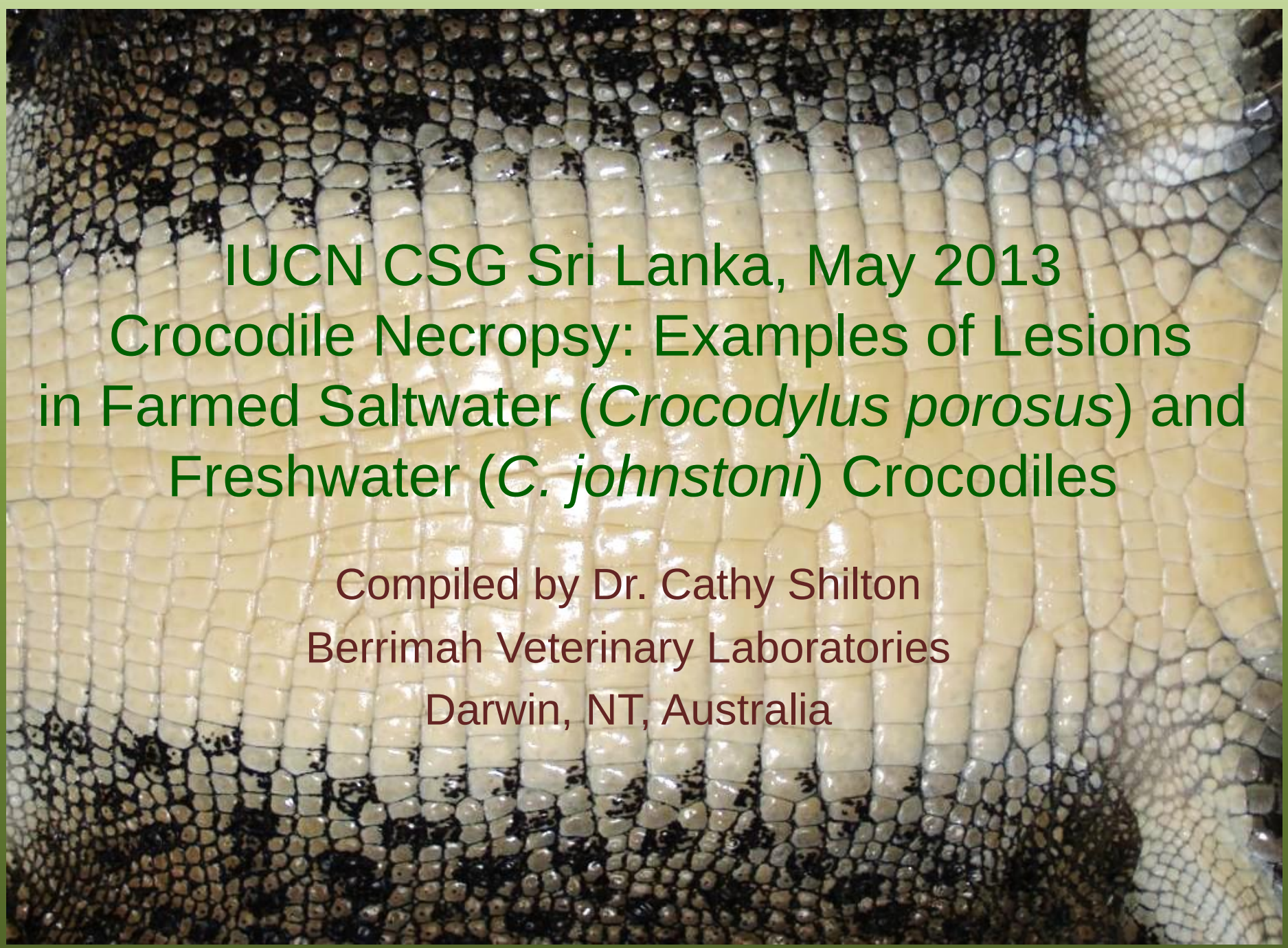


IUCN CSG Sri Lanka, May 2013
Crocodile Necropsy: Examples of Lesions in Farmed Saltwater (*Crocodylus porosus*) and Freshwater (*C. johnstoni*) Crocodiles

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Berrimah Veterinary Laboratories
Darwin, NT, Australia

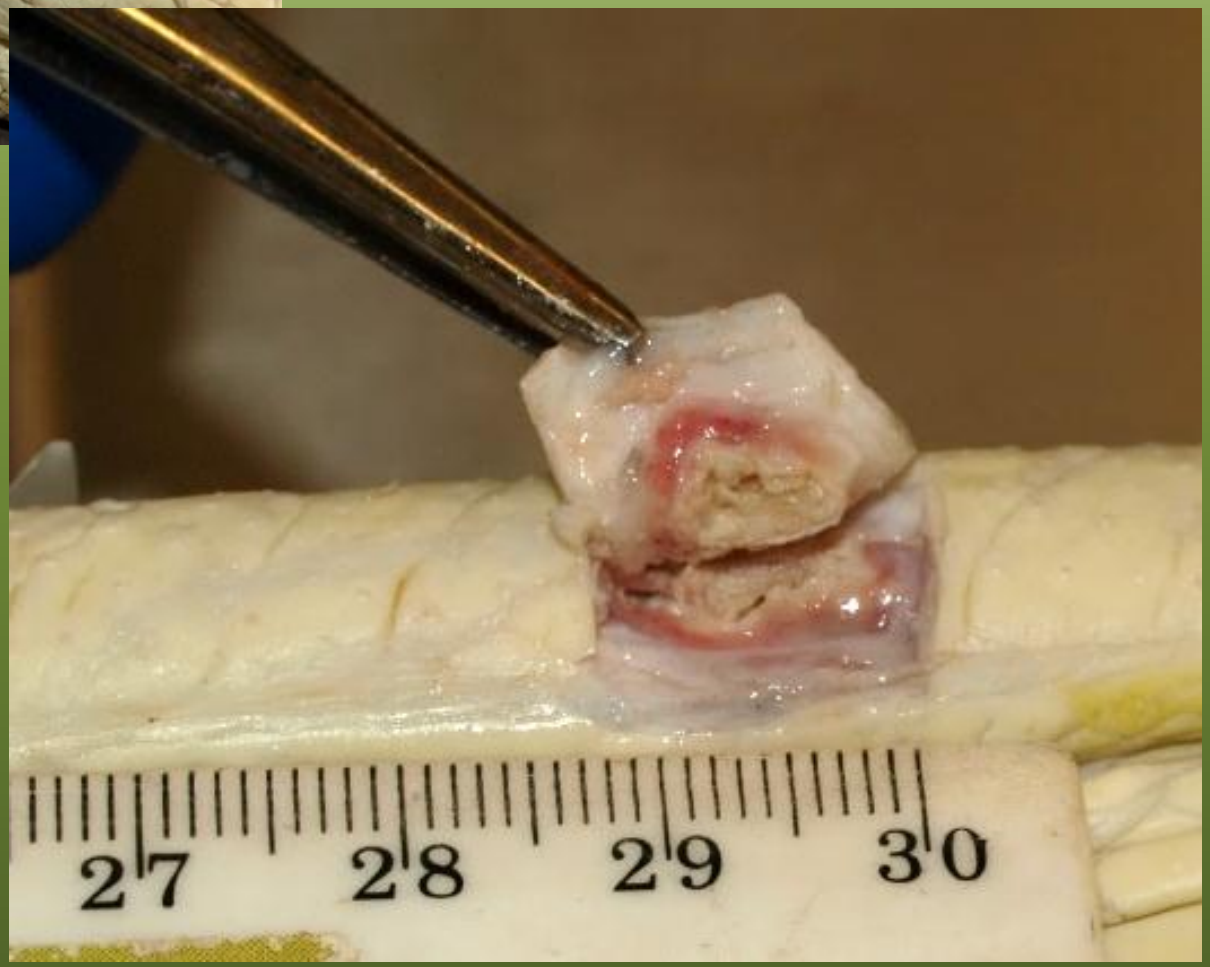


Linear lacerations (probable superficial bite wound)



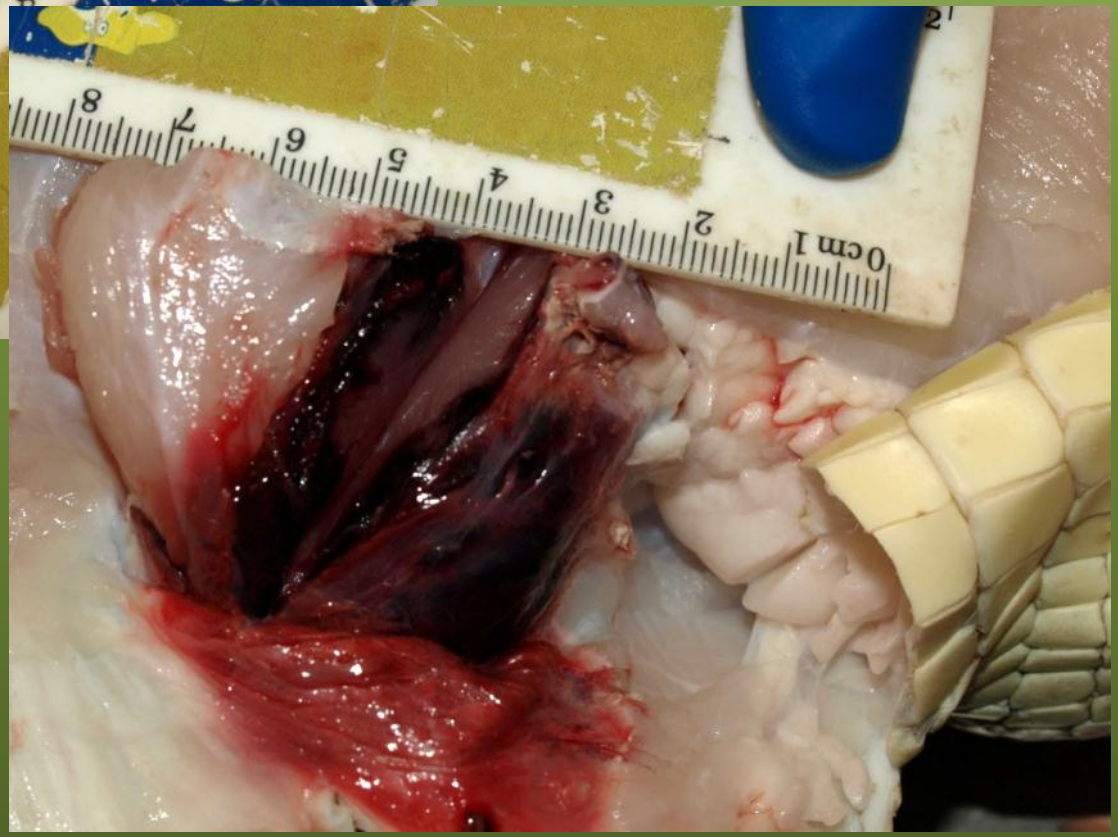


Focus of mixed bacterial infection with caseous core of necrotic exudate surrounded by red inflamed rim





Subcutaneous haemorrhage and inflammation. Heavy growth of mixed bacteria (probable bite wound).





