

Postmortem examination in sheep and goats- Field experience

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What is Postmortem examination ?

- Its an art to examine the internal organs in search of message to read lesions and cause of death
- It's a way to read message from "Dead to Live"

Indications

- Diagnostic postmortem
- Legal cases
- Natural disasters

Procedure of postmortem

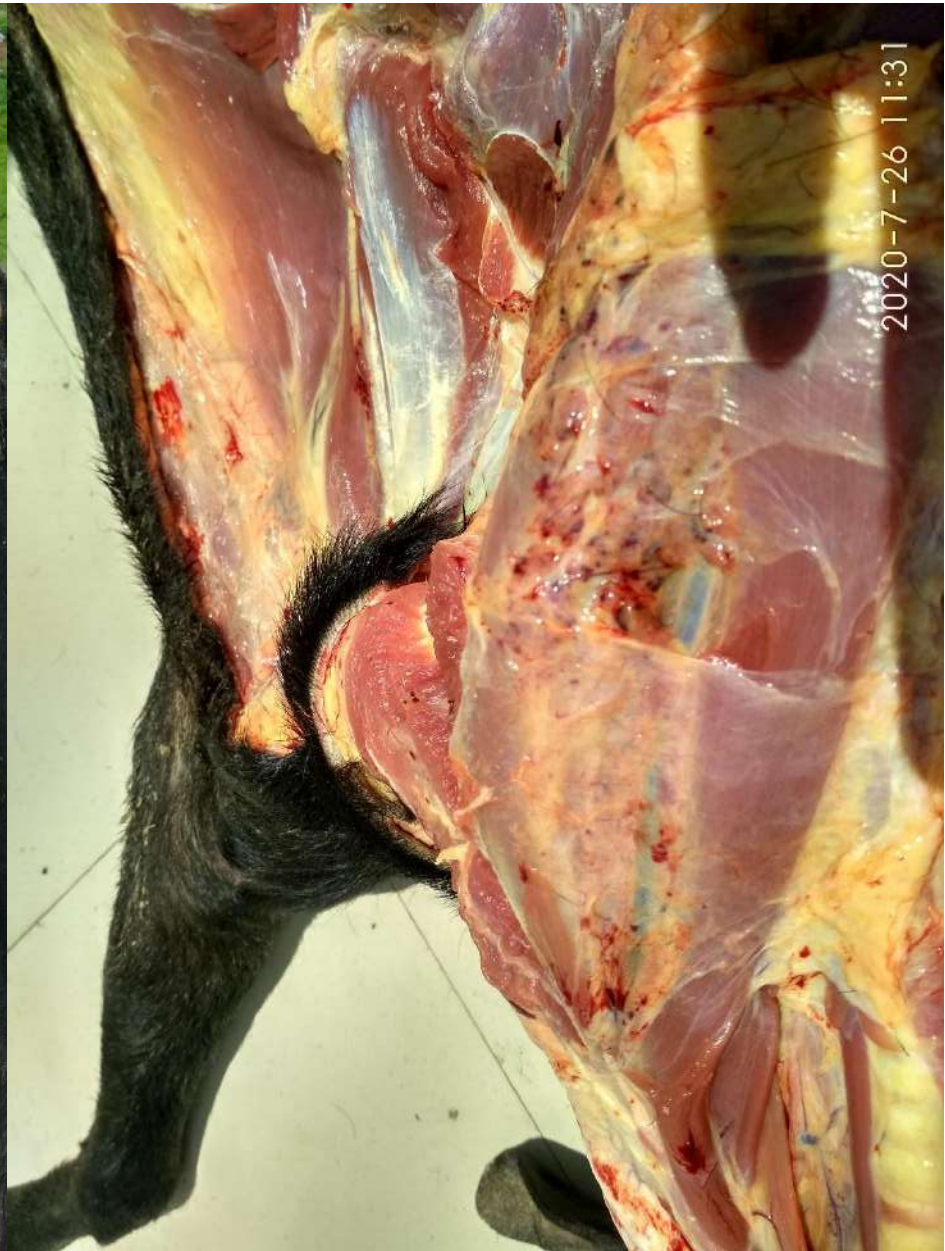
- Careful examination of carcass – external and internal
- Neat and clean procedure of dissection.
- Systematic approach to cut open the organ systems
- Careful opening and serial sectioning of solid organs
- Accurate exploring of tubular organs
- Cut opening of digestive organs at last
- Simultaneous collection of material for laboratory diagnosis – tissues, body fluids, impressions etc.





Subcutaneous tissues and musculature

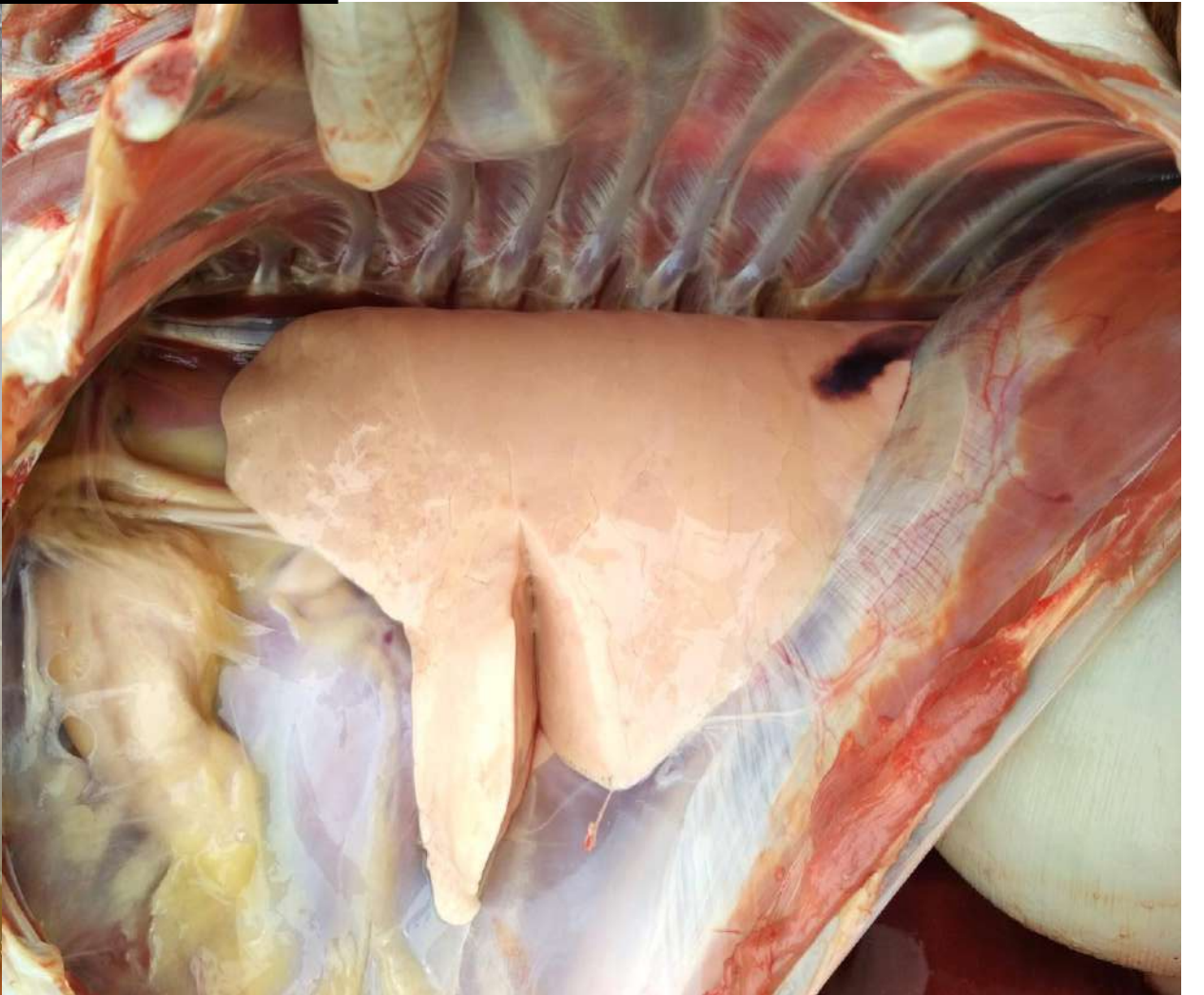
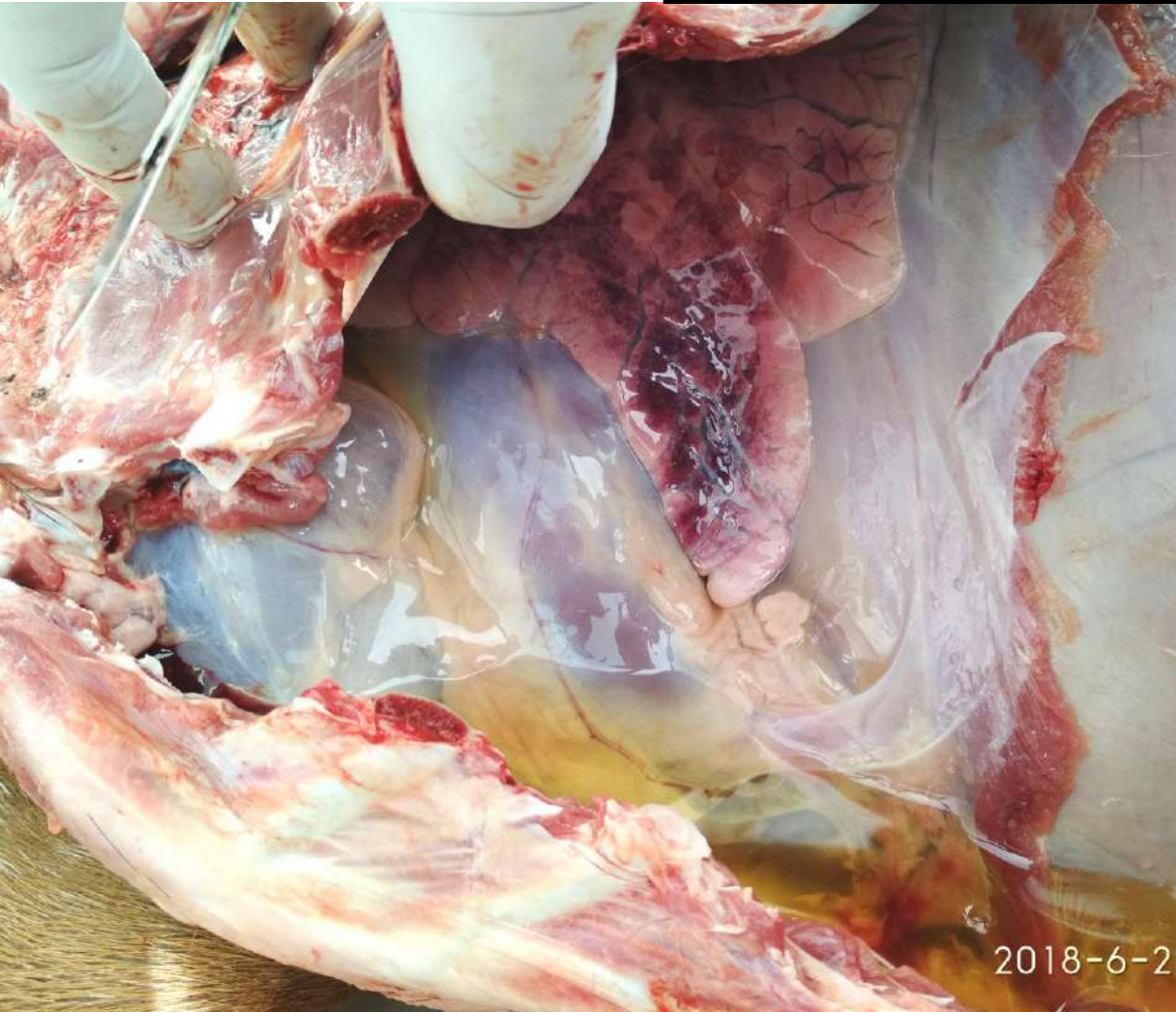




