

SEA TURTLE STRANDING AND SALVAGE NETWORK – GROSS NECROPSY REPORT

IDENTIFICATION

1. STSSN#:	2. Other identifier(s)#:	3. Rehab: <input type="checkbox"/>
4. Found dead: <input type="checkbox"/>	5. If no, date of death: _____	<small>Issue blank if unknown (Use mm/dd/yyyy for date)</small>
6. Euthanized: <input type="checkbox"/>	7. Frozen/Thawed: <input type="checkbox"/>	8. Condition at necropsy: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
9. Date necropsied: _____	10. Examiner: _____	11. Affiliation: _____
12. Necropsy description: <input type="checkbox"/> External & internal examination <input type="checkbox"/> External examination only <input type="checkbox"/> Incomplete carcass		
13. Disposition of carcass: <input type="checkbox"/> Buried on beach <input type="checkbox"/> Buried offsite <input type="checkbox"/> Rendered <input type="checkbox"/> Incinerated <input type="checkbox"/> Other		
14. Species: <input type="checkbox"/> CC <input type="checkbox"/> CM <input type="checkbox"/> DC <input type="checkbox"/> LK <input type="checkbox"/> EI <input type="checkbox"/> LO <input type="checkbox"/> HYBRID <input type="checkbox"/> UNK		
15. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Undetermined		

EXTERNAL EXAMINATION

16a. Body weight: <input type="checkbox"/> kg <input type="checkbox"/> lb	16b. <input type="checkbox"/> actual <input type="checkbox"/> est.	17. Eyes sunken: <input type="checkbox"/>	18. Skeletal features prominent: <input type="checkbox"/>
19. Heavily encrusted w/ epibiota: <input type="checkbox"/>	20. Leeches: <input type="checkbox"/>	21. Gooseneck barnacles: <input type="checkbox"/>	
22. Epibiota coverage: _____	22a. Head/appendages: _____ %	22b. Carapace: _____ %	22c. Plastron: _____ %
23. External Trauma/evidence of Human Interaction (T/HI): <input type="checkbox"/> Yes <input type="checkbox"/> CBD (if yes, complete 25) <small>Use STSSN scale</small>			
24. Other anomalies: <input type="checkbox"/> Yes <input type="checkbox"/> CBD (if yes, complete 25) <input type="checkbox"/> PHOTOGRAPHS TAKEN			

ANATOMICAL LOCATION CODES: Head(H) Neck(N) Eyes(E) Mouth(M) Carapace(C) Plastron(P) Tail(T) Vent(V)
 Use for 25a & 25b Front flipper - Right(R) Left(L) Rear flipper - Right(F) Left(G) All appendages(Y) Pectoral girdle(J) Pelvis(I)

