN VIVO* MEASUREMENTS OF LUNG VOLUMES IN RINGED SEALS:  
INSIGHTS FROM BIOMEDICAL IMAGING**

This thesis has been approved in partial satisfaction  
of the requirements for the degree of

MASTER OF SCIENCE

in

OCEAN SCIENCES

by

**HOLLY HERMANN-SORENSEN**

September 2020

The Thesis of Holly Hermann-Sorensen  
is approved:

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## **Abstract**

### ***IN VIVO* MEASUREMENTS OF LUNG VOLUMES IN RINGED SEALS: INSIGHTS FROM BIOMEDICAL IMAGING**

**Holly Hermann-Sorensen**

Marine mammals rely on oxygen stored in blood, muscle, and lungs to support breath-hold diving and foraging at sea. Here, we used biomedical imaging to examine lung oxygen stores and other key respiratory parameters in living ringed seals (*Pusa hispida*). Three-dimensional models created from CT images were used to quantify total lung capacity (TLC), respiratory dead space, minimum air volume, and total body volume to improve assessments of lung oxygen storage capacity, scaling relationships, and buoyant force estimates. Results suggest that lung oxygen stores determined *in vivo* are smaller than those derived from typical postmortem measurements. We also demonstrate that—while established allometric relationships hold well for most pinnipeds—these relationships consistently overestimate TLC for the smallest phocid seal. Finally, measures of total body volume reveal differences in calculated body density and net buoyant force that would influence costs associated with diving and foraging in free-ranging seals.

## **Introduction**

A key question in marine mammal physiology is how air-breathing vertebrates remain active under water for long periods on a single breath (Butler and Jones, 1997; Ponganis, 2015; Scholander, 1940). To support diving, marine mammals rely on oxygen reservoirs compartmentalized in blood, muscle, and lungs. The blood and muscle oxygen stores are well-studied in marine mammals relative to the lungs. This can be attributed to a reduced dependence on pulmonary oxygen stores in marine mammals relative to terrestrial species, as well as the difficulty of obtaining quantitative measurements from living, freely-diving individuals (Ponganis and Williams, 2016).

Key metrics for evaluating respiratory function include minimum air volume (MAV) and total lung capacity (TLC). MAV is the minimum volume of air in relaxed lungs (Fahlman et al., 2011; Kooyman, 1973), while total lung capacity refers to lung volume at maximum inhalation or when manually inflated to a standard air pressure of 30 cm H<sub>2</sub>O or 22 mmHg (Denison et al., 1971). TLC is not easily determined in living animals; for this reason, a variety of techniques are often employed to determine other respiratory parameters, which are then used to estimate TLC (Wanger et al., 2005). These methods include nitrogen washout (Sue, 2013), whole body plethysmography (Kooyman et al., 1972; Lenfant et al., 1970), and various respirometry approaches (Scholander, 1940). In addition, allometric scaling relationships derived from empirical measurements provide a means to estimate TLC from body mass when species data are not available. For marine mammals, the most commonly utilized relationships are

usually adopted from Kooyman (1973, 1989). However, these scaling relationships have not been updated recently, and source data for TLC often include pooled values of mixed age classes. Even so, these relationships have been used ubiquitously with the assumption that they hold across a wide range of body sizes and age classes.

TLC and MAV can be measured postmortem (Burns et al., 2007; Denison et al., 1971; Fahlman et al., 2011; Kooyman and Sinnett, 1979; Lydersen et al., 1992; Mitchell and Skinner, 2011) by excising the complete respiratory tract and measuring associated water displacement in both non-inflated (resting) conditions (i.e. MAV) and inflated conditions (i.e. TLC). The difference in displacement in each condition is related to the volume of the respiratory tract. Researchers interested in mammalian diving physiology rely on these postmortem estimates despite there being little information regarding the reproducibility of *ex situ* values in living animals (Fahlman et al., 2020), with only a handful of studies directed at comparing pulmonary function and positioning both *in situ* and *ex situ* in individuals (Chevalier et al., 1978; Fahlman et al., 2014; Soutiere and Mitzner, 2004; Standaert et al., 1985).

Biomedical imaging has emerged as a valuable tool to examine respiratory anatomy in animals (Moore et al., 2011; Ponganis et al., 1992; Smodlaka et al., 2009), including the air reservoirs within living animals such as mice (Mitzner et al., 2001), dogs (Chevalier et al., 1978), and seabirds (Nevitt et al., 2014; Ponganis et al., 2015). In these cases, air spaces can be visualized and quantified using three-dimensional reconstructions of respiratory structures in both postmortem and living, anesthetized

individuals. Importantly, this approach also allows for the calculation of a subject's body volume (Ponganis et al., 2015), which can be used to determine body density and buoyant forces while diving.

In this study, we opportunistically used computed tomography (CT) imaging data obtained during routine veterinary procedures to examine *in vivo* lung volumes, capacities, and whole-body buoyant force in living ringed seals (*Pusa hispida*). Small body size and ease of handling enabled high-resolution volumetric quantification of discrete respiratory structures, including the anatomical dead space and individual lungs, as well as whole-body volume. We report key respiratory variables in the smallest phocid species, provide insight into the applicability of commonly used allometric scaling relationships, and discuss the ecological implications of this work for free-ranging ringed seals.