Body cavities



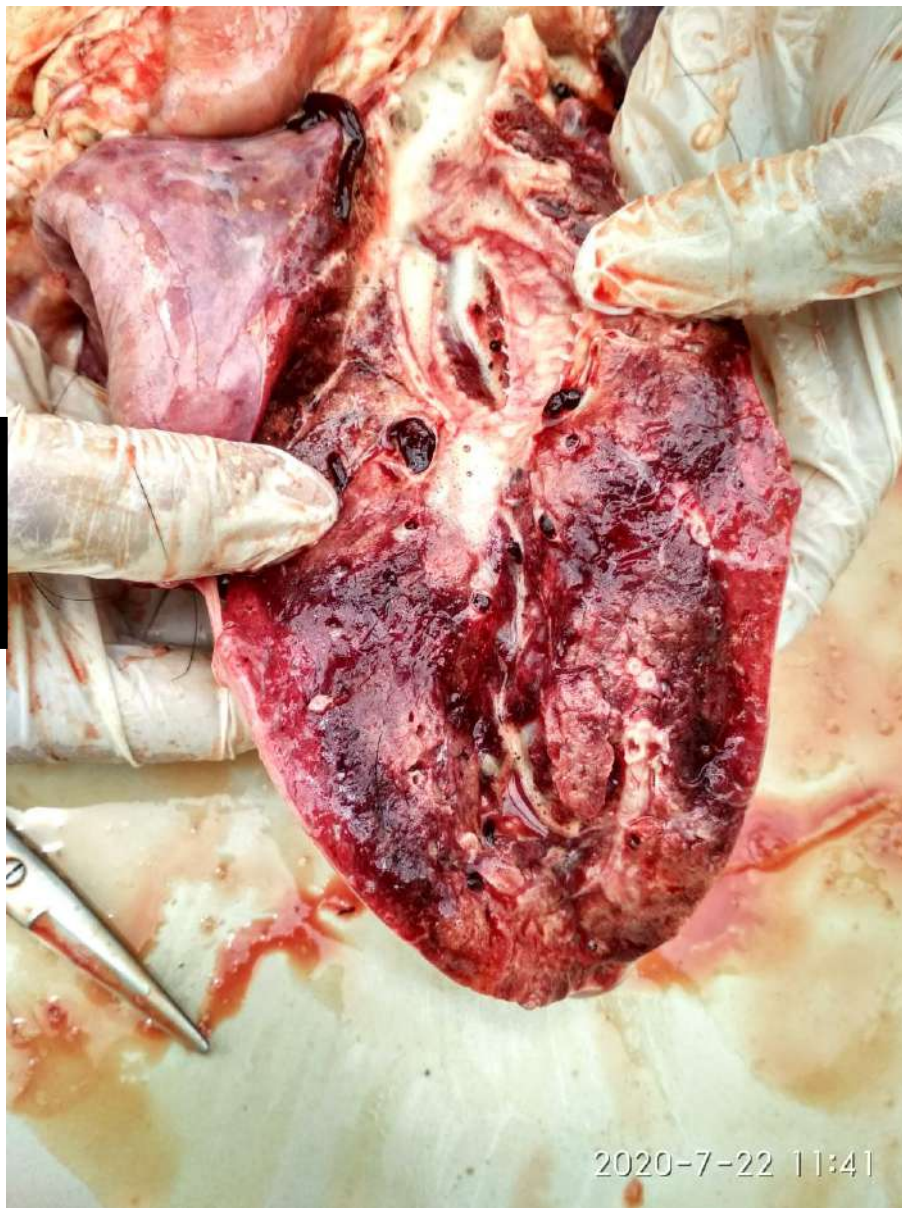
Thoracic cavities



Air ways



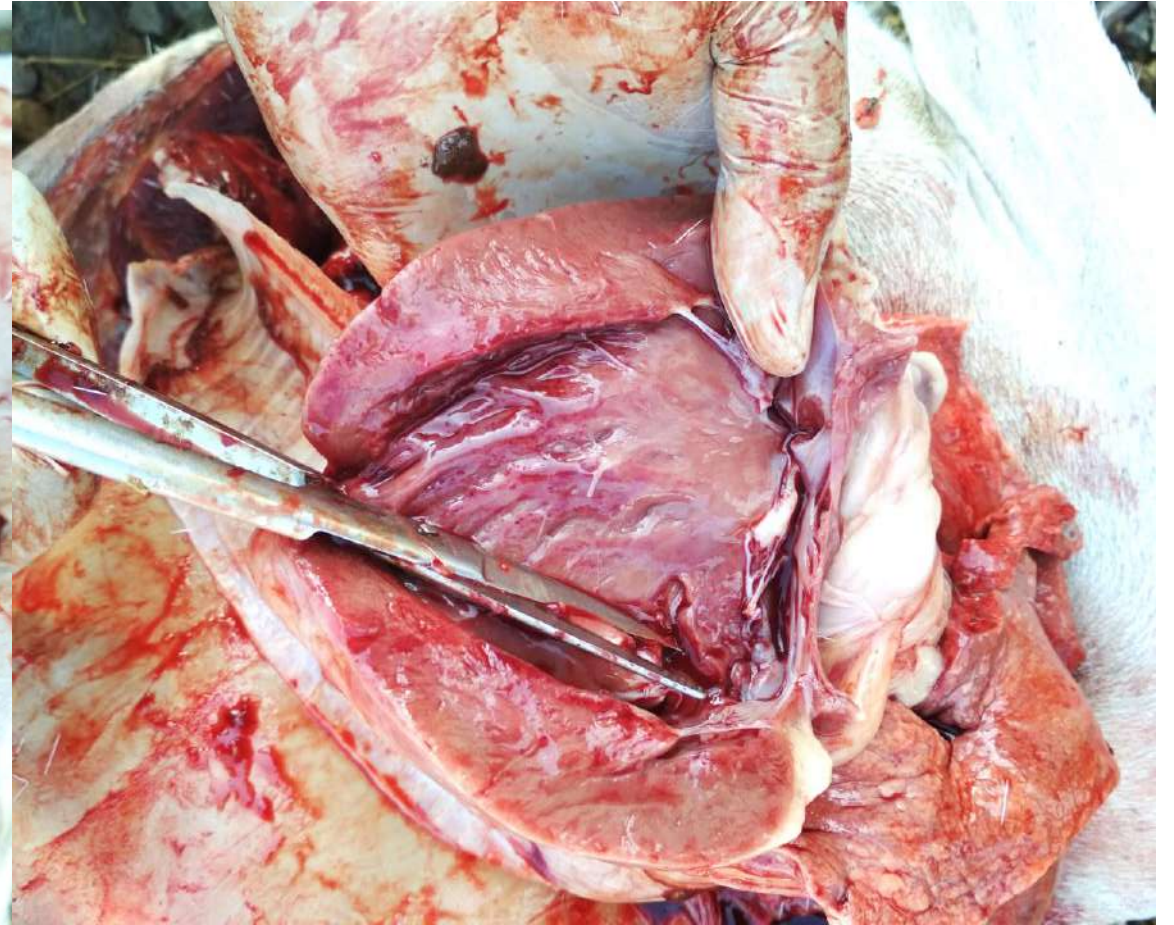
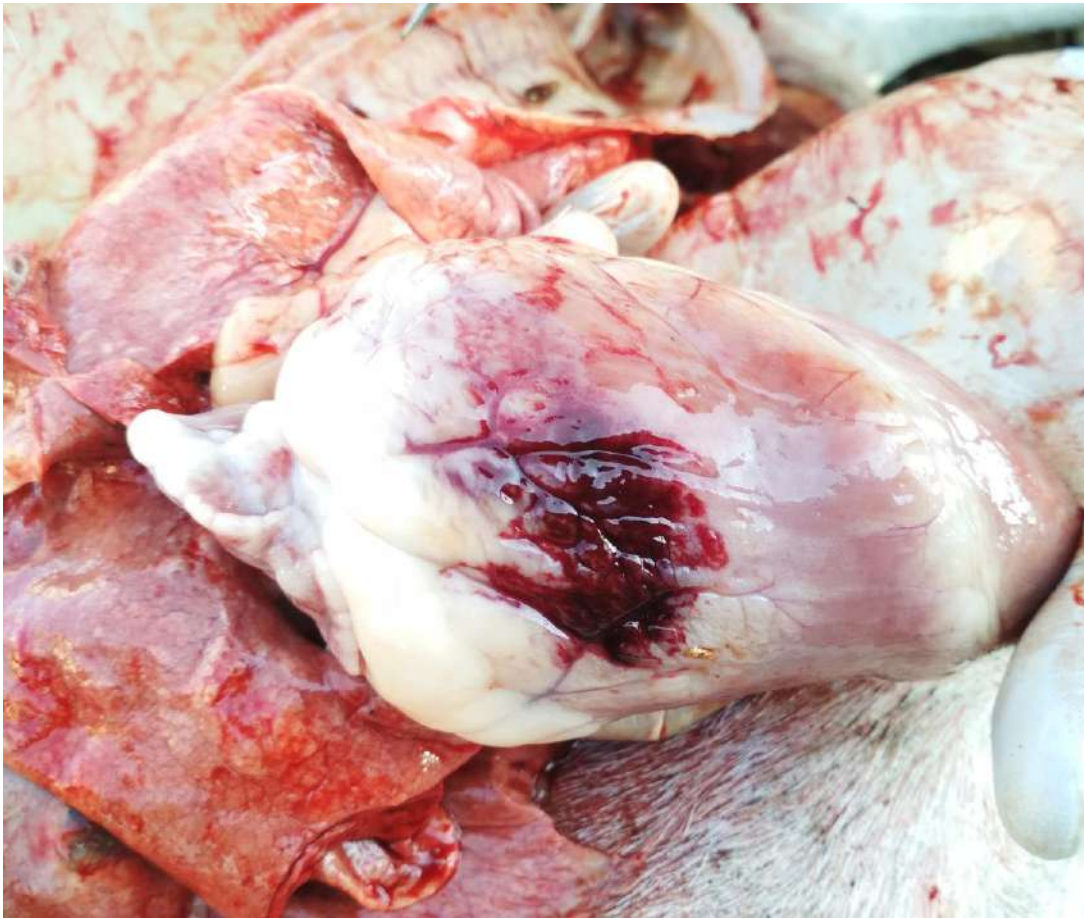
Lung



