

Elephant Postmortem Examination Practical Application of General Principles

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Compilation of Experiences "Lessons Learned"

academic, zoo, field situations clinician/pathologist perspective

Elephant Necropsy Procedure

http://www.nature-documentaries.com/wildlifedocumentaries1/352-inside-natures-giants.html

Essential References (*equipment, techniques, tissues)

- * Montali RJ: Chapter 14: Postmortem Diagnostics. Fowler & Mikota (eds): Elephant Biology, Medicine, and Surgery. Blackwell Publishing, 2006. Pp. 199–209.
- Guidelines for Control of Tuberculosis in Elephants, USDA (current)
- * Elephant SSP Necropsy Protocol (current)
 Elephant SSP EEHV Protocol (current)

Why perform a postmortem examination ?

"The purpose of a necropsy is to answer questions."

Barry G. Harmon, DVM, PhD, DACVP

What are the questions ?

- *"There are known knowns.* These are things we know that we know.
- There are known unknowns. There are things that we know we don't know.
- But there are also unknown unknowns. There are things we don't know we don't know."

Donald Rumsfeld

Identify and Agree on Questions, Expectations And Plan Before Necropsy

- Establish cause of death ?
- Scientific/health benefit to elephants/humans ?
- Confirm or determine TB status ?
- Document "known" health issues ? (best way?)
- Discover "unknown" health issues ?
- Necropsy leader must know questions, make a plan with prioritized tasks
- Establish agreement on Plan A
- Also agree on Plan B for "unknown" (granulomatous disease)

Pre-Planning

- Plan before needed
- Identify necropsy team/leader in advance (Plan A/Plan B)
- Ideal leader: pathologist/clinician with elephant necropsy experience
- Institution ? Vet School / Diagnostic Lab ? Field Situation ?
- Animal <-> Necropsy Team ?

Balancing Act

Time available

- Tissue deterioration-Personnel-Equipment-Tasks
- Personnel
 - Academic/non-TB case
 - 10-20 people (teams) @ 5-6 hours for complete details
 - Field or TB suspect/positive
 - Smaller group(s) of "essential" team members

Level of Detail

All tissues? TB only ? Joints? Feet? Neuro ?

Equipment Choice and Power Availability

Other Factors

- Weather: Cold, Heat, Rain, Snow, Wind
- Exposure/Spread of Potential Pathogens: TB but also Salmonella sp. ? Others ?
- Sensitivity: Beloved animal, grief, psychological effect on staff, other animals; choice of procedures and equipment

Preparation for Procedure

- Heavy equipment / personnel move animal to necropsy site (platform helpful in field)
- Back up equipment (if breakdown)
- Hoist or Equipment to manipulate at beginning/after necropsy
- Ice in bags (1000 2000 #) on/around abdomen to counteract heat from digestive tract
- Remove ice before procedure (slippery !)

Settle Responsibility/Authority

- Owner, Vet, Pathologist of Record
- Choice of necropsy site/burial (local regs)
- Choice/training necropsy team members
- Safety/risk hazards/PPE
- Submit tissues, distribute lab results
- Reporting to health authorities if needed
- How is client/record confidentiality handled
- Press Inquiries
- Issuing Preliminary (if any) vs Final Results

Personal Protective Equipment (PPE)

- Tyvek gowns/hoods sturdy, room for physical exertion, water resistant
- Gloves double
- Aprons on dissection team members
- Respiratory Protection
- Face Protection ?

Respiratory Protection

- Surgical mask is not adequate to prevent transmission of *M. tuberculosis*
- NIOSH-rated N-, R-, P-95, 99, 100 mask
- +/- face shield
- PAPR (powered air-purifying particulate respirator)

N95 mask fit test - proper size, correct fit - PAPR better if facial hair



N95 mask, gown/hood, apron, boots







Half hood PAPR

Full hood with scarf



CDC Guidelines for TB Prevention in Health Care Settings (2005)

"The facility's risk assessment may identify a limited number of selected settings (e.g., bronchoscopy performed on patients suspected of having TB or autopsy performed on *deceased persons suspected of having had active TB at the time of death*) where the *estimated risk* for transmission of *M. tuberculosis may be such* that a level of respiratory protection exceeding the standard criteria is appropriate. In such circumstances, a level of respiratory protection exceeding the standard criteria and compatible with patient-care delivery (e.g., negative-pressure respirators that are more protective; powered air-purifying particulate <u>respirators {PAPRs}; or positive-pressure airline, half-mask</u> <u>respirators) should be provided by employers to HCWs who</u> are exposed to M. tuberculosis. Information on these and other respirators may be found in the NIOSH Guide to Industrial Respiratory Protection (55)"

Organizing the Procedure Institution or Field

- Move animal to necropsy site
- Clean/dirty tables (material storage/tissue processing)
- Cold packs for fresh tissues
- Respiratory protection (levels) available
- Extra PAPRs and charged batteries

Organizing the Procedure Institution or Field

- Heavy equipment operator
- Dissection team (3–5)
- Tissue transfer/processing person(s) or teams
- "Helpers" :
 - Notetaker(s) tissue collection/tissue processing
 - Photodocumenter(s)
 - Safety monitor
 - Gown assist/re-taping person(s)
 - Re-supply person(s)



Field Situation/Burial

- Ideal if potential TB case
- Establish a perimeter exclude other animals and non-essential personnel
- Power? Water? Shade? Rain/Snow shelter?
- Rest breaks ? Monitor for exhaustion
- Perform procedure, bury all nondisinfectable/reusable materials in grave

Gravesite overview



Gravesite with ramp

- Move on platform
 - Plastic lining around site and down edges
- Tables on edge (if not TB suspect)
- Tables inside grave (if TB suspect)
- Plastic cover on tables
- Red-yellow-green zones
 - during procedure
 - at clean up
 - bury contaminated on site

Gravesite orientation/ clean up zones





Heavy equipment needed

Move animal to site Manipulate during/after procedure

Basic Approach

- Assess risk/choose PPE for dissection team/processor/"helpers"
- General exam, dissection, abdominal tissue exam/collection
- Distance/dismiss non-essential personnel until thoracic cavity entered and declared "OK" by "thoracic team" members with PAPRs
- Approach thoracic cavity through diaphragm (Montali protocol for TB suspect)
- Or disarticulate ribs manually (BBC video) ?