<p>25a. T/HI-Type (check all that apply and diagram in 25c) Enter anatomic codes in blank: (Example: ☉ Parallel slicing wounds (1) C)</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Parallel slicing wounds(1)</td> <td><input type="checkbox"/> Blunt/crushing(2)</td> </tr> <tr> <td><input type="checkbox"/> Non-parallel/single linear wounds(3)</td> <td><input type="checkbox"/> Dislocations(4)</td> </tr> <tr> <td><input type="checkbox"/> Partial/complete amputation(5)</td> <td><input type="checkbox"/> Paint transfer(6)</td> </tr> <tr> <td><input type="checkbox"/> Fractures/Broken bones(7)</td> <td><input type="checkbox"/> Puncture(8)</td> </tr> <tr> <td><input type="checkbox"/> Bite wound/probable bite wound(9)</td> <td><input type="checkbox"/> Tar in mouth(10)</td> </tr> <tr> <td><input type="checkbox"/> Ligature/entanglement-type(11)</td> <td><input type="checkbox"/> Incised/mutilation(12)</td> </tr> <tr> <td><input type="checkbox"/> Entangling material attached(13)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Hook and/or line present (14)</td> <td>* If yes, complete 25d</td> </tr> <tr> <td><input type="checkbox"/> Other(15) <small>describe under 25c</small></td> <td></td> </tr> </table>	<input type="checkbox"/> Parallel slicing wounds(1)	<input type="checkbox"/> Blunt/crushing(2)	<input type="checkbox"/> Non-parallel/single linear wounds(3)	<input type="checkbox"/> Dislocations(4)	<input type="checkbox"/> Partial/complete amputation(5)	<input type="checkbox"/> Paint transfer(6)	<input type="checkbox"/> Fractures/Broken bones(7)	<input type="checkbox"/> Puncture(8)	<input type="checkbox"/> Bite wound/probable bite wound(9)	<input type="checkbox"/> Tar in mouth(10)	<input type="checkbox"/> Ligature/entanglement-type(11)	<input type="checkbox"/> Incised/mutilation(12)	<input type="checkbox"/> Entangling material attached(13)		<input type="checkbox"/> Hook and/or line present (14)	* If yes, complete 25d	<input type="checkbox"/> Other(15) <small>describe under 25c</small>		<p>25b. T/HI-Description (check all that apply) Enter 25a. + anatomic codes: (Example: ☉ Exudate/fibrin J C)</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Exudate/fibrin</td> <td><input type="checkbox"/> Fibrous tissue formation</td> </tr> <tr> <td><input type="checkbox"/> Bone formation/remodeling</td> <td><input type="checkbox"/> Hemorrhage</td> </tr> <tr> <td><input type="checkbox"/> Encapsulated sand/debris</td> <td><input type="checkbox"/> Blood clots</td> </tr> <tr> <td><input type="checkbox"/> Completely healed</td> <td><input type="checkbox"/> Other <small>describe under 25c</small></td> </tr> </table> <p style="text-align: center;">Diagram wounds/measurements 25c</p> <p><input type="checkbox"/> PHOTOGRAPHS TAKEN <small>Use STSSN scale in photos</small></p> <p>3 Standard photos: 1. Perpendicular to wound(s) with scale 2. Wound margins (close-up) 3. Head, neck, shoulder region</p>	<input type="checkbox"/> Exudate/fibrin	<input type="checkbox"/> Fibrous tissue formation	<input type="checkbox"/> Bone formation/remodeling	<input type="checkbox"/> Hemorrhage	<input type="checkbox"/> Encapsulated sand/debris	<input type="checkbox"/> Blood clots	<input type="checkbox"/> Completely healed	<input type="checkbox"/> Other <small>describe under 25c</small>
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25c. T/HI-Comments & External Diagram (cont. pg 6):

Parallel slicing wounds (cm):
Straight (chord) cut length
 Maximum: _____
 Minimum: _____

Single linear wounds (cm):
 Wound length: _____
 Width: _____ Depth: _____

EXTERNAL EXAMINATION (CONT.)

<p>25d. T/HI-Fisheries/Entanglement data: (fisheries gear, other entangling materials) Gear type: <input type="checkbox"/> Line & pot <input type="checkbox"/> Line & buoy <input type="checkbox"/> Line, buoy & pot <input type="checkbox"/> Unknown gear/line <input type="checkbox"/> Netting <input type="checkbox"/> Hook <input type="checkbox"/> Monofilament <input type="checkbox"/> Braided line <input type="checkbox"/> Other Number of wraps around body part: , location: <small>(use anatomic codes)</small> Additional areas: , ²; , ³; , ⁴; , ⁵ (Example: <u>4, 5</u>)</p>	<p><input type="checkbox"/> Material removed prior to necropsy Ligature injury: (additional comments under 25c) <input type="checkbox"/> Ligature – mild, non-penetrating <input type="checkbox"/> Ligature – skin incised/ulcerated <input type="checkbox"/> Ligature – full thickness (deep tissue/bone exposed) <input type="checkbox"/> Ligature – partially/completely healed</p>
<p>T/HI-Material collected#: <input type="checkbox"/> Disposition of material: Gear description (color, shape, size): Gear identification information:</p>	
<p>26a. External anomalies-Type: (check all that apply and diagram in 25c) Enter anatomic code in blank: (Example: ⊗ Ulcers (16) <u>Y</u>) <input type="checkbox"/> Fibropapillomas (FP)(16) <input type="checkbox"/> Masses (non-FP or unknown)(17) <input type="checkbox"/> Ulceration/dermatitis(18) <input type="checkbox"/> Other(19) <small>describe under 26c</small> <input type="checkbox"/> PHOTOGRAPHS TAKEN</p>	<p>26b. Other anomalies-Description: (check all that apply) Extent of observation: (Refer to Pap Map for FP turtles) Enter 26a. + anatomic code: (Example: ⊗ 10-25% affected <u>10Y</u>) <input type="checkbox"/> <5% surface affected <input type="checkbox"/> 5-25% affected <input type="checkbox"/> >25-50% affected <input type="checkbox"/> >50% affected <input type="checkbox"/> Visual field involved <input type="checkbox"/> Both eyes <input type="checkbox"/> Mouth obstructed <input type="checkbox"/> Cloaca obstructed</p>
<p>26c. Anomalies-Comments (cont. pg 6):</p>	