## **Methods**

### *Subjects & Animal Handling*

One female and three male ringed seals (1.3-3.6 y) were evaluated. Age was estimated from the length, weight, and overall development of each individual at intake to rehabilitative care at the Alaska SeaLife Center (Seward, Alaska USA). Length and mass were determined within one week of the CT procedure. Standard length (linear distance from nose through tail) was either directly measured on the day of the CT procedure or measured from full body scans. Animal mass was obtained via platform scale (W.C. Redmon Co., Peru, IN USA or Ohaus SD751, Ohaus Corp., Parsippany,

NJ USA). Two individuals (PH1701 and PH1804) presented with verminous pneumonia at intake and were treated with anti-helminthic drugs during rehabilitation, with resolution prior to imaging. Thus, the scans included in this study represent healthy individuals cleared of parasites, with no pathological evidence for lungworm infection present at the time of the scans.

Seals were briefly restrained at the Alaska SeaLife Center and given a pre-anesthetic intramuscular injection of Midazolam ( $0.2-0.5 \text{ mg kg}^{-1}$ ) and Butorphanol ( $0.24-0.7 \text{ in mg kg}^{-1}$ ) (see Woodie et al., 2020). Following sedation, a single lumen central venous catheter (16-18 g, 13-15 cm) was placed in the epidural vertebral sinus flushed with heparinized saline and capped as in Goertz et al. (2008). Patency of the soft catheter was ensured prior to transport to the nearby imaging facility. Prior to the CT procedure, Propofol ( $2-3 \text{ mg kg}^{-1}$ ) was administered intravenously via the catheter and titrated incrementally to facilitate apneic intervals during scanning with manual, intermittent, positive-pressure ventilation prior to and following each imaging series. Following intubation and inflation of an endotracheal tube cuff, seals were maintained on oxygen and isoflurane gas for the duration of the procedure. Full inflation of the cuff prevented air leakage around the tube. A nonsteroidal anti-inflammatory medication (Meloxicam,  $0.2-0.5 \text{ mg kg}^{-1}$ ), and broad-spectrum antibiotic (Cefazolin,  $10-20 \text{ mg kg}^{-1}$ ) were administered intravenously via the catheter. Following the CT procedure, sedation was reversed with separate injections of intramuscular or intravenous Naltrexone (2 mg Naltrexone per 1 mg Butorphanol) and intravenous Flumazenil (1 mg Flumazenil per 20 mg Midazolam). The endotracheal tube was

removed after regular spontaneous respirations resumed. Following extubation, seals were returned to the Alaska SeaLife Center where they resumed normal eating and activity within an hour. Duration of anesthesia was less than one hour from Propofol induction to recovery and extubation.

CT scans were performed with a GE 16 Light Speed Scanner, GE 16 Bright Speed Scanner (General Electric Healthcare, Chalfont St. Giles, Bucks, UK), or a Siemens 32/64 Somatom GO-UP Scanner (Siemens, Munich, Germany). Modified chest protocols (Table S1; Dennison-Gibby, personal communication) were used to obtain high-resolution serial images of the full respiratory tract with slice thickness of 0.625 - 2.5 mm. An initial scan was obtained on two seals (PH1802 and PH1804) in ventral recumbency without lung inflation during apnea, with the pressure gauge of the anesthesia circuit at 0 mmHg. This condition was defined as the resting, relaxed position of the lungs. All seals were scanned in ventral recumbency with lungs hyperinflated to a pressure of 30 mmHg. To test for replicability of lung volume at a given pressure, variation in volume within inflation conditions, and the difference in volume as a result of patient position, one seal (PH1802) received additional scans in both dorsal and ventral recumbency at inflation pressures of both 30- and 37-mmHg.

Animal handling activities including rescue, rehabilitation and diagnostic CT procedures were authorized under NOAA's Marine Mammal Health and Stranding Response/Research Program 18786 and Stranding Agreement SA-AKR-2019-01.

Research was approved by the Institutional Animal Care and Use Committee at the University of California Santa Cruz.

### *Volumetry*

To determine key respiratory parameters at known lung inflation conditions, DICOM images from CT series were imported to 3D Slicer (Fedorov et al., 2012, [www.slicer.org](http://www.slicer.org)) and converted into closed-surface three-dimensional models. Anatomical structures were manually separated into volumetric segmentations of trachea, bronchi, and left and right lungs based on tissue radiodensity (Figure 1). Tracheal volume was defined as the region immediately caudal to the laryngeal cartilages extending to the region just cranial to start of the carina. Bronchial volume was defined as the region from the carina to distal portions of the cranial and caudal lobar bronchi. Bronchioles were too diffuse to manually trace, so their volume is included in the volume of the lungs. Total lung volume included both the tissue and air spaces of the left and right lungs, in addition to the bronchioles. The inclusion of the tissue and air spaces are in line with other studies (Lydersen et al., 1992) to whom we compared our values. The volume of each segment was calculated in cubic centimeters and converted to milliliters.

Segments of the respiratory tract were considered with respect to whether surfaces were available for oxygen exchange. Anatomical dead space (the portion not in contact with gas exchange surfaces) was defined as the volume of the trachea plus the volume of the bronchi; this measure is not equivalent to respiratory dead space

(Fowler, 1948; Rossier and Bühlmann, 1955) as the bronchioles could not be partitioned from the tissues of the lungs in this study. MAV was characterized here as the lung volume in the non-inflated (resting) condition, with inflation pressure of 0 mmHg. TLC was determined as the volume of the inflated lungs at 30 mmHg; this inflation pressure is higher than the standard of 22 mmHg (30 cm H<sub>2</sub>O) used to measure TLC in other mammalian studies (Denison and Kooyman, 1973; Denison et al., 1971; Kooyman and Sinnott, 1982; Loring et al., 2016; Moore et al., 2011; Weibel, 1973), but was necessary for the clinical protocol. To obtain the proportion of blubber that comprised the total body volume, blubber was segmented and quantified for the two animals in which we had whole body scans (PH1802 and PH1804). Further, surface area to volume ratio (SA:V) was directly measured for seal PH1802.