Patchy cutaneous reddening due to subcutaneous involvement in bacterial septicaemia (*Providencia rettgeri* isolated).

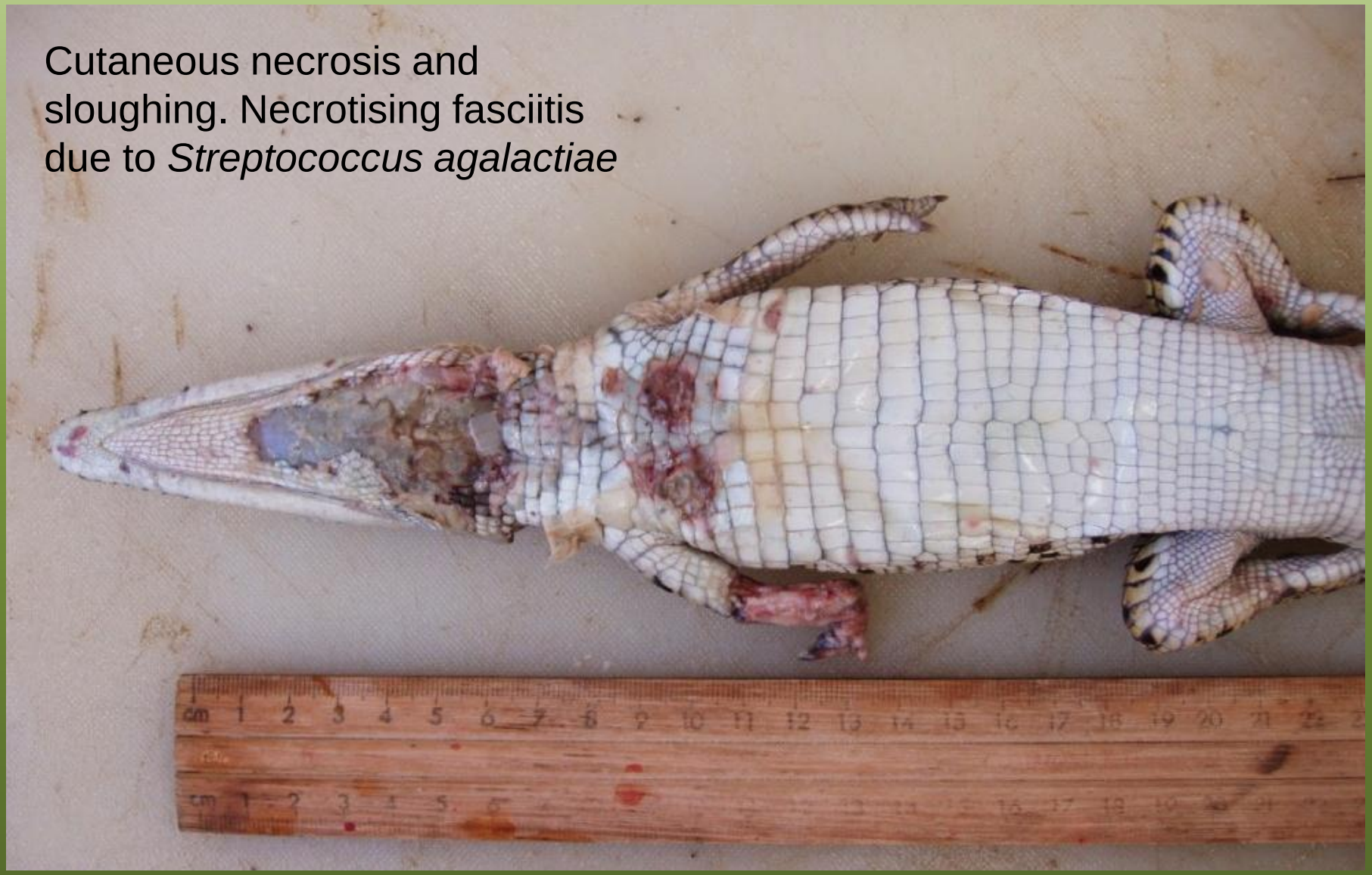






Subcutaneous necrosis and inflammation involving caudal ventral abdominal skin and left hind leg. *Streptococcus agalactiae* cultured.




Cutaneous necrosis and
sloughing. Necrotising fasciitis
due to *Streptococcus agalactiae*





Superficial fungal skin infection. *Acremonium* and *Trichophyton sp.* cultured.

Deep fungal skin infection. *Mucor* and *Aspergillus* sp. cultured

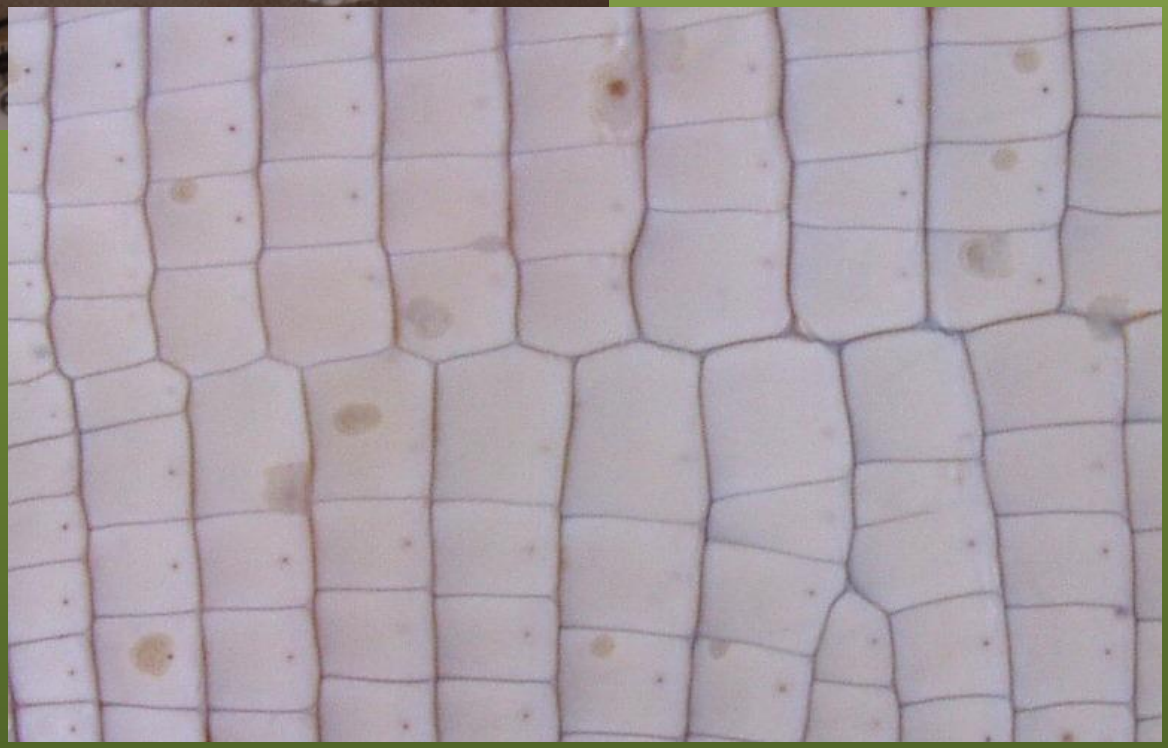




Deep skin and underlying bone infection. *Acremonium sp*. fungus and *Flavobacterium sp.* bacteria cultured.