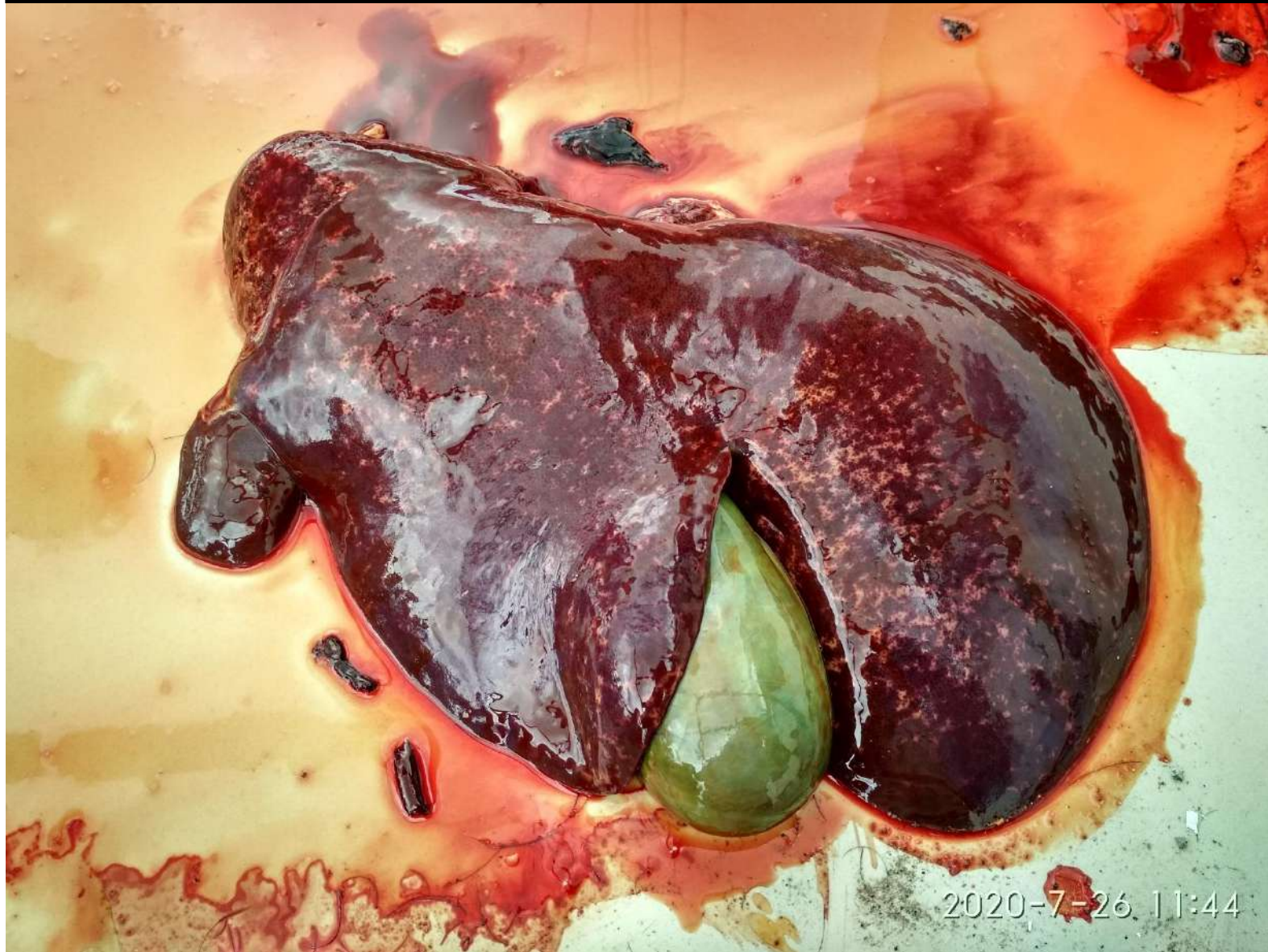
Bronchi



Heart – epicardium and endocardium



Liver and gall bladder



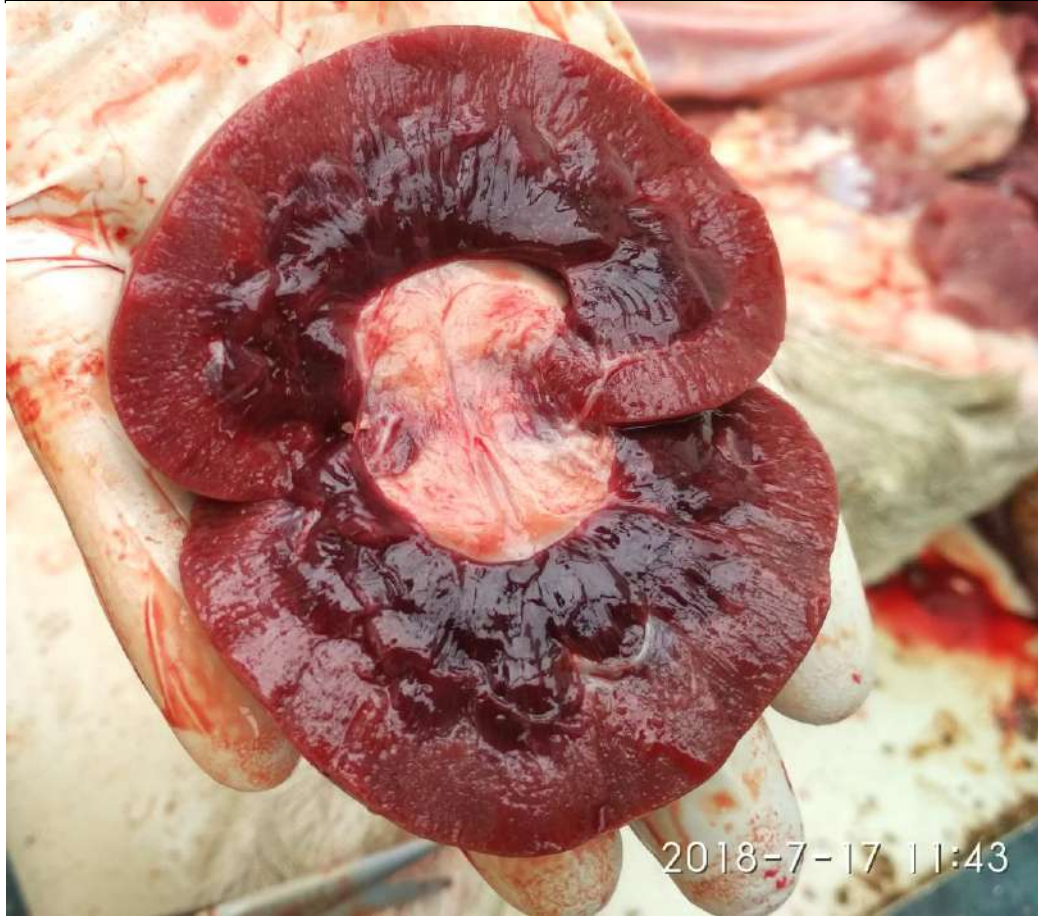
Sectioning of liver



Sectioning of liver



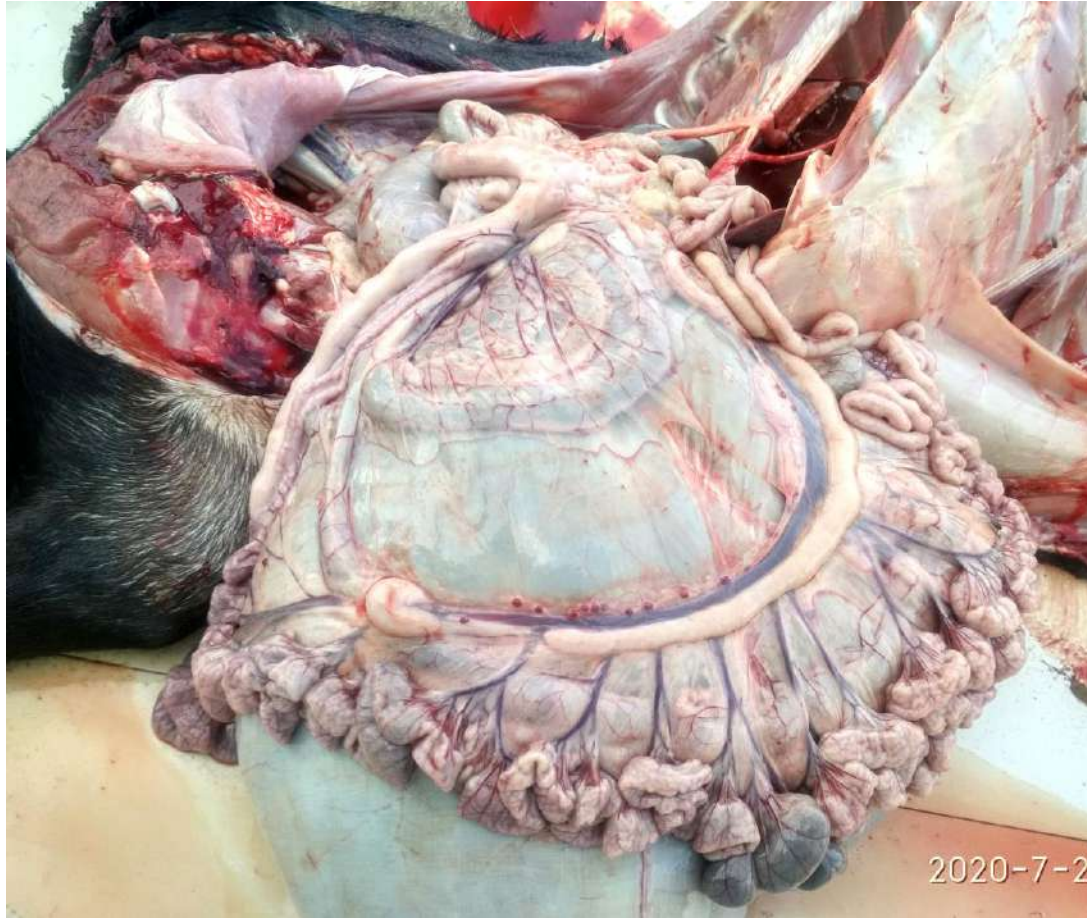
Sectioning of kidneys



Sectioning of kidneys



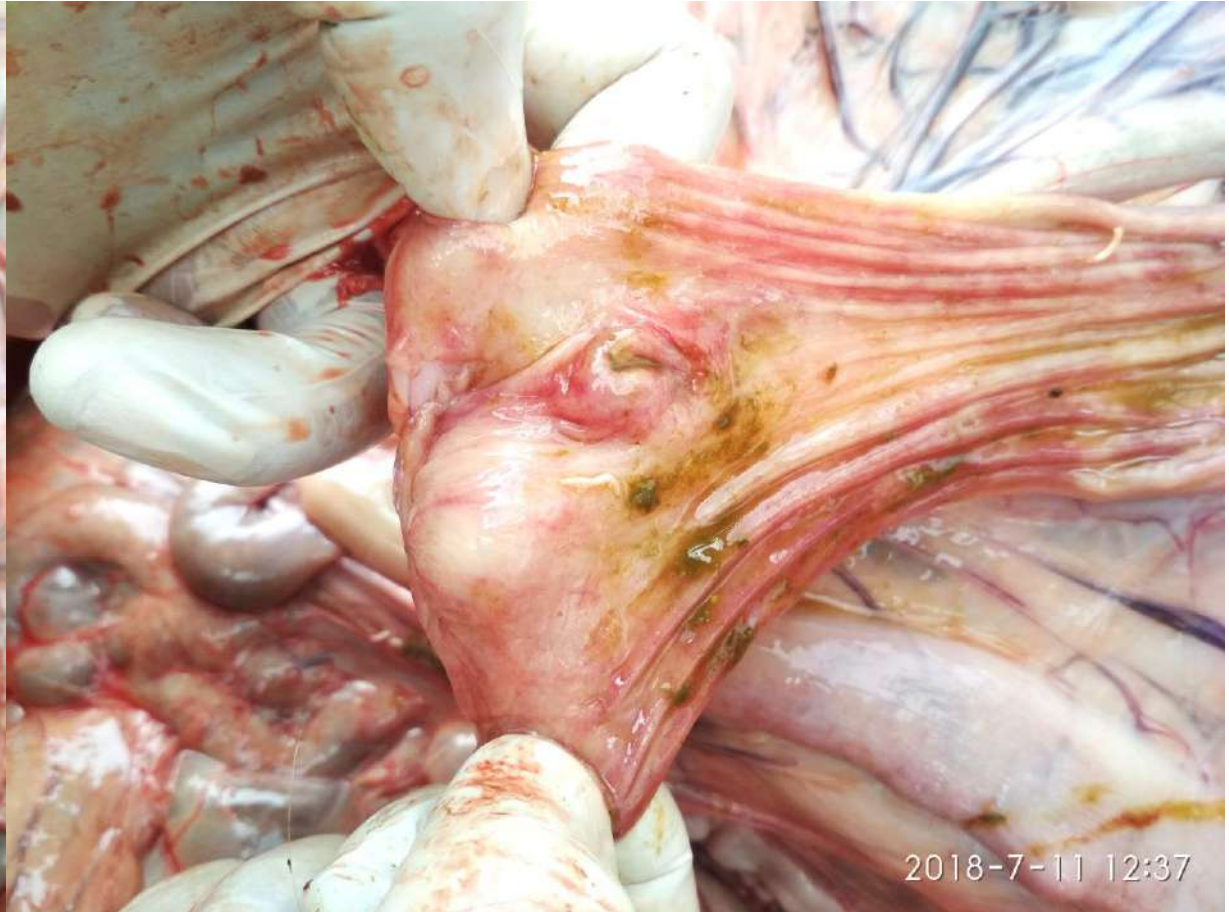
Intestines and mesentery and mesenteric LN



Caecum and ileocaecal junction



Intestines



Abomasum



Rumen



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Reticulum



Common conditions encountered

- Zero grazing – sheep and goats
 - Colostrum feeding errors
 - Different management, feeds – microflora different
 - Sanitation and cleaning errors, habits,
 - Errors in rearing – poor ventilation, sunlight, poor shelter etc.
 - Sudden changes in feed, high protein diet, recurrent acidosis, aflatoxins etc.
 - Recurrent coccidia, tape worms etc.
 - Infectious diseases like HS, PPR, mycoplasma, leptospira, tuberculosis.
 - Tick born diseases – theileria, anaplasma, babesia

Grazing – sheep and goats

- Colostrum feeding errors – E. coli – lamb / kid mortality
- Different management, feeds – microflora different
- Errors in rearing – lack of isolation of infected sheep and goats, heat stress, cold stress, poor shelter etc.
- Sudden changes in feed- unexpected feeds and weeds and shrubs, protein deficient diet, aflatoxins, toxic feed and weeds etc.
- Amphistomes, fasciola, trichuris, oesophagostomum, tape worms etc.
- Infectious diseases like HS, PPR, FMD, Blue tongue, foot rots, pox, mycoplasma, leptospira, JD, Anthrax.
- Tick born diseases – theileria, anaplasma, babesia

Enteropathy

- Wasting
- Anemia
- Sub mandibular edema
- Ascites
- Hydrothorax
- Low vigor
- Poor growth
- No fever



