

Base	M/F	Tag Pattern	Used	Location	Comments	Age	Weight	Mchip
Central	M	16Green	2/03/2017	KBRV Fenced Area	16Green16m, born 2016 (known). 13.1kg. M'chipped. Rectangular tag.	Juvenile	13.1kg	Yes
Central	F	16White	9/01/2017	KBRV Fenced Area	16White16f, born 2016 (known). 10.1kg. M'chipped. Square tag.	Juvenile	10.1kg	Yes

Released by NPSR
under the
RTI Act 2009

Base	Sex	Tag	Tag Date	Location	Comments	Dec Date	HR	Age Dec	Nec	Cause
Waddy Point	F	UT16m_2016_SC_011	Untagged	6.8 km South Sandy Cape		Found 25/12/16		Juvenile	Pending	Indeterminate - Too decomposed to determine cause of death. No obvious external injuries.
Waddy Point	F	UT16f_2016_BRNRK_012	Untagged	Nth side Browns Rocks		Found 31/12/16		Juvenile	No	
Central	M	UT16m_2017_LM_001	Untagged	Lake McKenzie		25/02/2017	SI12	Juvenile	YesV	Euthanasia SI - Unknown (Paralysed or extreme weakness)
Central	M	UT16m_2017_KBRV_002	Untagged	KBRV Beachfront		27/02/2017	SI13	Juvenile	YesV	Euthanasia SI - Unknown (Paralysed or extreme weakness)
Waddy Point	F	10	29/9/16R	Waddy Point - Track to South Waddy	Deceased 26/11/16 - Euthanasia (HD) - 14.0kg. (Re)tagged 10Blue15f, 29/09/16, 14.7kg, Square tag. Previously UT15f_OLK_2016_001, born 2015 (known). 9.1kg. M'chipped. NO TAG	26/11/2016	HR89	Sub adult	Pending	Euthansia for threatening/high risk behaviour
Central	M	16Yellow	24/01/2017	Kingfisher beachfront	Deceased 15/02/17 - Euthanasia (SI) - 7.4kg. 16Yellow16m, born 2016 (known). 10.0kg. M'chipped. Rectangular tag.	15/02/2017	SI11	Juvenile	YesV	Unknown (Paralysed or extreme weakness)
Central	F	16Orange	23/01/2017	KBRV Fenced Area	Deceased 06/03/2017 - Euthanasia (HR) - 16Orange16f, born 2016 (known). 11.1kg. M'chipped. Square tag. Re-captured 31/1/17 inside KBRV fence 11.4kg.	6/03/2017	HR90	Juvenile	Pending	Euthansia for threatening/high risk behaviour

Released by [redacted] under the RTI Act 2009

VETERINARY NECROPSY REPORT CHECKLIST AND GUIDELINES

(DD Form 1626 may be used independently of TB Med 283. Instructions for completing this form begin on page 9.)

SECTION I - ADMINISTRATIVE DATA

PART A - CONTRIBUTOR'S DATA

1. CONTRIBUTOR/PROSECTOR		2. DATE OF REPORT (YYYYMMDD) 1/3/2017
3. NAME AND ADDRESS OF REPORTING UNIT		4. GEOGRAPHIC LOCATION (Country)
5. TELEPHONE NUMBER	6. FAX NUMBER	7. E-MAIL

PART B - ANIMAL IDENTIFICATION AND RELATED DATA

8. ANIMAL I.D. (Name and Tattoo Number) 16416M		9. SPECIES CANINE		10. BREED DINGO	
11. DATE OF BIRTH (YYYYMMDD) 2016	12. AGE	13. SEX M	14. NEUTERED ☐ YES ☒ NO	15. WEIGHT 7.4 kg	16. COLOR TAN
17. EUTHANIZED (Specify method and agent used.) ☒ YES ☐ NO					
18. CAUSE OF DEATH (Medical reason for death or decision to euthanize.) Euthanized due to clinical condition					
19. NAME AND ADDRESS OF UNIT ACCOUNTABLE FOR ANIMAL					
20. CONTRIBUTOR'S NECROPSY NUMBER		21. DATE OF DEATH (YYYYMMDD) 15/02/17		22. TIME BETWEEN DEATH AND NECROPSY	
23. PRIORITY REQUIRED ☐ ROUTINE ☐ RUSH		24. MATERIALS FORWARDED			

SECTION II - CLINICAL AND PATHOLOGICAL DATA

25. CLINICAL ABSTRACT (Continue in Block 32 or on a separate sheet if necessary and attach copy of DD Form 1743, Death Certificate of a Military Dog; DD Form 1834, Military Working Dog Service Record (Assignment History); and DD Form 2619, Master Problem List.)

