

MEDICAL NOTE TEMPLATE INFORMATION

Patient: 57127 Boris

Species: Canine

Age: 3 Yrs. 3 Mos.

Date: 03/26/2020

Status: TENTATIVE

Breed: Shepherd, German

Sex: Male

Staff: MM Michelle A. Meister Jones,

Weight: 92 pounds

Comments

Boris died at 3:27 PM today. Initial temperature at physical exam was 104.4 and at death 105 degrees. Necropsy was requested from Red Onion State prison to attempt to determine cause of death. In dorsal recumbency an incision was made through skin with #10 blade from the ventral thoracic cavity at sternum to 2 inches beyond prepuce. Incision was continued into the abdominal cavity. Some clear pale fluids less than 6 cc from abdomen was encountered on initial entry. Stomach distended beyond normal with gas. Using 18 gauge needle to decompress volume of air to obtain access to abdominal cavity. Stomach was in the normal position and color. Spleen normal size and shape. Spleen was pale in color but in normal position. Liver appears normal. Gall bladder normal size and shape. Incision was made in stomach to further decompress. Little normal digesta in stomach. Stomach was removed from abdomen to trace GI tract from pylorus to descending colon. Normal size and color was noted for the duodenum, jejunum and colon. Normal fecal material in colon. Urinary bladder empty. (Boris urinated in exam room on floor when his heart first stopped). Normal volume Yellow clear urine. Extend incision with #10 blade cranially and cut 3 ribs attached to sternum to access the thoracic cavity. Diaphragm intact, made incision through diaphragm. Lungs are pink in color with several small purple areas in lung tissue. Photograph taken after rinsing surface blood from lungs upon removal. This made it easier to appreciate the areas of purple discoloration. Heart normal size and shape. No clots found in the chambers of the heart. All values of heart appear normal. Trachea normal. Conclusion purple discoloration were indications of clot formation in the lung tissue. I suspect given these physical findings and the events that transpired suggest Acute Respiratory Distress Syndrome that resulted in cardiopulmonary arrest. Cardiopulmonary resuscitation was not successful in reviving this patient. Acute Respiratory Distress Syndrome (ARDS) is the clinical manifestation of respiratory failure associated with generalized pulmonary inflammatory response. It is the pulmonary portion of systemic inflammatory response syndrome and is a form of noncardiogenic pulmonary edema.