INTERNAL EXAMINATION (comments extended to page 4 - optional)

<p>NUTRITIONAL CONDITION - INTERNAL</p>		
<p>27. Muscle status: <input type="checkbox"/> Well-muscled/No atrophy <input type="checkbox"/> Mild to moderate atrophy <input type="checkbox"/> Severe atrophy <input type="checkbox"/> CBD</p>		
<p>28. Fat status: <input type="checkbox"/> Abundant/No atrophy <input type="checkbox"/> Mild to moderate atrophy <input type="checkbox"/> Severe atrophy <input type="checkbox"/> CBD <input type="checkbox"/> PHOTOGRAPHS TAKEN</p>		
<p>29a. MUSCULOSKELETAL (internal) – <input type="checkbox"/> EXAMINED <input type="checkbox"/> CBD 29b. Joint Fluid: <input type="checkbox"/> No findings <input type="checkbox"/> Cloudy/solid material <input type="checkbox"/> Bloody 29c. Skeletal Findings: <input type="checkbox"/> No findings <input type="checkbox"/> Fractures <input type="checkbox"/> Dislocation <input type="checkbox"/> Avulsions <input type="checkbox"/> Deformities <input type="checkbox"/> Other (note location(s) in comments) 29d. Musculature findings: <input type="checkbox"/> No findings <input type="checkbox"/> Trauma <input type="checkbox"/> Hemorrhage <input type="checkbox"/> Pallor <input type="checkbox"/> Necrosis <input type="checkbox"/> Other 29e. MUSCULOSKELETAL-Findings/Comments:</p>		
<p>30a. COELOMIC CAVITY – <input type="checkbox"/> EXAMINED <input type="checkbox"/> CBD 30b. Coelomic Fluid Volume: ml 30c. <input type="checkbox"/> actual <input type="checkbox"/> est. 30d. Coelomic Fluid: <input type="checkbox"/> No findings <input type="checkbox"/> Cloudy/solid material <input type="checkbox"/> Blood-tinged <input type="checkbox"/> Blood clots <input type="checkbox"/> Fibrin <input type="checkbox"/> Other 30e. Coelomic Lining: <input type="checkbox"/> No findings <input type="checkbox"/> Masses (<2mm) <input type="checkbox"/> Masses (>2mm) <input type="checkbox"/> Hemorrhage <input type="checkbox"/> Adhesions <input type="checkbox"/> Other 30f. COELOMIC CAVITY-Findings/Comments:</p>		
<p>31a. CARDIOVASCULAR SYSTEM (near major vessels) – <input type="checkbox"/> EXAMINED <input type="checkbox"/> CBD 31b. Blood in Heart chambers: <input type="checkbox"/> 31c. Pericardial Fluid: <input type="checkbox"/> No findings <input type="checkbox"/> Cloudy/solid material <input type="checkbox"/> Blood-tinged <input type="checkbox"/> Blood clots <input type="checkbox"/> Fibrin <input type="checkbox"/> Other 31d. CV Findings: <input type="checkbox"/> No findings <input type="checkbox"/> Trauma <input type="checkbox"/> Endocarditis/arteritis <input type="checkbox"/> Blood clot(s) <input type="checkbox"/> Vessels thickened <input type="checkbox"/> Adhesions <input type="checkbox"/> Other 31e. CV-Finding/Comments:</p>		
<p>32a. HEPATOBILIARY SYSTEM (liver and gall bladder) – <input type="checkbox"/> EXAMINED <input type="checkbox"/> CBD 32b. Liver Findings: <input type="checkbox"/> No findings <input type="checkbox"/> Pallor <input type="checkbox"/> Atrophy (shrunken, black) <input type="checkbox"/> Trauma <input type="checkbox"/> Masses (<2mm) <input type="checkbox"/> Masses (>2mm) <input type="checkbox"/> Other 32c. Biliary Findings: <input type="checkbox"/> No findings <input type="checkbox"/> Gall bladder thickened <input type="checkbox"/> Bile ducts thickened <input type="checkbox"/> Ulcers <input type="checkbox"/> Exudate <input type="checkbox"/> Stones <input type="checkbox"/> Other 32d. HB-Finding/Comments:</p>		

INTERNAL EXAMINATION (CONT.)