SECTION II - CLINICAL AND PATHOLOGICAL DATA *(Continued)*

26. CLINICAL DIAGNOSES *(Relevant to the death of the animal.)*

27. GROSS NECROPSY DIAGNOSES

28. GROSS PHOTOGRAPHS *(Tissues and lesions photographed.)*

29. MICROBIOLOGICAL CULTURE RESULTS *(Specify site.)*

30. CLINICAL PATHOLOGY TEST RESULTS *(Relevant to the death of the animal, include a copy.)*

Parvo test negative

Urine - USG 1.040, dark yellow, cloudy.

31. RADIOGRAPHS AND INTERPRETATIONS *(Relevant to the death of the animal, include a copy.)*

32. REMARKS *(List any additional information that supplements this report. This block can be used for a continuation of another information block.)*

33. SIGNATURE OF CONTRIBUTOR/PROSECTOR

SECTION III - GROSS FINDINGS

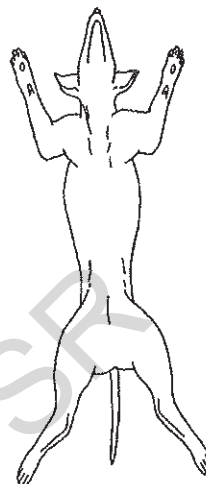
(If more space is needed, identify the tissue and continue on a blank sheet.)

GENERAL (Condition of cadaver, haircoat, body orifices, scars, superficial lesions/tumors, etc.)

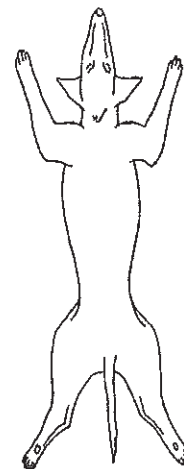
WEIGHT

Emaciated

Areas of scarring around jaw & both ears.



Ventral



Dorsal

EYES AND EARS

Unremarkable

PRIMARY INCISION (Subcutaneous fat, musculature, superficial lymph nodes, etc.)

Subcutaneous fat <1mm

BONE MARROW (Color, consistency, submit two unstained cytology smears.)

Not examined

ENDOCRINE GLANDS (Pituitary, thyroid, parathyroids, adrenals.)

Thyroid/Parathyroid (gm) L R

Not examined

Adrenal (gm) L R

Unremarkable.

Pituitary

Not examined.

SECTION III - GROSS FINDINGS (Continued)

BODY CAVITIES (If fluid is present in the abdomen and/or thorax, describe the color, clarity and amount.)

No fluid present.

URINARY SYSTEM (Kidneys, ureters, urinary bladder, urethra.)

Kidney (gm) L R

Unremarkable.

GENITAL SYSTEM (Testes, epididymides, spermatic cords, prostate gland, penis, ovaries, oviducts, uterus, cervix, vagina, vulva.)

Male, both testicles descended

ILIAC LYMPH NODES AND ABDOMINAL AORTA

Unremarkable.

HEART (Pericardium, epicardium, myocardium, endocardium, valves, coronary vessels, etc.)

Weight (gm)

RV (mm)

LV (mm)

IV Septum (mm)

Normal, no evidence of heartworm

VASCULATURE (Arteries, veins, and lymphatics.)

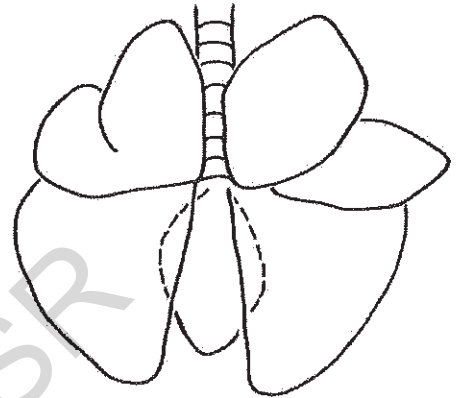
Unremarkable.

SECTION III - GROSS FINDINGS (Continued)

RESPIRATORY SYSTEM (Larynx, trachea, bronchi, lymph nodes, etc.)

