

**Necropsy Intake**

Case # \_\_\_\_\_

**Gross Exam Worksheet -**

Attach photo here

OFFICER:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ a.m. p.m.

**GENERAL CONDITION:** (Nutritional condition, physical condition)

**Neonates:** examine for malformations (cleft palate, deformed limbs etc)

**Weight:** \_\_\_\_\_ #

**Body condition score:**

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

Attach separate sheet for wound/injury and distribution Yes 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*