ANATOMIC LOCATION CODES: Mouth(O) Esophagus(Es) Stomach(St) Small intestine(Si) Colon(Co) Cloaca(Cl)

33a. ALIMENTARY SYSTEM - EXAMINED CBD

33b. GI Findings: (check all that apply) Enter anatomic code in blank: (Example: ⊗ Ulcers ⊗ Co)

Ulcers/exudate(20) Trauma (21) Masses(22) Impaction(23) Fluke eggs(24)
 Obstruction(25) Intussusception(26) Plication(27) FP(28) Other(29)

33c. GI-percentage of affected area: Enter 33b. + anatomic code #: (Example: ⊗ >25-50 affected 20 Co)

<5% 5-25% >25-50% >50% N/A

33d. GI Foreign material: (If yes, complete 33k)33e. Injury/lesion associated with foreign material: If yes, give entry for 33b: (Example: 21 St)

GI Contents (include & note any block impacted material):

33f. Esophagus: Empty Contents, describe:33g. Stomach: Empty Contents, describe:33h. Intestine (first ½): Empty Contents, describe:33i. Intestine (second ½): Empty Contents, describe:

33j. GI Findings/Comments:

33k. GI Foreign material - type:

 PHOTOGRAPHS TAKEN

Hook(29) Line(30) Hard plastic(31) Plastic bag(33) Miscellaneous plastic(33) Balloon(34) Tar(35) Other(36)

Material/lesion location(s): from anatomic codesMaterial collected*: Disposition of material:

Foreign material- Description of material & comments:

34a. SPLEEN - EXAMINED CBD34b. Spleen Findings: No findings Trauma Enlarged Masses Other34c. PANCREAS - EXAMINED CBD34d. Pancreas Findings: No findings Trauma Masses Congested Other

34e. SPLEEN/PANCREAS-Findings/Comments:

35a. UROGENITAL SYSTEM (kidneys, reproductive, urinary bladder) - EXAMINED CBD35b. Kidneys Findings: No findings Trauma Enlarged Asymmetrical Masses FP Other35c. Gonads identified as: Testes (complete 35d-f) Ovaries (complete 35g-j) Unknown (Indicate sex on Page 1, Field 15)35d. Testes-characterization: Cylindrical Ellipsoidal Flat 35e. Testes-size: length x width (cm)35f. Epididymis-characterization: Not expanded from wall Distinct ridge Pendulous Obvious white coils35g. Ovaries-characterization: All follicles <4mm Developing follicles (4-24mm) Corpus luteum (>7mm) Corpus albicans

35h. Ovary length: (cm)

35i. Oviduct-characterization: White, straight (<3mm diameter) Partially convoluted (3-15mm diameter) Very convoluted (>15mm diameter) Contains eggs (>24mm) †Optional fields by state

35j. UG-Findings/Comments:

36a. RESPIRATORY SYSTEM - EXAMINED CBD36b. Foam/froth in airway: 36c. If froth present: Anterior to bifurcation Posterior to bifurcation 36d. Froth amount: Small Moderate Copious36e. Sand/sediment in airway: 36f. Trachea/bronchi: No findings Exudate Masses Ulceration Other

36g. Lungs Findings: No findings Wet/frothy Hemorrhage Trauma Exudate FP
 Masses (<2mm) Masses (>2mm) Aspirated debris Other

36h. RESP-Findings/Comments:

INTERNAL EXAMINATION (CONT.)

37a. CENTRAL NERVOUS SYSTEM - Brain EXAMINED CBD 37b. Spinal Cord EXAMINED CBD
 37c. Brain findings: No findings Trauma Hemorrhage Necrosis Exudate Blood fluke eggs Other
 37d. Spinal cord findings: No findings Trauma Hemorrhage Necrosis Exudate Blood fluke eggs Other
 37e. CNS-Findings/Comments:

38. Other Comments (include any contribution from previous sections & label notes by data file ID number (e.g. 250):

Specimen (label w/ ID#)	Fixed	Frozen-bagged	Frozen-Foil	Other (specify)	Location
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*All tickle gears could be submitted to Pascagoula (PE) or North Kington (NE) NOAA laboratories for ID