Gelatinous transformation of adipose tissues



Gelatinous transformation of adipose tissues







Chicken fat clots



Immature Amphistomes



Amphistomes



Coccidia



Abomasum coccidia

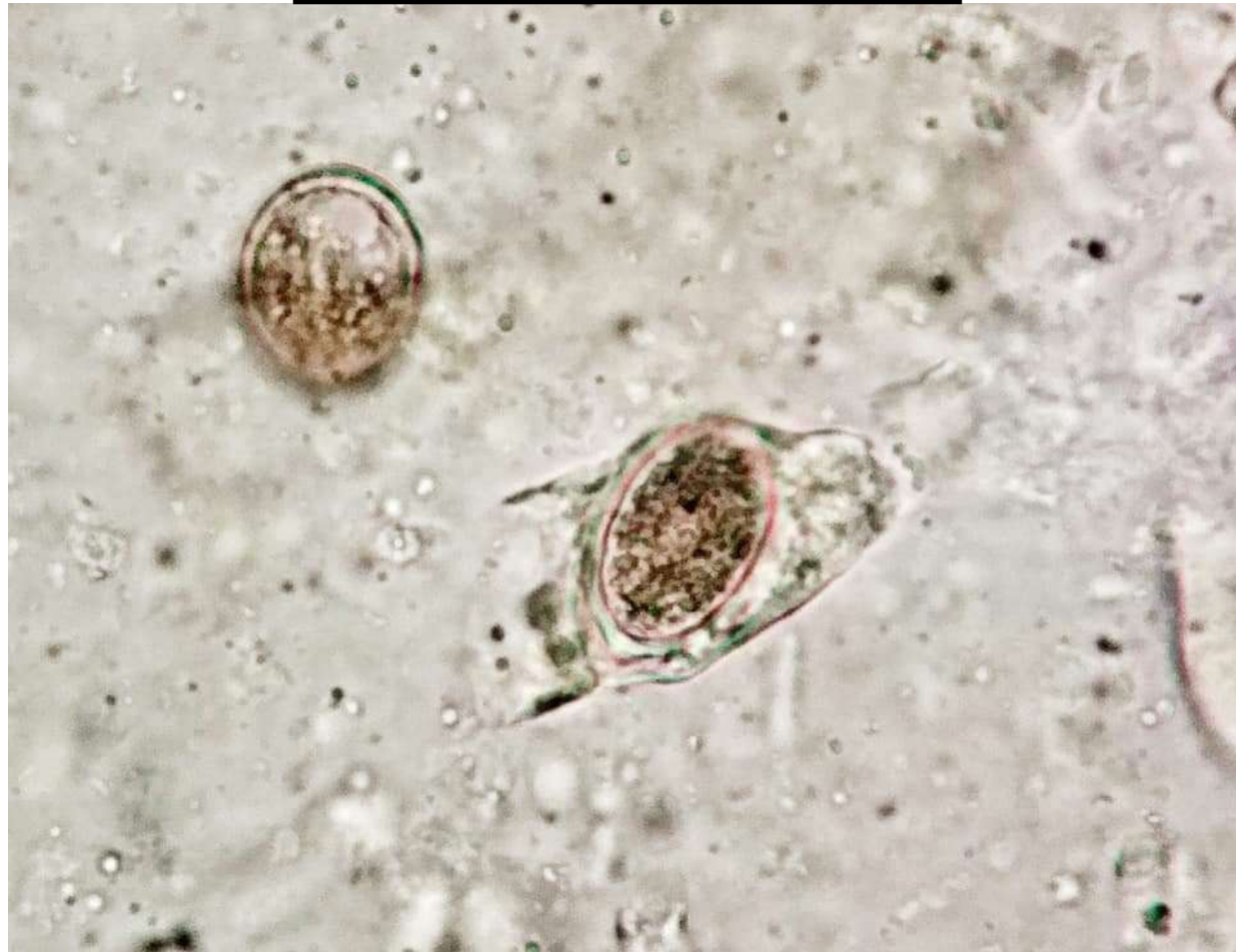


Coccidia



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Coccidia



Pimplly gut



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JD- corrugated intestines



Abomasal ulcers



Fasciola



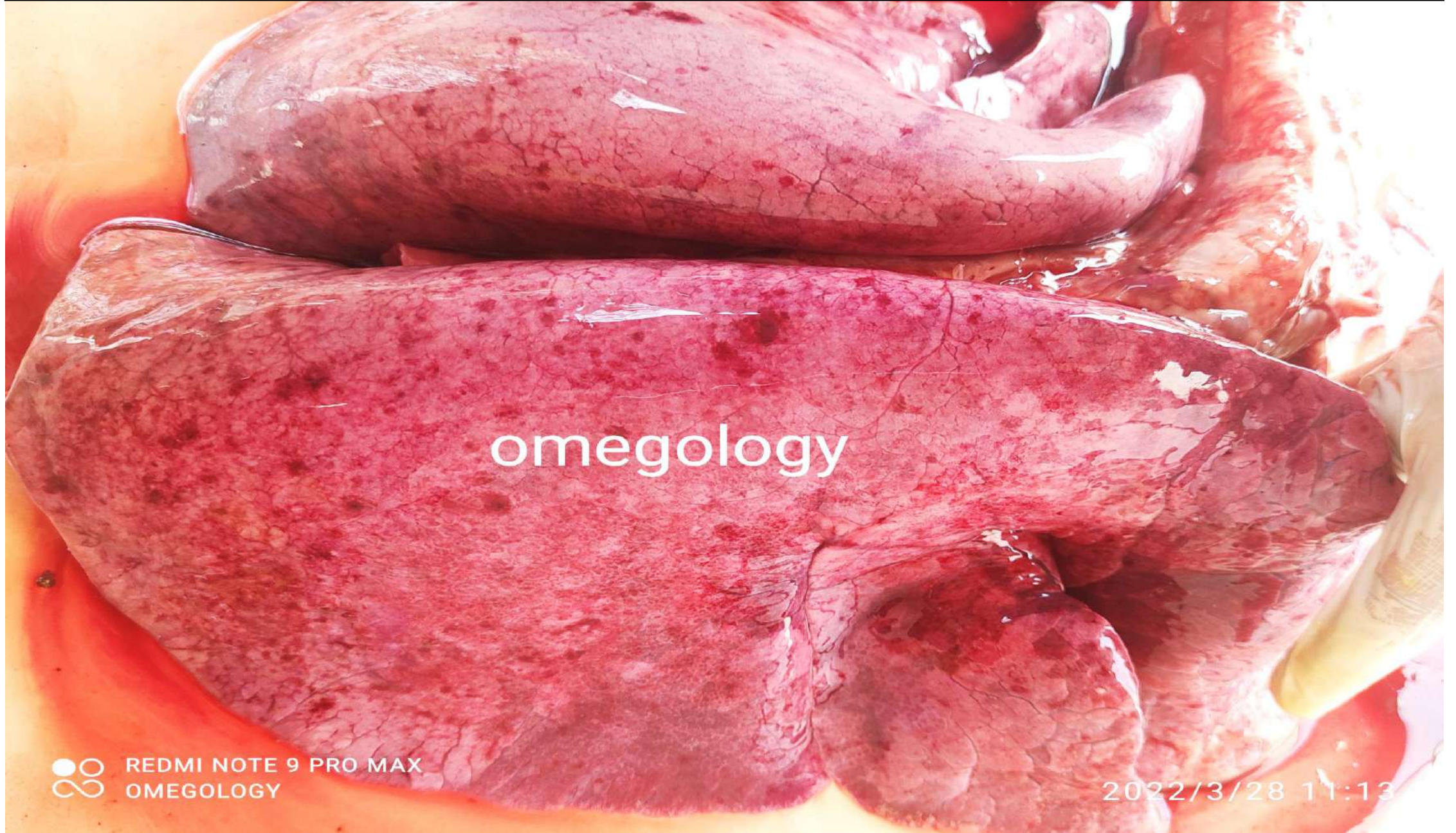
Respiratory system common problems

- Pneumonia
- Drenching pneumonia
- Lung edema and pulmonary congestions
- Hydrothorax
- Hydropericardium – hypoproteinemia

Pneumonia

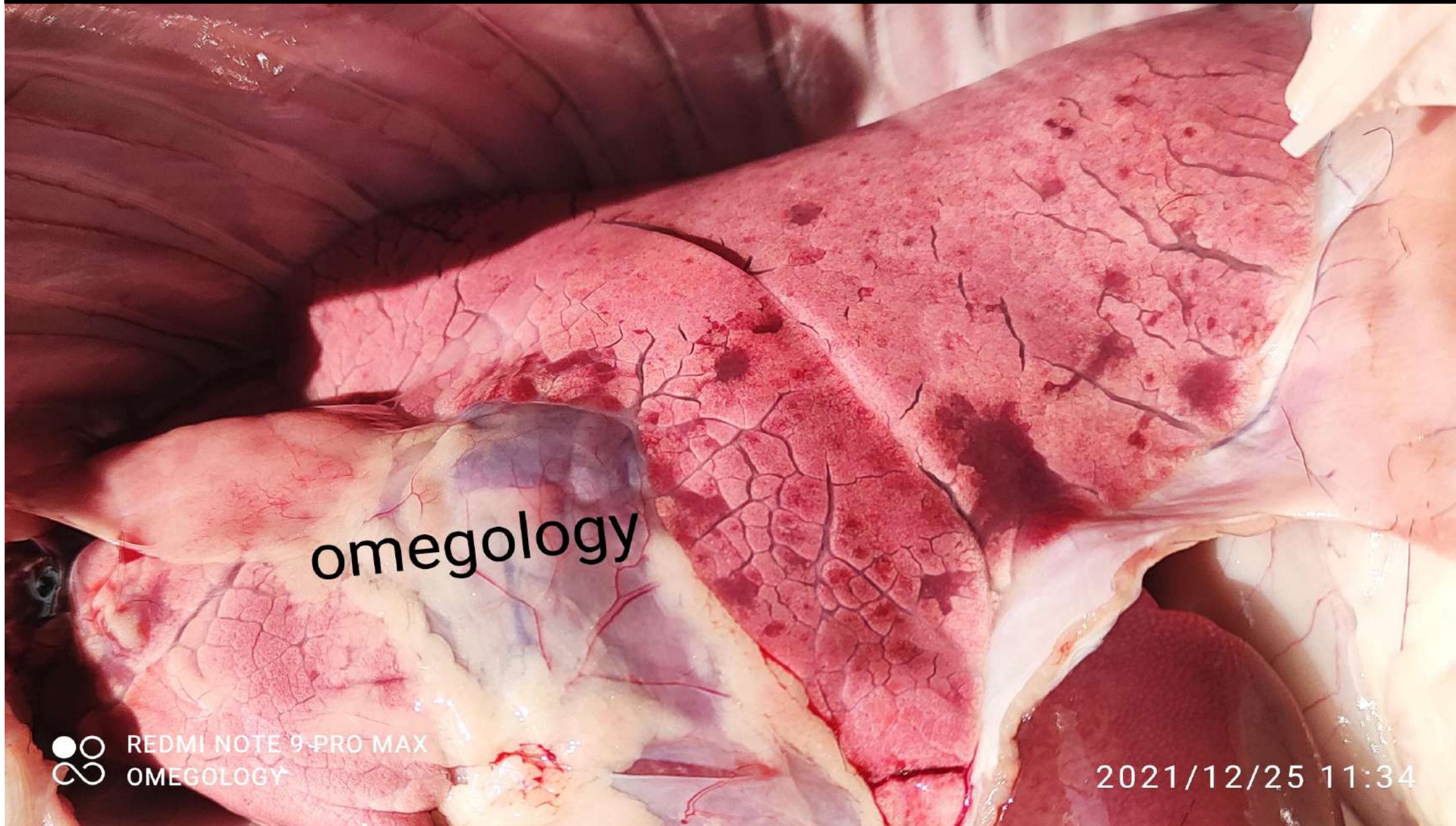
- HS
- PPR
- Mycoplasma
- Mixed pathogens
- Parasitic

Per Acute HS Enlarged lung with congestion and pin point hemorrhages



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Per Acute HS Enlarged lung with congestion and pin point hemorrhages



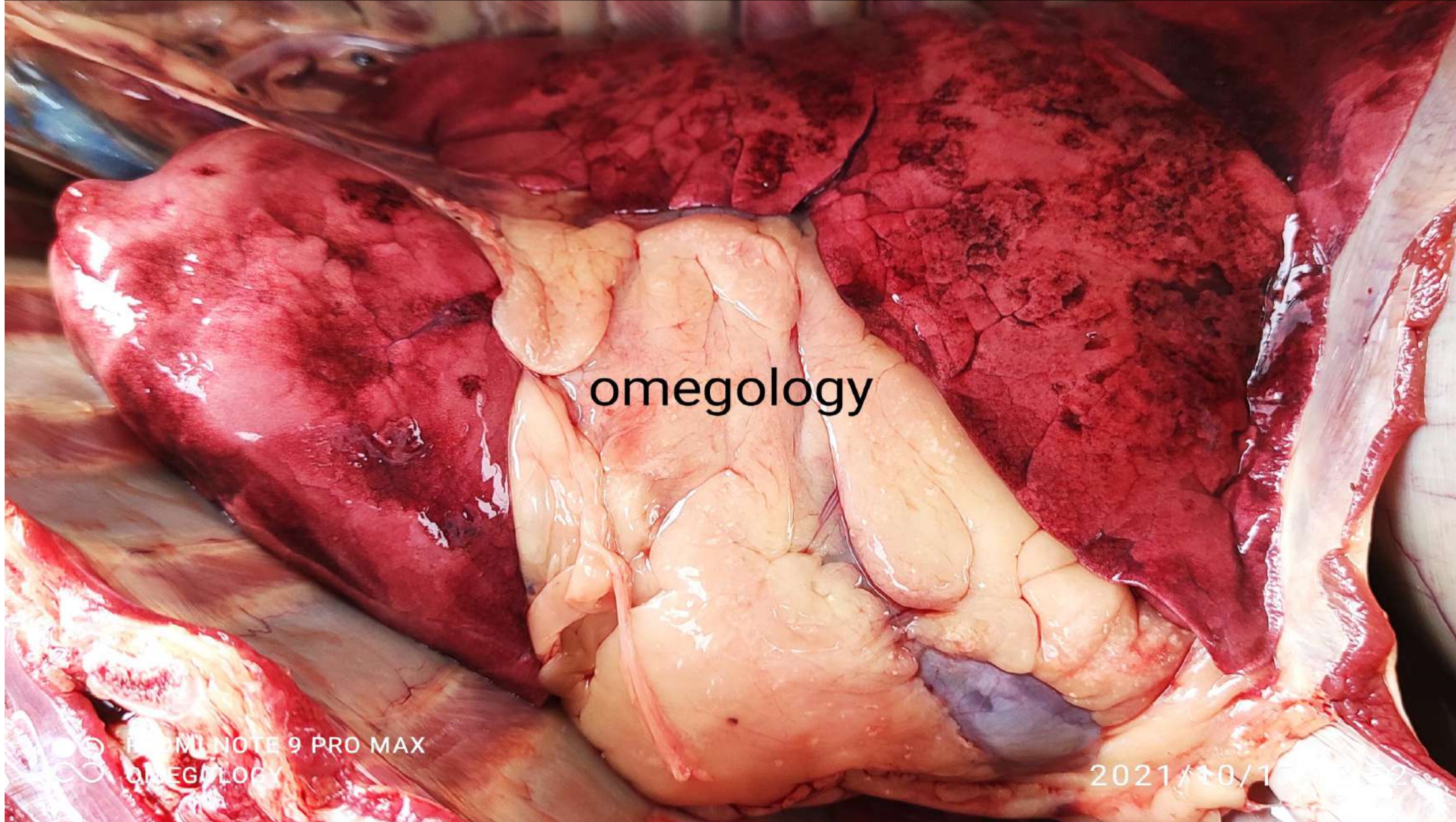
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Acute HS Enlarged lung with congestion and pin point hemorrhages



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Per Acute HS Enlarged lung with congestion and pin point hemorrhages