Poxvirus infection





Parasitic tracts of nematodes (presumptively the capillarid *Paratrichosoma sp.)*

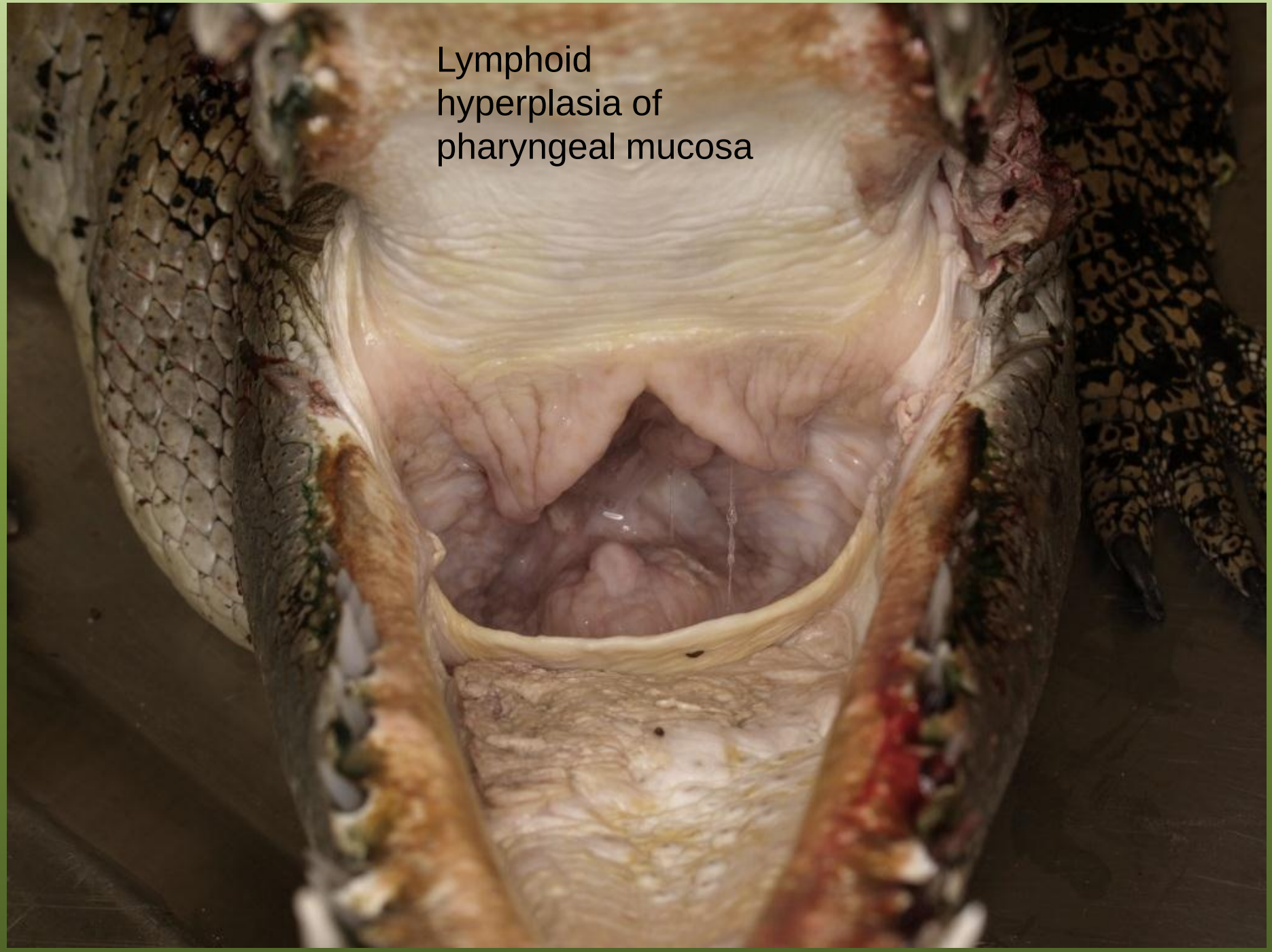


Lesion

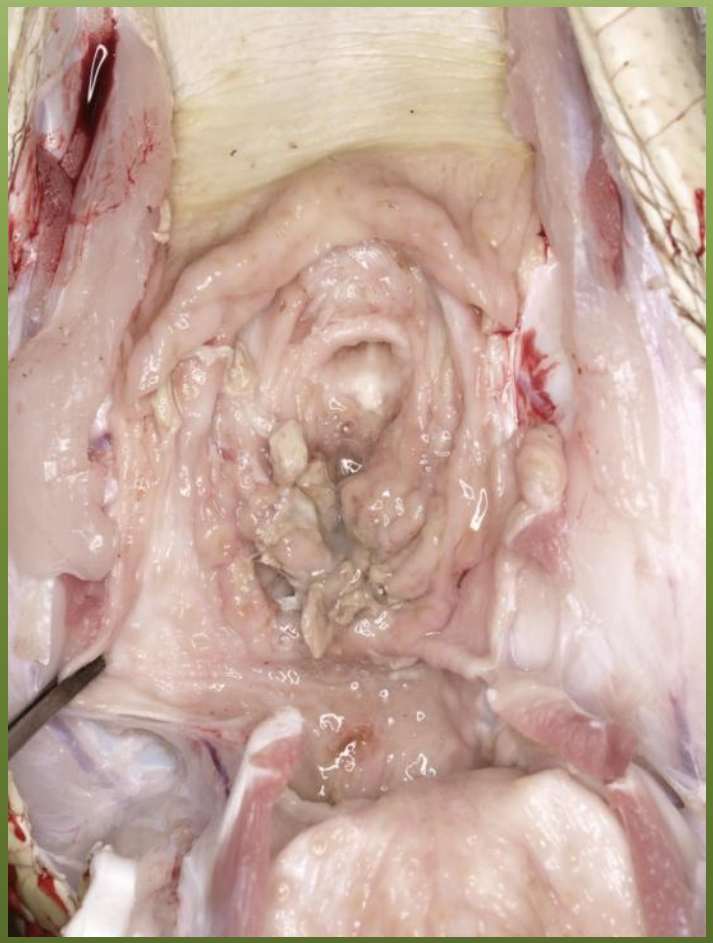


Ischaemic necrosis of extremities (toes, tail tip and scales), cause unknown




Lymphoid
hyperplasia of
pharyngeal mucosa

Caseous pharyngitis, cause uncertain (*Chlamydophila sp.* or viral infection or both)









Conjunctivitis varying from mild reddening (upper right) to severe fibrinous and suppurative (other 3 images). Cause uncertain (*Chlamydophila sp*. or viral infection or both)







Conjunctivitis and pharyngitis. Cause uncertain (*Chlamydophila sp*. or viral infection or both)







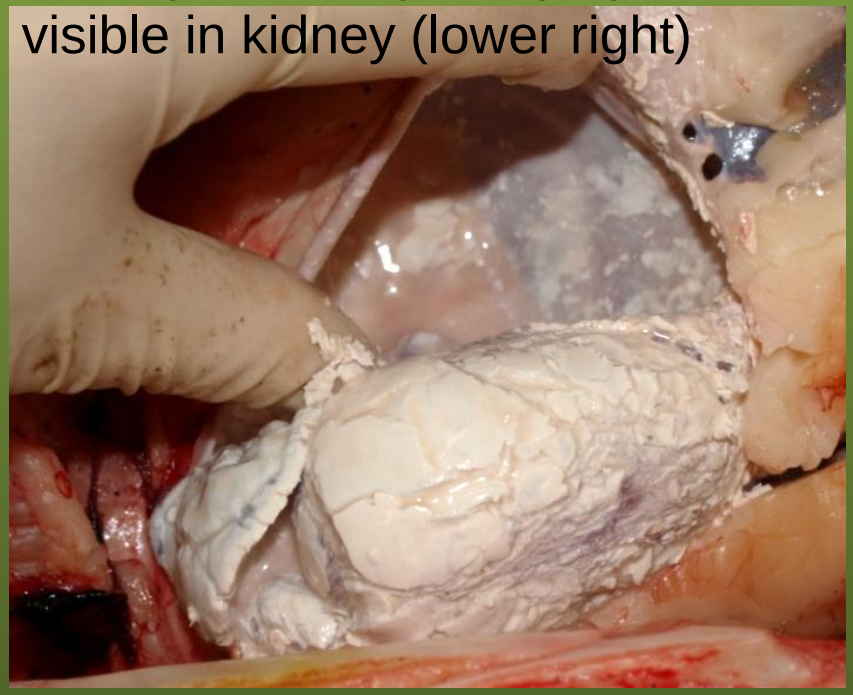
Gout involving multiple joints







Articular and visceral gout with urate deposits in multiple joints (above), surrounding the heart (below left) and pinpoint white tophi visible in kidney (lower right)











Degenerative arthropathy involving left elbow (in image at left, the joint surfaces of the left elbow are on the left, compared to the normal right elbow on the right





Pyogranulomatous polyarthritis (*Streptococcus agalactiae* cultured).



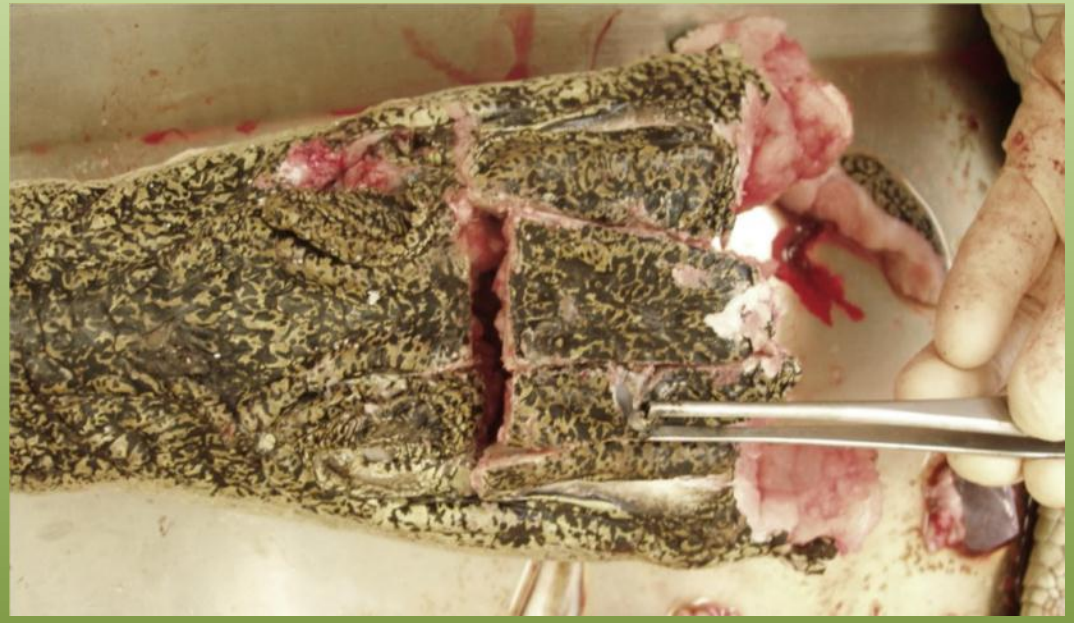

Necrotising suppurative arthritis.
Heavy growth of multiple species of bacteria cultured (probable bite wound infection).