### *Allometry*

To compare our results to those of other marine mammals, we considered the commonly used allometric scaling equation:  $TLC=0.1M_b^{0.96}$  (Kooyman, 1989). We also determined another scaling equation specific to pinnipeds. The TLC data included in the pinniped-only allometric plot were either collected empirically or could be back-calculated from empirically reported mass-specific total lung oxygen stores. We evaluated our primary measure of mean total lung capacity (TLC) as a function of mean total body mass for the subadult ringed seals in our study. We then compared our results to expected values from these allometric relationships to determine whether total body mass is a reliable indicator of total lung capacity for ringed seals.

### *Body density and buoyant force*

CT data were further used to estimate the whole-body buoyant force of two seals (PH1802 and PH1804) at specific lung inflation pressures, as in Ponganis et al. (2015). Body density was calculated by dividing body mass by total body volume and comparing to the density of seawater. Total body volume (mL) was determined by segmentation of the CT data as described above. Whole-body buoyant force was calculated for each seal at each lung inflation pressure, as follows (Eq.1):

$$\text{Eq. 1} \quad \text{Buoyant force (N)} = [g \times M_b \times [(\rho_{seawater} / \rho_{total\ body}) - 1]]$$

where  $g$  is the acceleration of gravity at  $9.807 \text{ (m s}^{-2}\text{)}$ ,  $M_b$  is body mass in kilograms,  $\rho_{seawater}$  is the density of seawater at  $10^\circ\text{C}$  in  $\text{g mL}^{-1}$ , and  $\rho_{total\ body}$  is the calculated density of the seal's body in grams per milliliter. Buoyant force was only calculated in the inflated condition for seal PH1804, as there was no full body scan available in the non-inflated condition. Buoyant force was calculated in both inflated and non-inflated conditions for seal PH1802, and total body volume was compared at the level of the whole animal relative to changes in the respiratory tract volume.

## **Results**

### *Volumetry*

Due to the clinical purpose of the scans, primary comparisons of respiratory structures and volumetric analyses were made at lung inflation pressures of 0- and 30-mmHg in ventral recumbency (Table 1). When inflated to a pressure of 30 mmHg, total lung volumes ranged from 870 to 2271 mL; resulting in mass-specific TLC values

between 52 and 92 mL kg<sup>-1</sup>. The right lung was larger than the left in all individuals in the inflated condition, with an average size difference of 6.3%. For two individuals measured in the non-inflated condition total lung volumes were 564 and 886 mL, with mass-specific MAV of 22 and 32 mL kg<sup>-1</sup>. Lung volumes for these individuals increased by a factor of 2.5 when fully inflated.

The maximum total respiratory tract volume observed across all individuals was 904 to 2323 mL. This was equivalent to 11% and 18% of total body volume for the two seals with full body scans (PH1804 and PH1802). The anatomical dead portion of the respiratory tract changed little with inflation for two individuals with comparable non-inflated and inflated scans (PH1503 and PH1802). These seals exhibited similar increases in tracheal volume (~15%) and negligible increases in bronchi volume (~1%) from non-inflated to inflated conditions. Thus, while the volume of the total respiratory tract changed by an average factor of 2.5 when the lungs were inflated, most of this difference was due to changes in lung volume.

Replicate scans in ventral recumbency at 37 mmHg for seal PH1802 showed that lung volume varied by 5% (74 mL) between scans. Lung volume varied similarly between 30- and 37-mmHg, with an increase of 5% (75 mL) at the higher inflation pressure. Total lung volume was 13% (194 mL) greater in dorsal recumbency than in ventral recumbency at the same inflation pressure (37 mmHg).

Full body scans for seal PH1802 were evaluated in both inflated and non-inflated conditions to determine changes in respiratory tract volume and total body

volume. The increase in respiratory tract volume was 815 mL. In contrast, total body volume in the inflated condition increased by only 446 mL; this was equivalent to a 2% increase in body volume. The directly measured surface area of this seal was 58,193 cm<sup>2</sup> and its total body volume was 25,004 cm<sup>3</sup>, resulting in a SA:V of 2.3:1. For the two seals for which total blubber volume could be directly measured from CT scans, blubber by total body volume was 33% (PH1804) and 49% (PH1802).

### *Allometry*

The equation we determined for pinnipeds generated from previously published values ( $TLC=0.1M_b^{0.98}$ ) is remarkably close to the classic relationship reported by Kooyman, 1989 for marine mammals (Figure 2). The Kooyman equation falls within the 95% confidence interval of the pinniped-only equation, indicating that this offset is not significant. The source data for the pinniped-only relationship are provided in Table S2 (Burns et al., 2007; Falke et al., 2008; Kooyman and Sinnett, 1982; Lenfant et al., 1970; Lydersen et al., 1992; Reed et al., 1994). The ringed seals in this study are the smallest pinnipeds for which TLC data are now available. When compared to the scaling relationships described above, our *in vivo* measurements obtained from ringed seals are 26% to 29% lower than predicted.

