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Pleuropneumonia

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for Animal Health
Founded as OIE

PHOTOGRAPHY AND POST MORTEM EXAMEN

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Post-Mortem Photo Documentation

- **Essential component** of necropsy documentation.
- Support using **telepathology** for lesion identification and confirmation.
- Provide a **visual record** of pathological findings.
- Useful reference for **veterinary reports** to:
 - . Official Veterinary Services
 - . Diagnostic laboratories
 - . Farmers

Post-Mortem Photo Documentation

PM Photography – Process Flow

Step 1 – Preparation

- Ensure camera settings, focus and lighting are correct
- Follow a **standardised photo protocol**

Step 2 – Scene Documentation

- Photograph **materials/evidence** around the carcass *before* moving or opening the animal

Step 3 – External Examination

- Capture **full-body images** from multiple angles
- Include close-ups of any **external abnormalities**

Step 4 – Internal Examination (subsequent steps follow)

- Proceed with **systematic internal photo documentation (SOP)**

Post-Mortem Photo Documentation

Technical advices

- PM examination should be fully documented with sequential photographs (avoid quick, poor-quality snapshots).
- Check camera settings to ensure accurate date and time stamps before starting.
- Each photograph should include:
 - Laminate label with Project and/or Institution logo
 - Scale
 - Case number
 - Date

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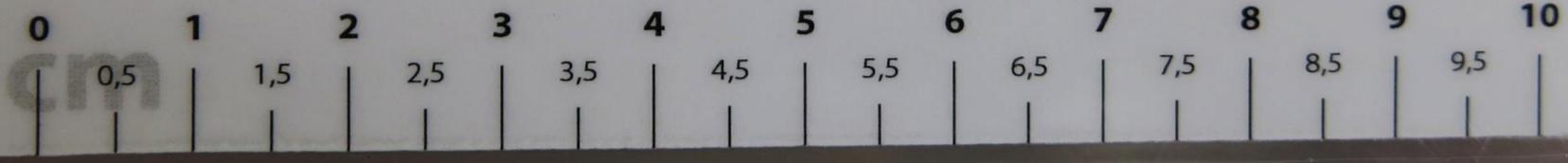
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Post-Mortem Photo Documentation



NRG

Date



Post-Mortem Photo Documentation

Photo Quality & Professional Standards

- Use laminated arrows to highlight specific lesions or structures.
- Images must be clear and diagnostically interpretable by the pathologist.
- Avoid background distractions, including:
 - Utensils, equipment, personnel
 - Dissection tools (knives, scalpels, etc.)
 - Visible gloved hands

Post-Mortem Photo Documentation

Standards for Photographic Documentation

- Necropsy images must be handled **with utmost care**, especially if intended for **publication**.
- Photos must be **in focus**, with the lesion **centred** and positioned on a **clean, plain background**
 - **Green plastic sheets** are recommended.
- **All findings** should be photographed, including:
 - **Incidental or non-significant** changes
 - **Normal tissue** (to document unaffected parenchyma for comparison)

Post-Mortem Photo Documentation

Fluids & Clean-up Procedure

- **Photograph evidence-related fluids** (e.g., pooled blood, spilled intestinal contents, autolysis fluids) before they are **lost**.
- **Clean organs/areas** only *after* initial evidence photos are taken.
- Cleaning should be done **carefully**, using **water** and then **gently drying** with **paper towels** to avoid artefacts.

Post-Mortem Photo Documentation

Lesion Highlighting & Photo Angles

- **Indicate small lesions using a clean, non-distracting pointer** (e.g., scalpel handle or laminated triangle).
- **Take at least two photographs per lesion:**
 - **Overview shot:** shows lesion **within anatomical context**
 - **Close-up shot:** captures **morphological detail**

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Close-up Photography of Small Lesions

- When the **label scale obscures** the lesion, take **two close-up images**:
 - **With scale and case number**
 - **Without scale** (unobstructed view of the lesion)

Post-Mortem Photo Documentation

Identification Features

Photograph any unique identifiers, including:

- Ear tags, tattoos, brands
- Unusual markings or patterns
- White coat areas in horses (e.g., collars)

Position the laminated label near the feature and take an overall orientation photo.

Post-Mortem Photo Documentation

Identification Features

- Without moving the label, take a close-up image, ensuring:
 - The finding is centred in the frame
 - The label remains visible

Post-Mortem Photo Documentation

Standard procedure

Each case should include photographs of the:

- Dorsal, ventral, right, left and anal area and the face

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Carcass



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Carcass



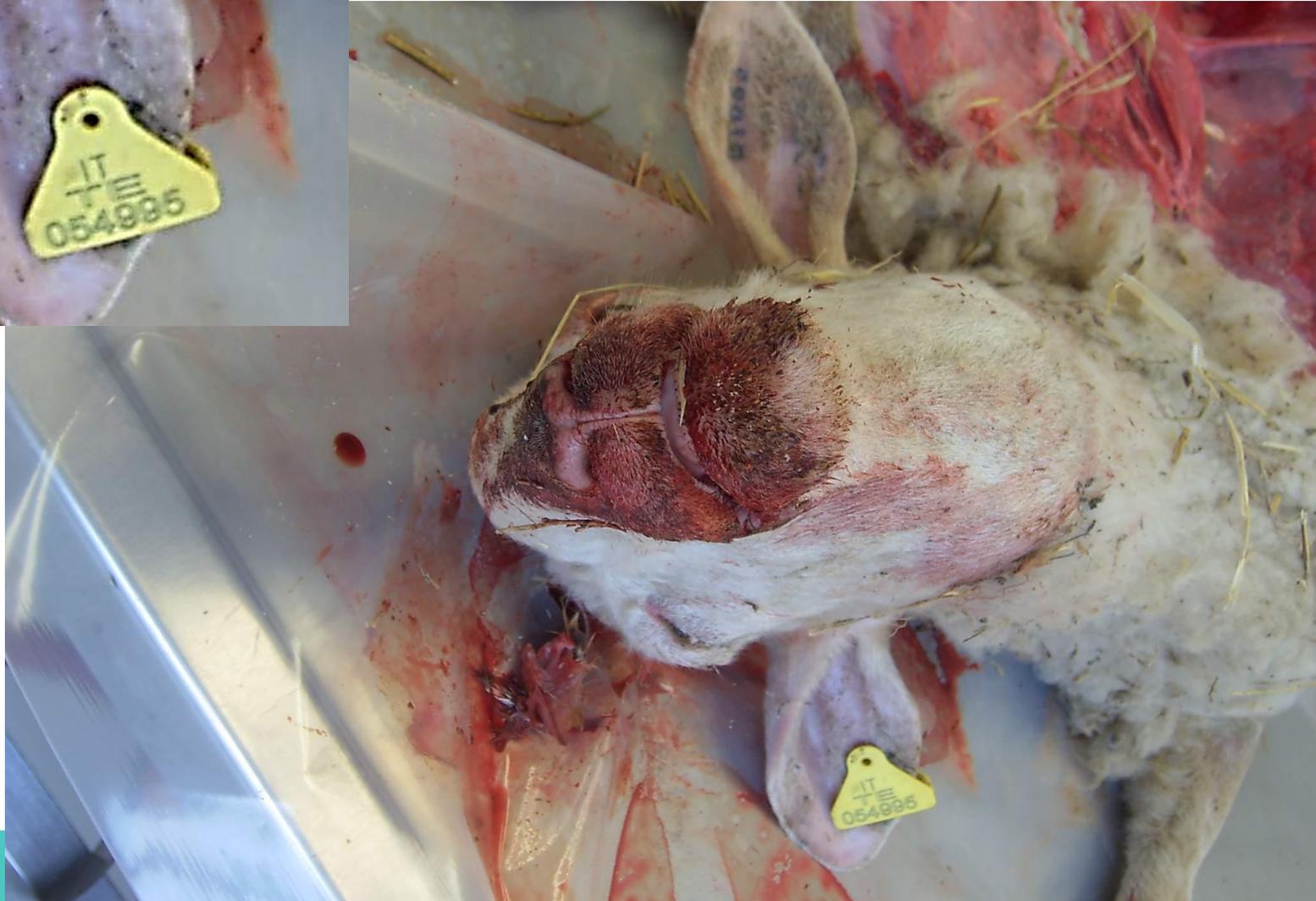
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Before Skinning



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Post-Mortem Photo Documentation

Required Photographs per Case

- **Subcutaneous tissues** after skinning
- **Natural body cavities**
- **Organs and systems** as they appear **upon opening natural cavities**

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After Skinning



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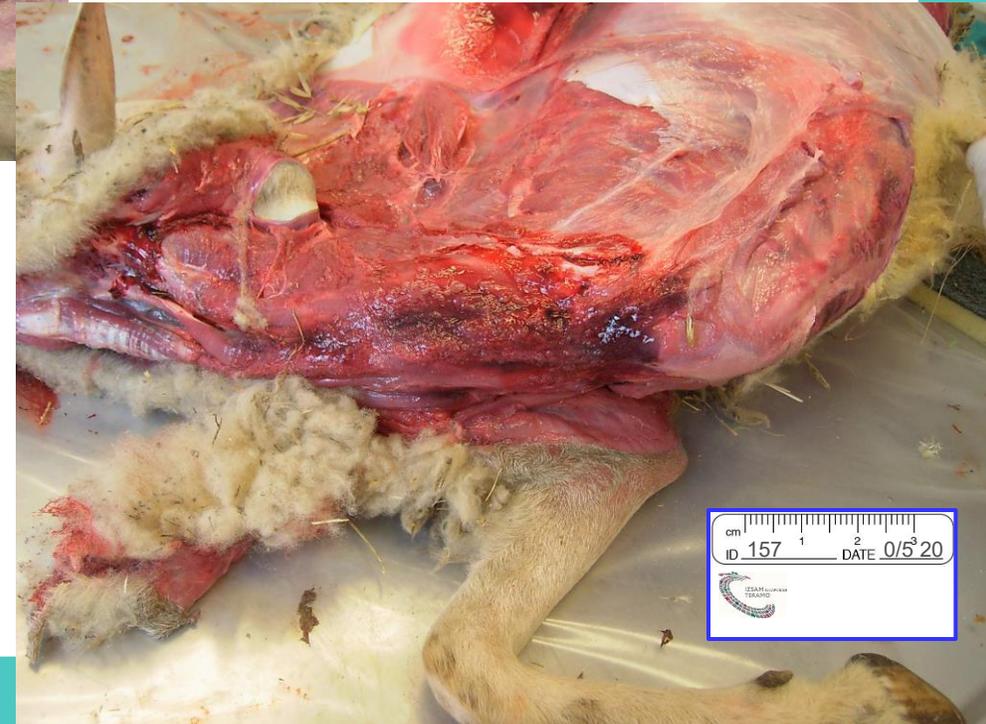
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After Skinning