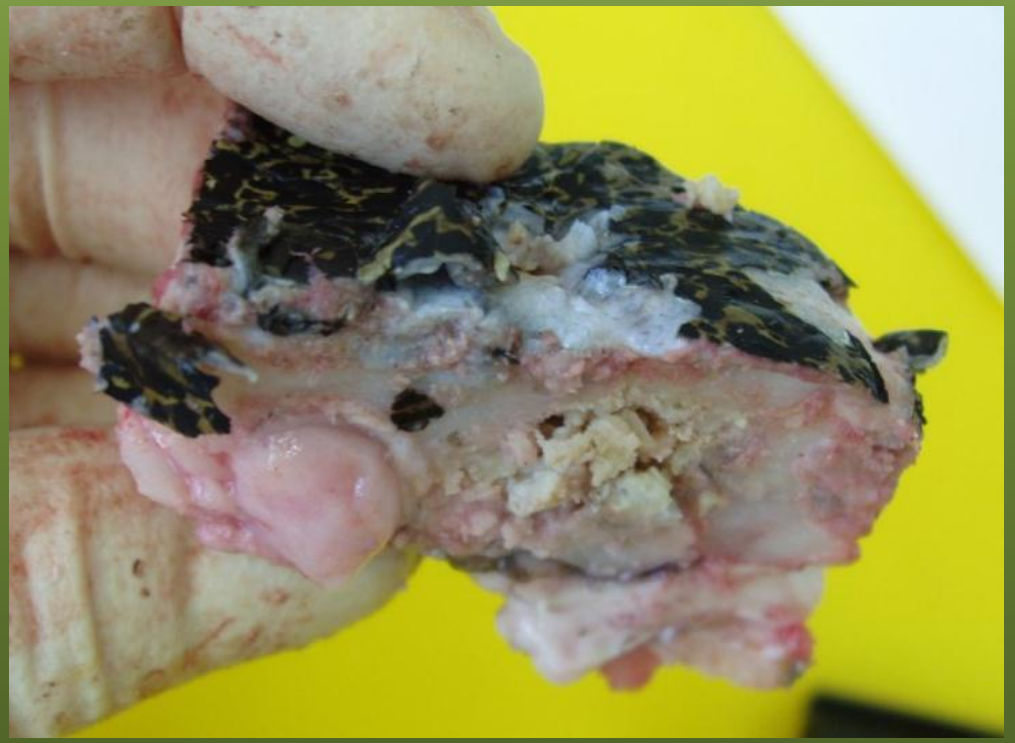


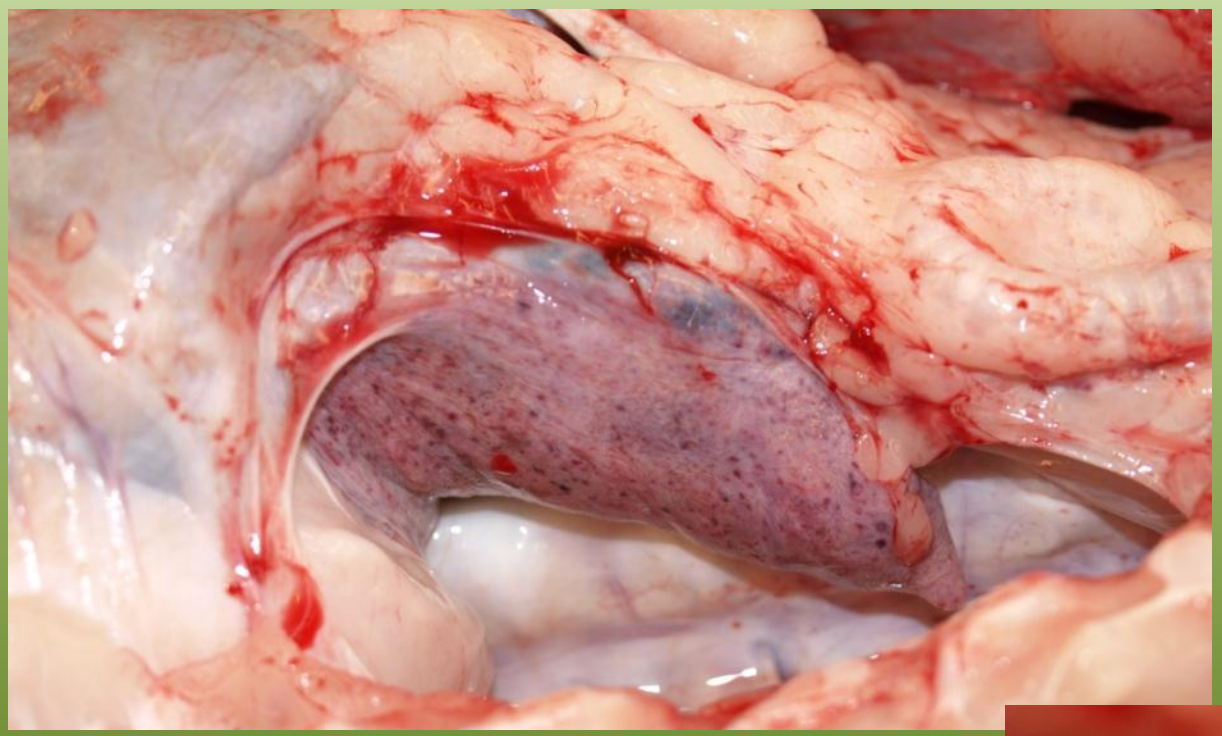
Pliable bones in metabolic bone disease due to dietary calcium deficiency (“rubber jaw”). At left, vertebral swellings due to fibrous callus production associated with bone fractures.



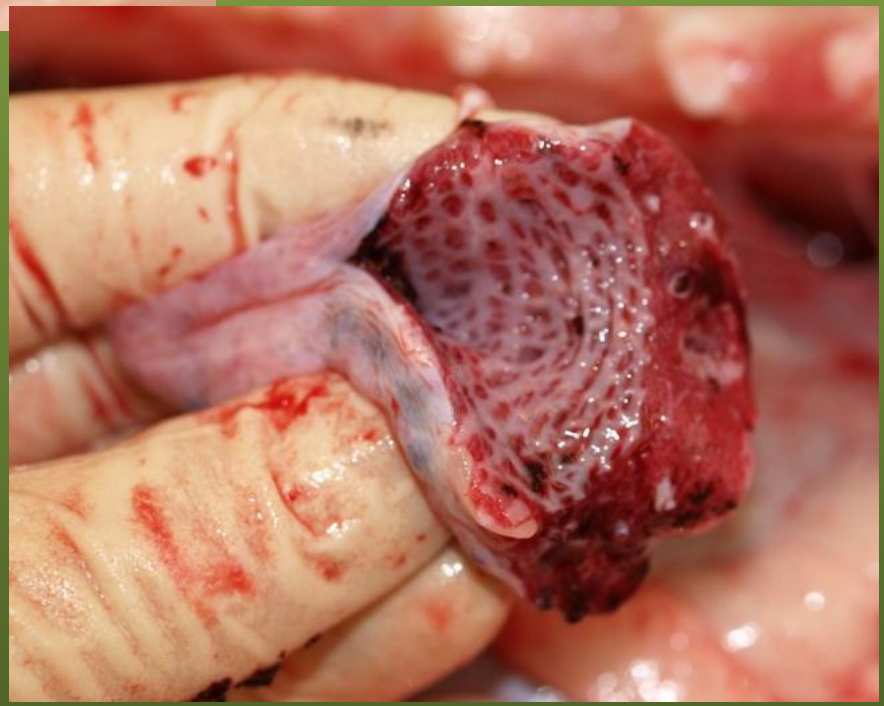
Skull bone puncture wound with underlying infection resulting in destruction of bone and caseous exudate







Pinpoint lung haemorrhages (artifact of euthanasia by gunshot to head).