### *Body density and net buoyant force*

Body density and buoyant force were calculated from the measured total body volume of one individual (PH1804) in the inflated condition, and another individual (PH1802) in both non-inflated and inflated conditions. Taking body mass into account,

both seals exhibited similar body density irrespective of inflation condition. Individual PH1802 was denser than seawater ( $1.027 \text{ g mL}^{-1}$  at  $10^\circ\text{C}$ ) at both 0 mmHg ( $1.052 \text{ g mL}^{-1}$ ) and 30 mmHg ( $1.033 \text{ g mL}^{-1}$ ) inflation conditions, whereas seal PH1804 was less dense than seawater ( $0.989 \text{ g mL}^{-1}$ ) in the inflated condition. Based on these measurements PH1802 had negative calculated buoyant forces in both non-inflated ( $-6.0 \text{ N}$ ) and inflated ( $-1.5 \text{ N}$ ) conditions. In contrast, PH1804 had a positive buoyant force of  $7.6 \text{ N}$  in the inflated condition.

## **Discussion**

We used opportunistic biomedical imaging to improve understanding of key respiratory parameters in living ringed seals. These data allowed for re-evaluation of allometric relationships for marine mammal species at the smallest end of the continuum. Further, we leveraged whole body scan data to gain insight into potential challenges faced by a small-bodied species managing dynamic buoyant forces at depth.

Volumetric reconstruction showed that the anatomical dead space of ringed seals comprised only 3% of total respiratory tract volume and changed little between non-inflated and inflated conditions. This negligible change can be attributed to the rigid hyaline cartilage reinforcement of the trachea (Smolaka et al., 2009), which aids in lung collapse while diving by allowing compressed air from the lungs to be stored within this non-compliant compartment (Kooyman, 1973). The largest capacity of the air-filled respiratory tract—including dead space and lung volume—was 2.3 L. On average, TLC was three times smaller in our ringed seals measured *in vivo* than in

ringed seal lungs assessed following death (Lydersen et al., 1992). This could be due in part to the relevant constraints of lung inflation within an enclosed body cavity versus when the respiratory tract is excised. While differences in development may confound comparisons across age classes, mass-specific TLC of our immature seals was also smaller than measures obtained from the excised lungs of adult seals (Lydersen et al., 1992), suggesting that postmortem measurements may overestimate lung volume.

Given hyperinflation of the lungs during prescribed veterinary assessments, our measurements provide an upper bound of TLC. The higher pressures applied were intended to prevent atelectasis. Notably, we found little difference in TLC at pressures of 30- and 37-mmHg, indicating that lungs reached maximum expansion in both conditions. While normally measured at a pressure of 22 mmHg, we believe the TLC values reported here are biologically relevant as they capture full inflation of the lungs within the body cavity. Indeed, patient positioning had a greater influence on TLC than inflation pressure. Within the same individual, TLC was 13% greater in dorsal than in ventral recumbency, highlighting the effect of gravity and body positioning on TLC estimates obtained out of water. It appears that measurements conducted in dorsal recumbency allow for more complete expansion of the lungs and chest wall and facilitate more accurate assessments of TLC.

We measured minimum air volumes that were about 40% of TLC. This is much higher than values based on excised respiratory tracts in other marine mammals, which

indicate MAV is 0 to 16% of TLC (Fahlman et al., 2011; Kooyman and Sinnett, 1979). Although it is a common metric, MAV can be difficult to compare across studies. Here, MAV was measured in living, apneic seals when lungs were relaxed in the non-inflated condition. Other studies have defined MAV as the volume of relaxed lungs when transpulmonary pressure is zero (Kooyman and Sinnett, 1979), a condition that can only be achieved postmortem. MAV has also been related to both functional residual capacity (FRC – air volume remaining after a passive exhalation) and residual volume (RV – air volume remaining after forceful exhalation) in living animals (Fahlman et al., 2011). Our definition of MAV most closely aligns with FRC; therefore, comparisons to postmortem studies of other marine mammals may not be appropriate.

Diving lung volumes (DLV) are commonly estimated at 50% of TLC for pinnipeds, with an oxygen extraction efficiency of 15% (Kooyman, 1973; Kooyman and Sinnett, 1982; Kooyman et al., 1971). As direct measurements exist for only a small subset of species (Kooyman et al., 1971; Ponganis, 2011), we often rely on these assumptions to quantify mass-specific DLV. For our ringed seals, the traditional assumptions yield a DLV ranging from 0.4 – 1.1 L and corresponding mass-specific diving lung oxygen stores from 3.9 – 6.9 mL kg<sup>-1</sup>. Similar to TLC, these values for DLV in immature ringed seals are lower than previously reported for adult ringed seals (Lydersen et al., 1992), and more similar to values reported for harbor seal pups (Burns et al., 2005). Although the assumptions outlined above can be useful in estimating DLV when empirical data are lacking, much remains to be learned about how respiratory capacities including DLV may change across ontogeny.

Relative to predictions based on scaling relationships, the immature ringed seals in this study had lower than expected lung volumes. This was also the case for adult ringed seals measured postmortem (Lydersen et al., 1992), suggesting that the low values obtained here are not explained by methodology or ontogeny. Rather, we propose that the deviation of ringed seal lungs from common scaling relationships is related to their compact body size and extensive blubber stores. One of the novel aspects of this work was our ability to directly measure the SA:V of one individual. This metric is rarely empirically determined but is relevant to several aspects of thermoregulation, hydrodynamics, and energetics. To compensate for large SA:V and associated heat loss in polar waters, ringed seals have considerable blubber reserves that may comprise half their body volume. Although serving different primary functions, both lungs and blubber have important effects on buoyancy, which may explain their relative proportions in the smallest phocid.