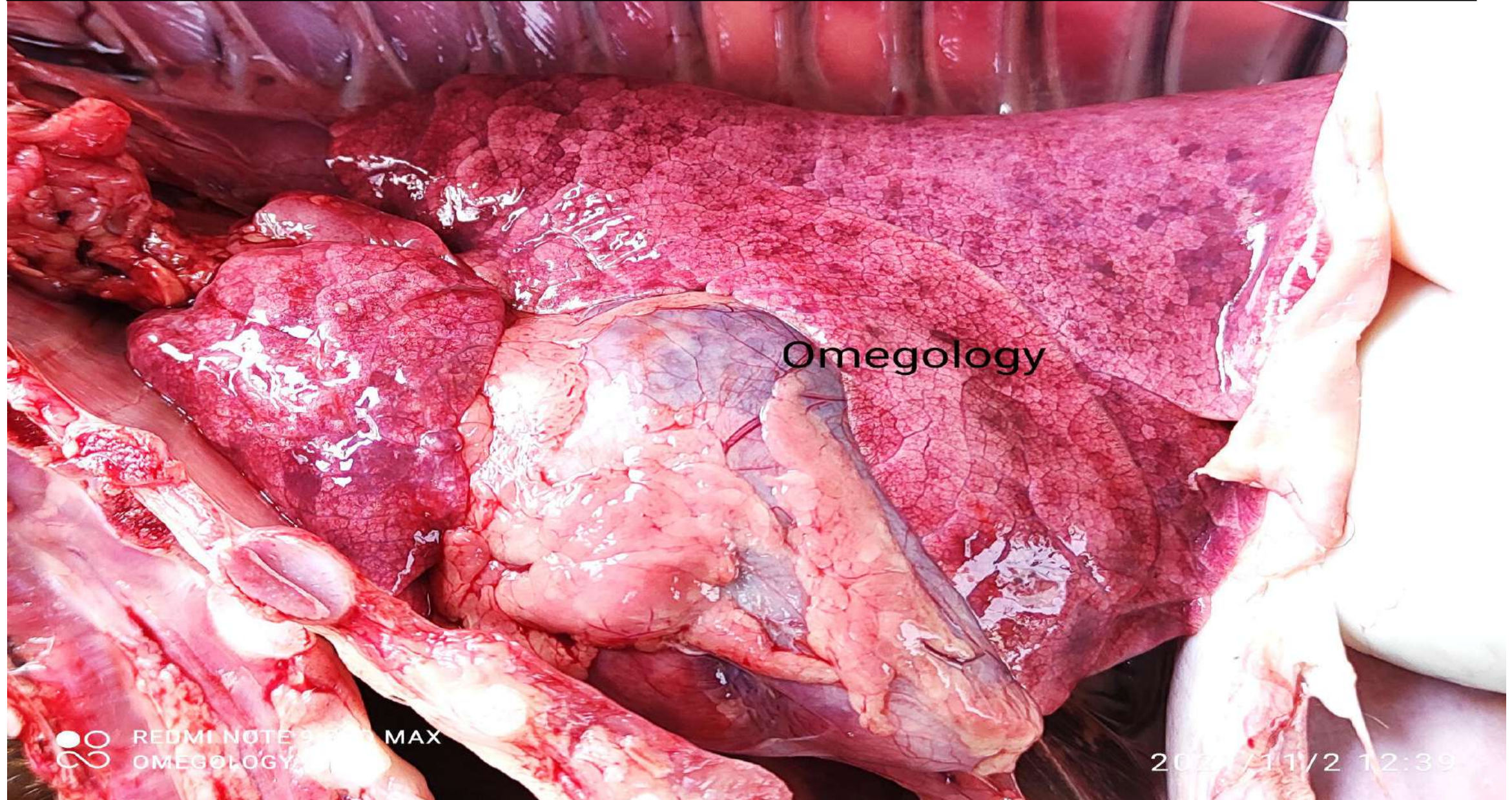


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Per Acute HS Enlarged lung with congestion and pin point hemorrhages



Acute HS Enlarged lung with congestion and patchy consolidation

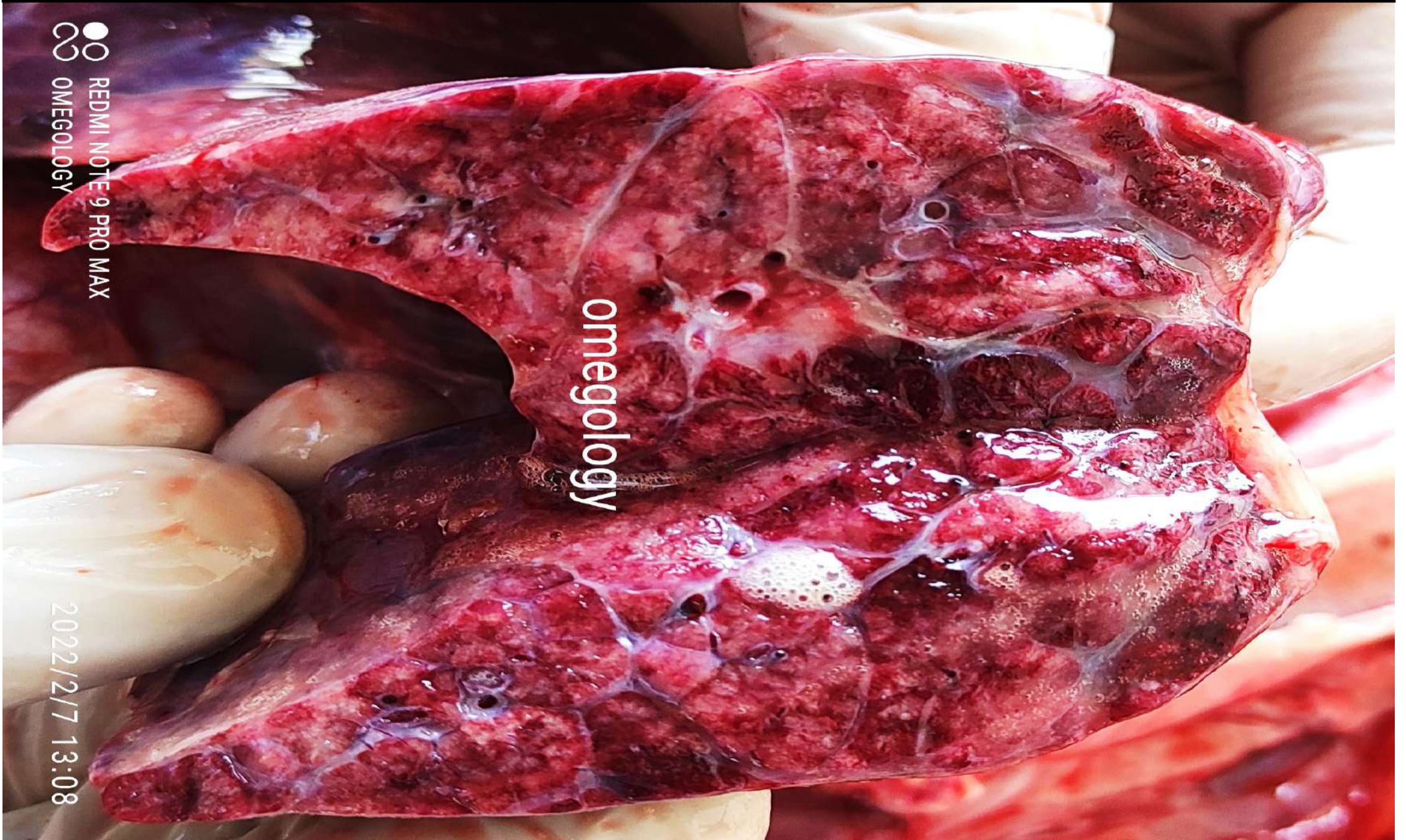


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Chronic HS Enlarged lung with congestion and diffuse consolidation



Chronic HS -congestion and diffuse consolidation and marbling



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Mycoplasma + HS



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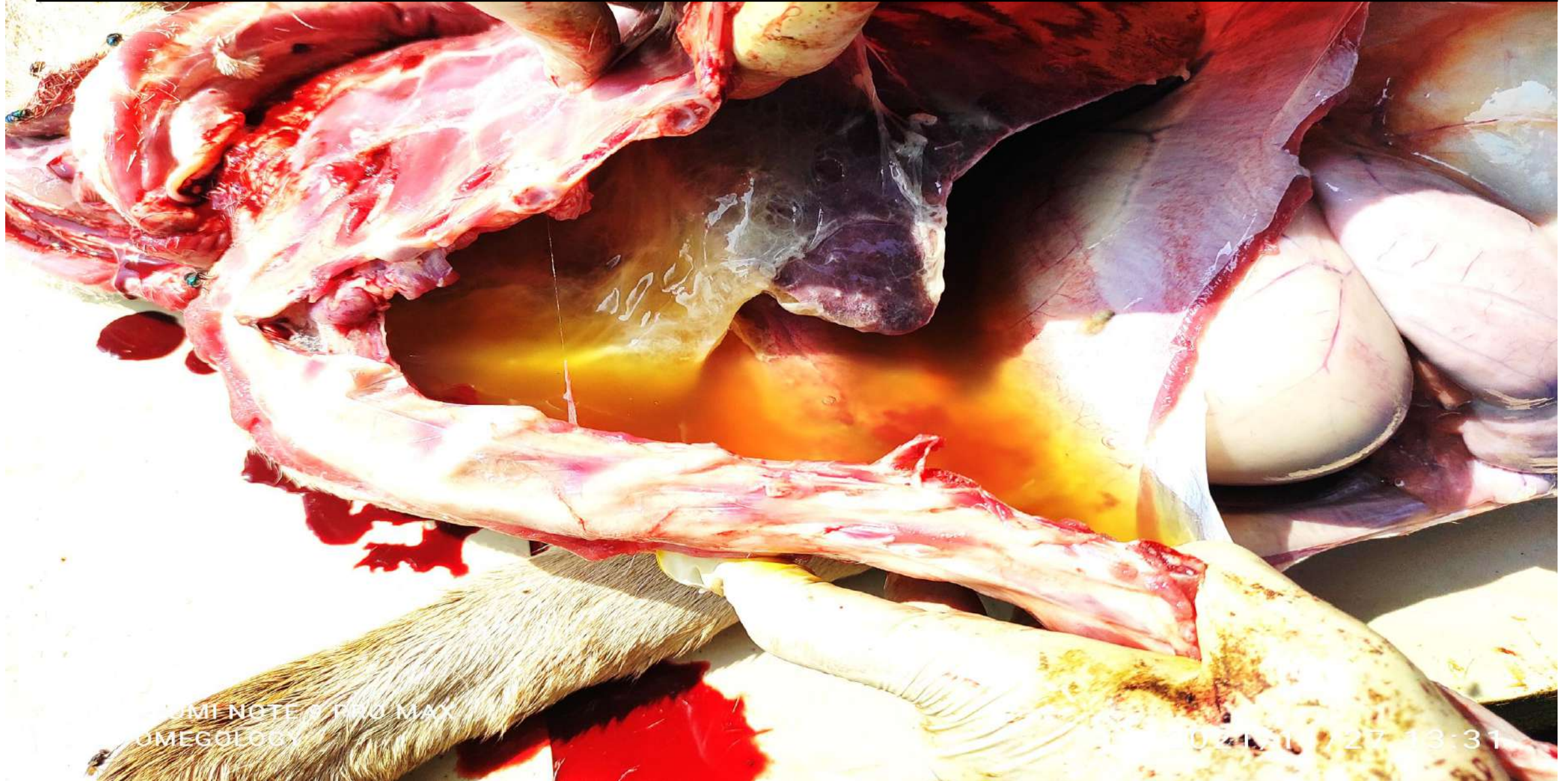
Mycoplasma

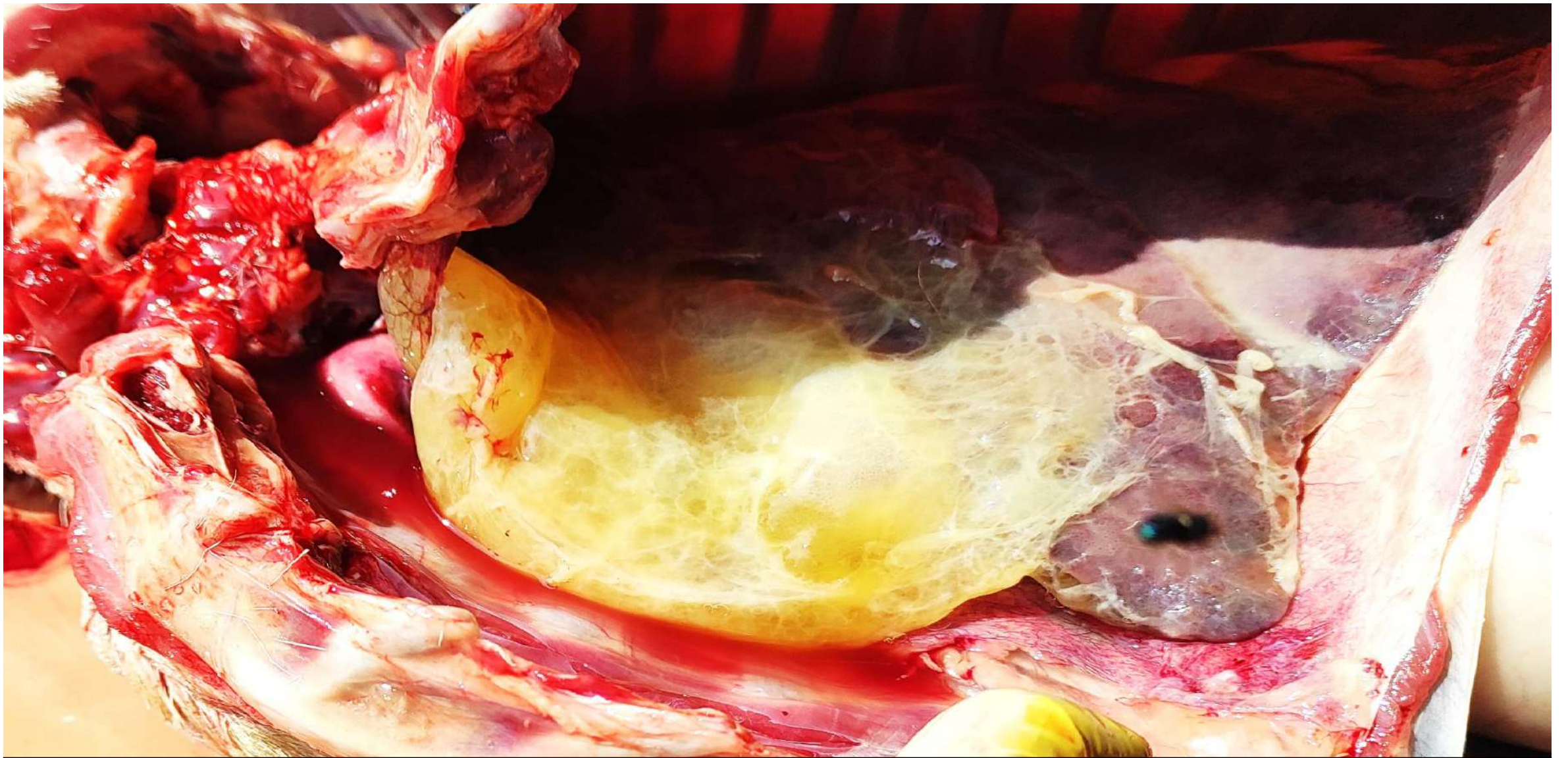


Fibrinopurulent pleuritis and serous fluid in thoracic cavity



Fibrinopurulent pleuritis, adhesions to costal muscles and serofibrinous fluid in thoracic cavity