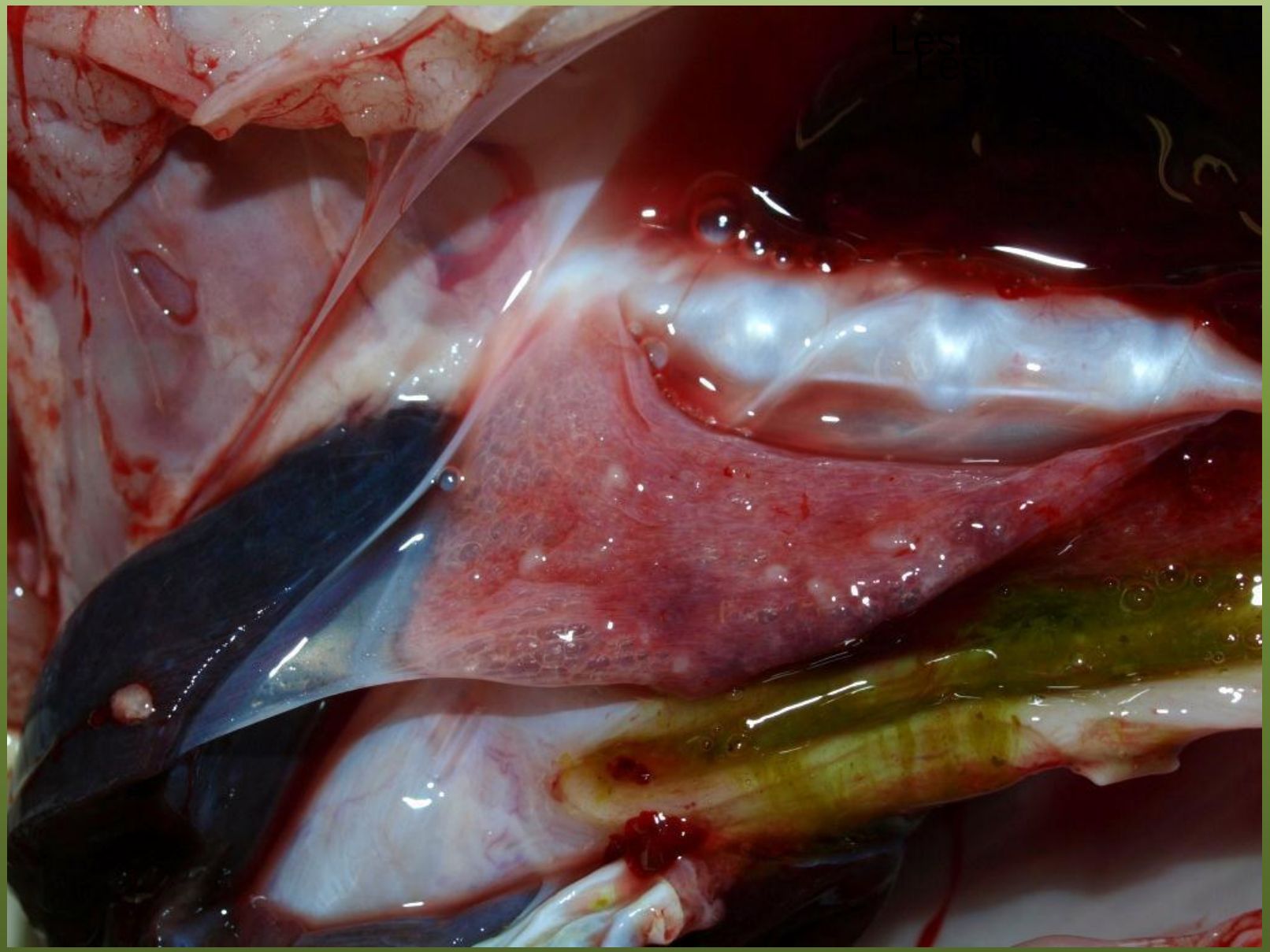




Lung filled with watery fluid (severe pulmonary oedema or drowning).

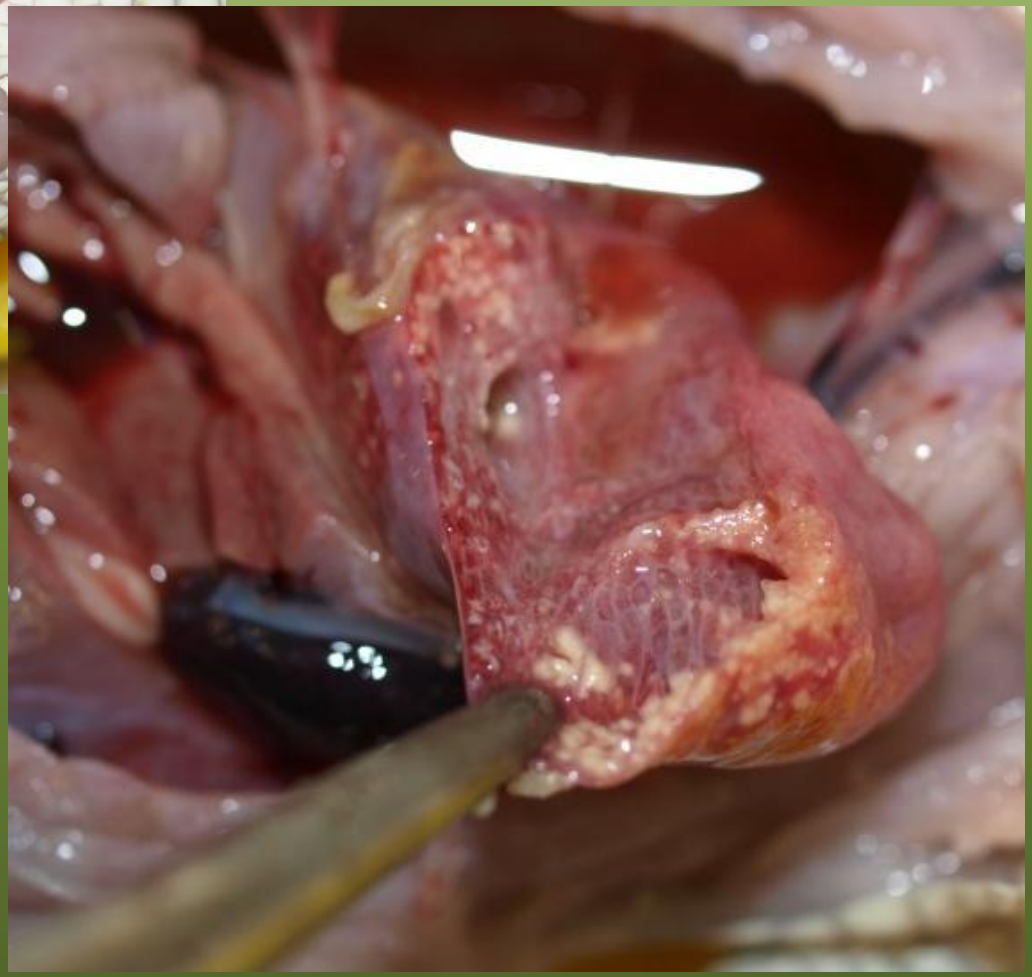


Multifocal lung granulomas (and single liver granuloma). Acid-fast bacteria seen histologically (probably *Mycobacterium sp.*).





Caseous exudate in lungs (fungal pneumonia)



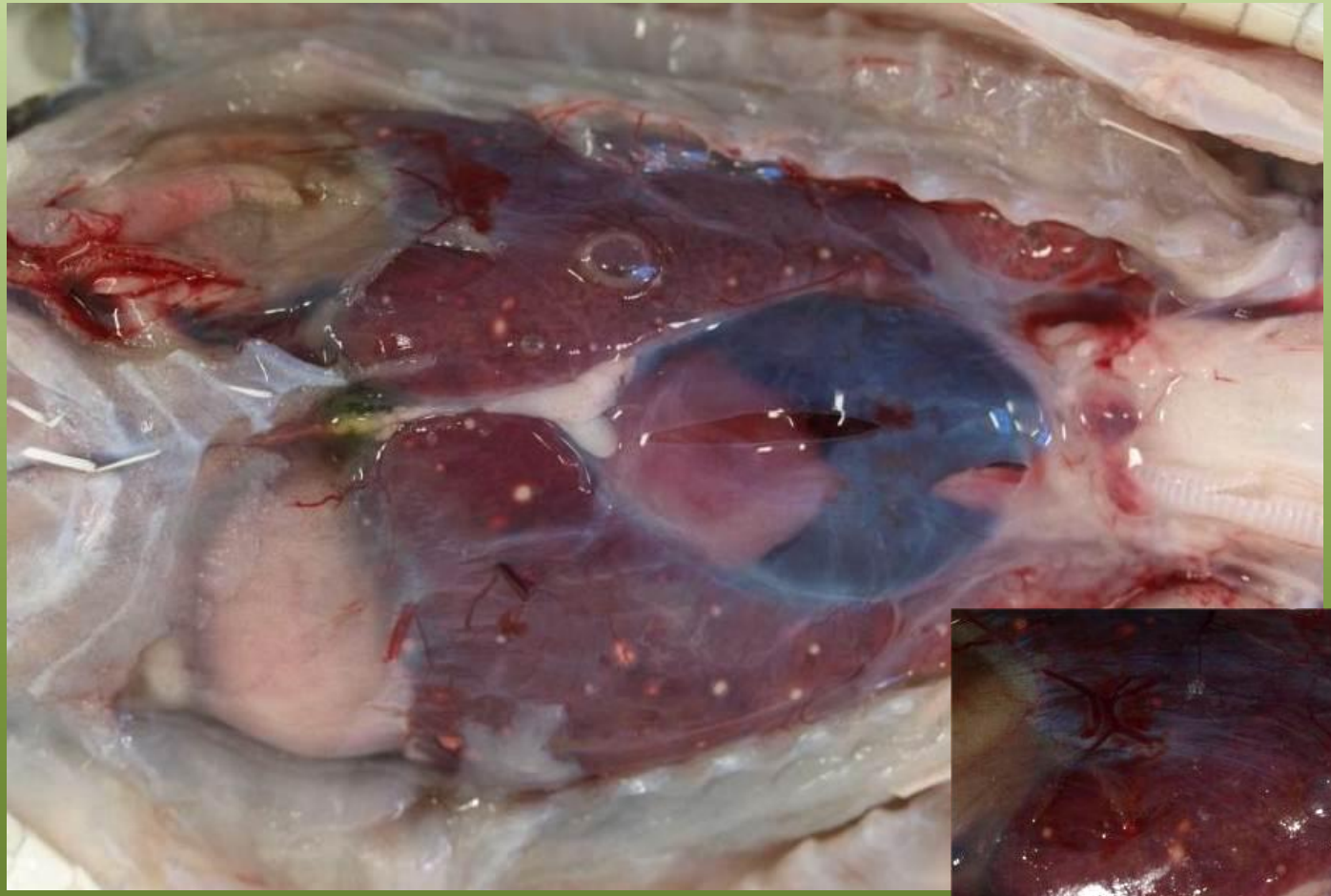


Adhesions and reddening of lung pleura and peritoneum with fibrinous adhesions to body wall due to bacterial sepsis.