Seals must manage dynamic buoyant forces while diving; as such, estimates of net buoyancy are of ecological interest. The imaging approach employed here enabled volumetric measurements relevant to constraints on diving beyond the air-filled respiratory tract. Despite high blubber content (48% of body volume), seal PH1802 had a negative buoyant force in both inflated and non-inflated lung conditions. In contrast, seal PH1804 had lower blubber volume (33% of body volume) but exhibited a positive buoyant force. These surprising results underscore the importance of body composition. Both seals were nearly equivalent to the density of seawater, suggesting that small changes in blubber content and/or lung volume can have meaningful effects

on buoyancy and the overall cost of diving. The relatively small lungs of ringed seals may offset the increased positive buoyant force resulting from their extreme blubber reserves. Though not directly examined here, others have demonstrated trade-offs between body condition, dive behavior, and diving energetics (Adachi et al., 2014; Nousek-McGregor et al., 2014; Richard et al., 2014; Watanabe et al., 2006; Webb et al., 1998; Williams et al., 2000) that are likely relevant to wild ringed seals.

We conclude that *in vivo* measurements of lung volume in ringed seals are smaller in both absolute and mass-specific terms relative to postmortem assessments. Further, total body mass consistently underestimates TLC in this species when considered in the context of established allometric relationships. This deviation likely results from their small, compact body size and exceptional blubber stores. Perspectives enabled by biomedical imaging can provide accurate quantification of specific regions of the respiratory tract, as well as additional measures of total body and blubber volume that have important ecological implications for free-ranging individuals.

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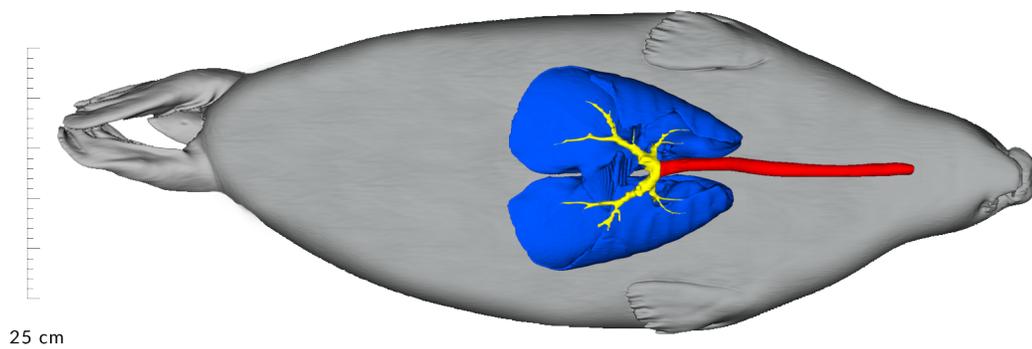
## Tables & Figures

**Table 1. Respiratory volume parameters for individual ringed seals in non-inflated and inflated conditions, shown with measures of body volume and corresponding body density and buoyancy.** Diving lung volume is estimated as 50% of TLC. Usable lung oxygen is calculated based on 15% oxygen extraction efficiency.

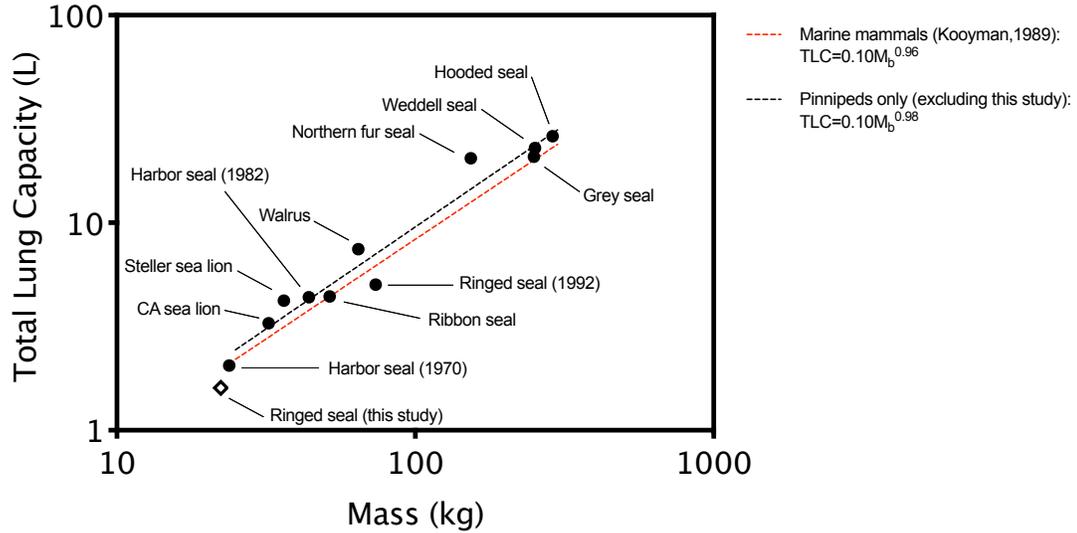
<b>Individual</b>	PH1701 <sup>a</sup>	PH1503 <sup>a</sup>	PH1804 <sup>b</sup>	PH1802 <sup>c</sup>	
Sex	F	M	M	M	
Age (months)	15.6	43	16.7	25.8	
Mass (kg)	14.9	27.5	20.5	26.2	
ST length (cm)	-	90	81.5	86	
<b>Non-inflated (0 mmHg)</b>					<b>Range</b>
Trachea volume (mL)	-	39.9	-	26.2	26.2 - 39.9
Trachea volume (mL kg <sup>-1</sup> )	-	1.4	-	1.0	1.0 - 1.4
Bronchi volume (mL)	-	9.9	-	9.3	9.3 - 9.9
Bronchi volume (mL kg <sup>-1</sup> )	-	0.4	-	0.4	0.4
L lung volume (mL)	-	465	-	262	262 - 465
R lung volume (mL)	-	421	-	302	302 - 421
Total lung volume (mL)	-	886	-	564	564 - 886
Total lung volume (mL kg <sup>-1</sup> )	-	32.2	-	21.5	21.5 - 32.2
Total respiratory tract volume (mL)	-	936	-	599	599 - 936
Total body volume (mL)	-	-	-	24913	-
Body density (g mL <sup>-1</sup> )	-	-	-	1.052	-
Buoyant force (N)	-	-	-	-6.0	-