Fibrinopurulent pleuritis, adhesions to costal muscles and serofibrinous fluid in thoracic cavity

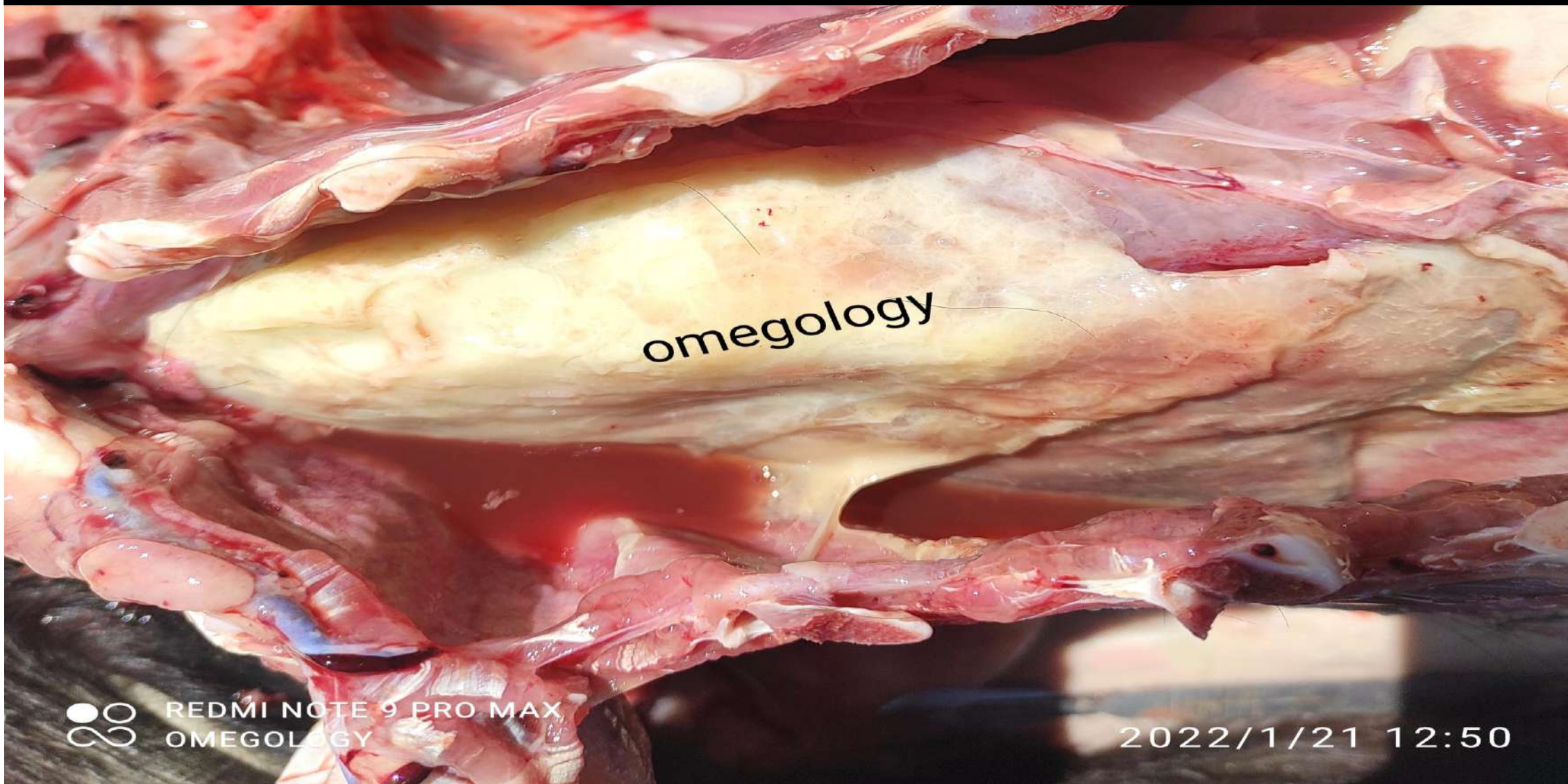


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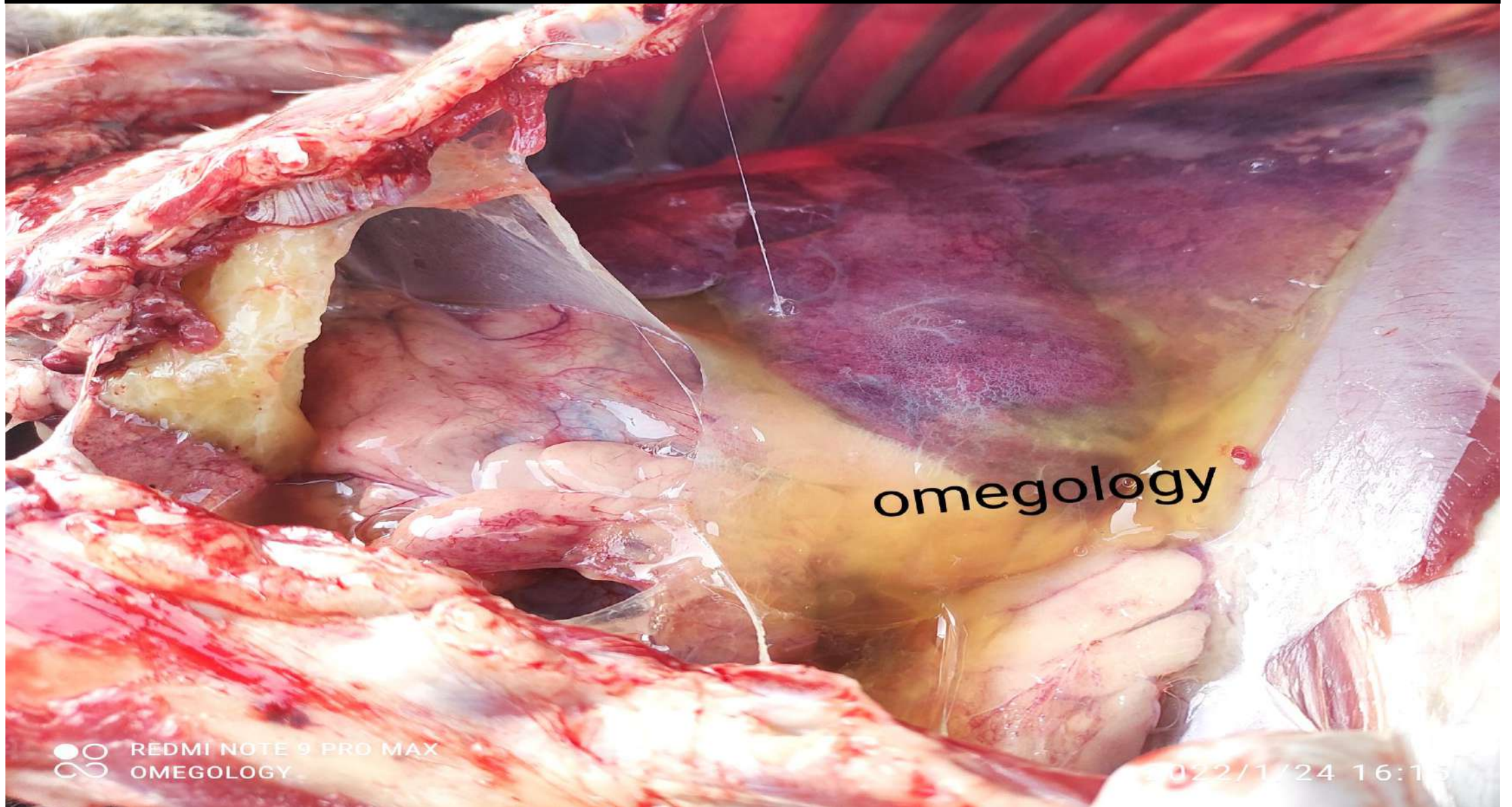
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Fibrinopurulent pleuritis, adhesions to costal muscles and serofibrinous fluid in thoracic cavity

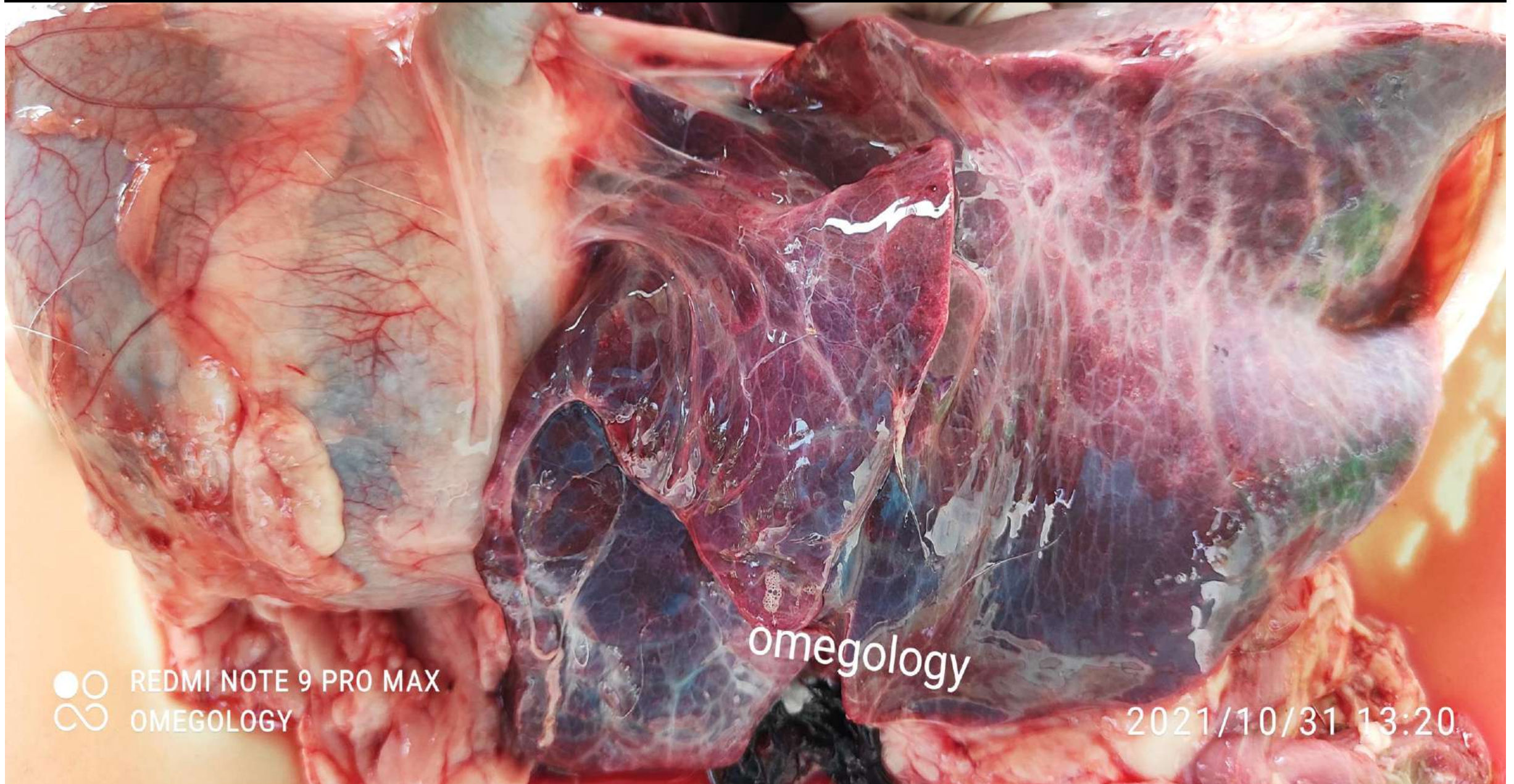
Fibrinopurulent pleuritis, adhesions to costal muscles and serofibrinous fluid in thoracic cavity



Fibrinopurulent pleuritis, adhesions to costal muscles and serofibrinous fluid in thoracic cavity