LUNG (gm) R L

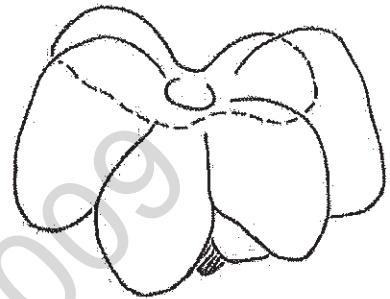
Normal PM changes + barbiturate crystallization
Otherwise unremarkable



LIVER (Size, color, consistency, gallbladder, bile ducts, etc.)

Weight (gm)

Gall bladder ~90% full



PANCREAS

Weight (gm)

Not Unremarkable

SPLEEN

Weight (gm)

Enlarged due to barbiturate use.

GASTROINTESTINAL TRACT (Mouth, teeth, tongue, salivary glands, esophagus, stomach, duodenum, jejunum, ileum, cecum, colon, rectum, anus and lymph nodes.)

Teeth slightly discolored, small chip on posterior aspect of L mandibular canine.
Very few stomach contents - some plant matter, 2 halves of one peanut, yellow fluid.

Small intestine contains very liquid - bile-stained digestive contents, roundworms (brown + white 2mm)

Feces from colon black (digested blood), No frank blood evident, roundworm eggs (1+)

SECTION III - GROSS FINDINGS (Continued)

BONES AND JOINTS, NONVERTEBRAL (Hip, stifle, shoulder, elbow, other.)

Not examined.

BRAIN (Cerebrum, cerebellum, brainstem.)

Not examined

NASAL CAVITY AND SINUSES

Unremarkable.

VERTEBRAL COLUMN

Not examined.

SPINAL CORD

Not examined.

PERIPHERAL NERVES

Not examined.

SECTION IV - TISSUE CHECKLIST

Use this checklist to record all tissues collected for submission. In the "Other" section, list any additional tissues collected that are not on the checklist. Tissues are listed in order of descriptive protocol. See TB MED 283 for an alphabetical list.

34. MILITARY WORKING DOG (MWD) NAME

35. MWD TATTOO

36. ITEM

☐	EYES (LEFT/RIGHT)	☐	SPLEEN
☐	LACRIMAL GLAND	☐	MESENTERIC LYMPH NODE(S) *
☐	AXILLARY LYMPH NODE(S) (LEFT/RIGHT) *	☐	STOMACH
☐	HAired SKIN (SPECIFY SITE IN REMARKS)	☐	DUODENUM
☐	MAMMARY TISSUE (IF APPLICABLE)	☐	JEJUNUM
☒	SKELETAL MUSCLE	☐	ILEUM
☐	BONE MARROW	☐	ILEOCECOCOLIC JUNCTION
☐	THYROID AND PARATHYROID GLANDS *	☐	CECUM
☐	MANDIBULAR SALIVARY GLANDS	☐	COLON
☐	ADRENAL GLANDS (LEFT/RIGHT)	☐	RECTUM
☐	THYMUS/THYMIC REMNANTS *	☐	ANUS/PERIANAL AREA/ANAL SAC
☐	BONE (RIB, STERNEBRA; SPECIFY OTHER SITE)	☐	EAR CANAL
☐	TONSILS (LEFT/RIGHT) *	☐	BRAIN (INTACT)
☐	TONGUE	☐	PITUITARY GLAND *
☐	ESOPHAGUS	☐	SPINAL CORD (INTACT)
☐	MEDIAL RETROPHARYNGEAL LYMPH NODE(S) *	☐	PERIPHERAL NERVE (SPECIFY)
☐	DIAPHRAGM	☒	OTHER (SPECIFY)
☐	KIDNEYS (LEFT/RIGHT)		<i>Faeces .</i>
☐	URETERS		
☐	URINARY BLADDER		
☐	URETHRA		
☐	PROSTATE GLAND		
☐	TESTES/EPIDIDYMIDES (LEFT/RIGHT)		
☐	UTERUS; CERVIX; VAGINA		
☐	OVARIES (LEFT/RIGHT)		
☐	ILIAC LYMPH NODE(S) (LEFT/RIGHT) *		
☐	AORTA, ABDOMINAL (SPECIFY OTHER SITE)		
☐	HEART (ENTIRE ORGAN, OPENED)		
☐	TRACHEA/LARYNX		
☐	TRACHEOBRONCHIAL LYMPH NODE(S) (L/R) *		
☐	LUNG		
☐	PANCREAS		
☐	LIVER		
☐	GALLBLADDER		

REMARKS:

* Identify these tissues by placing in labeled, large-size tissue cassettes (or other containers) prior to fixation and shipment.