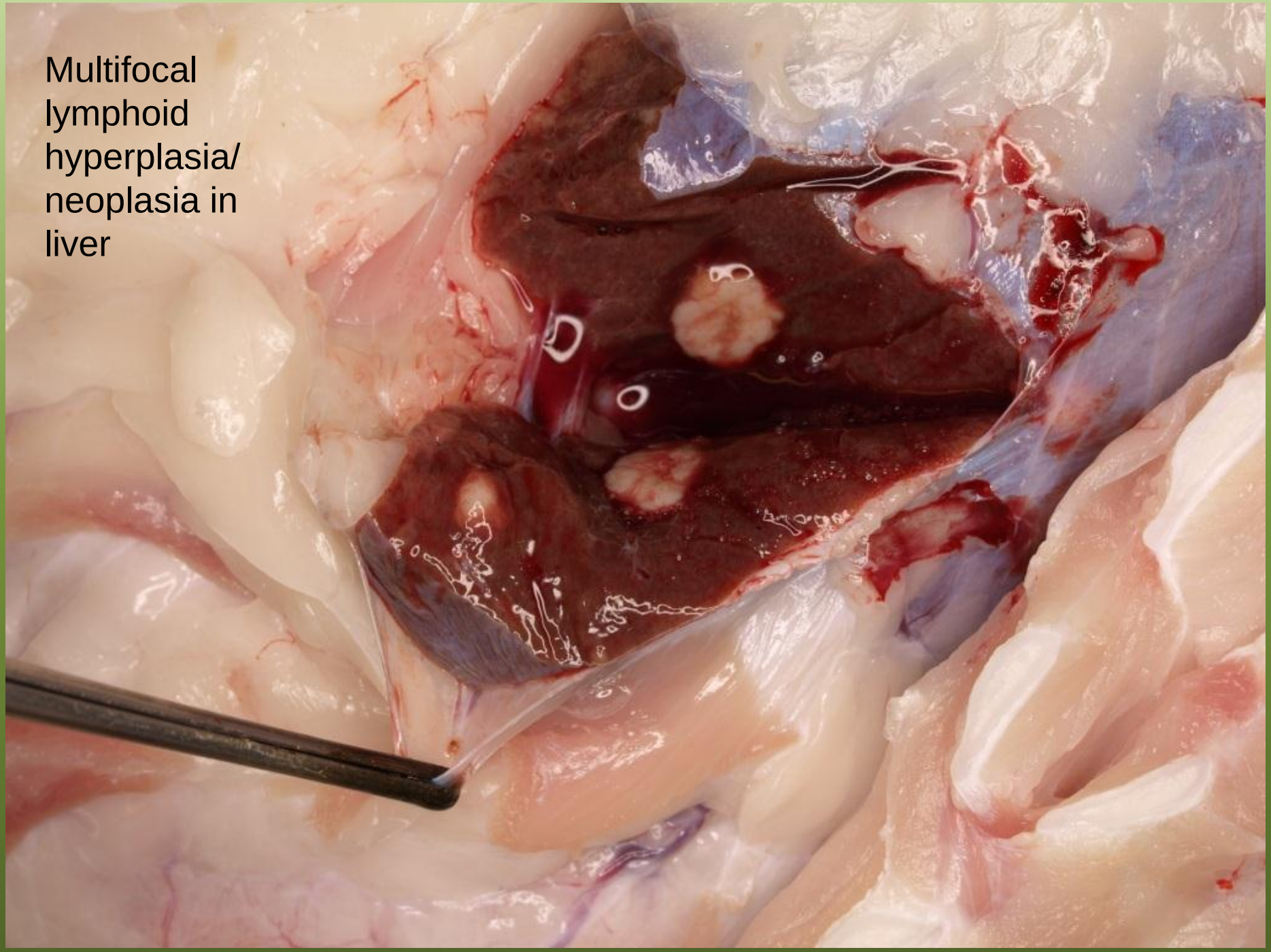
Red, moist cloudy serosal linings of thoracic and abdominal organs (left) and fibrinosuppurative exudate surrounding heart (bacterial sepsis, *Providencia rettgeri* cultured).