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Muscles



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Muscles



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POST-MORTEM PHOTO DOCUMENTATION

Opening natural cavities

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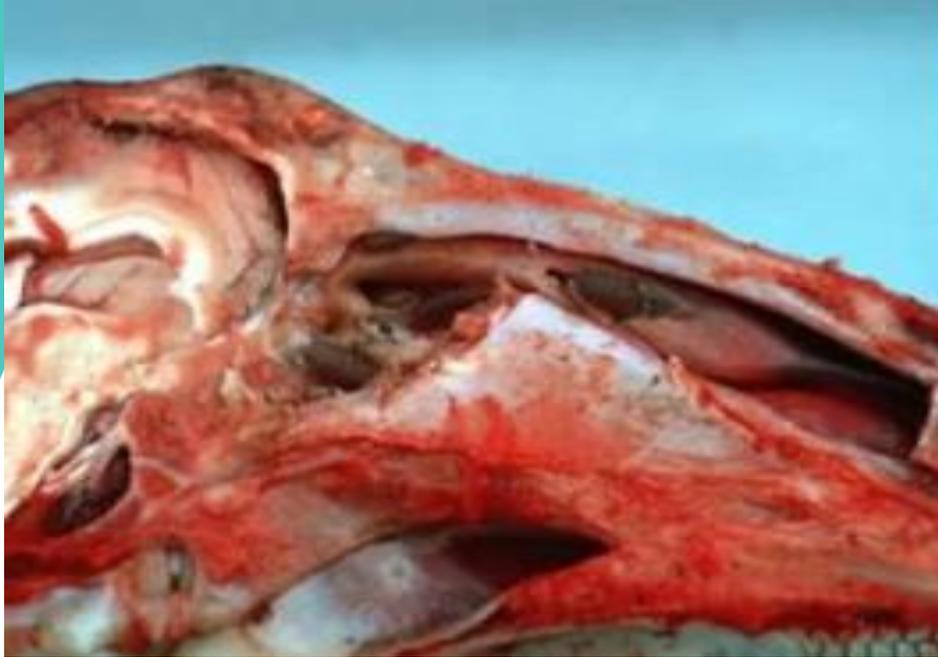
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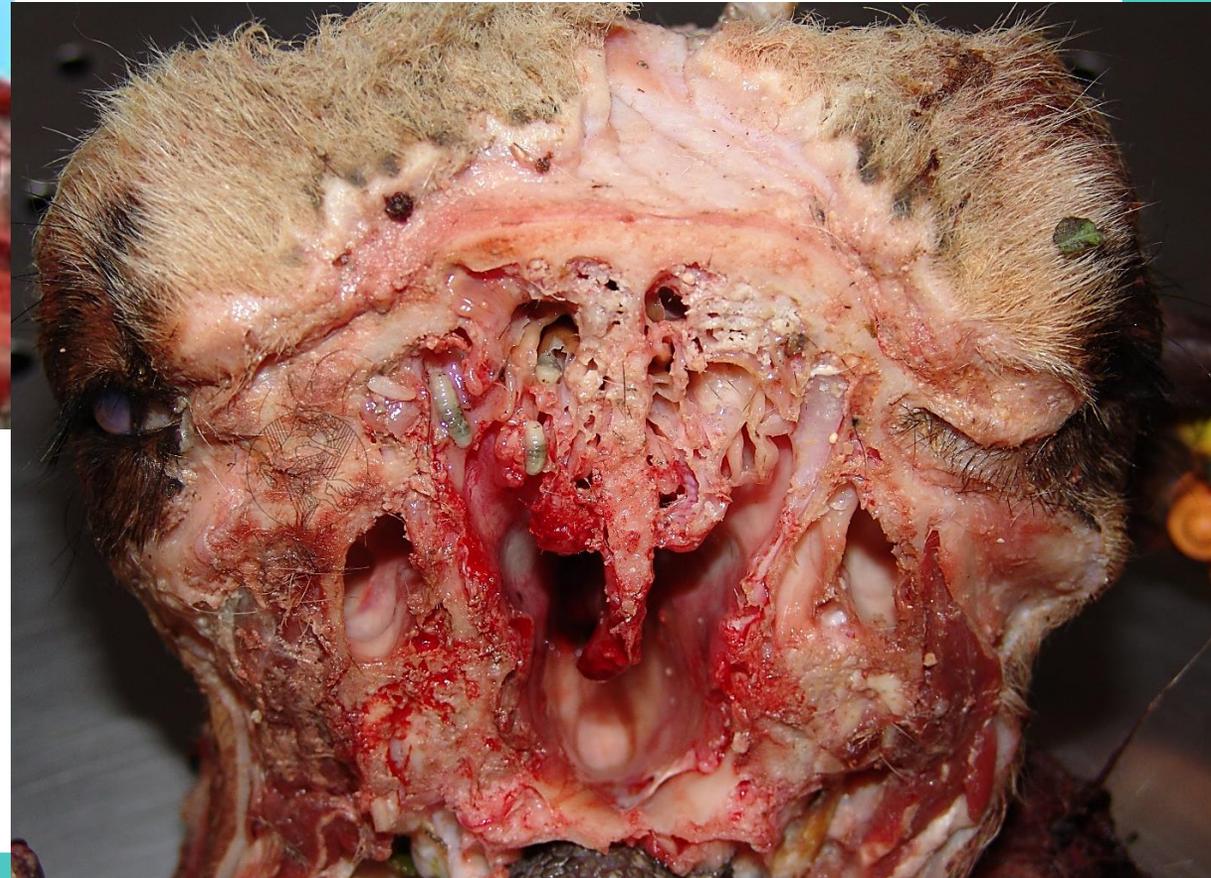


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Opening nose cavities



Source: www.msdrvmanual.com



Source: <http://www.fmv.ulisboa.pt>

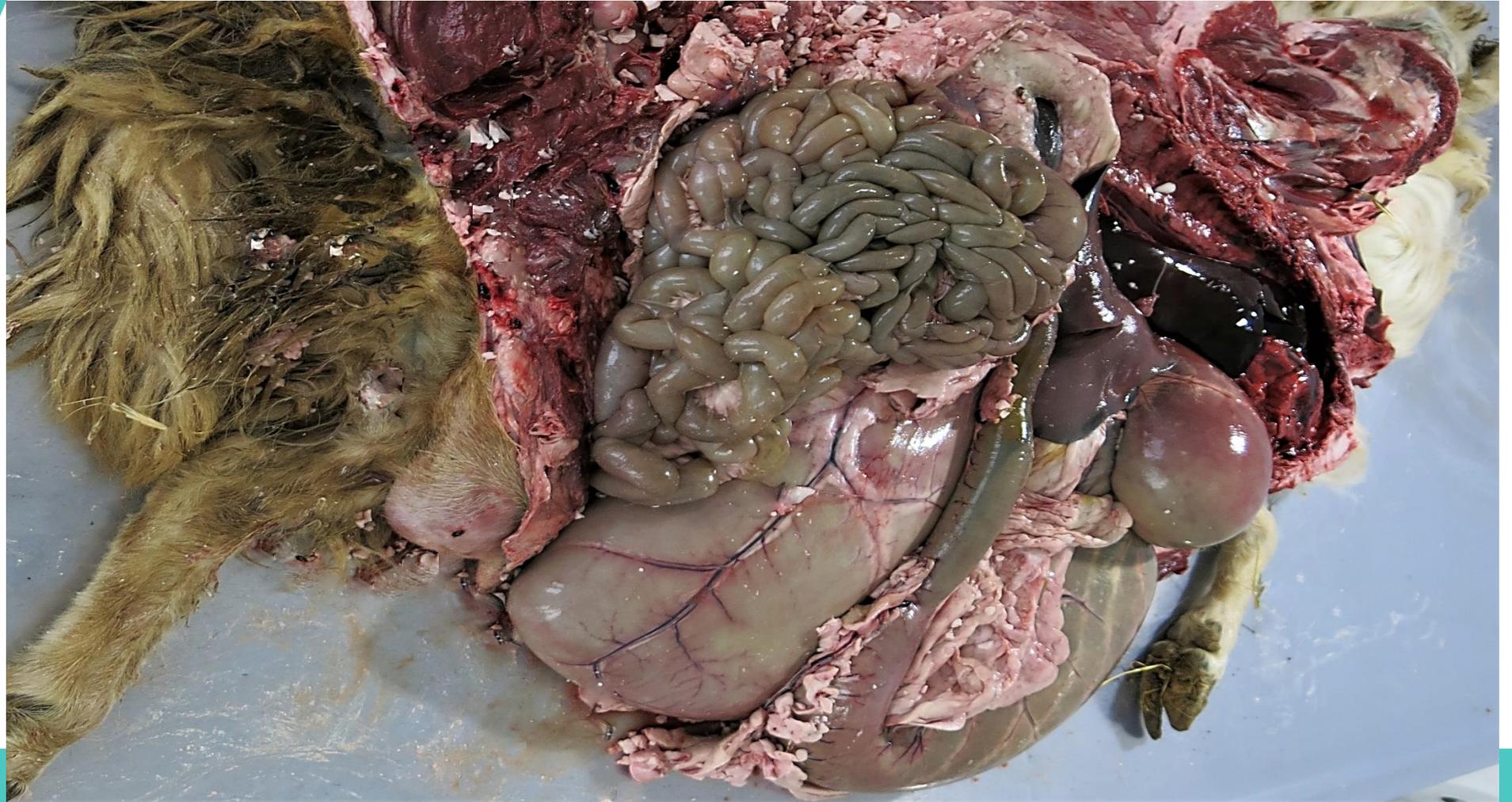
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Opening natural cavities: Abdomen and Chest cavity