VETERINARY NECROPSY REPORT CHECKLIST AND GUIDELINES

(DD Form 1626 may be used independently of TB Med 283. Instructions for completing this form begin on page 9.)

SECTION I - ADMINISTRATIVE DATA

PART A - CONTRIBUTOR'S DATA

1. CONTRIBUTOR/PROSECTOR		2. DATE OF REPORT (YYYYMMDD) 27/02/17
3. NAME AND ADDRESS OF REPORTING UNIT		4. GEOGRAPHIC LOCATION (Country)
5. TELEPHONE NUMBER	6. FAX NUMBER	7. E-MAIL

PART B - ANIMAL IDENTIFICATION AND RELATED DATA

8. ANIMAL I.D. (Name and Tattoo Number) UT16 KBRV		9. SPECIES Canine		10. BREED Dingo	
11. DATE OF BIRTH (YYYYMMDD)	12. AGE 8 months	13. SEX male	14. NEUTERED ☐ YES ☒ NO	15. WEIGHT 8.5kg	16. COLOR Tan
17. EUTHANIZED (Specify method and agent used.) ☒ YES ☐ NO					
18. CAUSE OF DEATH (Medical reason for death or decision to euthanize.) Euthanised due to clinical condition					
19. NAME AND ADDRESS OF UNIT ACCOUNTABLE FOR ANIMAL					
20. CONTRIBUTOR'S NECROPSY NUMBER		21. DATE OF DEATH (YYYYMMDD) 27/02/17		22. TIME BETWEEN DEATH AND NECROPSY 4 hours	
23. PRIORITY REQUIRED ☐ ROUTINE ☒ RUSH		24. MATERIALS FORWARDED			

SECTION II - CLINICAL AND PATHOLOGICAL DATA

25. CLINICAL ABSTRACT (Continue in Block 32 or on a separate sheet if necessary and attach copy of DD Form 1743, Death Certificate of a Military Dog; DD Form 1834, Military Working Dog Service Record (Assignment History); and DD Form 2619, Master Problem List.)

SECTION II - CLINICAL AND PATHOLOGICAL DATA (Continued)

26. CLINICAL DIAGNOSES *(Relevant to the death of the animal.)*

27. GROSS NECROPSY DIAGNOSES

28. GROSS PHOTOGRAPHS *(Tissues and lesions photographed.)*

29. MICROBIOLOGICAL CULTURE RESULTS *(Specify site.)*

Parvotest -ve
Creatinine 651 U/L (range 10-200 U/L)

30. CLINICAL PATHOLOGY TEST RESULTS *(Relevant to the death of the animal, include a copy.)*

31. RADIOGRAPHS AND INTERPRETATIONS *(Relevant to the death of the animal, include a copy.)*

32. REMARKS *(List any additional information that supplements this report. This block can be used for a continuation of another information block.)*

33. SIGNATURE OF CONTRIBUTOR/PROSECTOR

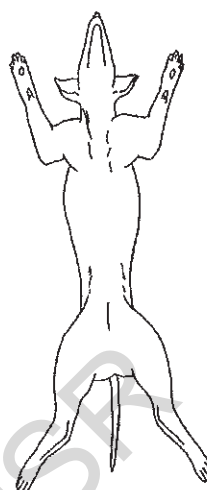
SECTION III - GROSS FINDINGS

(If more space is needed, identify the tissue and continue on a blank sheet.)

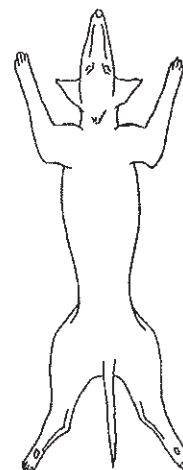
GENERAL (Condition of cadaver, haircoat, body orifices, scars, superficial lesions/tumors, etc.)

WEIGHT

Emaciated



Ventral



Dorsal

EYES AND EARS

Unremarkable

PRIMARY INCISION (Subcutaneous fat, musculature, superficial lymph nodes, etc.)