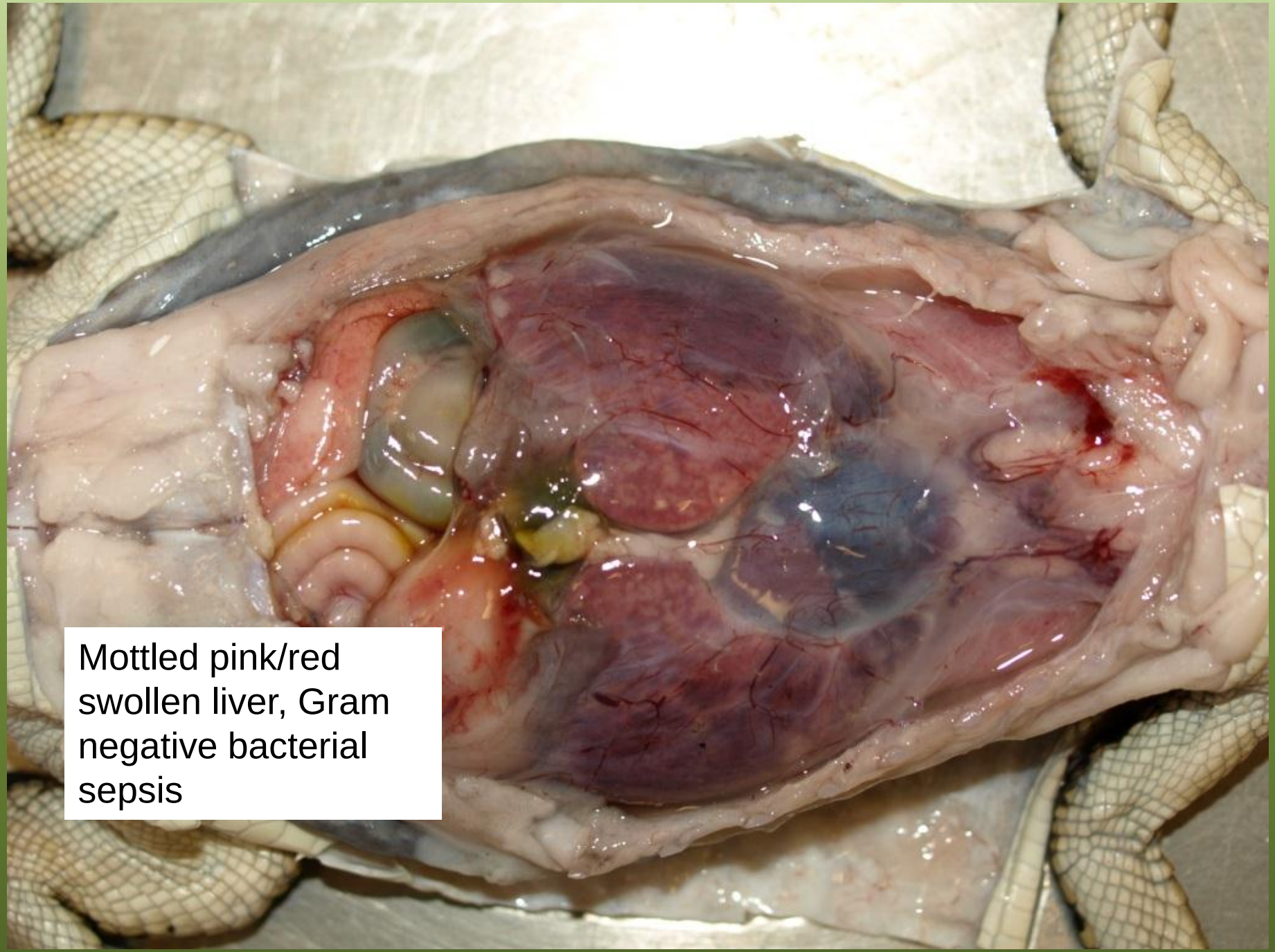


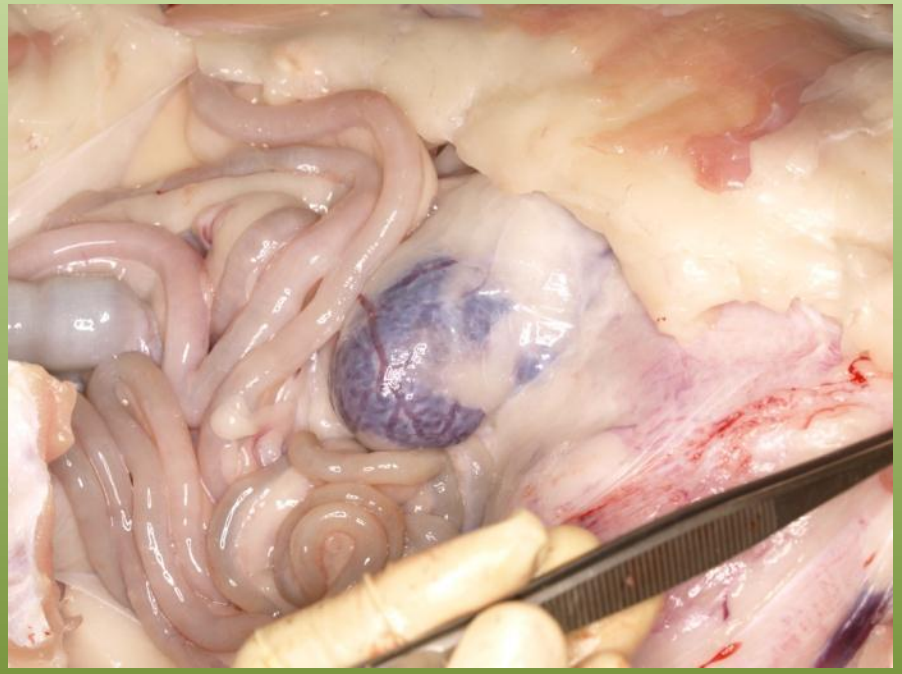




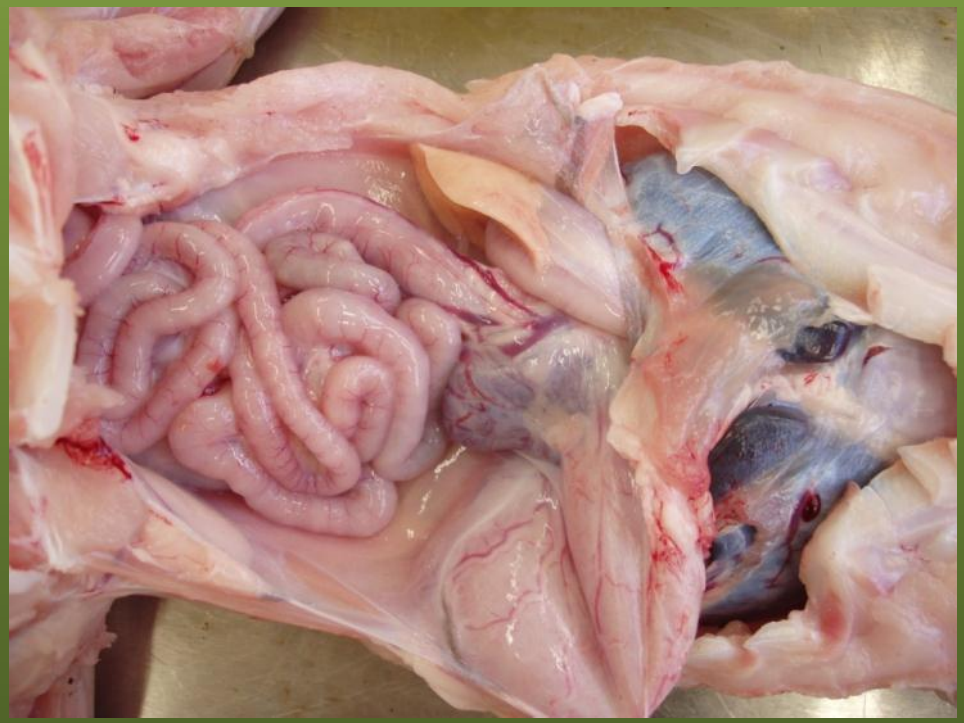
Multifocal liver granulomas (*Acremonium sp.* fungus cultured.