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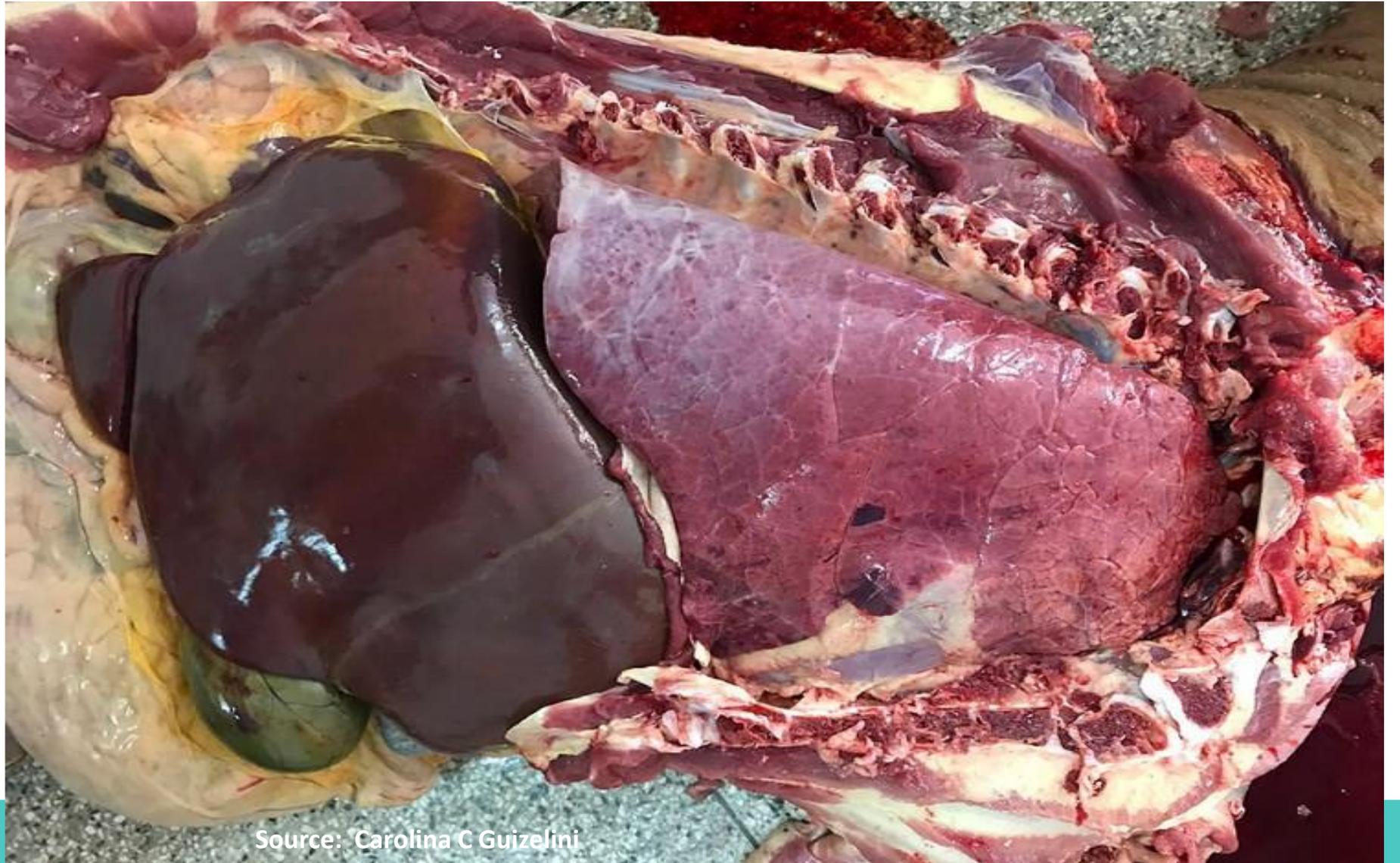
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Chest cavity



Source: Carolina C Guizelini

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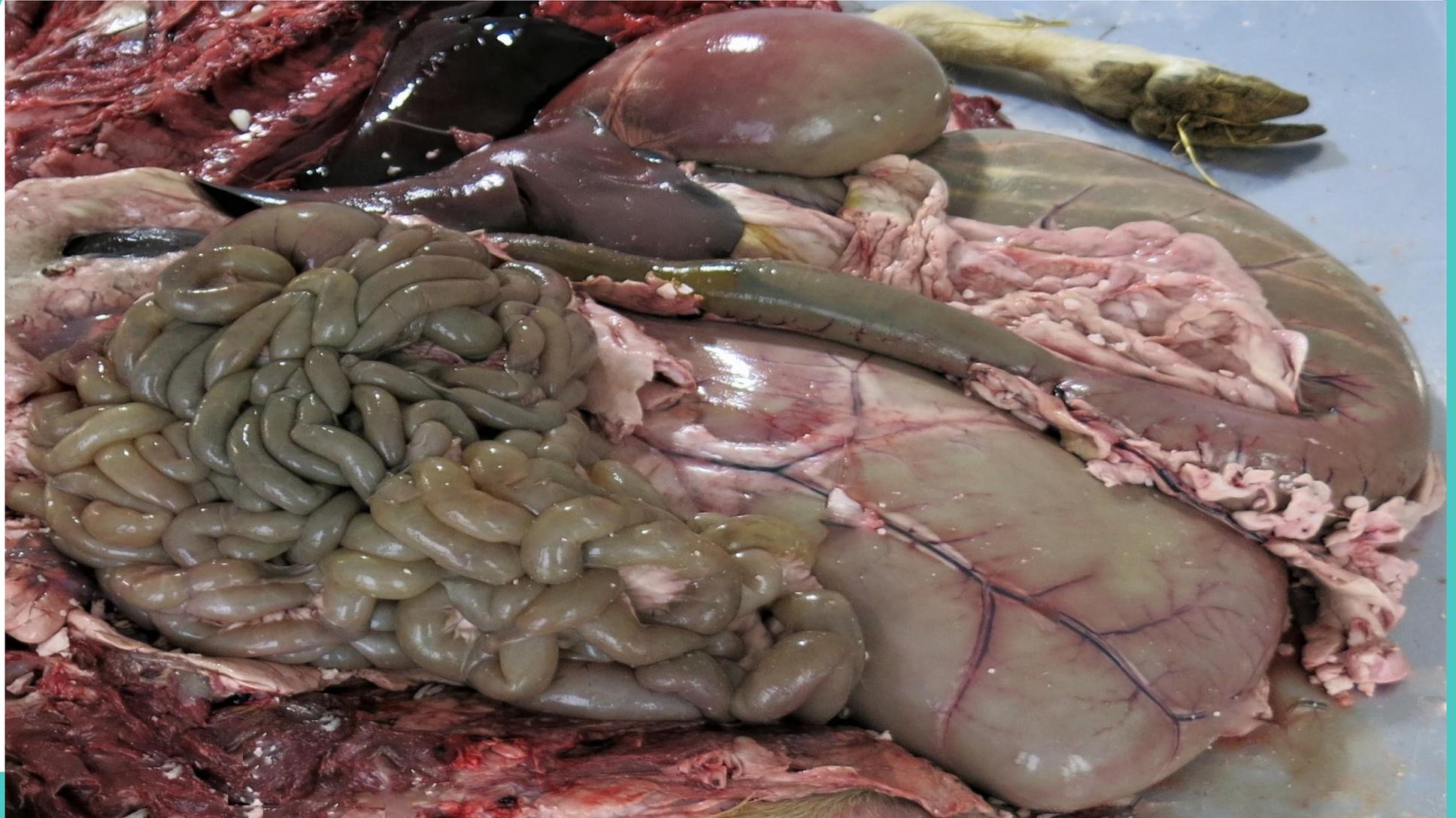
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Abdomen



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Abdomen



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Post-Mortem Photo Documentation

Required Photographs per Case

- **Presence of exudates or transudates within natural cavities**
- **Peritoneal or pleural reactions (e.g., fibrin, adhesions, discoloration)**

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Abdominal cavity

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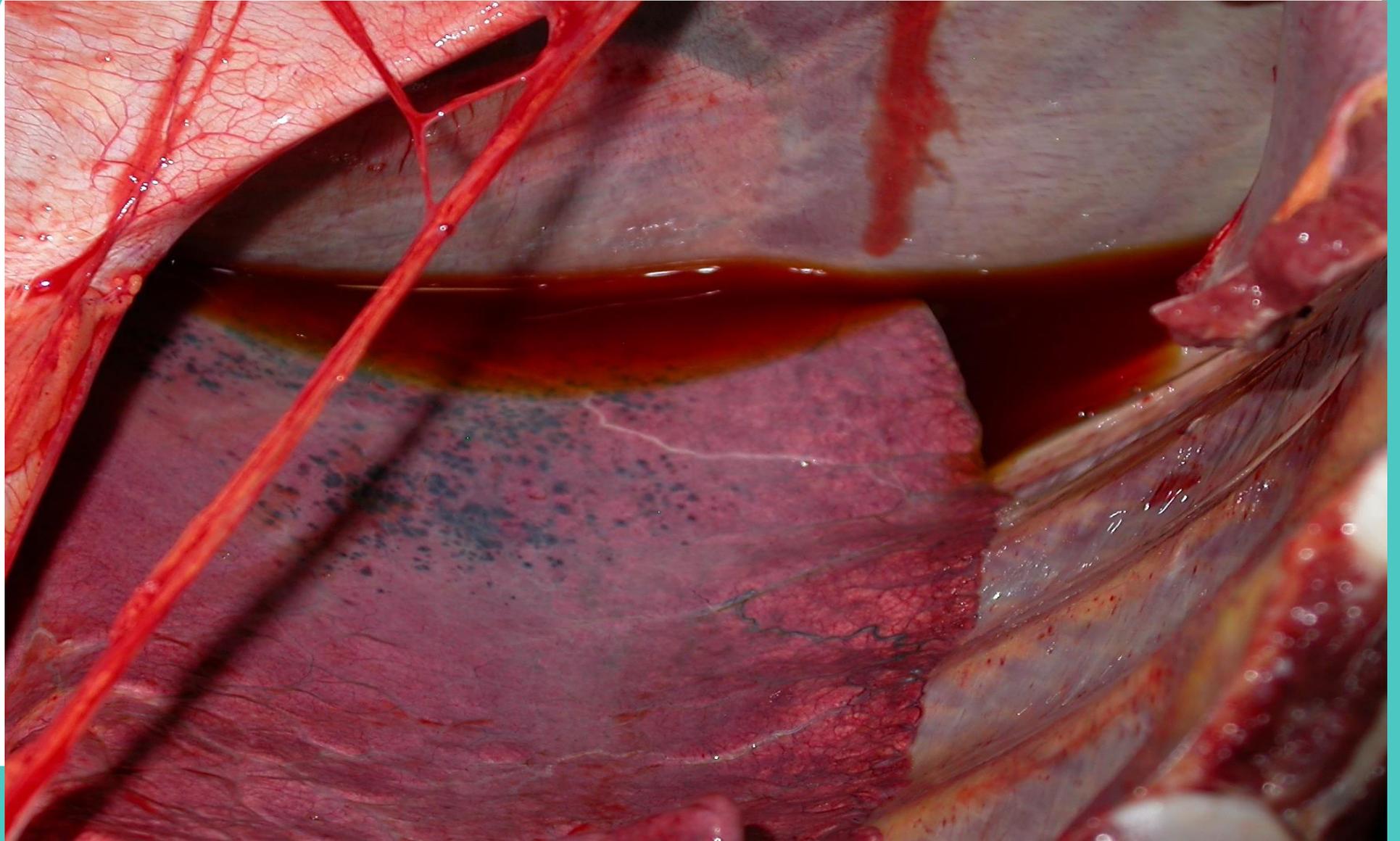
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Chest Cavity