<1mm Subcutaneous fat

BONE MARROW (Color, consistency, submit two unstained cytology smears.)

ENDOCRINE GLANDS (Pituitary, thyroid, parathyroids, adrenals.)

Thyroid/Parathyroid (gm) L R

Not examined

Adrenal (gm) L R

within normal limits

Pituitary

Not examined

SECTION III - GROSS FINDINGS (Continued)

BODY CAVITIES (If fluid is present in the abdomen and/or thorax, describe the color, clarity and amount.)

None present

URINARY SYSTEM (Kidneys, ureters, urinary bladder, urethra.)

Kidney (gm) L R

unremarkable

GENITAL SYSTEM (Testes, epididymides, spermatic cords, prostate gland, penis, ovaries, oviducts, uterus, cervix, vagina, vulva.)

male, both testes descended

ILIAC LYMPH NODES AND ABDOMINAL AORTA

- Iliac LN look grossly enlarged
- AA unremarkable

HEART (Pericardium, epicardium, myocardium, endocardium, valves, coronary vessels, etc.)

Weight (gm)

RV (mm)

LV (mm)

IV Septum (mm)

Normal, nil heartworm

VASCULATURE (Arteries, veins, and lymphatics.)

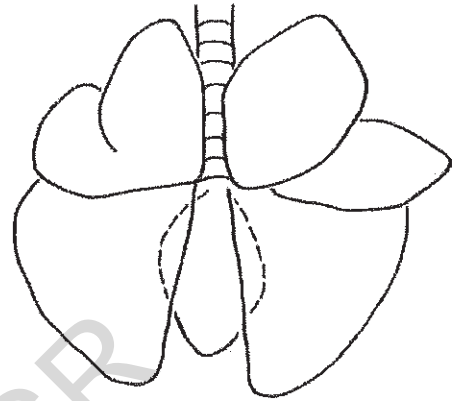
NAD

SECTION III - GROSS FINDINGS (Continued)

RESPIRATORY SYSTEM (Larynx, trachea, bronchi, lymph nodes, etc.)

LUNG (gm) R L

Port mortem changes to lungs.



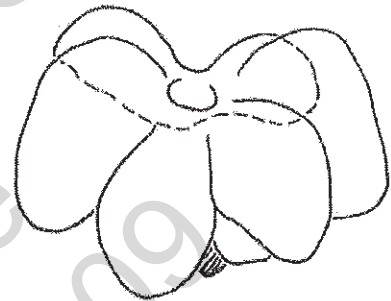
LIVER (Size, color, consistency, gallbladder, bile ducts, etc.)

Weight (gm)

Normal size

Normal colour

Smooth consistency



PANCREAS

Weight (gm)

NAD

SPLEEN

Weight (gm)

Normal.

GASTROINTESTINAL TRACT (Mouth, teeth, tongue, salivary glands, esophagus, stomach, duodenum, jejunum, ileum, cecum, colon, rectum, anus and lymph nodes.)

Teeth - staining on lower canines + incisors, all present

Tongue normal

Mesenteric lymph nodes enlarged.

Stomach contents - material

SECTION III - GROSS FINDINGS *(Continued)*

BONES AND JOINTS, NONVERTEBRAL (Hip, stifle, shoulder, elbow, other.)

Not examined

BRAIN (Cerebrum, cerebellum, brainstem.)

Not examined

NASAL CAVITY AND SINUSES

NAD - nasal
sinuses not examined

VERTEBRAL COLUMN

not examined

SPINAL CORD

not examined

PERIPHERAL NERVES

not examined

SECTION IV - TISSUE CHECKLIST

Use this checklist to record all tissues collected for submission. In the "Other" section, list any additional tissues collected that are not on the checklist. Tissues are listed in order of descriptive protocol. See TB MED 283 for an alphabetical list.

