

GROSS NECROPSY REPORT

SPECIES *Tt* **FIELD NUMBER** CED-20110502-LA001/LA540 **DATE** July 18, 2011
LOCATION Grand Terre, LA **LAT/LONG** 29.27715/-89.93590
SEX M **TL** 107.5 est **COND** 3 **WEIGHT** N/E



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GROSS NECROPSY

An approximately 107.5 cm total length perinatal male *Tursiops truncatus* is presented dead July 18, 2011 in poor post mortem (code 3) and moderate body condition. The animal is moderately fleshed. Fetal folds are faintly evident and the dorsal fin is leaning to the right. The ductus arteriosus is patent and the lungs are inflated and representative portions float in formalin. There are erupted teeth. A segment of intestine is exteriorized via the umbilicus and a moderate amount of retroperitoneal hemorrhage circumferentially invests the internal aspect of the umbilicus. There are no stomach contents and no meconium is in the colon. Throughout the abdominal viscera, there are numerous serosal to serosal attachments which are readily reduced by digital manipulation and the serosa is overlaid by finely granular to friable deposits (fibrin); approximately 3 ml of turbid dull red fluid is within the abdominal cavity and there is mild lymphadenopathy of regional lymph nodes. There is moderate liver enlargement with prominent rounded margin and mottled grey green parenchyma. Throughout the retropharyngeal and intra-mandibular regions, there is moderate focally extensive subcutaneous edema and hemorrhage with focal involvement of the left lateral aspect of the pharyngeal serosa. Along the caudal margin of the skull, there is multifocal shearing and avulsion of epaxial muscle segments, with scattered acute hemorrhage. Rostral vibrissae and follicles are evident. There are no other apparent gross internal or external lesions.



Subcutaneous hemorrhage

CONCLUSIONS

Post mortem change hampered gross assessment of this animal. However, the cumulative effects of the subcutaneous and retropharyngeal edema and hemorrhage within the throat, shearing of the skeletal musculature, umbilical hernia and fibrinous peritonitis would likely have been sufficiently severe to account for the loss of this animal. The alterations may be related to agonal trauma. Representative portions of lung float on immersion in formalin, so the animal was born alive and respired, but no colostrum was observed in the stomach. The contribution of lack of ingesta to hypogammaglobulinemia, hypoglycemia and other metabolic derangements cannot be discounted.

GROSS FINDINGS

- 1). Abdominal cavity: Peritonitis, moderate, diffuse, fibrinous, acute with serosal to serosal attachments, serosanguinous effusion and regional lymphadenopathy
- 2). Umbilicus: Hernia, intestinal, moderate, focal, segmental with circumferential retroperitoneal hemorrhage
- 3). Subcutis and fascia, intra-mandibular and retropharyngeal regions: Possible hemorrhage and edema, moderate, focally extensive, acute with shearing of the skeletal musculature

TISSUE DISPOSITION

Skin and mandible, life history

Brain, lung, spleen, adrenal gland, and liver, virology

Brain, pericolonc lymph node, lung, spleen, liver, small intestine, abdominal fluid, bladder and umbilical blood clot, bacteriology

Liver, biotoxin

Representative tissues, histopathology

Blubber, kidney and liver, PAH/chemistry

Carcass remains, archived

Gross photos

Head, radiology