

GROSS NECROPSY REPORT

SPECIES *Tt* FIELD NUMBER 72IMMS032211 DATE July 20, 2011
LOCATION Fort Morgan, AL LAT/LONG 30.23121/-87.92841
SEX F TL 74.5 (est) COND 4 WEIGHT N/E

72IMMS032211 *Tt*GROSS NECROPSY

An approximately 74.5 cm body length, perinatal/neonatal female *Tursiops truncatus* is presented dead July 20, 2011 in very poor post mortem (code 4) and moderate body condition. The animal is moderately fleshed. The stomach is empty and large intestines contain a small amount of fecal material. The lungs are diffusely dark red and representative portions partially float on immersion in formalin. The ductus arteriosus is patent and the ventricular free walls are of comparable thickness. The dorsal fin is folded and there are no apparent fetal folds or vibrissae. Throughout the ventrolateral half of the left thoracic wall and paralumbar fossa, as well as the left temporal region of the skull, there is multifocally extensive acute subcutaneous hemorrhage and edema fluid which tracks dependently to the midventral region. Within the skull, the fontanelles are disrupted, bone margins are depressed and occasionally luxated and the area is superficially overlaid by a moderate amount of dark red gelatinous material (hemorrhage and edema) which is loosely adherent to the periosteum. Within the subjacent calvarium, there is moderate subdural hemorrhage. There are multiple segments of bowel extruded through the umbilicus and diffusely, within the abdominal cavity, there are numerous serosal to serosal and serosal to peritoneal attachments which are readily reduced by

digital manipulation; the serosal surfaces feature a finely granular and glistening texture (fibrin). There are no other apparent gross internal or external lesions.



Ventral thoracic blunt trauma

CONCLUSIONS

The subcutaneous hemorrhage and edema along the flank and head are extensive and likely due to agonal or terminal trauma. Involvement of the head was likely catastrophic. These injuries are suggestive of infanticide; however, the possibility of dystocia, boat strike, attempted predation, or some other process cannot be discounted. The fibrinous peritonitis likely preceded physical trauma and may be due to low grade infection or aseptic inflammation. Based on the subcutaneous hemorrhage, the umbilical hernia may have been ante, rather than post mortem and due to increased intra-abdominal pressure. The teeth are not erupted and the carcass was too autolyzed to assess the patency of the foramen ovale. Histopathology of the lung may substantiate antemortem injury. Review of the radiographs in the context of the head injury may prove of value.

GROSS FINDINGS

- 1). Head, left temporal region: Luxation, fontanelles, marked, multifocal with acute subcutaneous and subdural hemorrhage
- 2). Thoracic wall and paralumbar fossa: Hemorrhage, marked, focally extensive, subcutaneous with edema fluid
- 3). Peritoneum: Peritonitis, fibrinous, moderate, multifocal to coalescing, acute
- 4). Umbilicus: Extrusion, intestine, moderate, segmental

TISSUE DISPOSITION

Feces and liver, biotoxin analysis
Mandible and skin for life history
Brain, liver, spleen, adrenal gland and lung, virology
Lung, histopathology
Morphometrics recorded
Photographs
Head, radiograph