34. MILITARY WORKING DOG (MWD) NAME

35. MWD TATTOO

36. ITEM

☐	EYES (LEFT/RIGHT)	☒	SPLEEN
☐	LACRIMAL GLAND	☐	MESENTERIC LYMPH NODE(S) *
☐	AXILLARY LYMPH NODE(S) (LEFT/RIGHT) *	☐	STOMACH
☐	HAired SKIN (SPECIFY SITE IN REMARKS)	☐	DUODENUM
☐	MAMMARY TISSUE (IF APPLICABLE)	☐	JEJUNUM
☐	SKELETAL MUSCLE	☐	ILEUM
☐	BONE MARROW	☐	ILEOCECOCOLIC JUNCTION
☐	THYROID AND PARATHYROID GLANDS *	☒	CECUM
☐	MANDIBULAR SALIVARY GLANDS	☐	COLON
☐	ADRENAL GLANDS (LEFT/RIGHT)	☐	RECTUM
☐	THYMUS/THYMIC REMNANTS *	☐	ANUS/PERIANAL AREA/ANAL SAC
☐	BONE (RIB, STERNEBRA; SPECIFY OTHER SITE)	☐	EAR CANAL
☐	TONSILS (LEFT/RIGHT) *	☐	BRAIN (INTACT)
☐	TONGUE	☐	PITUITARY GLAND *
☐	ESOPHAGUS	☐	SPINAL CORD (INTACT)
☐	MEDIAL RETROPHARYNGEAL LYMPH NODE(S) *	☐	PERIPHERAL NERVE (SPECIFY)
☐	DIAPHRAGM	☐	OTHER (SPECIFY)
☒	KIDNEYS (LEFT/RIGHT)	REMARKS:	
☐	URETERS		
☐	URINARY BLADDER		
☐	URETHRA		
☐	PROSTATE GLAND		
☐	TESTES/EPIDIDYMIDES (LEFT/RIGHT)		
☐	UTERUS; CERVIX; VAGINA		
☐	OVARIES (LEFT/RIGHT)		
☐	ILIAC LYMPH NODE(S) (LEFT/RIGHT) *		
☐	AORTA, ABDOMINAL (SPECIFY OTHER SITE)		
☒	HEART (ENTIRE ORGAN, OPENED)		
☐	TRACHEA/LARYNX		
☐	TRACHEOBRONCHIAL LYMPH NODE(S) (L/R) *		
☒	LUNG		
☐	PANCREAS		
☒	LIVER		
☐	GALLBLADDER		

* Identify these tissues by placing in labeled, large-size tissue cassettes (or other containers) prior to fixation and shipment.

VETERINARY NECROPSY REPORT CHECKLIST AND GUIDELINES

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SECTION I - ADMINISTRATIVE DATA

PART A - CONTRIBUTOR'S DATA

1. CONTRIBUTOR/PROSECTOR	2. DATE OF REPORT (YYYYMMDD) <u>1/3/2017</u>
3. NAME AND ADDRESS OF REPORTING UNIT	4. GEOGRAPHIC LOCATION (Country)
5. TELEPHONE NUMBER	6. FAX NUMBER
7. E-MAIL	

PART B - ANIMAL IDENTIFICATION AND RELATED DATA

8. ANIMAL I.D. (Name and Tattoo Number) <u>UT16M L MC.</u>		9. SPECIES <u>CANINE</u>		10. BREED <u>DINGO</u>	
11. DATE OF BIRTH (YYYYMMDD)	12. AGE <u>8 months</u>	13. SEX <u>male</u>	14. NEUTERED ☐ YES ☒ NO	15. WEIGHT <u>9.1 kg.</u>	16. COLOR <u>TAN.</u>
17. EUTHANIZED (Specify method and agent used.) ☒ YES ☐ NO					
18. CAUSE OF DEATH (Medical reason for death or decision to euthanize.) <u>Euthanised due to clinical condition</u>					
19. NAME AND ADDRESS OF UNIT ACCOUNTABLE FOR ANIMAL <u>LAKE MACKENZIE FRASER ISLAND</u>					
20. CONTRIBUTOR'S NECROPSY NUMBER		21. DATE OF DEATH (YYYYMMDD) <u>25/02/17</u>		22. TIME BETWEEN DEATH AND NECROPSY	
23. PRIORITY REQUIRED ☐ ROUTINE ☐ RUSH		24. MATERIALS FORWARDED			

SECTION II - CLINICAL AND PATHOLOGICAL DATA

25. CLINICAL ABSTRACT (Continue in Block 32 or on a separate sheet if necessary and attach copy of DD Form 1743, Death Certificate of a Military Dog; DD Form 1834, Military Working Dog Service Record (Assignment History); and DD Form 2619, Master Problem List.)