Modifications: Granulomas found during necropsy/ TB suspect/TB positive

- Distance/dismiss non-essential personnel
- PAPRs for dissection team + processor(s)
- N95s +/- face shields for "helpers"
- Tissue collection inside grave (tables)
- Re-prioritize tissue collection/reduce time of exposure
- May divide cranial/caudal teams for speed
- Avoid power tools

TB or Not TB? That is the question "Careful Examination of Respiratory System"

- We do not use acid fast staining at site (time, technique, few bacilli in *Mtb*)
- Trunk -> pharynx -> trachea -> lungs + lymph nodes
- Normal elephant LNs inapparent
- Tonsillar regions, submandibular, tracheobronchial, regional tracheal and thoracic LN priority
- All LN (mesenteric, perirenal, reproductive) if evidence of advanced pulmonary TB

"Careful Examination of Respiratory System"

- Palpate lobes of both lungs thoroughly
- Sample all areas

- Subdivide tissues : Formalin and Fresh
- NUMEROUS (5 or more) sections of suspicious lesions
- Take and label <u>matching</u> samples
- (Granuloma #1A, 1B, etc) for histo-culture-PCR
- Submit lung and LN samples for culture if ruling out mycobacterial infection even if no lesions are evident

Tissue Check Lists – laminate/use dry erase pens



Name:		Date:	F	EMALE	PP 1
Asian Elepha	nt		frican	Elephant	16
F	RES	H TISSUES (UGA, SSP)		ALL AND	021
KIN and APPENDAGES		CAUDAL R / L		RETROPHARYNG	EAL
SKIN	C	CIRCULATORY SYSTEM		TRACHEOBRONC	HIAL
TEMPORAL GLAND R / L		ATRIUM R / L			
EAR R / L		VENTRICLE R / L			
DIGESTIVE SYSTEM		APEX		SKELETAL MUSC	CLE
TONGUE		SEPTUM		DIAPHRAGIN	
SALIVARY GLAND		MITRAL VALVE			
ESOPHAGUS		TRICUSPIDE VALVE		MINI FORELIMB	K/L
IVER		PULMONAR SEMILUNAR VALVE			
HEPATIC BILE DUCT		AORTIC SEMILLINAR VALVE			
OMENTUM		DADILLARY MUSCLE	F	EPRODUCTIVE	DR. MUNSO
omach		AODTA		MAMMARY R / L	_
CARDIA		NERVOUS SYSTEM		GLAND	
PYLORUS		SCIATIC NERVE		OVARY R / L	
FUNDUS		BRAIN		UTERUS	
estines	-	ENDOCRINE SYSTEM		CERVIX	
		THYROID R / L		VAGINA	
JEJUNUM		PARATHYROID R / L		VESTIBULUM	
ILEUM		ADRENAL R / L	01	HER TISSUES	
CECOM		PANCREAS		EYE R / L	
COLON		PITUITARY		BONE	
RECTUM	HE	EMATOPOIETIC SYSTEM		SERUM	
URINARY BLADDER		TONSIL			
IDETER		THYMUS			
VIDNEY D / I		SPLEEN			
ESPIRATORY SYSTEM		BONE MARROW			
TRUNK		HEMAL NODE			
TRACHEA	L	YMPH NODES			
JNG		MESENTERIC			
CRANIAL R / L		SUBSCAPULAR R / L		-	
MIDDLE R / L		SUBMANDIBULAR R / L	-		

Formalin Tissue List

Fresh Tissue List

5

Ir

Samples from dissection team (pathologist notes) for processing





Identification

Abnormal findings, Directives for PCR, culture

Passing tissue from pathologist to tissue processor



Tissue processing: Formalin (double sets ?) Fresh (# sets ?)



Sample Collection

- Pieces of tissue (not swabs)
- Culture: multiple (~1–2 inch) pieces
- Tissue for formalin: ½ inch thick (maximum)
- 10 parts formalin: 1 part tissue ratio
- Collect from normal and abnormal (transition zones are best)

Labelling tissues







Mega Cassettes

Paper Laundry Tags

Tubes for collection of fresh tissues



Collection of fresh tissues





Whirl-paks

Chemical – proof pen

Don't forget sampling for non-TB cultures, histopathology, PCR



Not TB



Clean up / Disinfection

- > Tuberculocide outside containers
- > Back out:Red/yellow/green zones
- > Wipe/soak/contact time for removed disinfectables
- >"Helpers" (masked) help degown
- > Green zone: extra scrubs, boots
- Leave materials in grave
- > Roll plastic et al into grave
- > Fresh tissues freezing/shipping
- > Fresh tissues for non-TB culture ?
- Formalin tissues 7-14 days
- > We cut in tissues while masked
- > Process, read slides, issue report
- Storage of duplicate samples ?

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QUESTIONS ?

