

Oiled Marine Mammal

Gross Necropsy Report

Spill Name: BP Deepwater Horizon Oil Spill Incident
 Animal Log #: D-0015
 Level A Field #: 63IMMS061510 Tag #
 Species: Tursiops truncatus
 Sex: male Age: juvenile
 Weight: 125 k estimate/actual
 SON: emaciated 1 2 3 4 5 6 7 obese 4
 Measurements: Blubber depth mm
 SL 118.5 cm AG cm UG cm XC cm

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: 10:30 no
 Carcass Classification: Frozen yes no
 2- fresh, 3-fair (organs intact), 4-poor, 5- mummified 4
 Photographs:
 Radiographs:

Clinical signs/diagnosis: OPEN
 Antibiotics given: n/a
 Pertinent lab results: n/a

GROSS NECROPSY ABNORMALITIES:

Examined is a code 4, juvenile male Tursiops truncatus. There are several sites of predation involving the dorsal fin. Teeth are unerupted to slightly erupted.

PRELIMINARY Diagnoses

Digestive System:
 Stomach: Empty.

Respiratory System:
 Lung: The left lung oozes red-fingd fluid on cut surface (congestion).

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"/>	kidney <input checked="" type="checkbox"/>	blubber/fat <input checked="" type="checkbox"/>	Lung <input type="checkbox"/>	
blood <input checked="" type="checkbox"/>	muscle <input checked="" type="checkbox"/>	other <input type="checkbox"/>	Liver <input type="checkbox"/>	
urine <input type="checkbox"/>	lung <input checked="" type="checkbox"/>		other <input type="checkbox"/>	
liver <input checked="" type="checkbox"/>	intestine <input type="checkbox"/>	stomach cont., surface swabs		

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

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

631MM5061510
D-0015

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 Photographs:
 Radiographs:

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

GROSS NECROPSY ABNORMALITIES:

heart - \odot ventricle
 \ominus ventricle

HYDROCARBON ANALYSIS SAMPLES		MICROBIOLOGY	SWABS: other
bile <input type="checkbox"/>	kidney <input checked="" type="checkbox"/> X2	Lung <input type="checkbox"/>	
blood <input checked="" type="checkbox"/> 1	muscle <input checked="" type="checkbox"/> X2	Liver <input type="checkbox"/>	
urine <input type="checkbox"/>	lung <input checked="" type="checkbox"/> X2	other <input type="checkbox"/>	
liver <input checked="" type="checkbox"/> X2	intestine <input type="checkbox"/>		
	blubber/fat <input checked="" type="checkbox"/> X2		
	other: _____		
	Surface Swabs X4		
	Stomach fluid X1		

HISTOLOGY SAMPLES				LYMPH NODES:	
lung <input checked="" type="checkbox"/> X2	thyroid <input type="checkbox"/>	ileum <input type="checkbox"/>	kidney <input checked="" type="checkbox"/> X2	mammary gland <input type="checkbox"/>	muscle <input checked="" type="checkbox"/> X2
trachea <input checked="" type="checkbox"/>	tonsil <input checked="" type="checkbox"/> X2	cecum <input type="checkbox"/>	ureter <input type="checkbox"/>	adrenal <input type="checkbox"/>	gonad <input checked="" type="checkbox"/> X2
heart <input checked="" type="checkbox"/> X2	tongue <input checked="" type="checkbox"/> X2	pancreas <input type="checkbox"/>	urinary bladder <input checked="" type="checkbox"/> X2	skin <input checked="" type="checkbox"/> X2	prostate <input checked="" type="checkbox"/> X1
aorta <input checked="" type="checkbox"/> X2	esophagus <input checked="" type="checkbox"/> X2	spleen <input type="checkbox"/>	urethra <input type="checkbox"/>	eye (L/R) <input type="checkbox"/>	uterus <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: _____	vagina <input type="checkbox"/>
thymus <input checked="" type="checkbox"/> X2	duodenum <input checked="" type="checkbox"/> X2	gall bladder <input type="checkbox"/>	bone marrow <input checked="" type="checkbox"/> X2	whole repro <input type="checkbox"/>	canx <input type="checkbox"/>
salivary gland <input type="checkbox"/>	jejunum <input checked="" type="checkbox"/> X2	brain <input type="checkbox"/>	spinal cord <input type="checkbox"/>	penis <input checked="" type="checkbox"/> X1	tracheobronchial <input type="checkbox"/>
other: _____				penis + prostate = 1 amp.	pulmonary LN <input checked="" type="checkbox"/> X1

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