SECTION II - CLINICAL AND PATHOLOGICAL DATA *(Continued)*

26. CLINICAL DIAGNOSES *(Relevant to the death of the animal.)*

27. GROSS NECROPSY DIAGNOSES

28. GROSS PHOTOGRAPHS *(Tissues and lesions photographed.)*

29. MICROBIOLOGICAL CULTURE RESULTS *(Specify site.)*

30. CLINICAL PATHOLOGY TEST RESULTS *(Relevant to the death of the animal, include a copy.)*

Parvo test negative
Urine - USG 16030, everything else normal.

31. RADIOGRAPHS AND INTERPRETATIONS *(Relevant to the death of the animal, include a copy.)*

32. REMARKS *(List any additional information that supplements this report. This block can be used for a continuation of another information block.)*

33. SIGNATURE OF CONTRIBUTOR/PROSECTOR

SECTION III - GROSS FINDINGS

(If more space is needed, identify the tissue and continue on a blank sheet.)

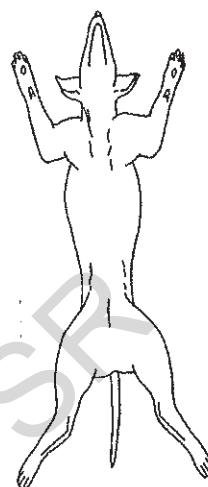
GENERAL (Condition of cadaver, haircoat, body orifices, scars, superficial lesions/tumors, etc.)

WEIGHT 9.1 kg

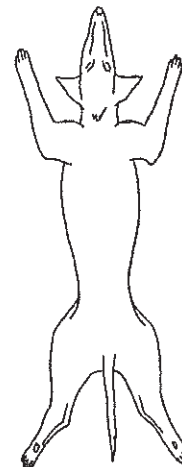
EMACIATED

General multiple scars

- large area of alopecia/scarring on ~~R~~ R abdomen.



Ventral



Dorsal

EYES AND EARS

Unremarkable

PRIMARY INCISION (Subcutaneous fat, musculature, superficial lymph nodes, etc.)

Subcutaneous fat ≥ 1 mm

BONE MARROW (Color, consistency, submit two unstained cytology smears.)

Not examined.

ENDOCRINE GLANDS (Pituitary, thyroid, parathyroids, adrenals.)

Thyroid/Parathyroid (gm) L R

Not examined.

Adrenal (gm) L R

Unremarkable.

Pituitary

Not examined.

SECTION III - GROSS FINDINGS (Continued)

BODY CAVITIES (If fluid is present in the abdomen and/or thorax, describe the color, clarity and amount.)

PM thawing fluid present in abdomen.

URINARY SYSTEM (Kidneys, ureters, urinary bladder, urethra.)

Kidney (gm) L R

Normal

GENITAL SYSTEM (Testes, epididymides, spermatic cords, prostate gland, penis, ovaries, oviducts, uterus, cervix, vagina, vulva.)

Male, both testicles descended.

ILIAC LYMPH NODES AND ABDOMINAL AORTA

Unremarkable.

HEART (Pericardium, epicardium, myocardium, endocardium, valves, coronary vessels, etc.)

Weight (gm)

RV (mm)

LV (mm)

IV Septum (mm)

Normal, no evidence of heartworm.

VASCULATURE (Arteries, veins, and lymphatics.)

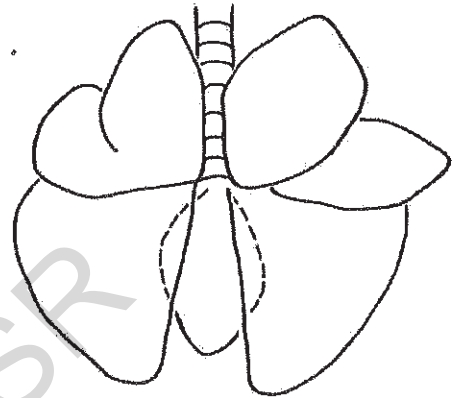
Unremarkable.

SECTION III - GROSS FINDINGS (Continued)

RESPIRATORY SYSTEM (Larynx, trachea, bronchi, lymph nodes, etc.)

LUNG (gm) R L

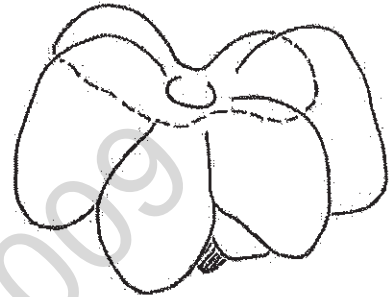
Normal PM changes + barbiturate crystallisation.
Otherwise unremarkable.