Consolidation, marbling and fibrinous pleuritis and pericarditis

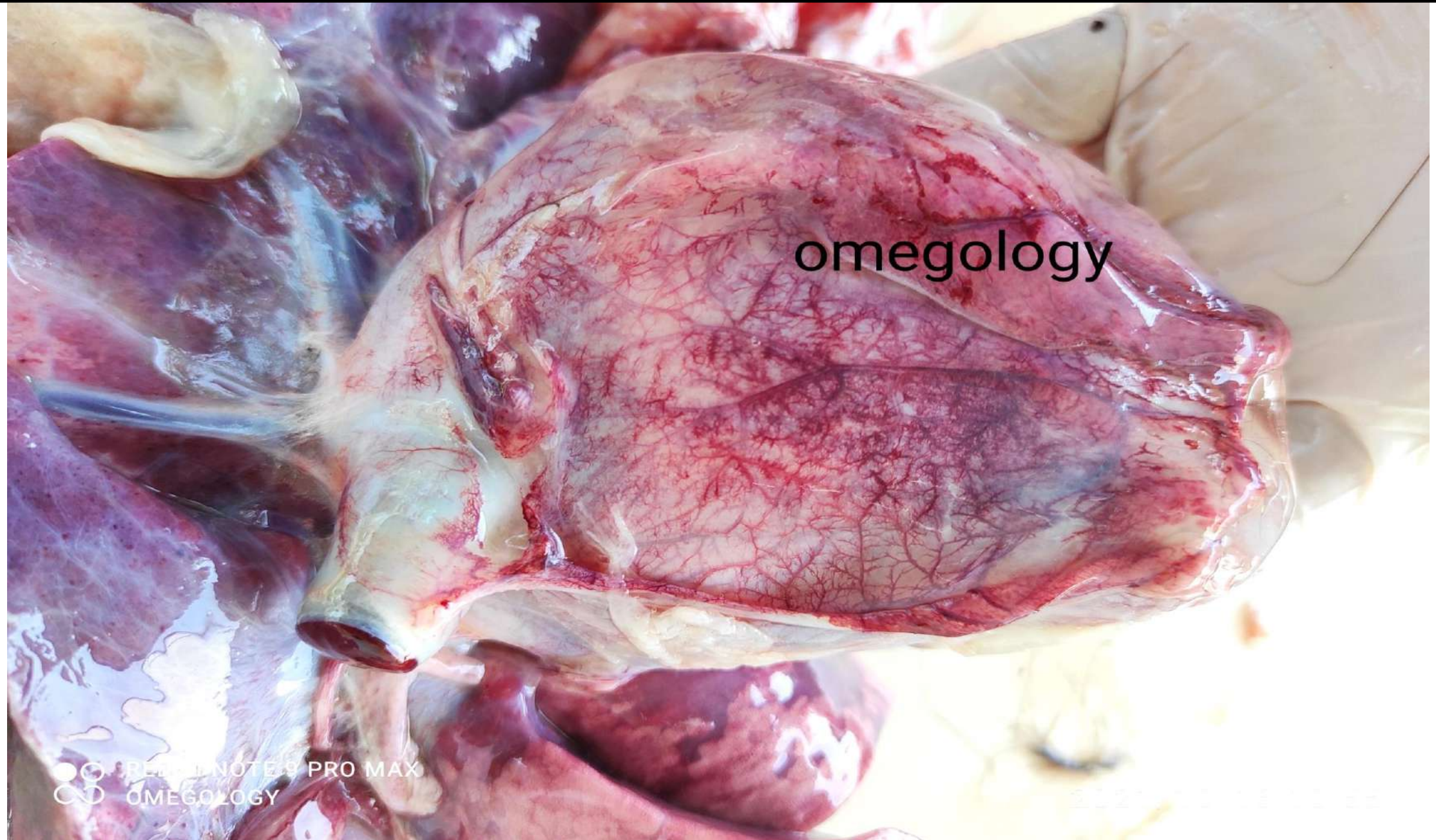


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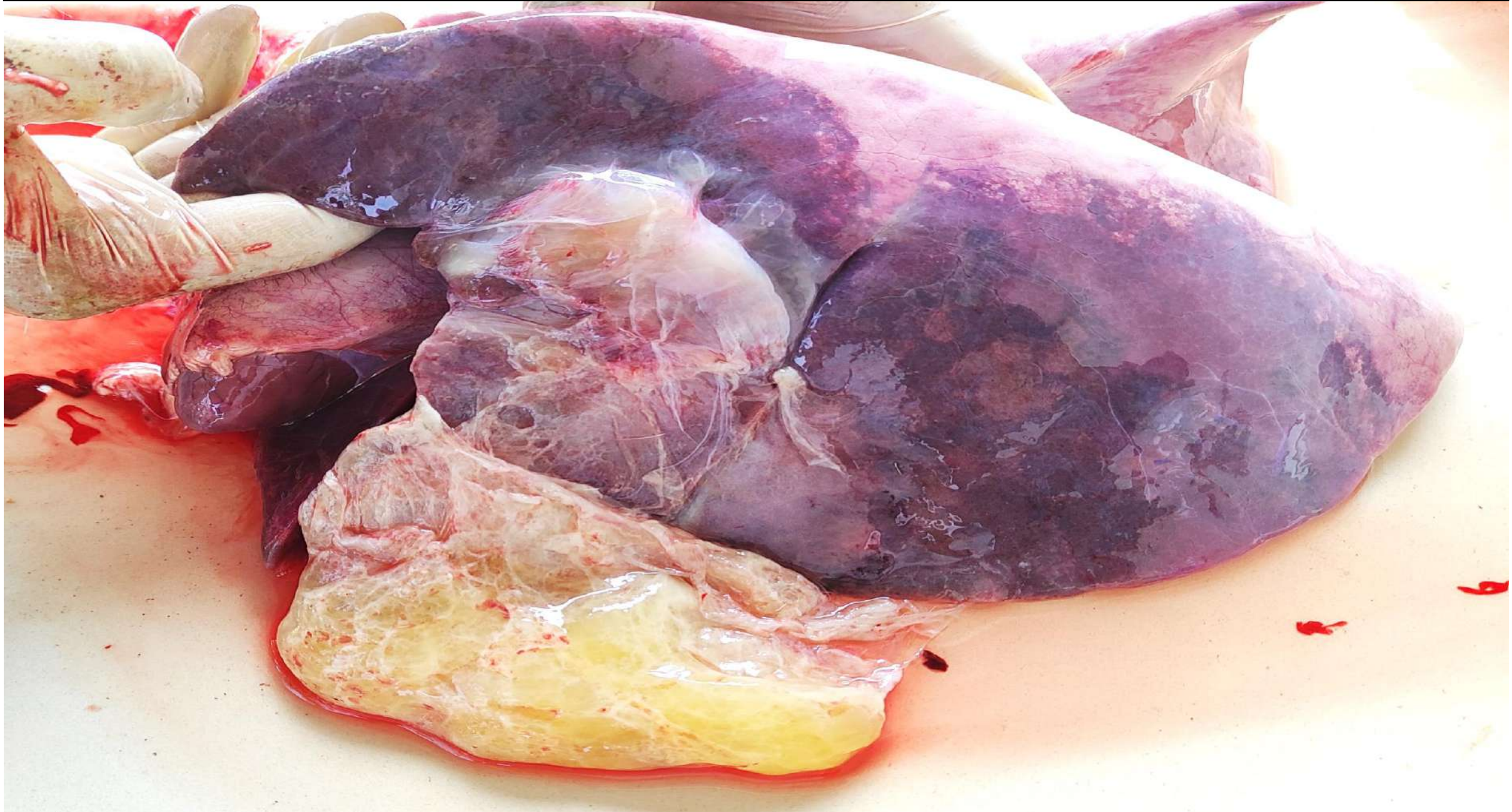
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Consolidation, marbling and fibrinous pleuritis and pericarditis



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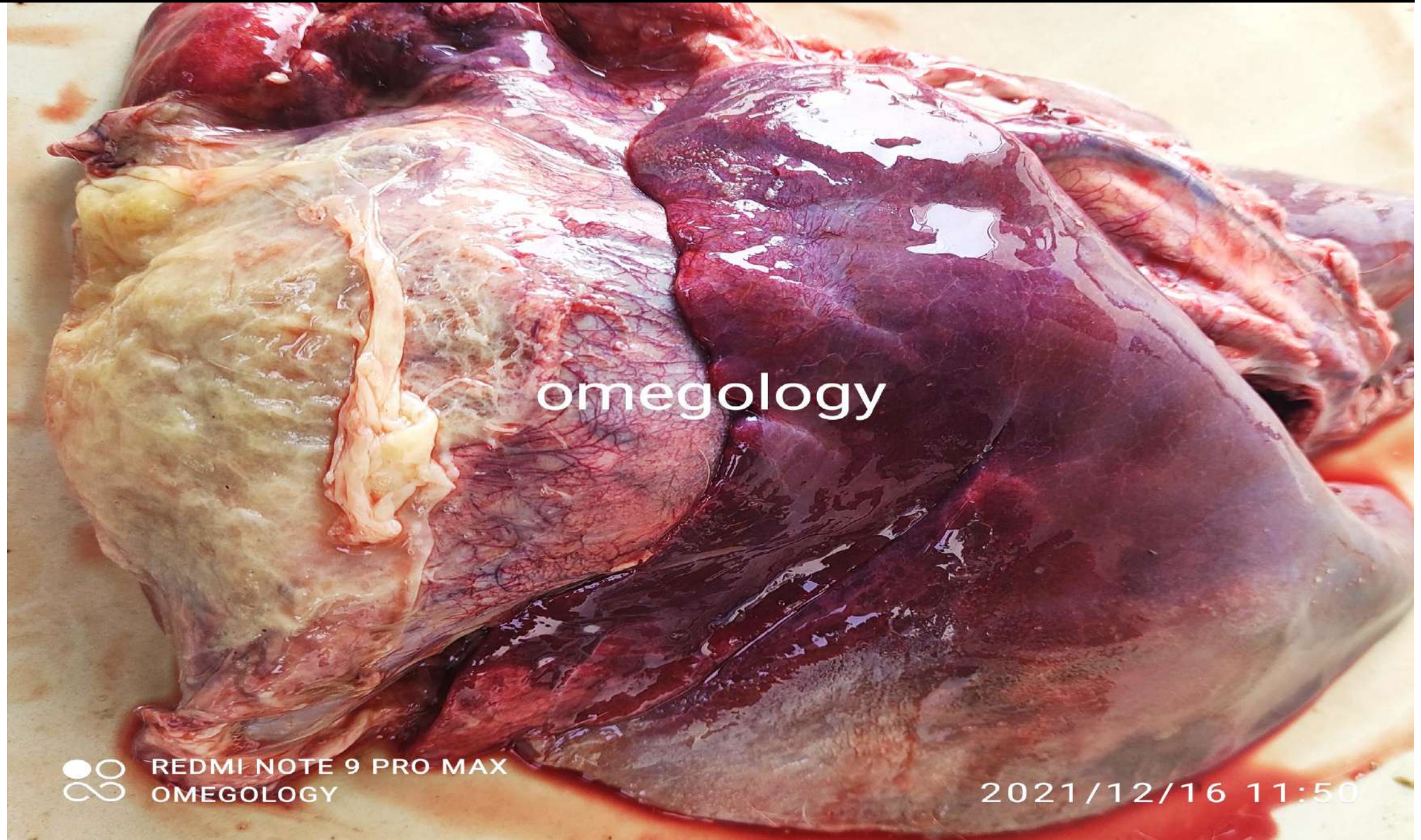
Consolidation, marbling and fibrinous pleuritis and pericarditis