<b>Inflated (30 mmHg)</b>					
Trachea volume (mL)	23.1	43.1	34.6	32.2	23.1 - 43.1
Trachea volume (mL kg <sup>-1</sup> )	1.6	1.6	1.7	1.2	1.2 - 1.7
Bronchi volume (mL)	11.2	9.1	13.7	10.3	9.1 - 13.7
Bronchi volume (mL kg <sup>-1</sup> )	0.8	0.3	0.7	0.4	0.3 - 0.8
L lung volume (mL)	426	1108	912	650	426 - 912
R lung volume (mL)	444	1163	977	723	444 - 1163
Total lung volume (mL)	870	2271	1890	1372	870 - 2271
Total lung volume (mL kg <sup>-1</sup> )	58.4	82.6	92.2	52.4	52.4 - 92.2
Diving lung volume (L)	0.4	1.1	0.9	0.7	0.4 - 1.1
Usable lung O <sub>2</sub> (L)	0.1	0.2	0.1	0.1	0.1 - 0.2
Diving lung O <sub>2</sub> store (mL kg <sup>-1</sup> )	4.4	6.2	6.9	3.9	3.9 - 6.9
Total respiratory tract volume (mL)	904	2323	1938	1415	904 - 2323
Total body volume (mL)	-	-	20719	25359	20719 - 25359
Body density (g mL <sup>-1</sup> )	-	-	0.989	1.033	0.989 - 1.033
Buoyant force (N)	-	-	7.6	-1.5	-1.5 - 7.6
Difference respiratory tract %	-	148%	-	136%	-
Difference total body volume %	-	-	-	2%	-
Difference total body volume (mL)				446.6	

CT Scanner Model: <sup>a</sup> GE 16 Slice Light Speed, <sup>b</sup> GE 16 Slice Bright Speed, <sup>c</sup> Siemens 32/64 Somatom GO-UP



**Figure 1. 3D reconstruction of ringed seal PH1802 at lung inflation pressure of 30 mm Hg.** Ventral side of animal shown with body contour in grey. The trachea is red, bronchi are yellow, and lungs are blue. See S1 for video of 3D reconstruction in both non-inflated and inflated conditions. (color online)



**Figure 2. Logarithmic plot of mean total lung capacity (TLC, liters) as a function of body mass (kg).** Kooyman's (1989) allometric scaling equation for marine mammals,  $TLC=0.1M_b^{0.96}$  (red dashed line) is plotted with pinniped-only relationship determined in this study,  $TLC=0.1M_b^{0.98}$  (black dashed line). Kooyman's (1989) allometric relationship falls within the bounds of the 95% confidence interval of the pinniped-only allometric line, indicating that the two equations are not significantly different. Source data for pinniped-only line are provided in Table S2. Ringed seals from this study are shown as a group mean ( $n=4$ ).

## Appendices

**Table S 1. Modified chest CT imaging protocols for ringed seal cases shown in Table 1.**

	GE 16 Slice Light Speed	GE 16 Slice Bright Speed	Siemens 32/64 Somatom GO-UP
Scan type	Helical full	Helical full	Helical full
Rotation time (s)	0.5	0.5	1.5, 1.0 (opt 0.8)
Beam collimation (mm)	20	20	-
Thickness (mm)	0.6250 – 2.50	0.6250 – 2.50	2.0
Spiral pitch factor	1.35	1.35	0.8
Speed (mm/rotation)	27.5	27.5	17.89
Reconstruction interval	5	5	2.0
Gantry tilt	0	0	0
Gantry period	-	0.60	-
Scan FOV	Large	Large	Whole body
kVp	120	120	130
Xray tube current (mA)	100 – 440	100 – 440	28
Noise index	11.57	11.57	15
Dose reduction	260	260	On - 3
Algorithm	Standard	Standard	Standard
Reformats	Full	Full	Full

**Table S 2. Lung oxygen stores for marine carnivores, showing the ringed seals in this study with comparative values for other species. Species for which total lung capacity (TLC) is available are plotted in Figure 2.** Diving lung volume (DLV) O<sub>2</sub> store calculated based on assumption that DLV is 50% of TLC for pinnipeds. Usable O<sub>2</sub> for gas exchange is estimated as 15% of DLV (Kooyman, 1989), and reported as mass-specific diving lung volume oxygen store (DLV O<sub>2</sub> store). Data are provided for individuals when possible (n=1), or as grouped mean values (n>1).