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Chest cavity



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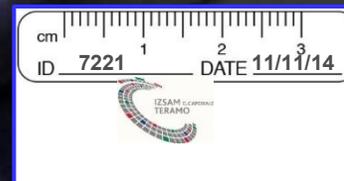


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Pleural Fluid



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Chest Cavity

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Chest Cavity



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Chest Cavity



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Post-Mortem Photo Documentation

Required Photographs per Case

- Single organs removed from natural cavities

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Brain



Source: www.livescience.com

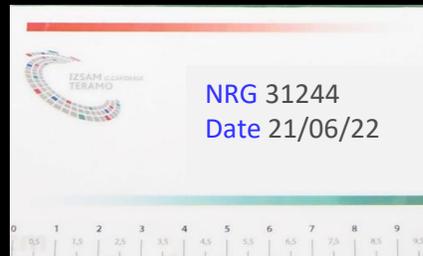
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Heart



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Spleen

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Liver



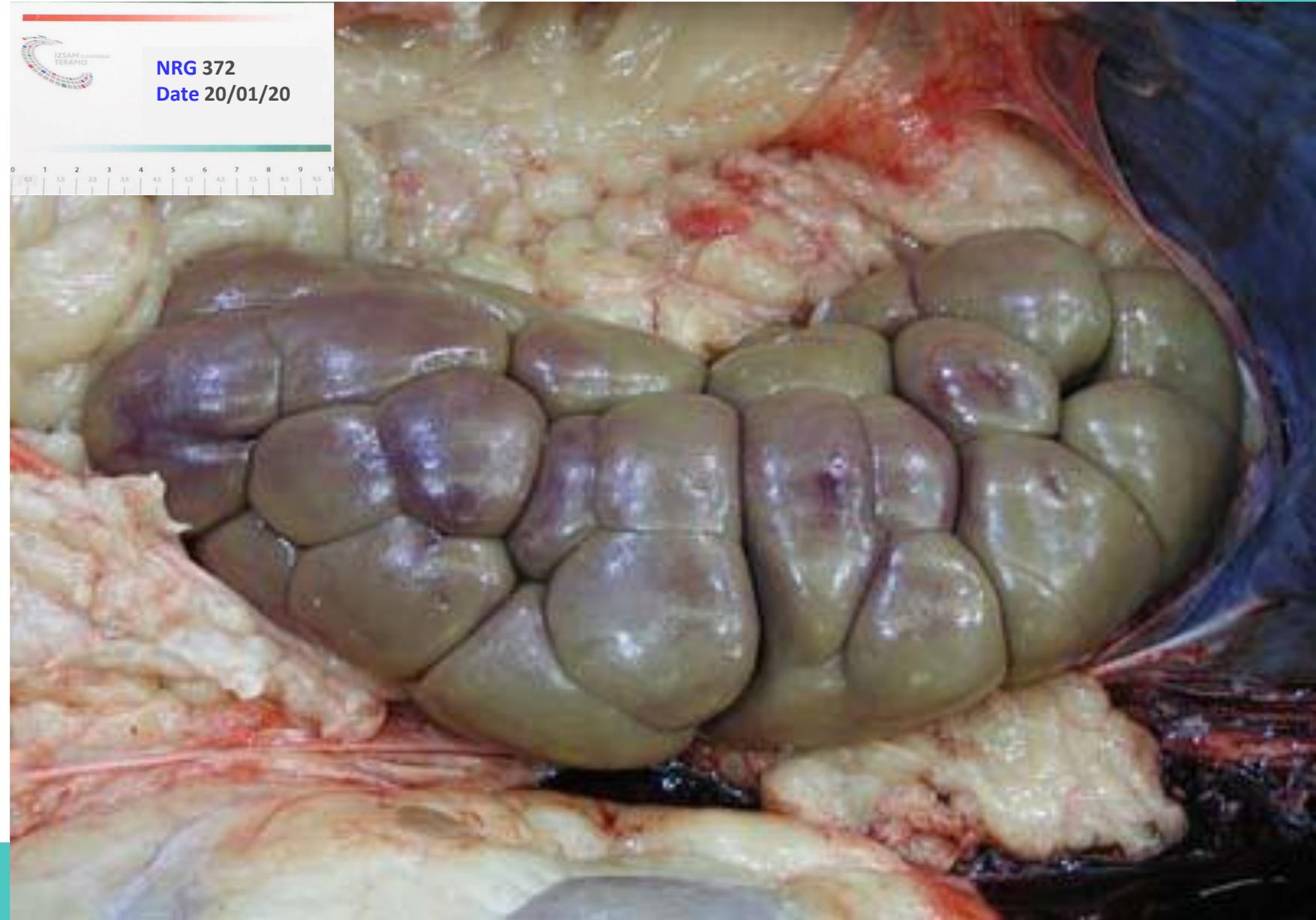
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Kidney

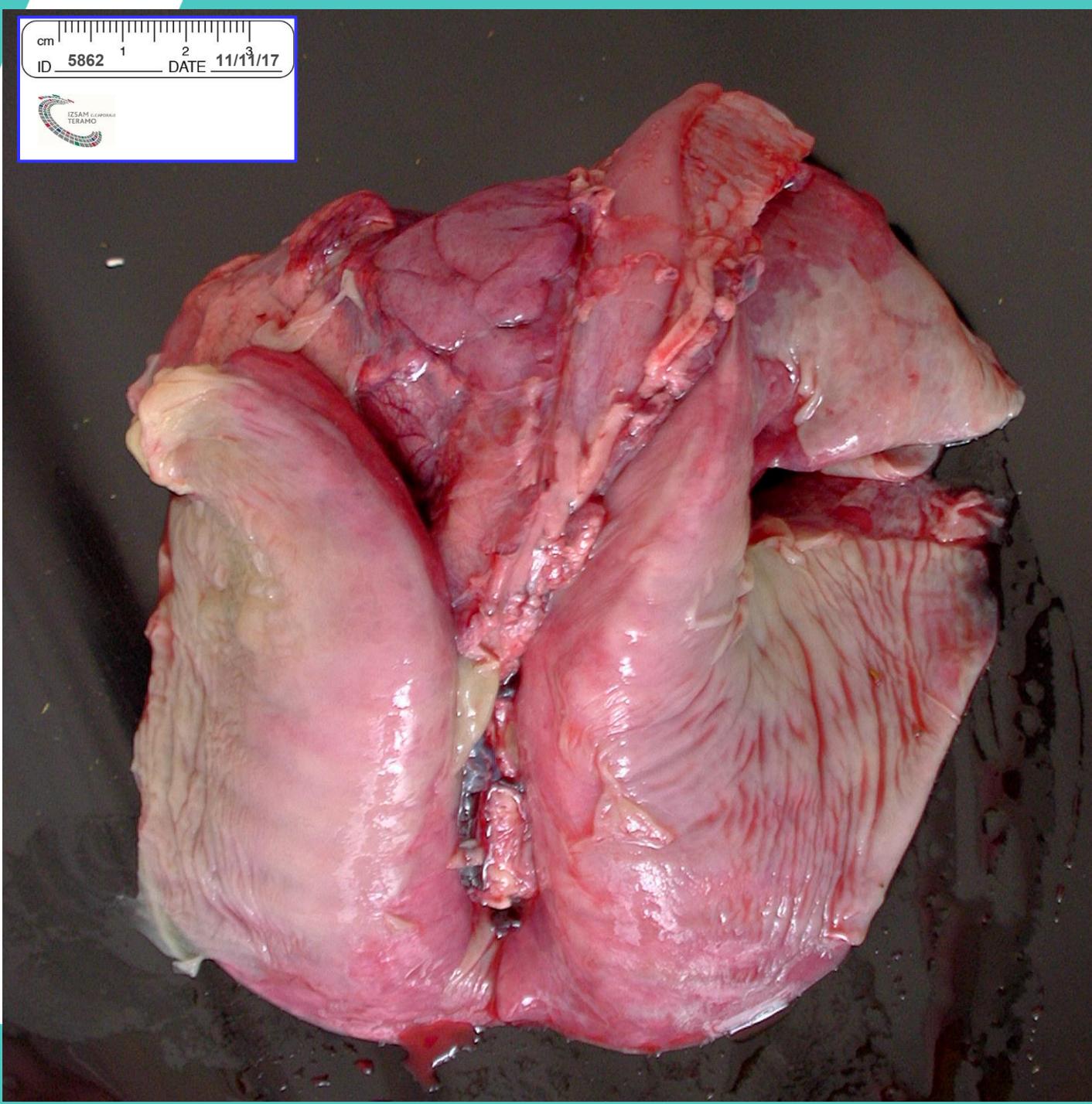


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Lung

Post-Mortem Photo Documentation

Required Photographs per Case

- Cleaned and dried organs placed on a clean, uniform background
 - Recommended: green, black, or white PVC sheets
- Each photo must include a plastic identification label

Post-Mortem Photo Documentation

Required Photographs per Case

Organ & Apparatus

For each apparatus or individual organ, capture:

- **Dorsal surface (full view)**
- **Ventral surface (full view)**
- **Lesion areas (surface views)**
- **Sectioned views showing both pathological and normal parenchyma**

