

**ZOOLOGICAL PATHOLOGY PROGRAM
STRANDED CETACEAN NECROPSY REPORT**

Field ID: 64IMMS061910
Additional Identifier: D-0016 (alternate identifier); 10-240C (histo accession number)
ZPP Accession Number: 11-61Tt
Species: *Tursiops truncatus*
Strand Date: 06-19-10
Strand Location: Long Beach, MS
Sex: male
Age Class: Adult
Necropsy Date: 06-19-10
Condition code: 3
Total Length: 222 cm
Weight:
Blubber Depth:
Body Condition:

Gross Necropsy: Gross report and oiled marine mammal report available.

Slides/Tissues Received: 29 regular slides; slides begin at number 3 with 2 open slots in slide box (presumably slides 1 & 2 not shipped); ending slide number is 31.

Microscopic Findings: Autolysis is severe, impeding interpretation; also widespread colonization by large numbers of postmortem bacteria.

Slide 1:

(not in received slide set)

Slide 2:

(not in received slide set)

Slide 3:

Lymph node: No Significant Findings (NSF)

Fundic stomach: NSF

Intestine (2 sections): The lamina propria diffusely contains low numbers of eosinophils.

Slide 4:

Penis: NSF

Urinary bladder: NSF

Testis (inactive): NSF

Liver: Low to moderate numbers of hepatocytes contain small quantities of granular tan pigment.

Slide 5:

Lymph node: Subcapsular, cortical and medullary sinuses contain low numbers of neutrophils.

Large intestine: GALT aggregates are large and frequently have moderate-sized germinal center aggregates of hyaline material. A single crypt is mildly dilated and contains neutrophils cells (crypt abscess).

Brain: NSF

Slide 6:

Lymph node: Sinuses contain mildly increased numbers of macrophages and low numbers of neutrophils.

Non-glandular stomach: NSF

Tongue: NSF

Slide 7:

Heart: NSF

Adrenal: NSF

Kidney: NSF

Slide 8:

Heart: NSF

Lymph node: NSF

Thyroid (presumptive): NSF

Slide 9:

Pancreas (presumptive): NSF

Glandular/fundic stomach: NSF

Salivary gland with adjacent skeletal muscle (pharynx, presumptive): NSF

Slide 10:

Pharynx: NSF

Luminal organ, without mucosa but with striated muscularis (esophagus, presumptive): NSF

Slide 11:

Intestine (2 sections): NSF

Kidney: NSF

Slide 12:

Heart (atrium): NSF

Liver: NSF

Slide 13:

Heart: NSF

Non-glandular mucosa with scant muscularis, stomach or esophagus: NSF

Luminal organ with no mucosa: NSF

Slide 14:

Trachea: The submucosa regionally has a moderately increased cellularity (presumed inflammatory cells but definitive identification not possible due to autolysis).

Great vessel: NSF

Skeletal muscle: NSF

Slide 15:

Skin with blubber: NSF

Slide 16:

Skin with blubber: NSF

Slide 17:

Blubber layer: NSF

Slide 18:

Spleen: White pulp contains numerous moderate-sized follicles. Few have sparsely cellular germinal centers with central accumulations of hyaline material. The red pulp contains moderately increased numbers of (circulating) neutrophils.

Lymph node: Subcapsular, cortical and medullary sinuses contain low numbers of neutrophils.

Spinal cord: NSF

Slide 19:

Urinary bladder: NSF

Intestine: NSF

Adrenal: NSF

Slide 20:

Testis: NSF

Heart: NSF

Lung: One margin of the section (presumed pleura) is composed of a thick accumulation of dense collagenous, sparsely cellular connective tissue containing few thick-walled arterioles. Fibrous tissue merges with subpleural interstitium and alveolar interstitium has scattered, small regions of lesser fibrosis.

Slide 21:

Lymph node: Sinuses contain few neutrophils.

Thymus: NSF

Intestine: NSF

Slide 22:

Lymph node: Cortical follicles are large with large germinal centers.

Liver: NSF

Intestine (ampulla, presumptive): NSF

Slide 23:

Heart: NSF

Slide 24:

Heart: NSF

Colon: NSF

Slide 25:

Thyroid with adjacent lymph node: Thyroid is NSF. The lymph node has mildly dilated sinuses containing protein-rich fluid and moderate numbers of neutrophils.

Heart (atrium) NSF

Slide 26:

Non-glandular and fundic/glandular stomach: NSF

Slide 27:

Pancreas: NSF

Slide 28:

Esophagus: NSF

Slide 29:

Skeletal muscle: NSF

Slide 30:

Skin with blubber: NSF

Slide 31:

Great vessel (aorta): NSF

Final Diagnoses:

1. Drainage reaction, minimal to moderate, multiple lymph nodes
2. Moderate, regional, pleural fibrosis (rule out angiomatosis, see comment)

Comments:

The only finding of potential significance was the drainage reaction in the lymph node adjacent to the thyroid. This indicated an area of inflammation was being drained by this node. Splenic red pulp neutrophil numbers were suggestive of leukocytosis, thus a systemic inflammatory response was also suspected. However, no significant site of inflammation was observed in the reviewed tissues and nothing suspicious for a large inflammatory lesion was noted in the gross necropsy report.

Pleural fibrosis may have reflected angiomatosis, though vessels were sparse. This can occur in "mature" angiomatosis lesions though not generally to the extent seen here. Differentials could include fibrosis secondary to prior, now resolved insult.

Reported By:

Michael J. Kinsel DVM, Dip ACVP
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