Species	Age	Mass (kg)	Sample (n)	TLC (L)	DLV (L)	DLV O <sub>2</sub> store (mL kg <sup>-1</sup> )	Method	Reference
<b>Phocids</b>								
Ringed seal <i>Pusa hispida</i>	subadult	26.2	1	1.37	0.69 <sup>††</sup>	3.9 <sup>j</sup>	in vivo <sup>f</sup>	A
		20.5	1	1.89	0.94 <sup>††</sup>	6.9 <sup>j</sup>	in vivo <sup>f</sup>	A
		27.5	1	2.27	1.14 <sup>††</sup>	6.2 <sup>j</sup>	in vivo <sup>f</sup>	A
		14.9	1	0.87	0.44 <sup>††</sup>	4.4 <sup>j</sup>	in vivo <sup>f</sup>	A
Harbor seal <i>Phoca vitulina</i>	adult	73.7 <sup>†</sup>	50	5.04 ± 1.24 <sup>†</sup>	2.52 <sup>††</sup>	6.8 <sup>j</sup>	postmortem <sup>a</sup>	B
	mixed	23.8 <sup>†</sup>	5	2.05 <sup>†</sup>	1.03 <sup>††</sup>	6.5 <sup>j</sup>	postmortem <sup>a</sup>	C
	neonatal	10.3 ± 0.4 <sup>†</sup>	395			5.3 <sup>k</sup>	postmortem <sup>a</sup>	D
	nursing pup	24.9 ± 1.5 <sup>†</sup>				5.3 <sup>k</sup>	postmortem <sup>a</sup>	D
	weaned pup	28.9 ± 0.5 <sup>†</sup>				5.3 <sup>k</sup>	postmortem <sup>a</sup>	D
	yearling	33.1 ± 0.5 <sup>†</sup>				-	postmortem <sup>a</sup>	D
	adult	52.1 ± 1.6 <sup>†</sup>				12.2 <sup>k</sup>	postmortem <sup>a</sup>	D
	subadult	44	1	4.4		in vivo <sup>c</sup>	L	
	subadult	40	1	4		in vivo <sup>c</sup>	L	
	subadult	36	1	3.6		in vivo <sup>c</sup>	L	
	subadult	52	1	5.1		in vivo <sup>c</sup>	L	
	subadult	48	1	4.8		in vivo <sup>c</sup>	L	
Grey seal <i>Halichoerus grypus</i>	pup	40.1 ± 1.3	10			4.1 <sup>k</sup>	in vivo <sup>c</sup>	E
	yearling	51.6 ± 2.7 <sup>†</sup>	10			4.1 <sup>k</sup>	in vivo <sup>c</sup>	E
	adult female	191.5 ± 6.0 <sup>†</sup>	10			4.1 <sup>k</sup>	in vivo <sup>c</sup>	E

	adult	250 <sup>†</sup>	4	20.81 <sup>†</sup>	10.4 <sup>††</sup>	6.2 <sup>j</sup>	in vivo <sup>c</sup>	F
Ribbon seal <i>Histiophoca fasciata</i>	adult	51.7 <sup>†</sup>	4	4.42 <sup>†</sup>	2.2 <sup>††</sup>	6.4 <sup>j</sup>	postmortem <sup>a</sup>	C
Harp seal <i>Pagophilus groenlandicus</i>	neonatal	10.3 ± 1.1 <sup>†</sup>	40				postmortem <sup>e</sup>	G
	nursing pup	29.4 ± 1.1 <sup>†</sup>					postmortem <sup>e</sup>	G
	weaned pup	36.6 ± 1.1 <sup>†</sup>					postmortem <sup>e</sup>	G
	yearling	29.3 ± 1.6 <sup>†</sup>					postmortem <sup>e</sup>	G
	adult	115.4 ± 4.7 <sup>†</sup>					postmortem <sup>e</sup>	G
Hooded seal <i>Cistophora cristata</i>	adult female	252.1 ± 17.9 <sup>†</sup>	6	(22.9)		6.8 <sup>k</sup>	postmortem <sup>e</sup>	G
	nursing pup	38.5 ± 12.5 <sup>†</sup>	2	(1.4)		2.8 <sup>k</sup>	postmortem <sup>e</sup>	G
	weaned pup	48.1 ± 2 <sup>†</sup>	6	(2.0)		3.1 <sup>k</sup>	postmortem <sup>e</sup>	G
Weddell seal <i>Leptonychotes weddellii</i>	pup	106	1			4.1 <sup>†,k</sup>	in vivo <sup>c</sup>	H
		137	1			4.1 <sup>†,k</sup>	in vivo <sup>c</sup>	H
		124	1			4.1 <sup>†,k</sup>	in vivo <sup>c</sup>	H
		107	1			4.1 <sup>†,k</sup>	in vivo <sup>c</sup>	H
	subadult	260	1	(22.2)	11.1	6.4 <sup>j</sup>	in vivo <sup>b,h</sup>	I
		345	1	(23.6)	11.8	5.1 <sup>j</sup>	in vivo <sup>b,h</sup>	I
		261	1	(32.6)	16.3	9.4 <sup>j</sup>	in vivo <sup>b,h</sup>	I
	adult	425 <sup>†</sup>	4					
				Scruffy				
					14	4.1 <sup>†,j</sup>	in vivo <sup>b</sup>	J
					14	4.1 <sup>†,j</sup>	in vivo <sup>b</sup>	J
					11	4.1 <sup>†,j</sup>	in vivo <sup>b</sup>	J
					20	4.1 <sup>†,j</sup>	in vivo <sup>b</sup>	J
					7	4.1 <sup>†,j</sup>	in vivo <sup>b</sup>	J
					20	4.1 <sup>†,j</sup>	in vivo <sup>b</sup>	J