Minimum: at least **2 photos per item/region**

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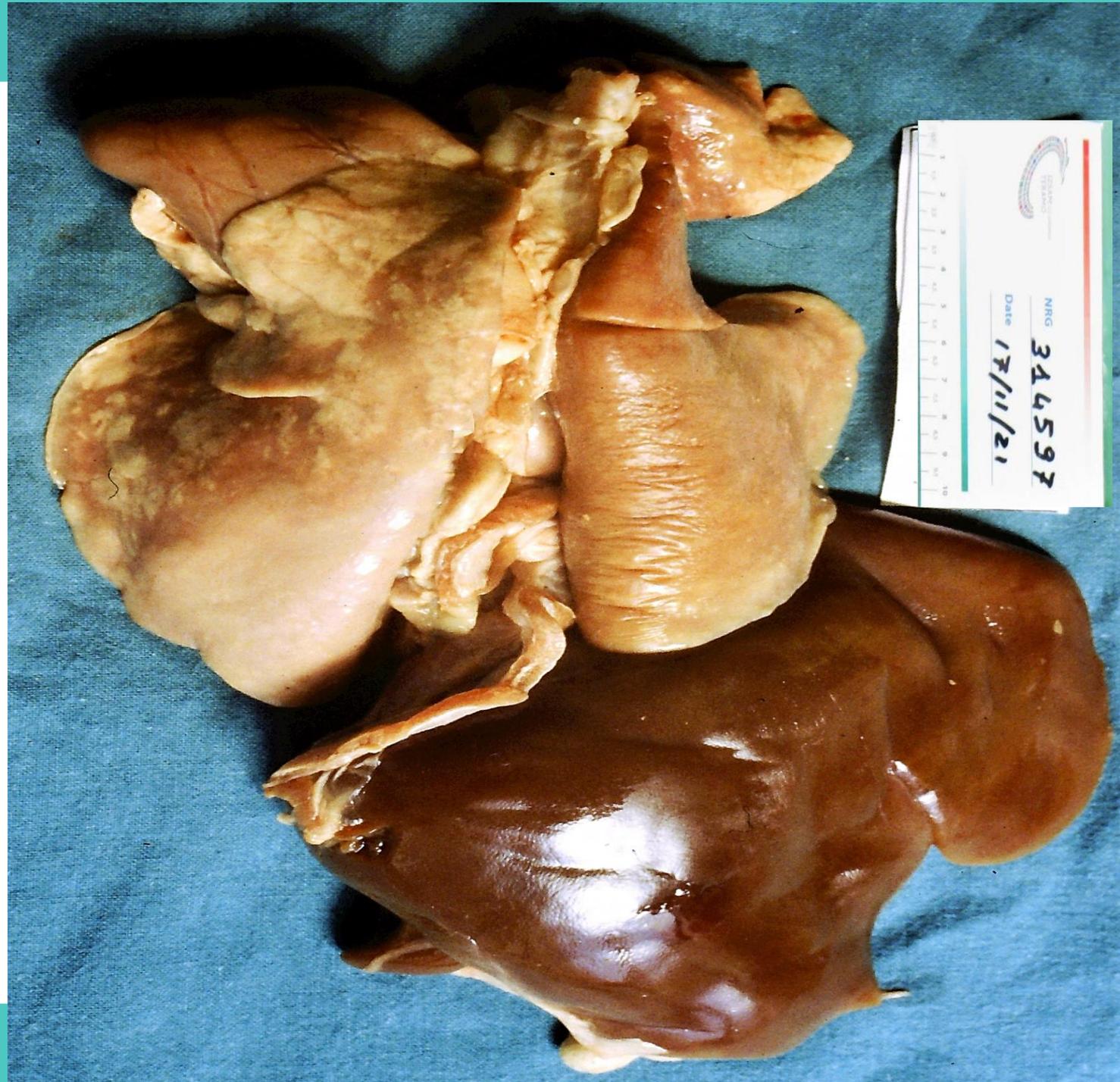
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b. Total dorsal face

***Lung, Hart
and Liver***



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b. Total ventral face

***Lung, Hart
and Liver***



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Muscle

c. Surface areas
where lesions
are evident



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Not a good photo!



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PERICARDIC SAC AND HEART

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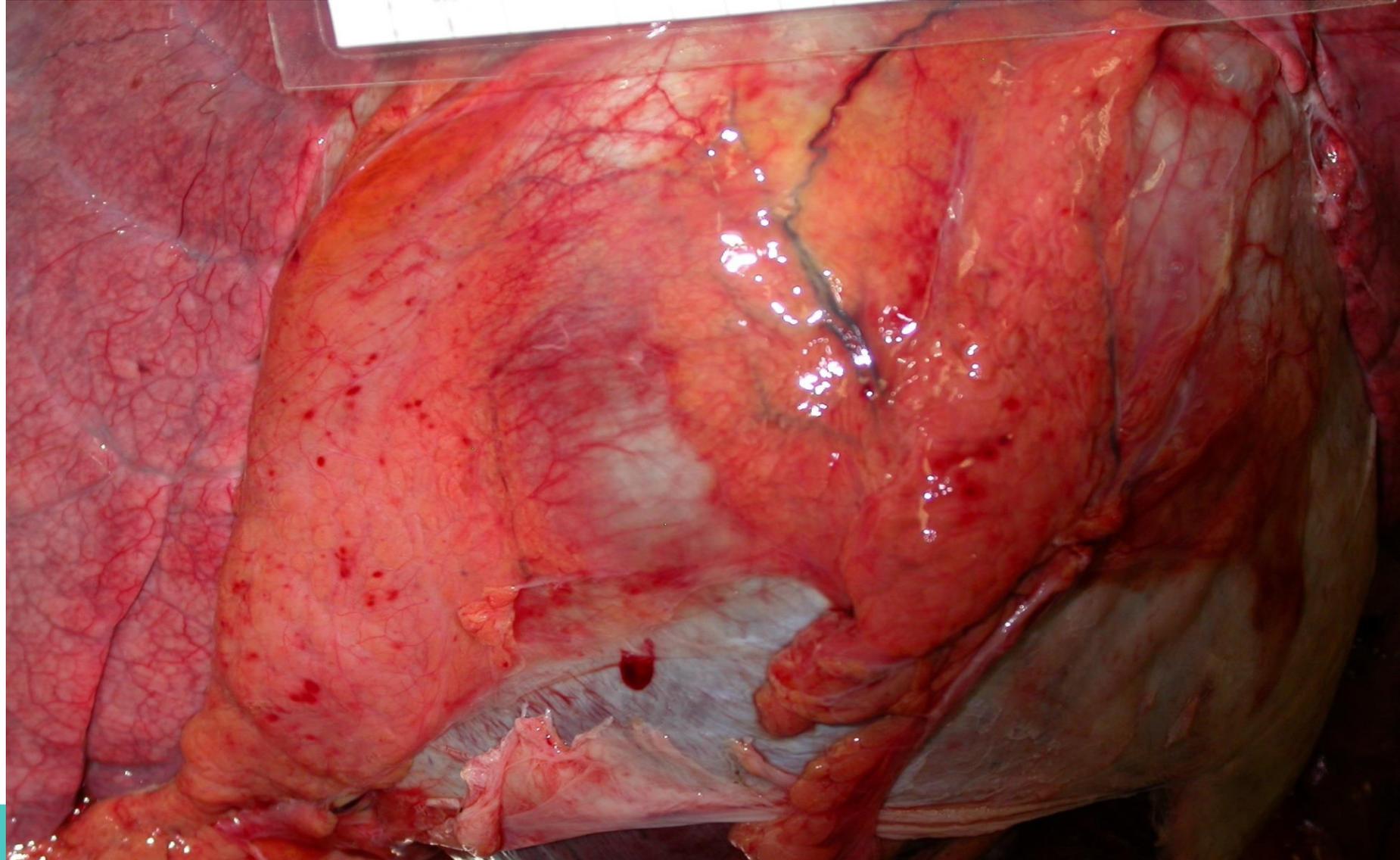
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Pericardic sac



Total face

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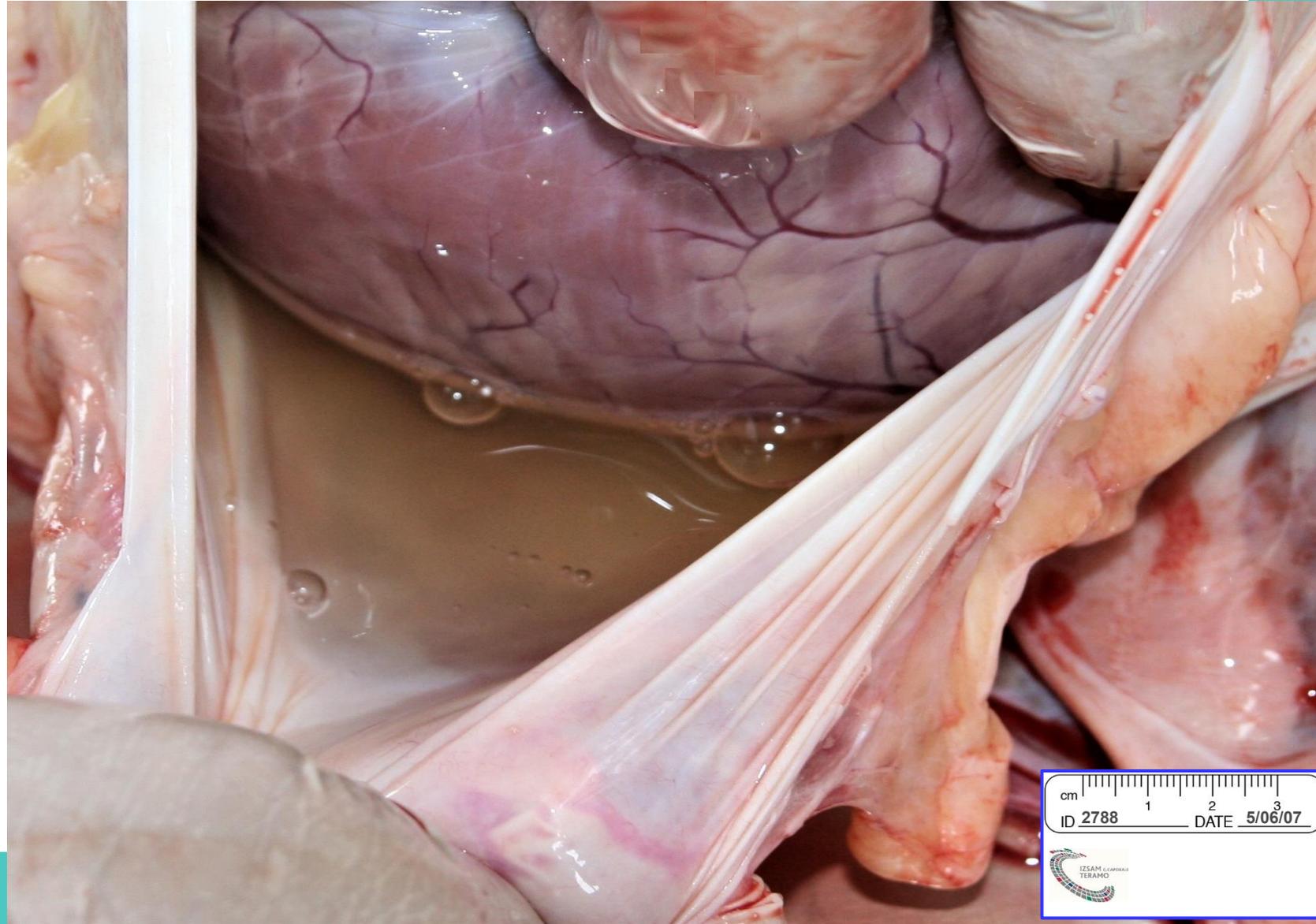
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Pericardic sac

