

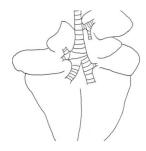
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Bovine necropsy

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Abstract

A necropsy is the final medical diagnostic procedure performed on a deceased animal to determine the cause of death. The aim of a necropsy is to investigate and define as precisely as possible the cause of death of the animal, or to identify and confirm the suspected pathological process.

It is a medical examination. It consists of several stages, and must be carried out in premises dedicated to this activity, in accordance with the regulations.

A summary report must be drawn up and signed by the pathologist to record the observations made. The samples and analyses, if needed, must be taken as soon as possible after the body'arrival at the laboratory.



Anamnesis

1 Breeding:

Rearing method, number and age of animals

Feed

Breeding health plan, vaccines, deworming, others (nature, dates)

Morbidity, mortality (diagnosis, number and %)

2 Animal:

Date of introduction in the herd

Symptoms (description, chronology, duration)

Conditions, date and time of death

Treatments (nature, date)

Complementary examinations (nature, dates, results)

Necropsy technique for an adult cattle

The animal is suspended by one hind leg.

Check the animal's identity (Conforming buckle)

Assessment of the condition of the animal

- Observation of the skin (erosion, etc.), overall silhouette (swelling, oedema, amyotrophy, etc.)
- Observation of mucous membranes (eyes, mouth) colour changes (congestion, pallor, cyanosis, petechiae)
- Observation of the eyes and oral cavity
- Observation of the hindquarters and rectal and vaginal mucosa looking for signs of diarrhoea, congestion and petechiae.

A T-shaped incision is made: the two horizontal branches of the T follow an axis from the caudal linea alba to the lumbar spine, and the vertical branch of the T runs from the pubic symphysis to the xiphoid process along the linea alba.

The vertical incision involves the skin, abdominal muscles and peritoneum.

- Observation of the peritoneal cavity (presence of exudate, blood) and parietal peritoneum.
- Identification of the body condition score based on observation of pelvic adipose tissue.
- Section at distal rectum level.

Downward reclination of the digestive mass (using gravity) after section of all mesos along the spine.

Analysis of abdominal viscera

- Isolate the spleen, liver and kidneys: make multiple sections in the liver parenchyma and a longitudinal section of the kidneys after decapsulation.
- Separation of the foregut from the intestinal mass.
- Opening of the foregut successively according to their greatest curvature (rumen, reticulum, omasum, abomasum).



- Observe the contents of the foregut: qualitative and quantitative aspects.
- Observe the mucosae.

Lay out the intestinal mass so as to identify the main segments (on one side duodenum, jejunum, ileum, ileocaecal valve, caecum, mesenteric lymph nodes, on the other side spiral colon, rectum).

- Open each segment (duodenum, proximal jejunum, medial jejunum, distal jejunum, ileum, caecum, spiral colon and rectum) to a length of approximately 10 cm and observe the contents (qualitative/quantitative) and the appearance of the mucosa.
- Open the uterus: observe the contents and mucosa.
- Open the bladder: observe the contents and mucosa.

Analysis of the thoracic viscera:

- Cut the diaphragm where it attaches to the ribs and check for the presence of a pleural vacuum.
- Observe the pleural cavity (presence of exudate, blood) and the parietal pleura.
- Cut the oesophagus and trachea cranially to remove the heart/lung block.
- Separate the heart from the lungs.
- Open the oesophagus longitudinally: analyse any contents and the oesophageal mucosa
- Open the trachea to the tracheobronchial junction: analyse any contents and the tracheal mucosa.
- Palpate the lung parenchyma carefully (cranially first, then caudally), looking for any change in consistency.
- Make a section in each of the lobes and observe: the airways, the vessels, the alveolar parenchyma.
- Cutting the heart: the pericardium is incised and the heart is removed. A first apical section is made about 1/3 of the apex.
- The ventricular walls are examined and their thickness assessed. The right heart is placed on the left and the left heart on the right.
- A second incision is made in the left ventricle, following the septum and opening the left ventricle and aorta.
- A third incision, parallel to the second, is made through the left ventricle and left atrium.
- A fourth incision is made in the right ventricle, following the septum and opening the right ventricle and pulmonary artery.
- A fifth incision, parallel to the fourth, is made through the right ventricle and right atrium.
- Observation of heart valves and myocardium
- Observation of lymph nodes in the carcase
- Observation of joints and feet

Record each observation in the following sections, using the tables provided.