				Gentle Ben	{	13	4.1 <sup>†,j</sup>	<i>in vivo</i> <sup>b</sup>	J
					{	7	4.1 <sup>†,j</sup>	<i>in vivo</i> <sup>b</sup>	J
					{	13	4.1 <sup>†,j</sup>	<i>in vivo</i> <sup>b</sup>	J
				Ringo	{	8	4.1 <sup>†,j</sup>	<i>in vivo</i> <sup>b</sup>	J
					{	5	4.1 <sup>†,j</sup>	<i>in vivo</i> <sup>b</sup>	J
					{	13	4.1 <sup>†,j</sup>	<i>in vivo</i> <sup>b</sup>	J
					{	6	4.1 <sup>†,j</sup>	<i>in vivo</i> <sup>b</sup>	J
<b>Otariids</b>									
Northern fur seal	mixed	153.5 <sup>†</sup>	4	20.45 <sup>†</sup>	10.2 <sup>††</sup>	10.0 <sup>j</sup>	postmortem <sup>a</sup>	C	
<i>Callorhinus ursinus</i>									
Steller sea lion	mixed	36.3 <sup>†</sup>	4	4.22 <sup>†</sup>	2.1 <sup>††</sup>	8.7 <sup>j</sup>	postmortem <sup>a</sup>	C	
<i>Eumetopias jubatus</i>									
	neonatal	22 <sup>†</sup>	1	1.96 <sup>†</sup>	1.0 <sup>††</sup>	6.7 <sup>j</sup>	postmortem <sup>a</sup>	C	
<b>Odobenids</b>									
Walrus	mixed	64.5 <sup>†</sup>	3	7.45 <sup>†</sup>	3.7 <sup>††</sup>	8.7 <sup>j</sup>	postmortem <sup>a</sup>	C	
<i>Odobenus rosmarus</i>									
<b>Mustelids</b>									
Northern sea otter	adult	27.6 <sup>†</sup>	3	9 <sup>†</sup>	5.7	31.0 <sup>j</sup>	postmortem <sup>a</sup>	C	
<i>Enhydra lutris lutris</i>									
Southern sea otter	neonatal	2.6 ± 0.18 <sup>†</sup>	5			42.7 ± 3.09 <sup>k</sup>	postmortem <sup>i</sup>	K	
<i>Enhydra lutris nereis</i>									
	small pup	4.4 ± 0.30 <sup>†</sup>	2			48.7 ± 7.31 <sup>k</sup>	postmortem <sup>i</sup>	K	
	large pup	8.5 ± 0.62 <sup>†</sup>	4			41.6 ± 4.56 <sup>k</sup>	postmortem <sup>i</sup>	K	
	juvenile	12.2 ± 0.99 <sup>†</sup>	3			41.6 ± 1.60 <sup>k</sup>	postmortem <sup>i</sup>	K	
	adult	19.9 ± 1.01 <sup>†</sup>	6			31.1 ± 2.30 <sup>k</sup>	postmortem <sup>i</sup>	K	

References: A: this study; B: Lydersen et al., 1992; C: Lenfant et al., 1970; D: Burns et al., 2005; E: Noren et al., 2005; F: Reed et al., 1994; G: Burns et al., 2007; H: Burns and Castellini, 1996; I: Falke et al., 2008; J: Kooyman et al., 1971; K: Thometz et al., 2015; L: Kooyman and Sinnett, 1982. Values represented within parentheses were back-calculated from diving lung volumes.

<sup>a</sup> Inflation of excised lungs via water displacement; <sup>b</sup> Nitrogen washout; <sup>c</sup> Author calculated or used values based on allometric equations established in other studies; <sup>d</sup> Author calculated based on allometric equations established from study itself; <sup>e</sup> Used combination of inflation of excised lungs and calculations from allometric equations established from study itself; <sup>f</sup> *In vivo* biomedical imaging; <sup>g</sup> Whole body plethysmography; <sup>h</sup> Pneumotachograph; <sup>i</sup> Used body size, lung mass, and empirical measures of lung volume to calculate TLC and DLV; <sup>j</sup> Value calculated here from usable O<sub>2</sub> and body mass. Mass-specific DLV O<sub>2</sub> store from southern sea otters used to calculate mass-specific DLV O<sub>2</sub> store for northern sea otters; <sup>k</sup> Value reported in original publication referenced; <sup>†</sup> Published value was either a mean with no individual value available or was given as a range with only one value for TLC calculated; in these cases, sample size is given; <sup>††</sup> Value calculated here based on assumption that DLV for pinnipeds is 50% of TLC, with 15% of DLV being usable O<sub>2</sub> for oxygen exchange (Kooyman, 1989). Usable O<sub>2</sub> (liters) for northern sea otters calculated from mass-specific DLV of southern sea otter adults measured in Thometz et al., 2015