

Species: _____ Age _____ Sex _____ Weight: _____

Date and time of death: _____ Date and time of PM: _____

History: _____

Body condition

Good Fair Poor

Post-mortem condition

Fresh ~ 1 day old > 2 days old

External examination

Skin Feathers Wings, legs

Head

Eyes/eyelids Tongue Beaks

Ears Choanal slit

Nostrils Oral cavity

Neck

Eyes/eyelids Tongue Trachea

Ears Choanal slit Thymus

Nostrils Oral cavity

Beaks Thymus

Pectoral muscle atrophy

None Moderate Severe

Parasites

Body Cavity

No fluid Mod fluid Excess fluid

Heart

Normal Enlarged Lesions

Liver

Enlarged Tumours Pinpoint foci

Visceral gout

Spleen

Enlarged Tumour(s) Multiple foci

Proventriculus

Enlarged Parasites

Ventriculus (gizzard)

Parasites Tumour(s) Koilin lining

Small intestines

Parasites TB

Pancreas

Normal

Large intestines

Parasites TB

Caeca

Parasites

Kidneys

Testes

Ovary

Thyroids

Normal Enlarged

Over →

Checklist (= no gross lesions; H = histopathology; B = bacteriology; V = virology)

- | | | | |
|-------------------------------------|---------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Skin | <input type="checkbox"/> Crop | <input type="checkbox"/> Gall bladder | <input type="checkbox"/> Kidneys |
| <input type="checkbox"/> Feathers | <input type="checkbox"/> Thymus | <input type="checkbox"/> Spleen | <input type="checkbox"/> Ureters |
| <input type="checkbox"/> Beaks | <input type="checkbox"/> Parathyroids | <input type="checkbox"/> Pancreas | <input type="checkbox"/> Adrenals |
| <input type="checkbox"/> Eyes | <input type="checkbox"/> Thorax | <input type="checkbox"/> Airsacs | <input type="checkbox"/> Testes |
| <input type="checkbox"/> Ears | <input type="checkbox"/> Bronchi | <input type="checkbox"/> Gizzard | <input type="checkbox"/> Ovary |
| <input type="checkbox"/> Mouth | <input type="checkbox"/> Pericardium | <input type="checkbox"/> Proventriculus | <input type="checkbox"/> Brain |
| <input type="checkbox"/> Tongue | <input type="checkbox"/> Heart | <input type="checkbox"/> S. intestine | <input type="checkbox"/> Spinal cord |
| <input type="checkbox"/> Choana | <input type="checkbox"/> Lungs | <input type="checkbox"/> L. intestine | <input type="checkbox"/> Muscles |
| <input type="checkbox"/> Trachea | <input type="checkbox"/> Abdomen | <input type="checkbox"/> Caeca | <input type="checkbox"/> Bones |
| <input type="checkbox"/> Oesophagus | <input type="checkbox"/> Liver | <input type="checkbox"/> Cloaca | <input type="checkbox"/> Joints |

Comments
