

**Oiled Marine Mammal
Gross Necropsy Report**

Form completed by	Rotstein DVM	Date	7/1/2010
Enforcement Officer			
Strand/Capture location			
Collectors Name			
Intake date	6/15/2010	Euthanasia	
Death date	unknown	Time	yes
Post mortem date	7/1/10	Time	8:45A <input checked="" type="checkbox"/> no
Carcass Classification:	Frozen	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	
2- fresh, 3-fair (organs intact), 4-poor, 5- mummified <input type="checkbox"/> 4			
Photographs:	<input checked="" type="checkbox"/>		
Radiographs:			

Spill Name:	BP Deepwater Horizon Oil Spill Incident		
Animal Log #	D-0014		
Level A Field #	62IMMS061510	Tag #	
Species:	Tursiops truncatus		
Sex:	female	Age:	subadult
Weight:	ne	estimate/actual	
SON:	emaciated 1 2 3 4 5 6 7 obese <input type="checkbox"/> 2		
Measurements:	Blubber depth mm		
SL	178.2 cm	AG	cm
UG	cm	XG	cm
Clinical signs/diagnosis	OPEN		
Antibiotics given	n/a		
Pertinent lab results	n/a		

GROSS NECROPSY ABNORMALITIES:

Examined is a code 4, subadult female Tursiops truncatus. The overall body condition is thin to emaciated.

PRELIMINARY Diagnoses

Body As a Whole:
 A. Emaciated.
 B. Thoracic Cavity: Fibrous parietal pleuritis (fibrous tags).

Digestive System:
 Stomach: Empty.

Samples Collected:
 Histo X 4
 Hydrocarbon X 4
 Viral X 2
 Genetics/Life History-skin, teeth

Oil Status: No external or internal oil observed.

HYDROCARBON ANALYSIS SAMPLES	MICROBIOLOGY	SWABS: other
bile <input type="checkbox"/>	Lung <input type="checkbox"/>	
blood <input checked="" type="checkbox"/>	Liver <input type="checkbox"/>	
urine <input type="checkbox"/>	other <input type="checkbox"/>	
liver <input checked="" type="checkbox"/>		
kidney <input checked="" type="checkbox"/>		
muscle <input checked="" type="checkbox"/>		
lung <input checked="" type="checkbox"/>		
intestine <input checked="" type="checkbox"/>		
blubber/fat <input checked="" type="checkbox"/>		
other: <input checked="" type="checkbox"/>		
skin		

HISTOLOGY SAMPLES	LYMPH NODES:
lung <input checked="" type="checkbox"/>	colonic <input type="checkbox"/>
trachea <input checked="" type="checkbox"/>	gastric <input type="checkbox"/>
heart <input checked="" type="checkbox"/>	sublumbar <input type="checkbox"/>
aorta <input checked="" type="checkbox"/>	inguinal <input type="checkbox"/>
pulmonary artery <input checked="" type="checkbox"/>	axillary <input type="checkbox"/>
thymus <input type="checkbox"/>	mesenteric <input checked="" type="checkbox"/>
salivary gland <input type="checkbox"/>	tracheobronchial <input type="checkbox"/>
thyroid <input checked="" type="checkbox"/>	
tonsil <input type="checkbox"/>	
tongue <input checked="" type="checkbox"/>	
esophagus <input checked="" type="checkbox"/>	
stomach <input checked="" type="checkbox"/>	
duodenum <input checked="" type="checkbox"/>	
jejunum <input checked="" type="checkbox"/>	
ileum <input checked="" type="checkbox"/>	
colon <input checked="" type="checkbox"/>	
pancreas <input type="checkbox"/>	
spleen <input checked="" type="checkbox"/>	
liver <input checked="" type="checkbox"/>	
gall bladder <input type="checkbox"/>	
brain <input type="checkbox"/>	
kidney <input checked="" type="checkbox"/>	
ureter <input type="checkbox"/>	
urinary bladder <input checked="" type="checkbox"/>	
urethra <input checked="" type="checkbox"/>	
blubber <input checked="" type="checkbox"/>	
bone marrow <input checked="" type="checkbox"/>	
spinal cord <input type="checkbox"/>	
mammary gland <input type="checkbox"/>	
adrenal <input checked="" type="checkbox"/>	
skin <input checked="" type="checkbox"/>	
fat-sites: <input type="checkbox"/>	
dorsum <input type="checkbox"/>	
whole repro <input type="checkbox"/>	
muscle <input checked="" type="checkbox"/>	
gonad <input checked="" type="checkbox"/>	
prostate <input type="checkbox"/>	
uterus <input checked="" type="checkbox"/>	
vagina <input type="checkbox"/>	
cervix <input type="checkbox"/>	
penis <input type="checkbox"/>	