Multifocal
lymphoid
hyperplasia/
neoplasia in
liver

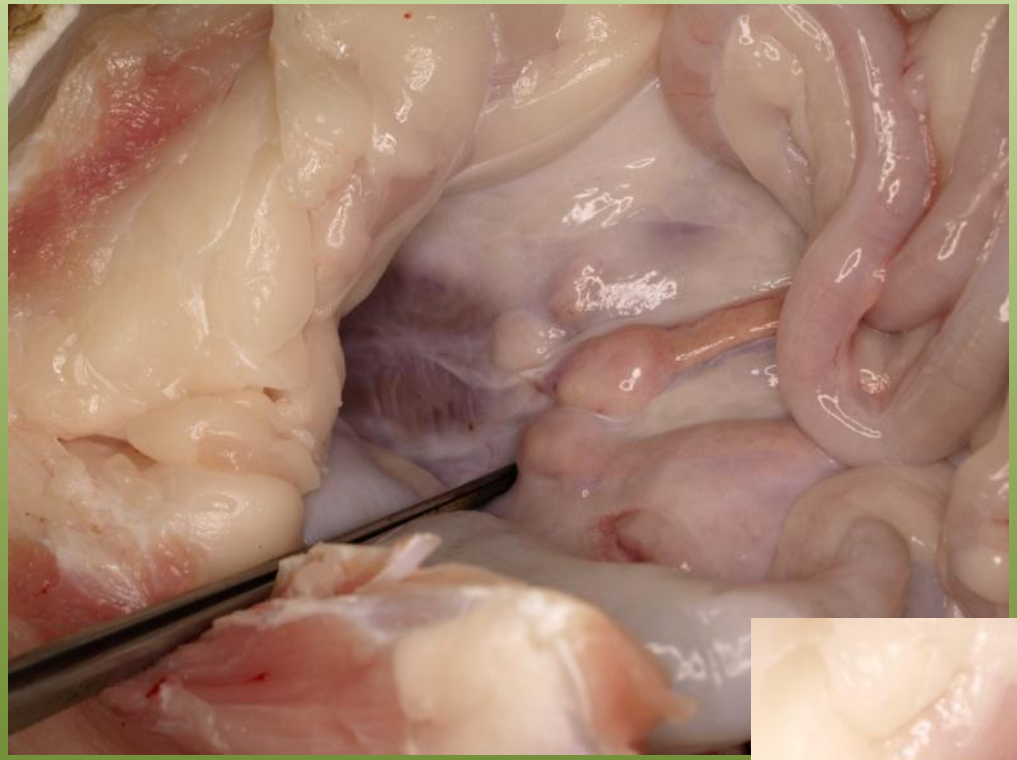

Mottled pink/red swollen liver, Gram negative bacterial sepsis



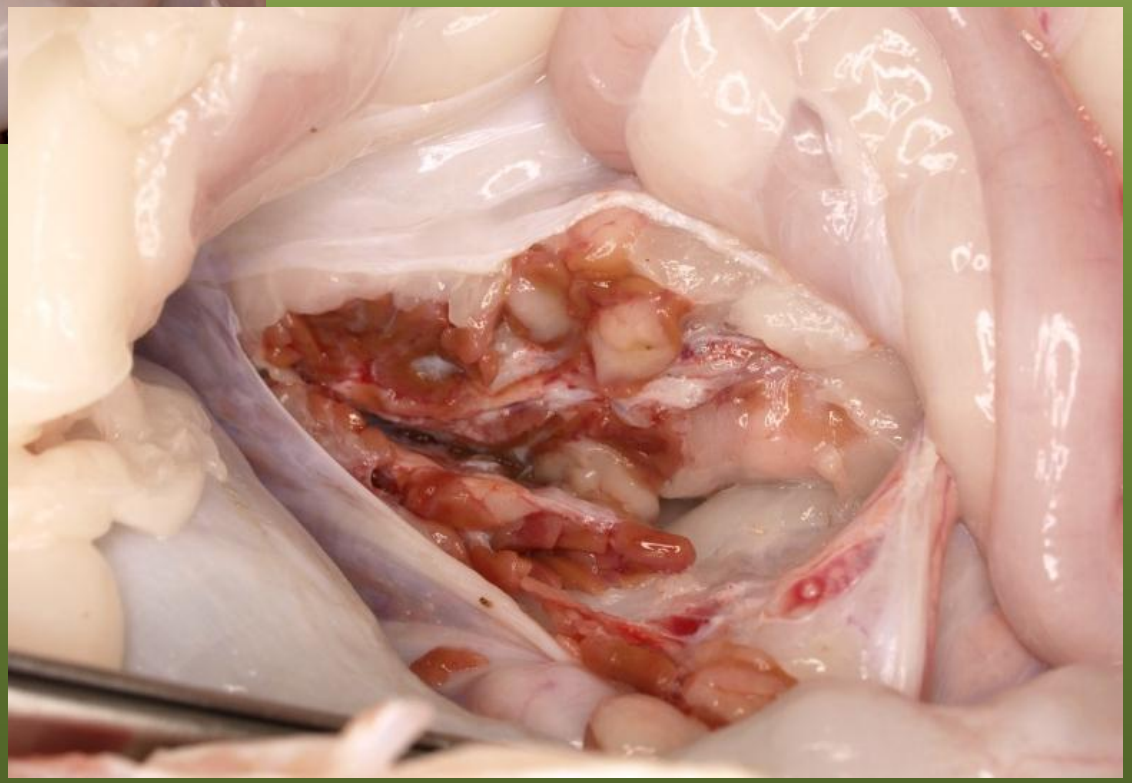


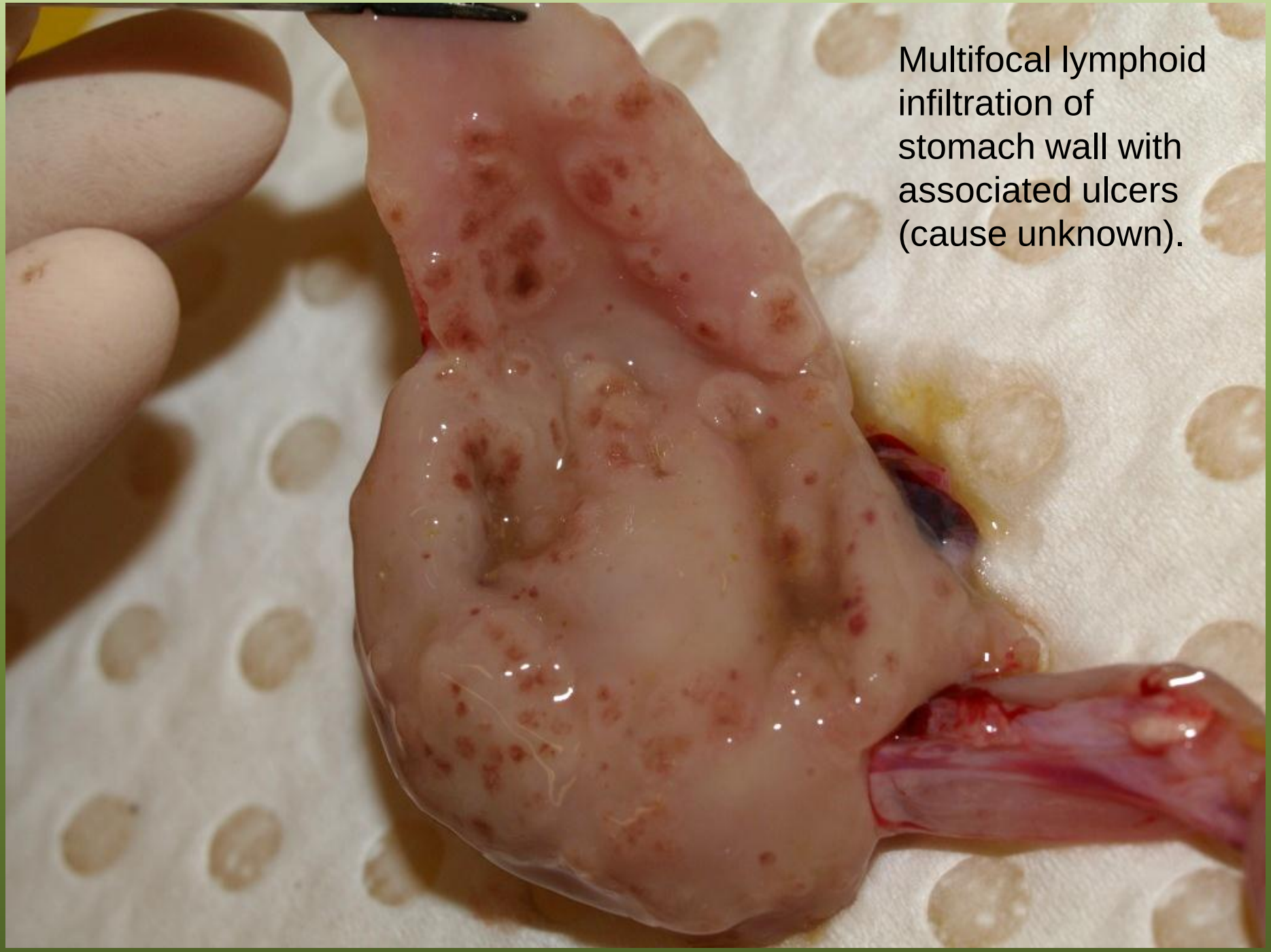


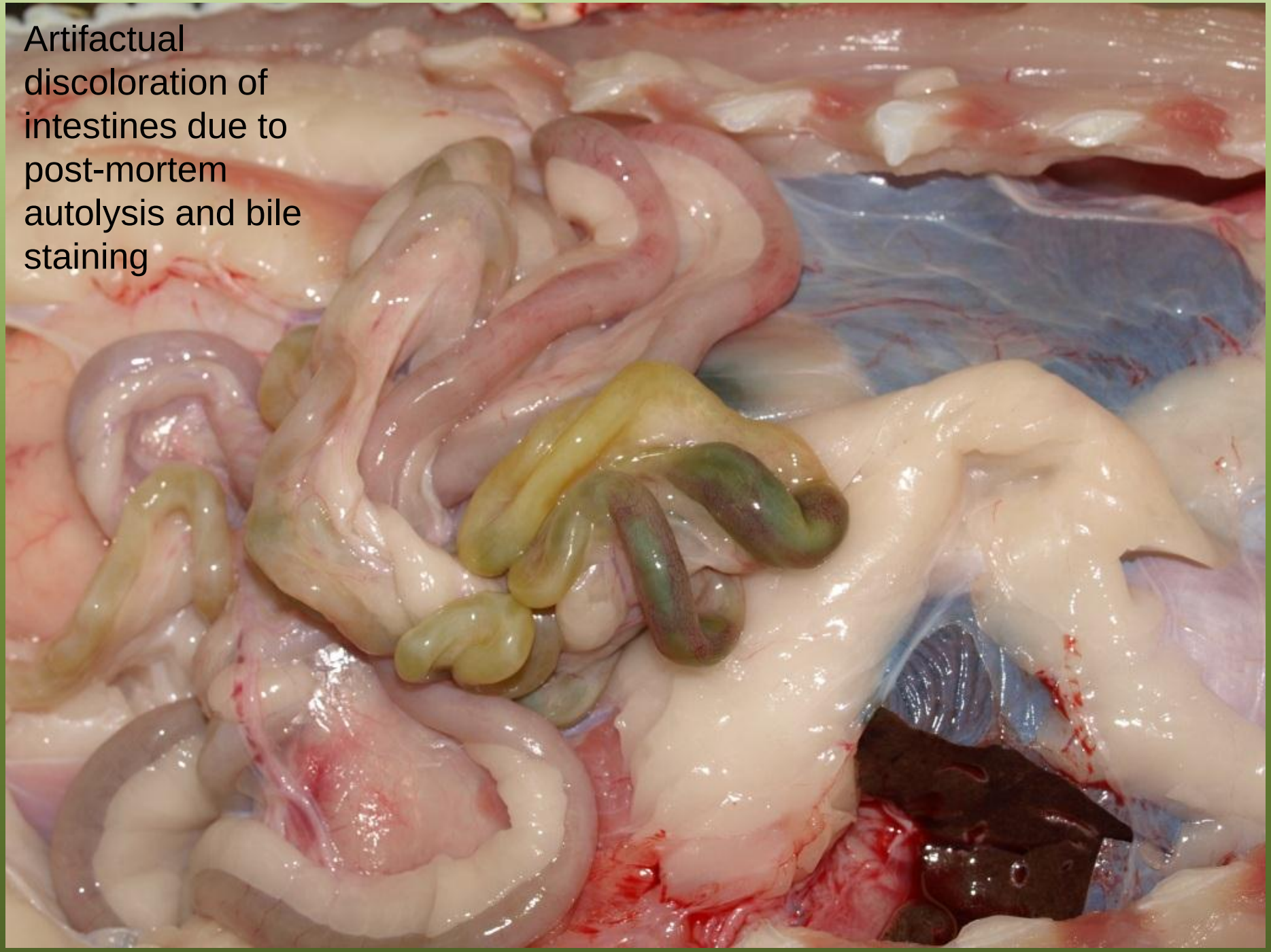
Enlarged spleens (suggestive of bacterial or viral infection).

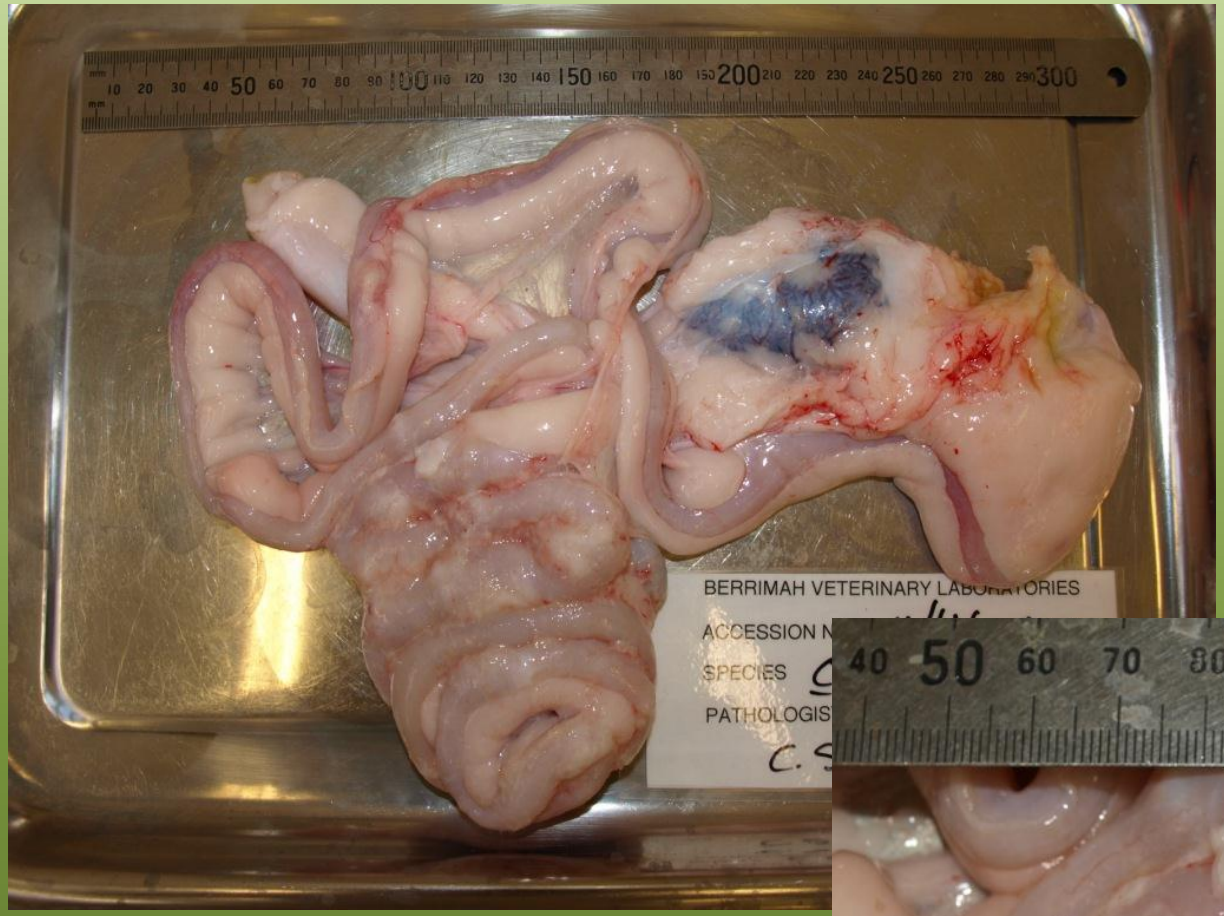


Multifocal lymphoid hyperplasia/ neoplasia in kidney




Multifocal lymphoid infiltration of stomach wall with associated ulcers (cause unknown).


Artifactual discoloration of intestines due to post-mortem autolysis and bile staining



Granulomatous inflammation of intestinal wall with extensive fibrinous and fibrous adhesions (severe intestinal coccidiosis)





Granulomatous inflammation of intestinal wall with extensive fibrinous and fibrous adhesions (severe intestinal coccidiosis)



Poor abdominal wall closure and fibrinosuppurative yolk sacculitis (heavy mixed bacterial growth on culture)





