## **Gross Examination Worksheet - Necropsy**

PROSECTOR:	Da	ite:	Time:	a.m.	p.m.
GENERAL CONDITION:	(Nutritional	condition, phy	ysical conditi	on)	
Neonates: examine for malfo	rmations (cl	eft palate, def	ormed limbs	etc)	
Weight:#					
<b>Body condition</b> Ideal (1) Underweight/Lea	an <b>(2)</b> Thii	n <b>(3)</b> Underw	veight <b>(4)</b> I	Emaciate	d <b>(5)</b>
SKIN: (haircoat, skin, pinna, Attach separate sheet for wou	•				g)
MUSCULOSKELETAL SYS Radiographs: Yes (see sepa		es, joints, and No	muscles)		
BODY CAVITIES: (Fat store Neonates: assess hydration (t					

HEMOLYMPHATIC: (Spleen, lymph nodes, thymus) RESPIRATORY SYSTEM: (Nasal cavity, larynx, trachea, lungs, and regional lymph nodes) **Neonates:** Did breathing occur (i.e., do the lungs float in formalin)? Yes No CARDIOVASCULAR SYSTEM: (Heart, pericardium, and great vessels) DIGESTIVE SYSTEM: (Mouth, teeth, esophagus, stomach, intestines, liver, pancreas, mesenteric lymph nodes). Diarrhea **Intestinal parasites** Feces submitted for ova and parasites? Yes **Neonates:** is milk present in stomach? Yes No

REPRODUCTIVE SYSTEM: (Testis/ovary, uterus, vagina, penis, prepuce, prostate, mammary glands, placenta)
ENDOCRINE SYSTEM: (Adrenals, thyroid, parathyroids, pituitary)
NERVOUS SYSTEM: (Brain, spinal cord, and peripheral nerves)
SENSORY ORGANS (Eyes, ears)
LABORATORY STUDIES: (List bacterial and viral cultures submitted and results, if available)