LIVER (Size, color, consistency, gallbladder, bile ducts, etc.)

Weight (gm)

Normal liver
Gall bladder Bl



PANCREAS

Weight (gm)

Normal

SPLEEN

Weight (gm)

Enlarged from barbiturate use. Otherwise normal.

GASTROINTESTINAL TRACT (Mouth, teeth, tongue, salivary glands, esophagus, stomach, duodenum, jejunum, ileum, cecum, colon, rectum, anus and lymph nodes.)

Teeth very slightly discolored.

Very few stomach contents - plant matter, echidna spines, sand

Small intestine contains bile-stained digestive contents, roundworms (brown + white 2mm), roundworm eggs (1+)

Faeces from colon contain plant matter + echidna spines. Faeces are black (digested blood) + with traces of frank blood + roundworm eggs (1+)

SECTION III - GROSS FINDINGS (Continued)

BONES AND JOINTS, NONVERTEBRAL (Hip, stifle, shoulder, elbow, other.)

Not examined.

BRAIN (Cerebrum, cerebellum, brainstem.)

Not examined.

NASAL CAVITY AND SINUSES

Unremarkable

VERTEBRAL COLUMN

Not examined.

SPINAL CORD

Not examined.

PERIPHERAL NERVES

Not examined.

SECTION IV - TISSUE CHECKLIST

Use this checklist to record all tissues collected for submission. In the "Other" section, list any additional tissues collected that are not on the checklist. Tissues are listed in order of descriptive protocol. See TB MED 283 for an alphabetical list.

34. MILITARY WORKING DOG (MWD) NAME		35. MWD TATTOO	
36. ITEM			
☐	EYES (LEFT/RIGHT)	☐	SPLEEN
☐	LACRIMAL GLAND	☐	MESENTERIC LYMPH NODE(S) *
☐	AXILLARY LYMPH NODE(S) (LEFT/RIGHT) *	☐	STOMACH
☐	HAIR SKIN (SPECIFY SITE IN REMARKS)	☐	DUODENUM
☐	MAMMARY TISSUE (IF APPLICABLE)	☐	JEJUNUM
☒	SKELETAL MUSCLE	☐	ILEUM
☐	BONE MARROW	☐	ILEOCECOCOLIC JUNCTION
☐	THYROID AND PARATHYROID GLANDS *	☐	CECUM
☐	MANDIBULAR SALIVARY GLANDS	☐	COLON
☐	ADRENAL GLANDS (LEFT/RIGHT)	☐	RECTUM
☐	THYMUS/THYMIC REMNANTS *	☐	ANUS/PERIANAL AREA/ANAL SAC
☐	BONE (RIB, STERNEBRA; SPECIFY OTHER SITE)	☐	EAR CANAL
☐	TONSILS (LEFT/RIGHT) *	☐	BRAIN (INTACT)
☐	TONGUE	☐	PITUITARY GLAND *
☐	ESOPHAGUS	☐	SPINAL CORD (INTACT)
☐	MEDIAL RETROPHARYNGEAL LYMPH NODE(S) *	☐	PERIPHERAL NERVE (SPECIFY)
☐	DIAPHRAGM	☒	OTHER (SPECIFY)
☐	KIDNEYS (LEFT/RIGHT)		<i>Feces.</i>
☐	URETERS		
☐	URINARY BLADDER		
☐	URETHRA		
☐	PROSTATE GLAND		
☐	TESTES/EPIDIDYMIDES (LEFT/RIGHT)		
☐	UTERUS; CERVIX; VAGINA		
☐	OVARIES (LEFT/RIGHT)		
☐	ILIAC LYMPH NODE(S) (LEFT/RIGHT) *		
☐	AORTA, ABDOMINAL (SPECIFY OTHER SITE)		
☐	HEART (ENTIRE ORGAN, OPENED)		
☐	TRACHEA/LARYNX		
☐	TRACHEOBRONCHIAL LYMPH NODE(S) (L/R) *		
☐	LUNG		
☐	PANCREAS		
☐	LIVER		
☐	GALLBLADDER		
		REMARKS:	

* Identify these tissues by placing in labeled, large-size tissue cassettes (or other containers) prior to fixation and shipment.