Consolidation, marbling and fibrinous pleuritis

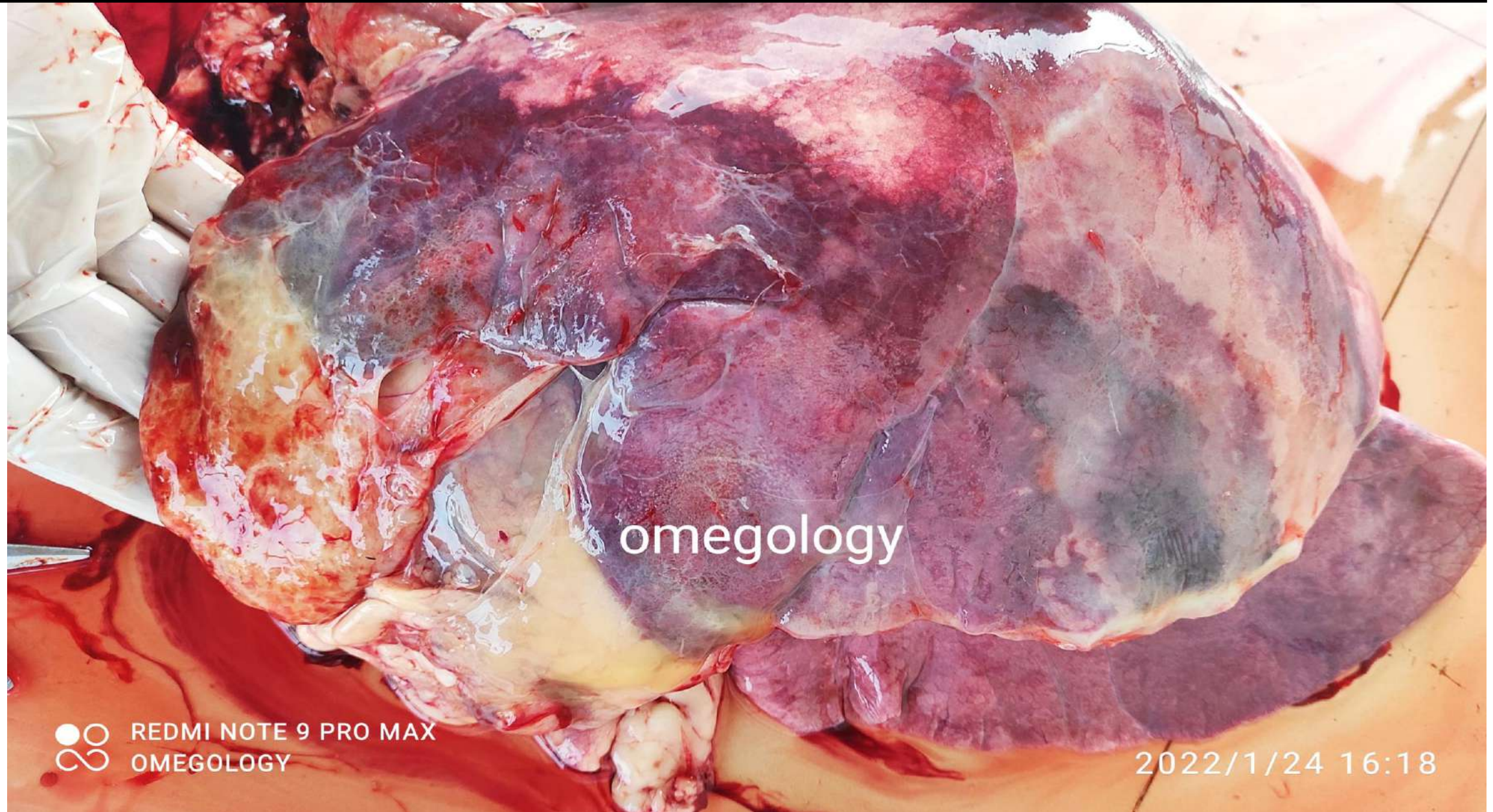


Consolidation, marbling and fibrinous pleuritis and pericarditis

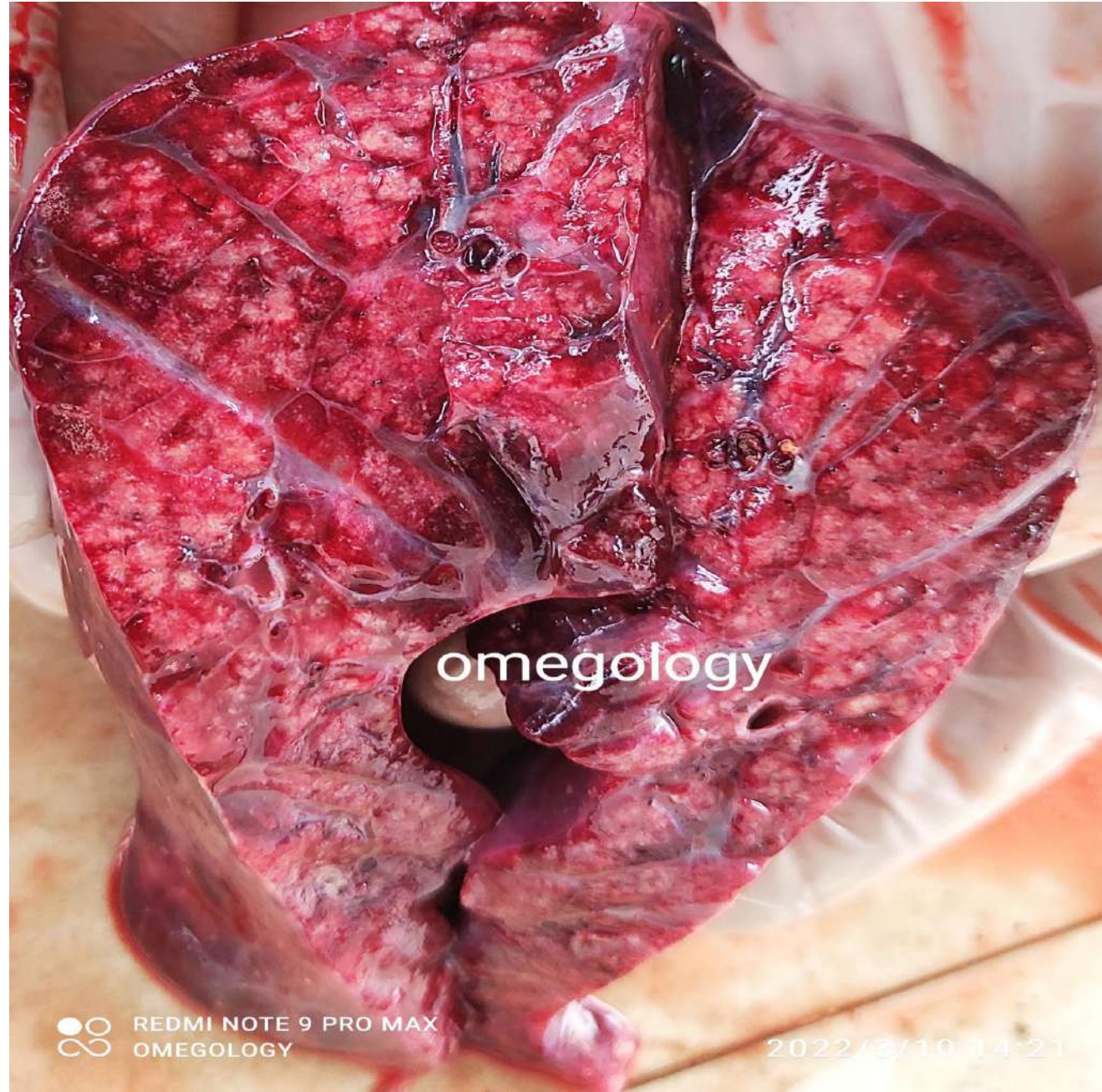


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Consolidation, marbling and fibrinous pleuritis and pericarditis



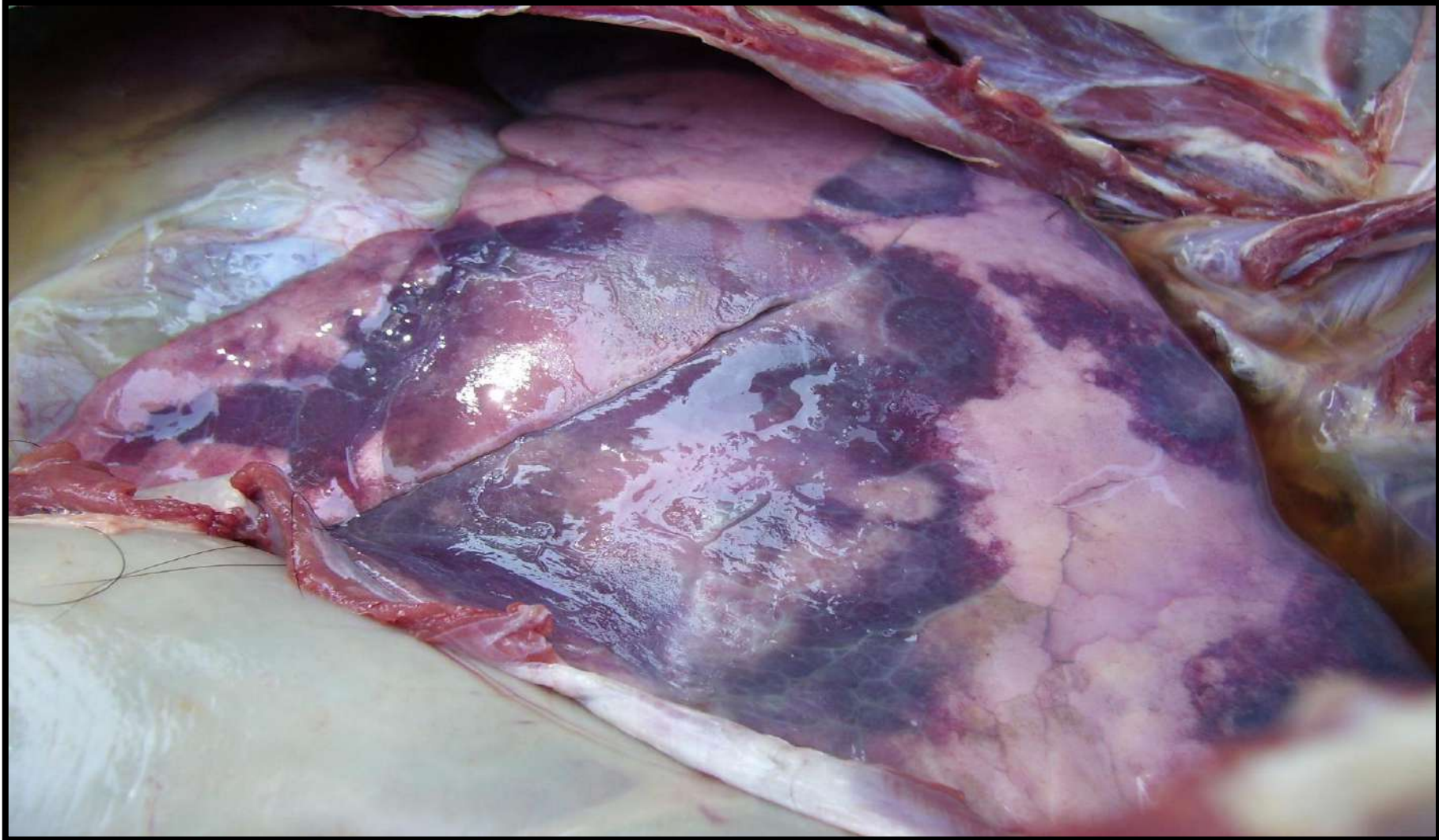
Consolidation of lungs , Marbling and sequestra formation in lung tissues



Consolidation



Consolidation



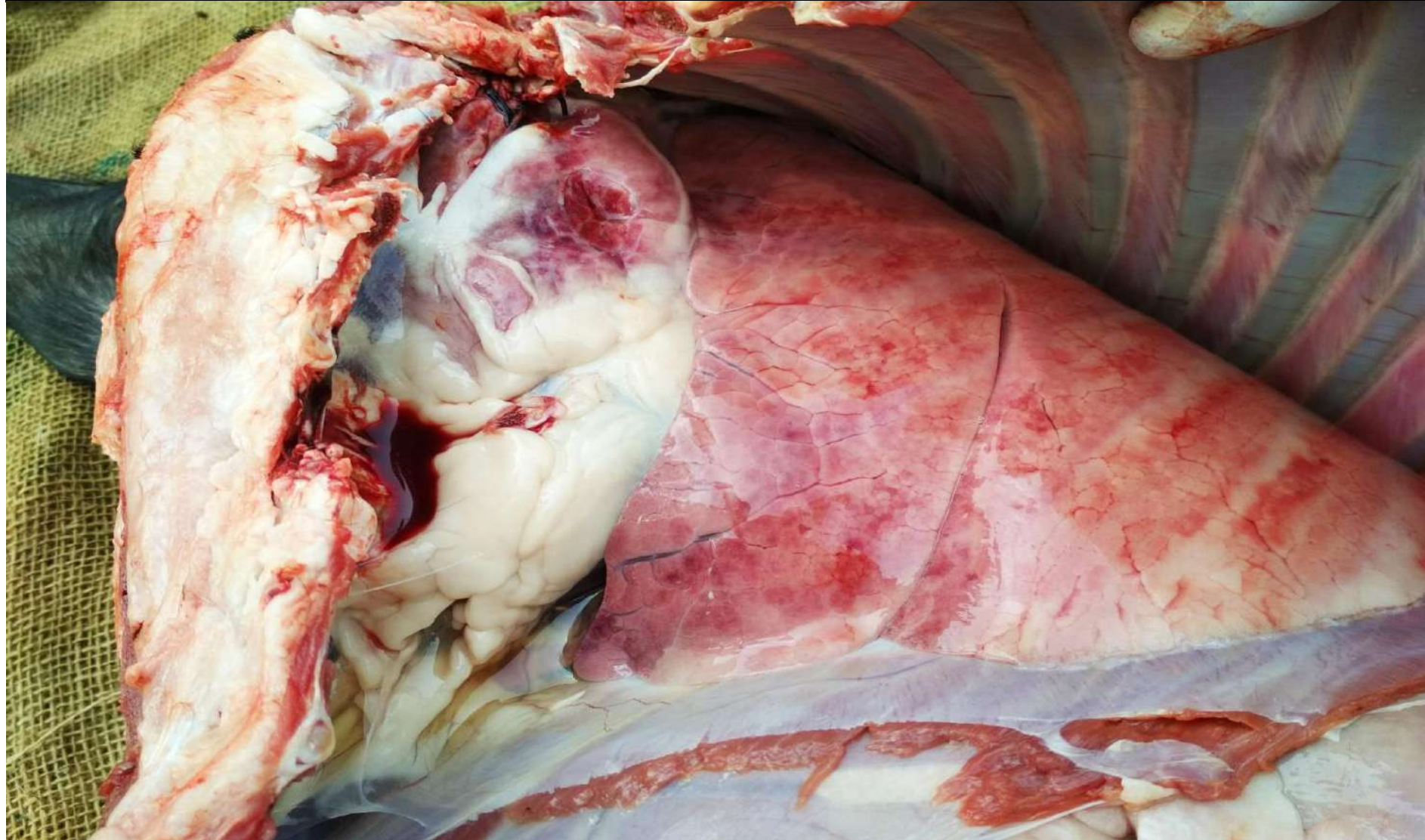
Marbling



Marbling



Hs- diffuse inflammation



Consolidation

