



DIVISION OF SURGICAL PATHOLOGY

2.180 John Sealy Hospital, E-88
Galveston, Texas 77550
(409) 761-2853
(409) 761-4676 (FAX)

Ramon L. Sanchez, M.D., Director
Daniel F. Cowan, M.D.
William K. Gourley, M.D.
Dhruv Kumar, M.D.
L. Clarke Stout, Jr., M.D.

December 7, 1992

Graham Worthy, Ph.D
Texas Marine Mammal Stranding Network
4700 Avenue U
Galveston, Texas 77551

RE: Tursiops GA 426

Dear Dr. Worthy;

This will report to you my findings in the case of the Tursiops referenced above. My opinion is based on the gross autopsy examination and study of histologic slides prepared from the tissues. A summary of the gross autopsy findings is attached. A detailed description of the histopathology is available.

This animal has a prominent diffuse degenerative or toxic injury to the myocardium. This seems to be relatively acute, since there is no fibrosis or scarring associated with it. There is also a focal fibrous scar in the heart. There is prominent pneumonitis with an interstitial pattern in some areas, and more typical pneumonia with abscess formation in others. There is a focus of inflammation in the liver, in relation to the intrahepatic bile ducts.

The prominent nodularity in the wall of the stomach is caused by deposits of worm ova surrounded by dense reactive fibrosis.

Little else abnormal was found, except for a diffuse enlargement of lymph nodes, which I take to be a systemic reaction to the active inflammation present especially in the lungs.

I would attribute death in this animal to natural causes, mainly diffuse sepsis, predominantly related to the lungs. There is no evidence of human interaction.

Sincerely,

A handwritten signature in cursive script, appearing to read "D. Cowan".

Daniel F. Cowan, M.D.
Professor of Pathology

GA 426 Tursiops truncatus female 174 cm 68.6 Kg body weight
Code 2, very fresh.
tooth age 2.1 years (GLG)
Collected from Stallman Park. Surfside, 1/10 m south of Bay St.

External examination: A few rake marks: lip ulcerations: xenobalanus attached to the trailing edge of the flukes. Otherwise, in pretty good condition.

Internal examination: In general there are few gross findings. Pleural fluid, and ascites are present in moderate amounts (a few hundred ml each space). There is a dense focal old inflammatory adhesion, right lung to diaphragm. There are several dozen small patchy densities in both lungs.

The heart shows extensive mottling and pallor, with a white fibrous 8 mm patch in the posterior wall of the left ventricle, at about the level of the tip of the papillary muscle.

Numerous 3-4 mm nodules in the mucosa of the fourth stomach produce a cobblestone effect; There are about a dozen "polyps" in the second chamber of the stomach (Braunina)

There are several dense serosal adhesions between the liver and the intestines, and several connect loops of bowel.

The left air sinus is full of blood and worms: enlarged opening behind left ear bone: about twice normal size
Right side has worms, but is not bloody.

The brain is grossly normal. There are no adhesions.