Identification



A	В	С	D
Ear tag	Sex	Age	Breed

Necropsy findings

5

A	В	С	D
Body Condition Score / 5:	□ Correct	□ Amyotrophy	□ Leanness

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A	В	С	D
Status of preservation	□ Correct	□ Poor	□ Autolysed

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А	В	С	D	E	F
Exterior appearance	□ No significant lesion (NSL)	□ Diarrhoea spots	□ Limb swelling	□ Scabs	□ Other lesions

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A	В	С
Abdominal cavity	□ NSL	
	□ Effusion	□ Hemorrhagic
		□ Sero-hemorrhagic
		□ Fibrinous
		□ Suppurated
	□ Adhesions	□ Suppurated
		□ Fibrosis

A	В	С	D	E
Oral cavity	□ NSL	□ Ulcerations	□ Other	



A	В	С	D	E
Teeth	□ NSL	□ Abnormal coloration	□ Abnormal abrasion	□ Other
Tongue	□ NSL	□ Ulcerations	□ Other	
Oesophagus	□ NSL	□ Ulcerations	□ Obstructions	□ Other

А	В	С	D	E	F
Rumen	Content	□ NSL	□ Dry	□ Liquid	□ Other
	Mucosa	□ NSL	□ Ulcers	□ Melanosis	□ Other
Reticulum	Content	□ NSL	□ Dry	□ Liquid	□ Other
	Mucosa	□ NSL	□ Ulcers	□ Melanosis	□ Other
Omasum	Content	□ NSL	□ Dry	□ Liquid	□ Other
	Mucosa	□ NSL	□ Ulcers	□ Melanosis	□ Other
Abomasum	Content	□ NSL	□ Dry	□ Liquid	□ Hemorrhagic
	Mucosa	□ NSL	□ Ulcers	□ Hemorrhagic	□ Fundus
				□ Chronic	□ Pylorus

A	В	С	D	Е	F
Duodenum					
Content	□ NSL	□ Hemorrhagic	□ Fibrinous	□ Parasites	□ Other
Mucosa	□ NSL	□ Congestive	□ Fibrin	□ Necrosis	□ Other
Jejunum					
Content	□ NSL	□ Hemorrhagic	□ Fibrinous		
Mucosa	□ NSL	□ Congestive	□ Fibrin	□ Necrosis	□ Thickening
	□ Parasites	□ Other			
lleum					
Content	□ NSL	□ Hemorrhagic	□ Fibrinous	□ Other	
Mucosa	□ NSL	□ Congestive	□ Fibrin	□ Necrosis	□ Thickening
		□ Parasites	□ Other		
Colon					
Content	□ NSL	□ Hemorrhagic	□ Fibrinous	□ Parasites	□ Other



A	В	С	D	E	F
Rectum					
Content	□ NSL	□ Hemorrhagic	□ Fibrinous	□ Parasites	□ Other
Mucosa	□ NSL	□ Congestive	□ Fibrin	□ Necrosis	□ Other
Mesenteric lymph nodes	□ NSL	□ Increased size	□ Necrosis	□ Suppuration	

A	В	С	D	E
Liver	Size	□ NSL	□ Increased	□ Reduced
	Shape	□ NSL	□ Rounded	
	Color	□ Red	□ Beige	□ Orange
	Consistency	□ NSL	□ Increased	□ Reduced
		□ Abscess	□ Necrosis	
Gall bladder		□ NSL	□ Repletion	□ Emptiness

