

EXTERNAL EXAM;

On 9/4/2010, carcass was floating, R side recumbent near Rogolets Pass. carcass was fresh dead with no scavenger damage evident, At time of seizure on 9/5/2010. carcass was beginning to bloat and had very little scavenger damage to jaw fats, eyes, and ventral belly.

On 9/8/2010, when necropsy commenced carcass was very bloated (girth CBD) and greenish in color with epidermis peeling off in sheets. No obvious evidence of human interaction although difficult to tell with advanced state of decomposition.

Whole Body: SON 2/7; thin, emaciated.

Internal EXAM:

L pleural cavity contained - 200-300mL of dark red fluid, while R pleural cavity contained – 50-60ml of dark red tinged fluid.

Abdominal cavity contained -100ml of tinged fluid.

Pleural Cavity (right and left), dark red fluid (serosanguinous effusion) (Right: 50-60mL and Left: 200-300mL)

Abdominal Cavity, dark red fluid (100ml)

Dorsal Pleura (right), mid-dorsum, pulmonary adhesion

BLUBBER:

Blubber was very tacky and well adhered to adjacent muscle. Thin thickness; blubber thickness at mid-thorax (mm) = 8.0 (dorsal), 7.0 (lateral), 7.0 (ventral). Throughout entire thoracic region blubber layer were stained pink-red throughout depth (histo).

Hypodermis/ Blubber: No Visible Lesion, although in thoracic region full-thickness stained pink-red.

Blubber depths:

Dorsal – 0.8cm

Lateral – 0.7cm

Ventral – 0.7cm

Axial Muscle; Dry, tacky, friable, no lipid expressed upon cut.

Dark brick red throughout. NVL

Heart: Pericardium opaque, red-tinged in color.

Heart was flaccid with little IVS fat apparent.

Apex of R ventricle was darkened red, appeared grape jelly-like, approximately 2x3cm in Size (hemorrhage?). Upon cut, associated external lesion corresponded to clot in ventricular wall (collected entire area for histo).

L Ventricle NVL Ventricular wall thicknesses (mm) ~1.5cm (left), 0.7cm (right). R. atrium had a focal area approximately 3x4cm dark red jelly (hemorrhage?)-collected for histo.

Aorta NVL;

Pulmonary artery NVL

Lungs: Both R & L lungs were collapsed, pink-red on serosal surface ventral margins un-inflated.

Upon cut of L lung, parenchyma was pink throughout, no parasites.

R lung was darker brick-red in color throughout and congested (R side recumbent on beach/water).

R lung adhesion on mid-dorsal pleural wall extending caudally to diaphragm.

Trachea NVL

Fore Stomach: Full of 8-9 whole fish with black specs of material mixed in (Collected in ziplock). Mucosa NVL, no parasites, no ulcers, small amount of mucosal sloughing.

Main Stomach: Contained - 30mL of red tinged brown fluid- collected in vial. Moderate load of Braunina present No ulcers present.

Intestine: Mesenteries engorged. Dorsal serosal surface of intestines appeared red-purple throughout in spray-paint-like fashion. L side retroperitoneal hemorrhage present. Upon cut, mucosa NVL no parasites, no ulcers.

Distal intestine contained moderate amount of dark brown-yellow, gritty, viscous fluid. Similar colon contents to that of distal intestine.

Liver. Serosal surface NVL, congested, heavy. Upon cut, parenchyma dark purple throughout, sticky to the touch. Autolyzed.

Kidneys: L & R kidney were NVL.

No evident inter-renal fat present. Upon cut, brick-red throughout, loss of corticomedullary boundaries.

Autolyzed.

Lymph Nodes:

Caudal mediastinal LN was soft to the touch and dark brown throughout.

Mesenteric LN, upon cut, was beige throughout. ~2x3cm in size, not reactive.

Hepatic LN, upon cut, was beige pink medulla, dark purple cortex, reactive.

REPRODUCTIVE TRACT:

Sub-adult female. Mid-length uterine horn dimensions (mm) = 10mm (left), 7mm (right).

L & R ovaries had a faint crease along mid-length, too small to measure depth, otherwise NVL.

No evidence of previous or current pregnancies.

HEAD

Melon NVL

Teeth NVL, R eye NVL, no evident ulcers. Tongue possessed medium to long length papillae. max = 0.5cm long. Palate had diffuse regions of rugose, hardened lesions.

CONCLUSIONS: Sub-adult, emaciated female. Moderate to advance state of decomposition at time of necropsy. Effusion of both R & L pleural cavities. Both R & L lungs collapsed, with R lung also possessing an adhesion along dorsal pleural surface.

Abdominal cavity contained -100ml Of red tinged fluid. Dorsal serosal surface of intestines appeared red-purple throughout in spray—paint-like fashion. L side retroperitoneal hemorrhage present. Blubber was thin and well-adhered to adjacent muscle which was very tacky and friable. Heart was flaccid with little IVS fat apparent. Apex of R ventricle was darkened red, appeared grape jelly--like. Upon cut, associated external lesion corresponded to clot in ventricular wall. R atrium had a focal area approximately 3x4cm of dark red jelly. Palate had diffuse regions of rugose, hardened lesions. Forestomach was full of 8-9 whole fish with black specs of material mixed in. Main stomach possessed a moderate load of Braunina.

Most significant findings include, the pleural effusion, abdominal cavity retroperitoneal hemorrhage, and heart and lung lesions.

Cause of Death (preliminary diagnosis): CBD due to advanced state of decomposition.