c. Surface areas
where lesions
are evident



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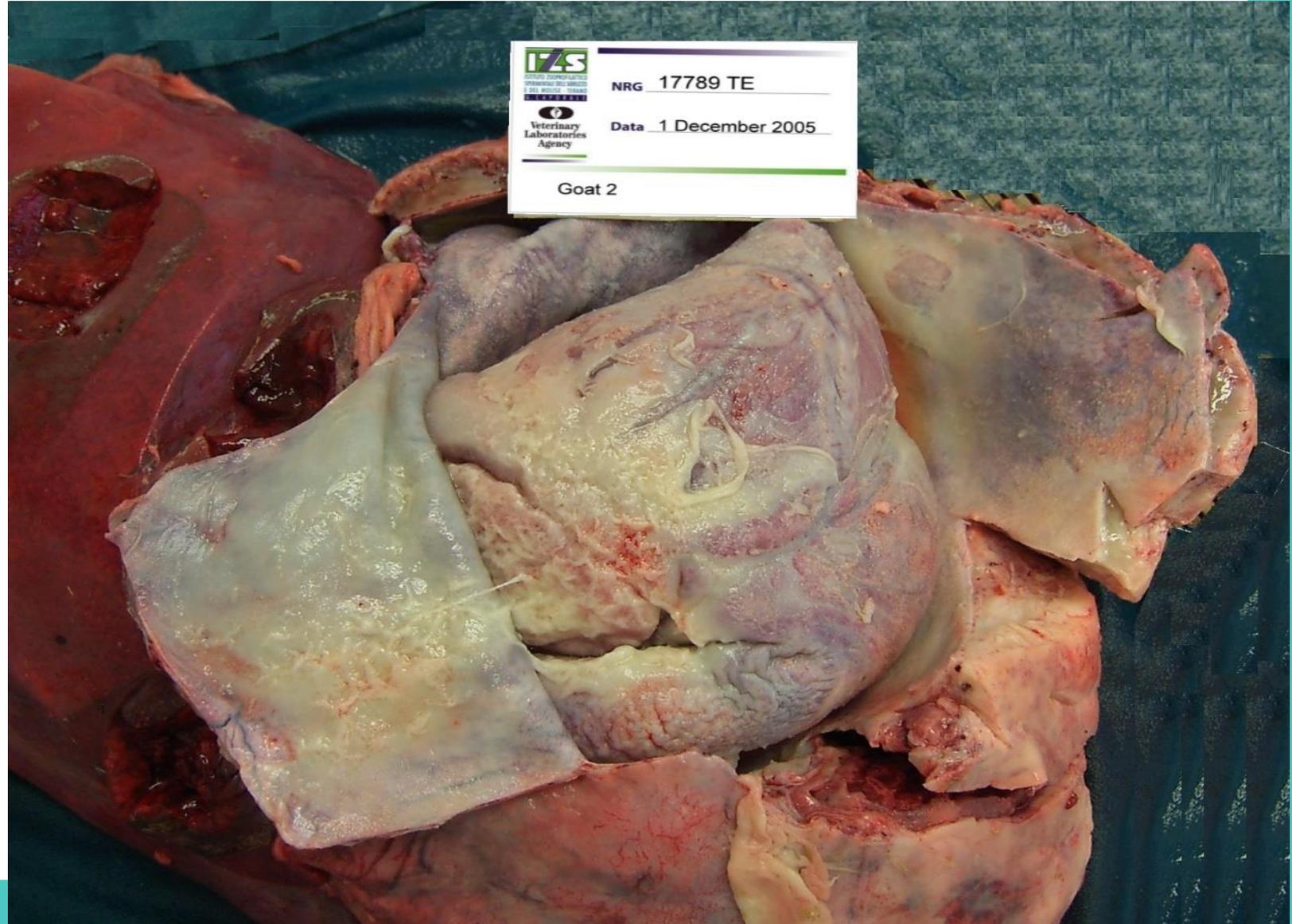
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Pericardic sac



c. Surface areas
where lesions
are evident

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Heart

Total organ



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Heart

Dissected heart



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Heart

c. Surface areas
where lesions
are evident



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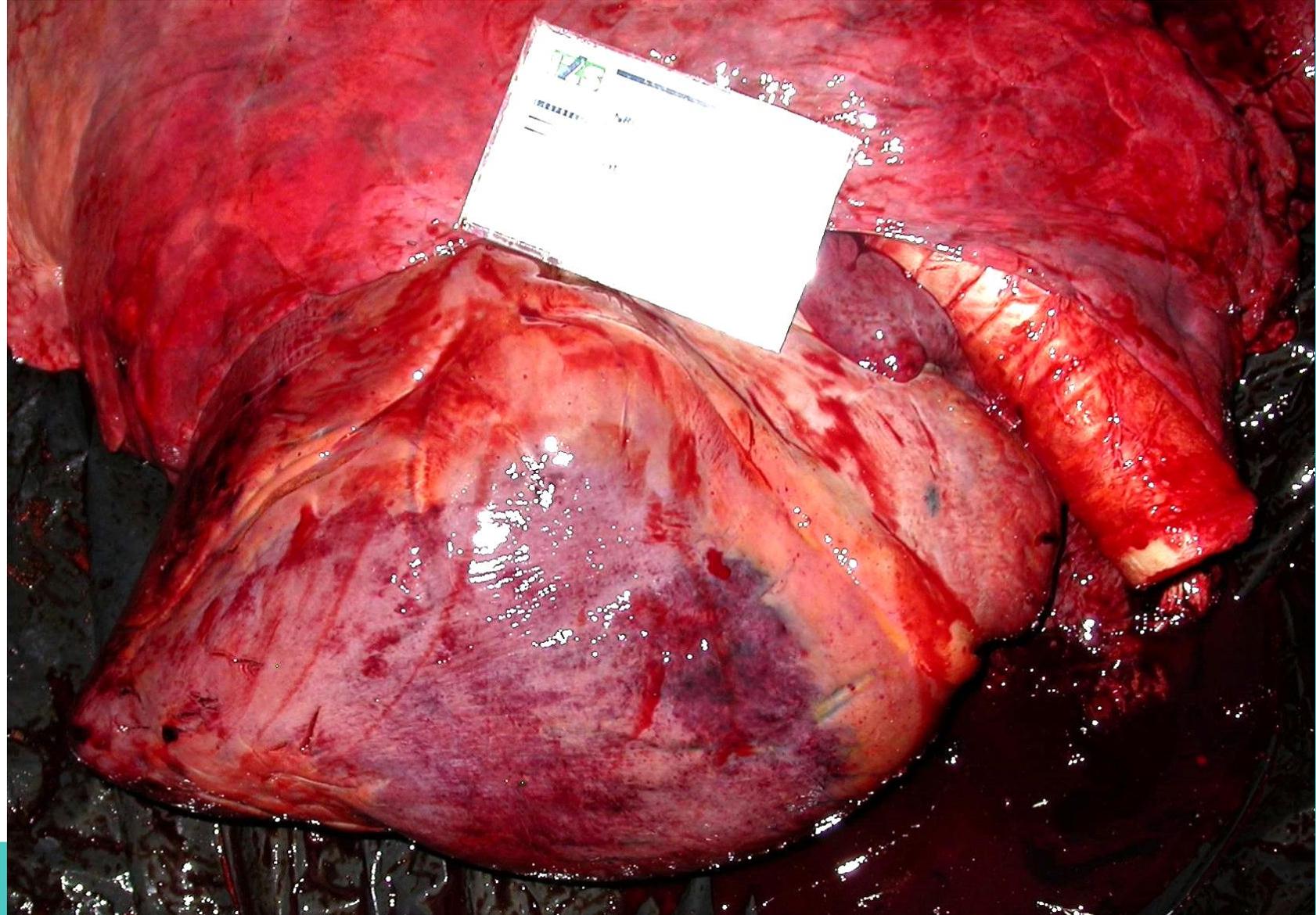
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Heart

c. Surface areas
where lesions
are evident



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c. Surface areas
where lesions
are evident

Heart



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LUNG

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Lung

b. Total dorsal face



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Lung

b. Total dorsal face



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Lung

b. Total ventral face



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Lung

b. Total ventral face



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Trachea

Opening trachea



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Trachea

Opening trachea



Lung

Standard procedure

d. Organ sections containing portions of pathological and macroscopically normal parenchyma



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Standard procedure

d. Organ sections
containing portions
of pathological and
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normal parenchyma