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A	В	С
Pleural cavity	□ NSL	
	□ Effusion	□ Hemorrhagic
		□ Sero-hemorrhagic
		□ Fibrinous
		□ Suppurated
	□ Adherences	□ Fibrinous
		□ Fibrosis

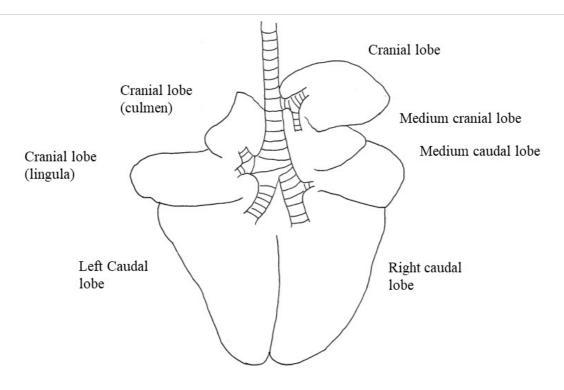
A	В	С	D	E	F
Nasal cavities	□ NSL	□ Congestion	□ Fibrin	□ Necrosis	□ Suppuration
Trachea	□ NSL	□ Congestion	□ Fibrin	□ Ulcer	□ Foam
Larynx	□ NSL	□ Congestion	□ Fibrin	□ Ulcer	□ Foam
Lungs	Size	□ NSL	□ Increased	□ Reduced	



	А	В	С	D	E	F
		Shape	□ NSL	□ Rounded		
		Color	□ Pink	□ White		
	Lesion characteristics (if lung involvement)					
	Distribution	□ Focal	□ Multifocal	□ Extensive	□ Disseminated	
Г	Affected percentage	□ 0-25%	□ 25-50%	□ 50-75%	□ 75-100%	
	Demarcation	□ Clear	□ Blurred			
	Exudate	□ NSL	□ Foam	□ Mucus	□ Suppurated	
	Tracheobronchial lymph nodes	□ NSL	□ Increased size	□ Necrosis	□ Suppurated	

A	В	С	D	E
Heart	Pericardium	□ NSL		□ Hemorrhagic
				□ Sero-hemorrhagic
				□ Fibrinous
				□ Suppurated
	Myocardium	□ NSL	□ Hypertrophy	□ Necrosis
	Valve	□ NSL	□ Endocarditis	
	Abnormalities	□ Ventricular septal defect	□ Atrial septal defect	□ Patent ductus arteriosus





A	В	С	D	E
Kidney	Size	□ NSL	□ Increased	□ Dicreased
	Shape	□ NSL	□ Modified	
	Color	□ Red	□ Beige	□ Other
	Consistency	□ NSL	□ Increased	□ Dicreased
		□ Tumor infiltration	□ Necrosis	□ Other

Tumour infiltration

А	В	С	D	E	F
Joint	Joint cavity	□ NSL	□ Hemorrhage	□ Fibrin	□ Suppuration
	Joint cartilage	□ NSL	□ Erosion	□ Necrosis	
	Bones	□ NSL	Osteomyelitis		
Muscles	□ NSL	□ Hemorrhage	□ Necrosis	Degeneration	



А	В	С	D	Е	F
i		i			

A	В	С	D	E
Udder	Color	□ Beige	□ Red	□ Purplish
	Size	□ NSL	□ Increased	□ Dicreased
	Consistency	□ NSL	□ Increased	□ Dicreased
		□ Abscess	□ Milk modification	□ Necrosis

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A	В	С	D	E
Genital system				
Ovary / testicle	□ NSL	□ Other		
Penis	□ NSL	□ Other		
Uterus	□ NSL	□ Pregnant	□ Exudate	□ Hemorrhagic
				□ Suppurated
				□ Necrotic

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A	В	С	D	E
Brain	□ NSL	□ Hemorrhage	□ Necrosis	□ Abscess
Meninges	□ NSL	□ Congestion	□ Fibrin	□ Suppuration

Assesment of lesions

- 21 Assessment of lesions
- 22 Significant lesions
- 23 Non significant lesions



24 Conclusion

