Gross Examination Worksheet - Necropsy

PROSECTOR:                                      Date:                     Time: _____ a.m.  p.m.

GENERAL CONDITION: (Nutritional condition, physical condition)
Neonates: examine for malformations (cleft palate, deformed limbs etc)

Weight: ____________ #

Body condition
Ideal (1)  Underweight/Lean (2)  Thin (3)  Underweight (4)  Emaciated (5)

SKIN: (haircoat, skin, pinna, feet, subcutaneous fat and subcutaneous bruising)
Attach separate sheet for wound/injury and distribution  Yes       No

MUSCULOSKELETAL SYSTEM: (Bones, joints, and muscles)
Radiographs:    Yes (see separate form)     No

BODY CAVITIES: (Fat stores, abnormal fluids)
Neonates: assess hydration (tissue moistness)

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

URINARY SYSTEM: (Kidneys, ureters, urinary bladder, and urethra)
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)

Attach sample submission checklist