Lung



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LIVER

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Liver

Standard procedure

b. Total dorsal face



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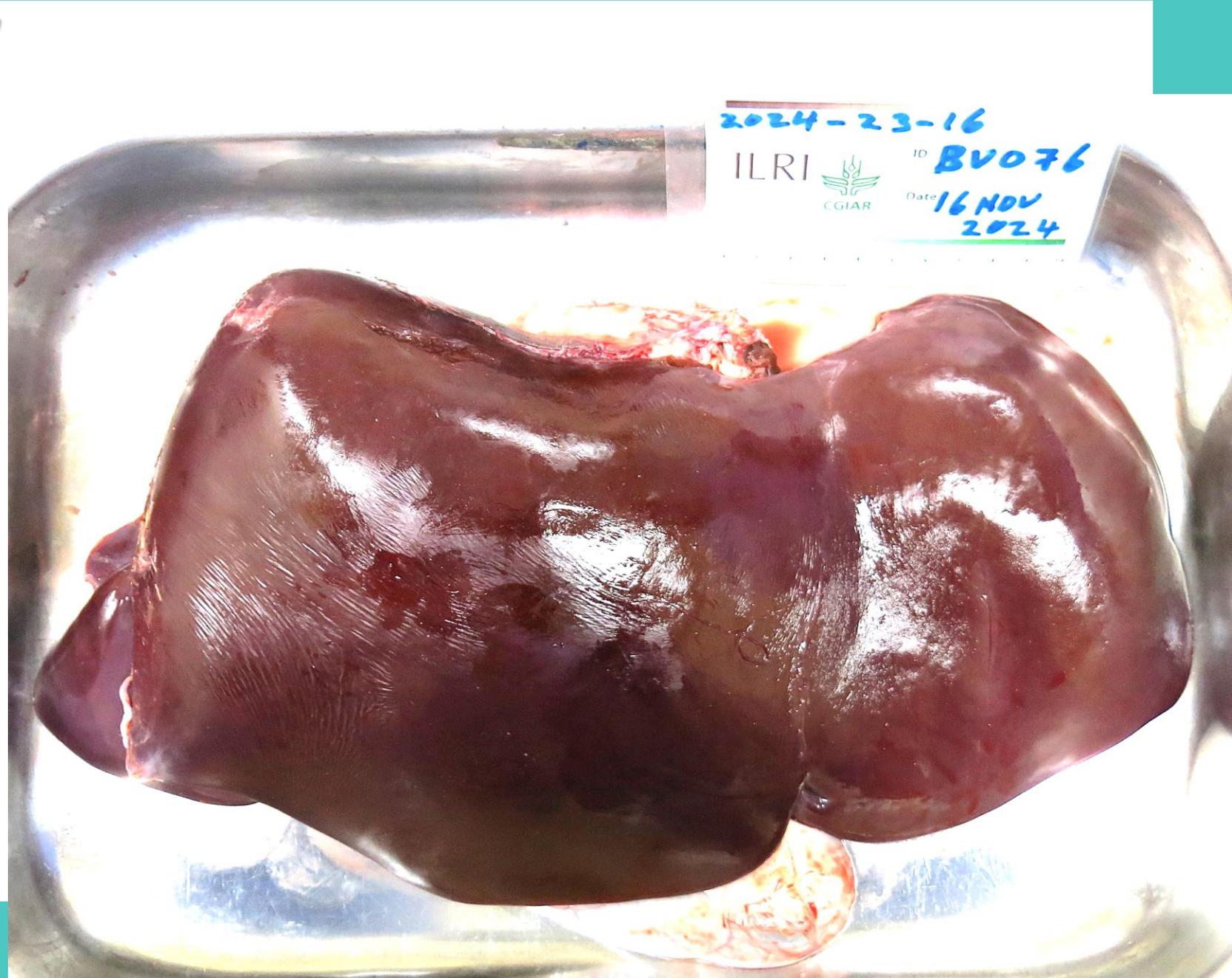
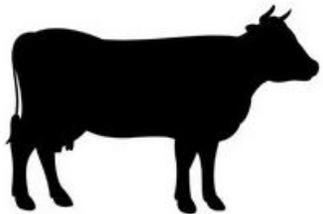


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Liver

Standard procedure

a. Total dorsal face



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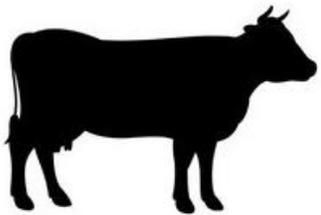
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Liver

Standard procedure

b. Total ventral face



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Standard procedure

Liver

c. Surface areas
where lesions
are evident



Standard procedure

- c. Surface areas where lesions are evident

Liver



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KIDNEY

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Kidney

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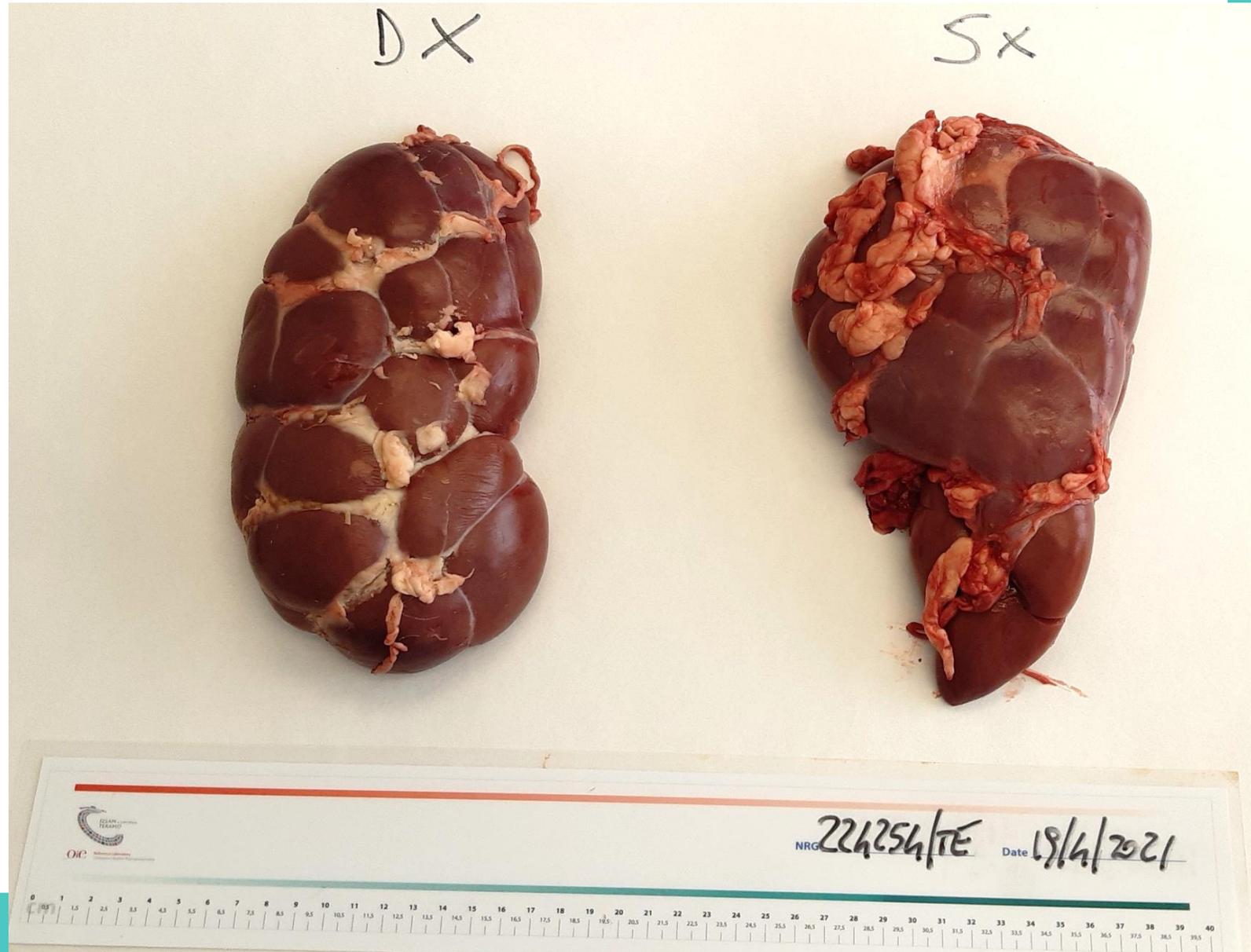
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Standard procedure

Both organs



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Kidney

Standard procedure

Both organs



Kidney

Standard procedure

- c. Surface areas where lesions are evident



Kidney

Standard procedure

- c. Surface areas where lesions are evident



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SPLEEN

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Spleen



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Standard procedure

a. Total dorsal face



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Standard procedure

b. Total visceral face



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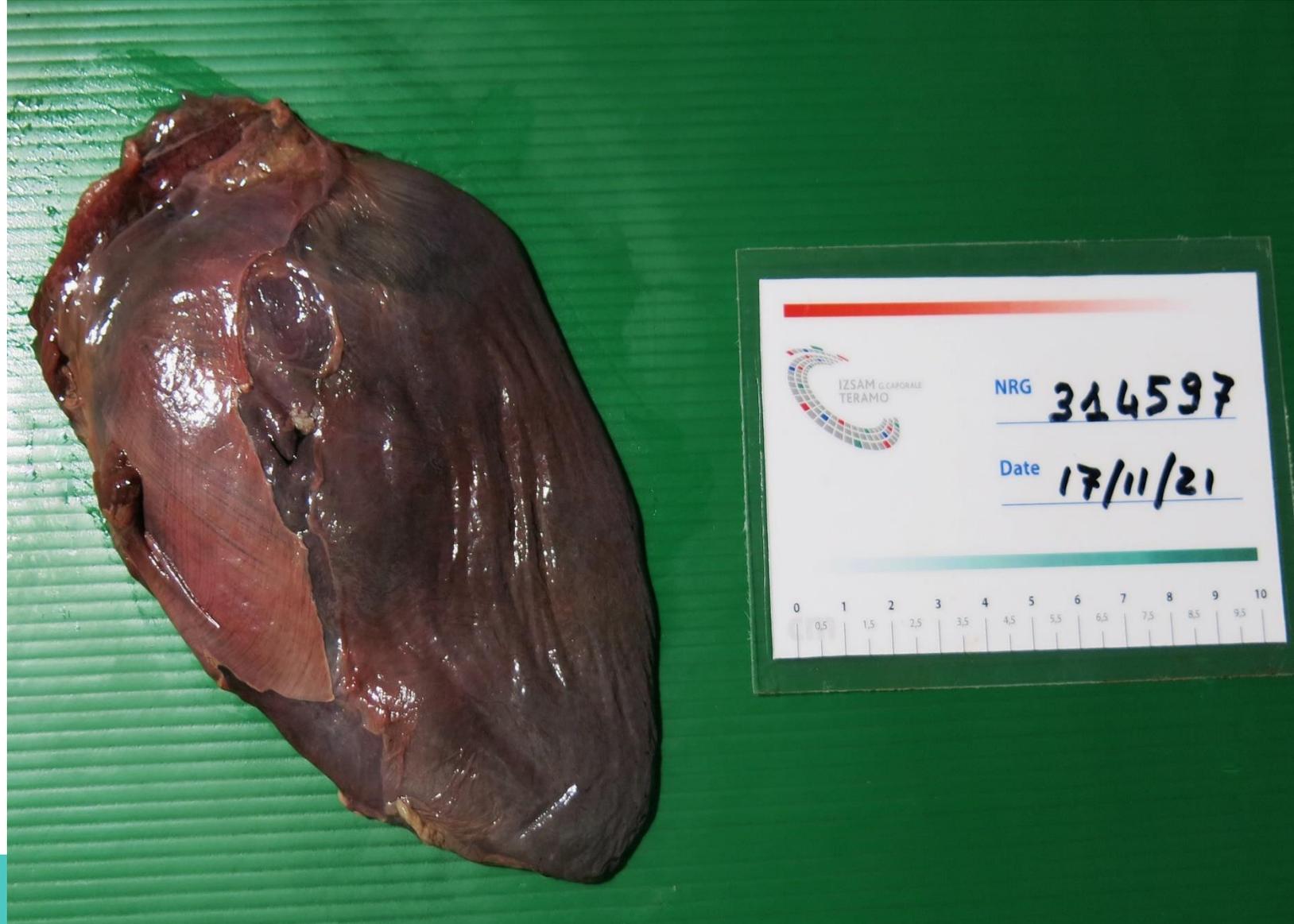
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a. Total dorsal face