Cause of death (preliminary diagnosis)	Open
Examiner	D. Rotstein, DVM, DACVP
Examiner's signature	
Date	7/2/2010

621MM5061510
D-0014

Oiled Marine Mammal

Gross Necropsy Report

Spill Name: _____
 Animal Log # D0014
 Level A Field # 621MM5061510 Tag # _____
 Species: _____
 Sex: Unknown (F) Age: _____
 Weight: _____ kg (estimate/actual)
 SON: emaciated 1 2 3 4 5 6 7 obese _____
 Measurements: Blubber depth _____ mm
 SL _____ cm AC _____ cm UG _____ cm XG _____ cm

Form completed by: _____ Date: _____
 Enforcement Officer: _____
 Strand/Capture location: _____
 Collectors Name: _____
 Intake date: _____ Euthanasia
 Death date: _____ Time: _____ yes
 Post mortem date: _____ Time: _____ no
 Carcass Classification: Frozen yes no
 2- fresh, 3-fair (organs intact), 4-poor, 5- mummified dds
 Photographs:
 Radiographs:

Clinical signs/diagnosis: _____
 Antibiotics given: _____
 Pertinent lab results: _____

GROSS NECROPSY ABNORMALITIES:

OTHER TISSUES
 fibrous adhesion on ribs x2
 diaphragm x2
 gastric contents
 Blood
 Bladder x1

HYDROCARBON ANALYSIS SAMPLES			MICROBIOLOGY		SWABS: other	
bile <input type="checkbox"/>	kidney <input checked="" type="checkbox"/> x2	blubber/fat <input checked="" type="checkbox"/> x2	Lung <input type="checkbox"/>			
blood <input checked="" type="checkbox"/> v	muscle <input checked="" type="checkbox"/> x2	other: <input checked="" type="checkbox"/> x2	Liver <input type="checkbox"/>			
urine <input type="checkbox"/>	lung <input checked="" type="checkbox"/> x2	skin <input checked="" type="checkbox"/> x2	other <input type="checkbox"/>			
liver <input checked="" type="checkbox"/> x2	intestine <input checked="" type="checkbox"/> x2					

HISTOLOGY SAMPLES							
lung <input checked="" type="checkbox"/> x2	thyroid <input checked="" type="checkbox"/> x2	ileum <input checked="" type="checkbox"/> x2	kidney <input checked="" type="checkbox"/> x2	pancreas <input type="checkbox"/>	muscle <input checked="" type="checkbox"/>	LYMPH NODES:	
trachea <input checked="" type="checkbox"/> x2	testis	colon <input checked="" type="checkbox"/> x1	ureter <input type="checkbox"/>	adrenal <input checked="" type="checkbox"/> x1	gonad <input type="checkbox"/>	colonic <input type="checkbox"/>	gastric <input type="checkbox"/>
heart <input checked="" type="checkbox"/> x2	tongue <input checked="" type="checkbox"/> x2	pancreas <input type="checkbox"/>	urinary bladder <input type="checkbox"/>	skin <input checked="" type="checkbox"/> x2	prostate <input type="checkbox"/>	sublumbar <input type="checkbox"/>	hepatic <input type="checkbox"/>
aorta <input checked="" type="checkbox"/> x2	esophagus <input checked="" type="checkbox"/> x2	spleen <input checked="" type="checkbox"/> x2	urethra <input type="checkbox"/>	eye (L/R) <input type="checkbox"/>	uterus <input checked="" type="checkbox"/> x2	inguinal <input type="checkbox"/>	mediastinal <input type="checkbox"/>
pulmonary artery <input checked="" type="checkbox"/> x2	stomach <input checked="" type="checkbox"/> x2	liver <input checked="" type="checkbox"/> x2	blubber <input checked="" type="checkbox"/> x2	fat-site: <input checked="" type="checkbox"/> (blubber)	vagina <input type="checkbox"/>	axillary <input type="checkbox"/>	submandibular <input type="checkbox"/>
thymus <input type="checkbox"/>	duodenum <input checked="" type="checkbox"/> x2	gall bladder <input type="checkbox"/>	bone marrow <input checked="" type="checkbox"/>	waste resp <input type="checkbox"/>	cervix <input type="checkbox"/>	mesenteric <input checked="" type="checkbox"/> x2	tracheobronchial <input type="checkbox"/>
ovary <input type="checkbox"/>	jejunum <input checked="" type="checkbox"/> x2	brain <input type="checkbox"/>	spinal cord <input type="checkbox"/>		penis <input type="checkbox"/>	thyroid <input checked="" type="checkbox"/> x2	
other: <u>bladder x1</u>					ovary <input checked="" type="checkbox"/> x2		

Cause of death (preliminary diagnosis): _____
 Examiner: _____ Examiner's signature: _____ Date: _____