LeBombard, Jodi

From:	LeBombard, Jodi
Sent:	Tuesday, October 17, 2017 11:20 AM
To:	Dinon, John; Burns, Anne
Cc:	Budzinski, Caitlin
Subject:	Fighting Dog Necrospy

Hi John and Anne,

I heard from the MSU Necropsy Doctor this morning. He had a couple of questions and explained the situations in nonmedical terminology so it could be better understand.

Regarding the first dog we submitted for necropsy:
Dr. Kurt Williams said this simply died from emaciation (actually euthanasia but would have been emaciation if we had not euthanized when we did). Dr. Williams stated the dog was in "really poor body condition" and he had "no explanation for the emaciation". When asked to elaborate on this he stated it appears the dog died from a "lack of calories" meaning, it was simply not fed enough. Dr. Williams did note the dog appeared to have Phenomnia in the tissue but believes this was in the early stages and would not have had much of an impact on the dog. I asked Dr. Williams if the obstruction could have contributed to the emaciation thinking maybe there was the rope obstruction that later passed a bit and changed to a partial obstruction. Dr. Williams stated he believes the obstruction had nothing to do with the emaciated state of the dog. Dr. Williams stated generally with an obstruction there would be indications of trauma to that area of the intestines or impacted area. There was not. Dr. Williams also stressed that it takes a "great length of time" to be as emaciated as the dog was. Dr. Williams did not come out and say it but he said without saying he was very much not impressed with the condition of the dog. Anyhow regarding this dog, I inquired about the bone marrow testing that we had not received. Dr. Williams thought that our department declined this testing but he couldn't be sure since he has a number of cases but thought he recalled them calling us and someone declining it. I told Dr. Williams I don't suspect our department would have declined it but I would reach out to a supervisor to get him an answer on this by the end of the day. He is about 95% sure he saved a bone to complete the testing.
QUESTION #1: Should we approve the bone marrow testing of dog number one?

Regarding the second dog submitted for necropsy:
Dr. Kurt Williams stated he completed the preliminary necropsy of "Jay-Jay" the dog submitted yesterday. Dr. Williams stated this was a very "interesting" case. Dr. Williams said he found a substantial amount of blood in its abdomen indicative of a rodenticide (some sort of rodent poisoning). Dr.Williams said an "anticoagulant test" which runs $105 would be encouraged in this case. Dr. Williams said it appears this dog bled in its abdomen from no particular source which is a technique of poisoning. Dr. Williams suspects the anticoagulant test would confirm or deny his suspicions in this case. Dr. Williams was inquiring to see if he is ok to proceed with this test.
QUESTION #2: Can doctor Williams proceed with the anticoagulant test for $105 additional?

I told Dr. Williams that either myself or a representative of our department would get back to him by the end of the day with an answer on the approval or denial to proceed with these two tests. If you would like me to let him know I can do so. If someone else wanted to reach out to him he said we could email him directly with what we decide. His email is will3273@msu.edu

Thanks!

Officer Jodi LeBombard #355
Ingham County Animal Control
Animal Cruelty Investigator

MICHIGAN STATE UNIVERSITY
VETERINARY DIAGNOSTIC LABORATORY

Director: Dr. Rachel Y. Reams
4125 Beaumont Road
Lansing, MI 48910-8104
Phone: 517-353-1683
Fax: 517-353-5096
www.animalhealth.msu.edu

REPORT OF LABORATORY EXAMINATION

Client:
Ingham County Animal Control (255772)
600 Curtis
Mason, MI 48854

Owner:
ICACS, -

Rcvd Date:	9/28/2017 1:32:00 PM	Animal:	35516	MRN:	
Admitted By:	Worthington, Dr.	Species:	Canine	Breed:	American Staffordshire Terrier
Ordered By:	N/A	Age:	12 months	Gender:	Male
Encounter:	02336319	Tag/Reg ID:			
CR#:	AP	Other ID:			

Necropsy Preliminary Report

Accession Number:	Received Date/Time:	Verified Date/Time:	Pathologist:
NC-17-0001219	9/28/2017 1:35:00 PM	9/29/2017 1:41:02 PM	Williams, Kurt J.

History

Complete history is on file at the Veterinary Diagnostic Laboratory. This dog was seized by a local animal shelter after suspected involvement in illegal dog fighting. He is estimated to be a 1-year-old intact male mixed breed dog. His appetite and bowel movements waxed and waned, and he continued to decline. The dog was euthanized on 9/27/2017.

