



# GROSS POST-MORTEM EXAMINATION FORM

## Identification

Owner Name \_\_\_\_\_ Animal Name \_\_\_\_\_

Age \_\_\_\_\_ Gender \_\_\_\_\_ Chip/Registration Number \_\_\_\_\_

Markings \_\_\_\_\_ Brief History \_\_\_\_\_

Time of Death \_\_\_\_\_ Cause of Death \_\_\_\_\_ Euthanized (Y/N) \_\_\_\_\_

## Gross Necropsy Findings

**1. Skin/carcass** \_\_\_\_\_

**2. Musculoskeletal:** External \_\_\_\_\_

Bones \_\_\_\_\_ Joints \_\_\_\_\_

Describe specific injuries if they were the cause of death \_\_\_\_\_

**3. Respiratory System:** Upper \_\_\_\_\_ Pharynx \_\_\_\_\_

Larynx \_\_\_\_\_ Trachea \_\_\_\_\_

Bronchi \_\_\_\_\_ Lungs \_\_\_\_\_

**4. Circulatory System:** Thoracic Fluid \_\_\_\_\_

Heart \_\_\_\_\_ Weight (if available) \_\_\_\_\_

Great Vessels \_\_\_\_\_ Vena Cava \_\_\_\_\_

**5. Lymph nodes:** \_\_\_\_\_

**6. Digestive System:** Upper \_\_\_\_\_ Abdominal Cavity Fluid \_\_\_\_\_

Serosal Surface \_\_\_\_\_ Contents \_\_\_\_\_

Esophagus \_\_\_\_\_ Stomach \_\_\_\_\_

Small Intestine \_\_\_\_\_ Cecum \_\_\_\_\_

Large Colon \_\_\_\_\_ Small Colon \_\_\_\_\_

Liver \_\_\_\_\_ Pancreas \_\_\_\_\_

Spleen \_\_\_\_\_

Specific Comments \_\_\_\_\_

**7. Urogenital System:** Urine(color) \_\_\_\_\_ Bladder \_\_\_\_\_

Ureters \_\_\_\_\_ Urethra \_\_\_\_\_

Kidneys \_\_\_\_\_

Testicles \_\_\_\_\_ Penis \_\_\_\_\_

Ovaries \_\_\_\_\_ Uterus & adnexa \_\_\_\_\_

**8. Nervous System:** CNS (Brain) Note gross findings if evaluated or clinical signs if brain case not opened

\_\_\_\_\_ Pituitary \_\_\_\_\_

Spinal Cord (if evaluated, or clinical signs if suspected lesion site) \_\_\_\_\_

Gross Diagnosis \_\_\_\_\_

Tissues collected for histopathology \_\_\_\_\_

Laboratory \_\_\_\_\_

(attach pathologist's report) \*If an organ or system is not examined indicate with a N/E.

Veterinarian performing exam \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail address \_\_\_\_\_