

CAD/DVA 7
11/8/10

Oiled Marine Mammal

Gross Necropsy Report

Form completed by	Cara Field, DVM	Date	5/7/2010
Enforcement Officer	LDWF Myron Fischer		
Strand/Capture location	Grand Tia Island, LA		
Collectors Name	Cara Field		
Intake date	5/6/2010	Euthanasia	
Death date		Time	yes
Post mortem date	5/7/2010	Time	13:00
			no
Carcass Classification:	Frozen	yes	no
	2-fresh, 3-fair (organs intact), 4-poor, 5-mummified		3+
Photographs:	<input checked="" type="checkbox"/>		
Radiographs:	<input type="checkbox"/>		

Spill Name	BP Deepwater Horizon Oil Spill Incident
Animal Log #	BP-2010-LA-04
Level A Field #	BP-2010-LA-04
Tag #	BP-2010-LA-04
Species	Tursiops truncatus
Sex	MALE
Age	neonate
Weight	22.7 kg <input type="radio"/> estimate/actual <input type="radio"/>
SON	emaciated 1 2 3 4 5 6 7 obese 4
Measurements:	Blubber depth 10 mm
SL	114 cm
AG	76.2 cm
UC	ne cm
XG	ne cm

Clinical signs/diagnosis	unknown
Antibiotics given	NA
Pertinent lab results	NA

GROSS NECROPSY ABNORMALITIES:

Reportedly, people noted a dolphin - possible mother - pushing this calf around the past two days. LDWF picked it up 6May2010 afternoon, kept overnight in water.
 Blubber Thickness (mm): 10 dorsal, 8 lateral.
 External exam: Large opening into abdomen with liver and all intestines protruding out of body at umbilicus, opening approx. 15x20cm diameter. Epidermis: R side 50% of skin missing with rest of body sun burnt dark grey/black, peeling away readily. Underlying dermis white/red in areas from sun exposure.
 General Remarks: Code3-4; large pockets of subcutaneous and intra-organ air/gas, liver was externalized and extremely liquidified. GI tract bloated outside of body with minimal liquid material. Stomachs empty. Spleen missing. Kidneys, brain, and liver advanced autolysis. Lungs inflated but congested, floated in formalin. Blowhole NVL. No evidence of parasites. Teeth erupted but very small, thus approximately 3 to 4 months old.

HYDROCARBON ANALYSIS SAMPLES			MICROBIOLOGY		SWABS: other	
bile	<input type="checkbox"/>	kidney	<input checked="" type="checkbox"/>	Lung	<input type="checkbox"/>	
blood	<input type="checkbox"/>	muscle	<input checked="" 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 checked="" type="checkbox"/>			

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 checked="" type="checkbox"/>	ureter	<input type="checkbox"/>	adrenal	<input checked="" type="checkbox"/>	gonad	<input checked="" type="checkbox"/>	sublumbar	<input type="checkbox"/>	hepatic	<input type="checkbox"/>
heart	<input checked="" type="checkbox"/>	longue	<input checked="" type="checkbox"/>	pancreas	<input type="checkbox"/>	urinary bladder	<input checked="" type="checkbox"/>	skin	<input checked="" type="checkbox"/>	prostate	<input 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 checked="" 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 type="checkbox"/>	liver	<input checked="" type="checkbox"/>	blubber	<input checked="" type="checkbox"/>	fat-site:	<input checked="" type="checkbox"/>	vagina	<input type="checkbox"/>	mesenteric	<input type="checkbox"/>	tracheobronchial	<input type="checkbox"/>
thymus	<input type="checkbox"/>	duodenum	<input type="checkbox"/>	gall bladder	<input type="checkbox"/>	bone marrow	<input checked="" type="checkbox"/>	R dorsum	<input 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 type="checkbox"/>				
other:															

Cause of death (preliminary diagnosis)	Unknown. Possible congenital defect/trauma (umbilical hernia?)		
Examiner	Cara Field, DVM	Examiner's signature	<i>Cara Field DVM</i>
Date	5/7/2010		