Gross Description

An approximately one-year-old intact male mixed breed dog weighing 14.10 kg was presented for necropsy on 9/28/2017. Autolysis was mild. There was no appreciable subcutaneous fat. There was a marked increased prominence of bony protuberances of the limbs, ribs, and spinal column, and the animal had an overall body condition of 2/9. In addition, visceral fat surrounding the heart and kidney and within the bone marrow was replaced by clear or red tinged, transparent, gelatinous material. Dehydration was severe, with the eyes markedly sunken into the orbits and marked tackiness of the mucous membranes, subcutaneous fascia, and serosal surfaces. The mucous membranes were also diffusely pale white.

Upon external examination, there was a 2 cm x 0.1 cm scar on the left rostral maxilla. A moderate amount of brown-black ceruminous debris was present in the ear canals, and there were mild areas of alopecia on the caudal surfaces of both pinnae. A small amount of foam was present within the trachea. The lungs were diffusely mottled light pink to red. Multifocal firm pinpoint nodules were present at the most proximal segment of the ascending aorta. The stomach and duodenum were severely gas distended, and the stomach contained partially digested food. Two firm, fibrous foreign objects measuring 10.5 cm x 4 cm x 3.5 cm and 12.5 cm x 4 cm x 3.5 cm) were present within the lumen of the duodenum. The jejunum and ileum contained brown liquid digesta, and the colon contained loose, soft brown feces. The subcapsular surface of the kidneys appeared mildly pitted. The spleen appeared small (13.5 cm x 3 cm x 1 cm). All other organs were grossly unremarkable.

Morphologic Diagnoses:
Body as a whole: Severe emaciation and serous atrophy of fat
Duodenum: Obstructive foreign objects with proximal dilation
Ascending aorta: Multifocal firm pinpoint nodules

Admitted By:	Worthington, Dr.	Species:	Canine	MRN:	
Encounter:	02336319	Animal:	35516	Owner:	ICACS, -

Necropsy Preliminary Report

Accession Number:	Received Date/Time:	Verified Date/Time:	Pathologist:
NC-17-0001219	9/28/2017 1:35:00 PM	9/29/2017 1:41:02 PM	Williams, Kurt J.

Gross Diagnosis(es)

Euthanasia

Emaciation

Comments:
A final report is pending histopathologic examination and bone marrow fat analysis.

Kurt J. Williams, DVM, PhD, DACVP

(Electronically signed by) KJW

Verified: 09.29.2017 13:41

KJW /RG

Necropsy Final Report

Accession Number:	Received Date/Time:	Verified Date/Time:	Pathologist:
NC-17-0001219	9/28/2017 1:35:00 PM	10/6/2017 8:05:07 AM	Williams, Kurt J.

Microscopic Description

Representative sections of skin, brain, lymph node, thyroid, parathyroid, thymus, lymph node. trachea, esophagus, kidney, liver, gallbladder, spleen, tongue, bone marrow, lung, adrenal gland, skeletal muscle, pancreas, heart and intestine are examined. There is moderate autolysis throughout. Sections of lung contain diffuse congestion, with a mild interstitial inflammatory infiltrate composed mainly of neutrophils and macrophages. There are also multifocal areas of mucus, cholesterol clefting, and scattered clusters of bacterial rods within alveolar spaces. The heart contains multiple focal areas of dystrophic mineralization at the ascending aorta. These foci are surrounded by mild fibrosis and occasionally contain hemosiderin. No other significant lesions were observed.

Admitted By:	Worthington, Dr.	Species:	Canine	MRN:	
Encounter:	02336319	Animal:	35516	Owner:	ICACS, -

Necropsy Final Report

Accession Number:	Received Date/Time:	Verified Date/Time:	Pathologist:
NC-17-0001219	9/28/2017 1:35:00 PM	10/6/2017 8:05:07 AM	Williams, Kurt J.

Morphologic Diagnosis(es)

Lung: Mild neutrophilic and macrocytic bronchointerstitial pneumonia, consistent with aspiration
Ascending aorta: Multifocal mineralization

Final Diagnosis(es)

Emaciation

Comments

Histopathologic examination of the tissues revealed a mild pattern of pneumonia, consistent with acute aspiration. The aortic lesion is an incidental finding. The major gross examination findings were the severe emaciation and duodenal foreign body (rope segments). There was no evidence of intestinal compromise associated with the foreign body, thus it seems unlikely that it is related to the emaciated state. No further testing is currently pending at this time.

Kurt J. Williams, DVM, PhD, DACVP

(Electronically signed by) KJW

Verified: 10.06.2017 08:05

KJW /RG