Spleen



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b. Total visceral face

Spleen



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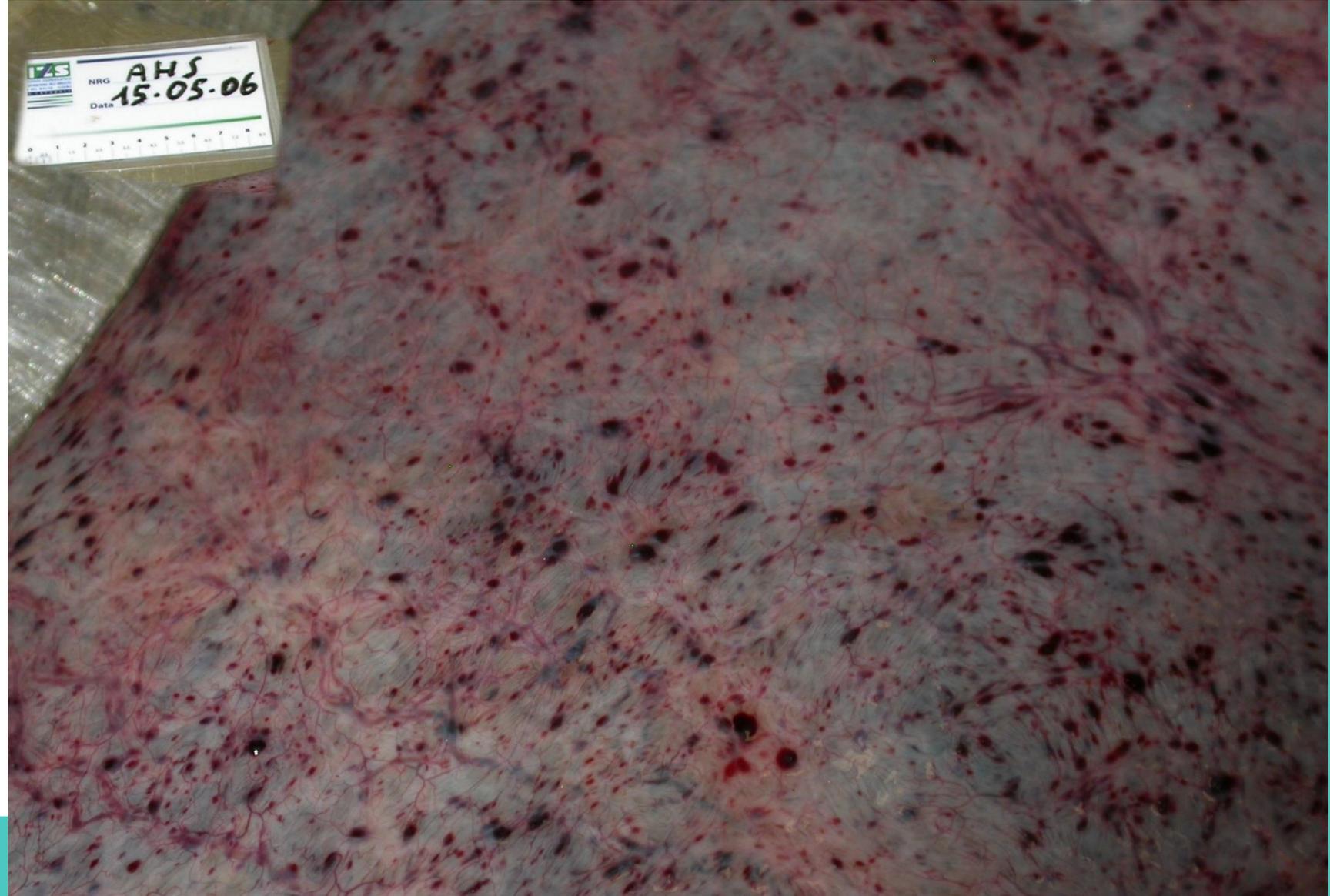
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- c. Surface areas
where lesions
are evident

Spleen



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- c. Surface areas where lesions are evident



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Pleuropneumonia

Reference Centre



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Founded as OIE

***Not a good
photo!***



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BRAIN

Brain

Standard procedure

- c. Surface areas
where lesions
are evident



Standard procedure

- c.** Surface areas
where lesions
are evident



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FORESTOMACHS, ABOMASUM AND INTESTINE

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Forestomaches and Abomasum



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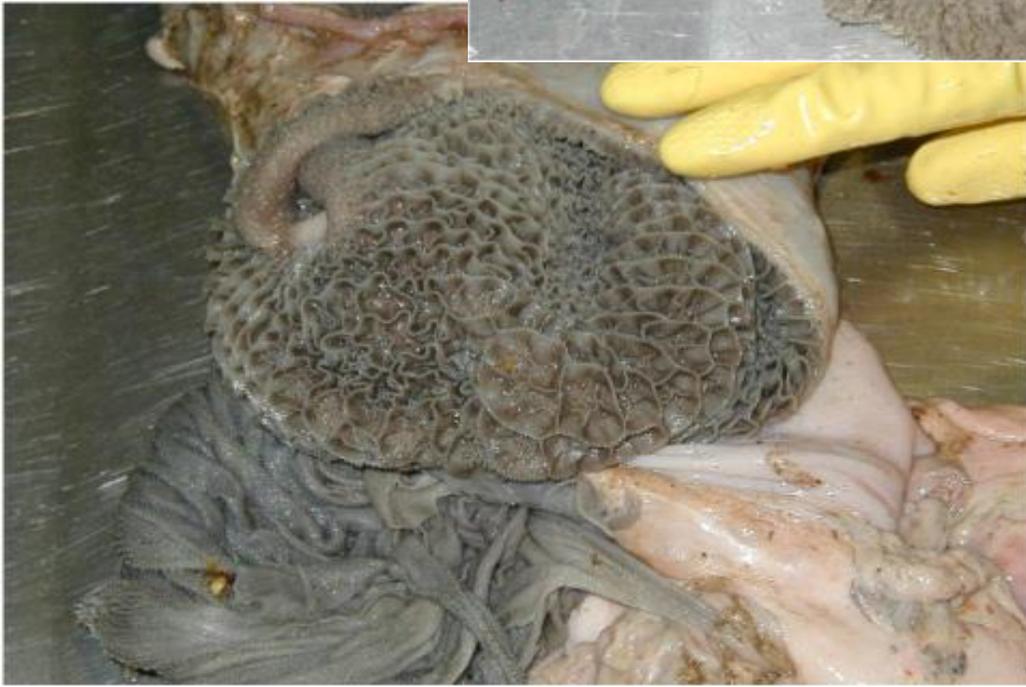
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The Forestomachs



Source: msstate.edu

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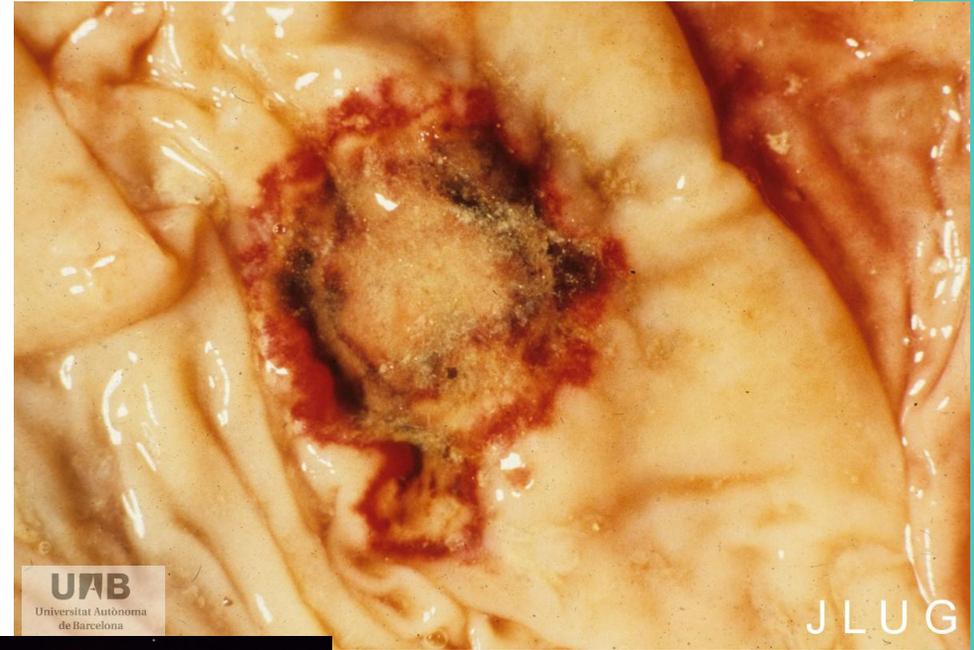
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Abomasum



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Intestine



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Intestine



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Intestine/ Omentum

Standard procedure

- c. Surface areas
where lesions
are evident



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Rumen

Standard procedure

- c. Surface areas where lesions are evident



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Intestine

Standard procedure

- c. Surface areas where lesions are evident



Intestine

Standard procedure

- c. Surface areas where lesions are evident



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LYMPH NODES

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Standard procedure

a. Total face

Lymph nodes



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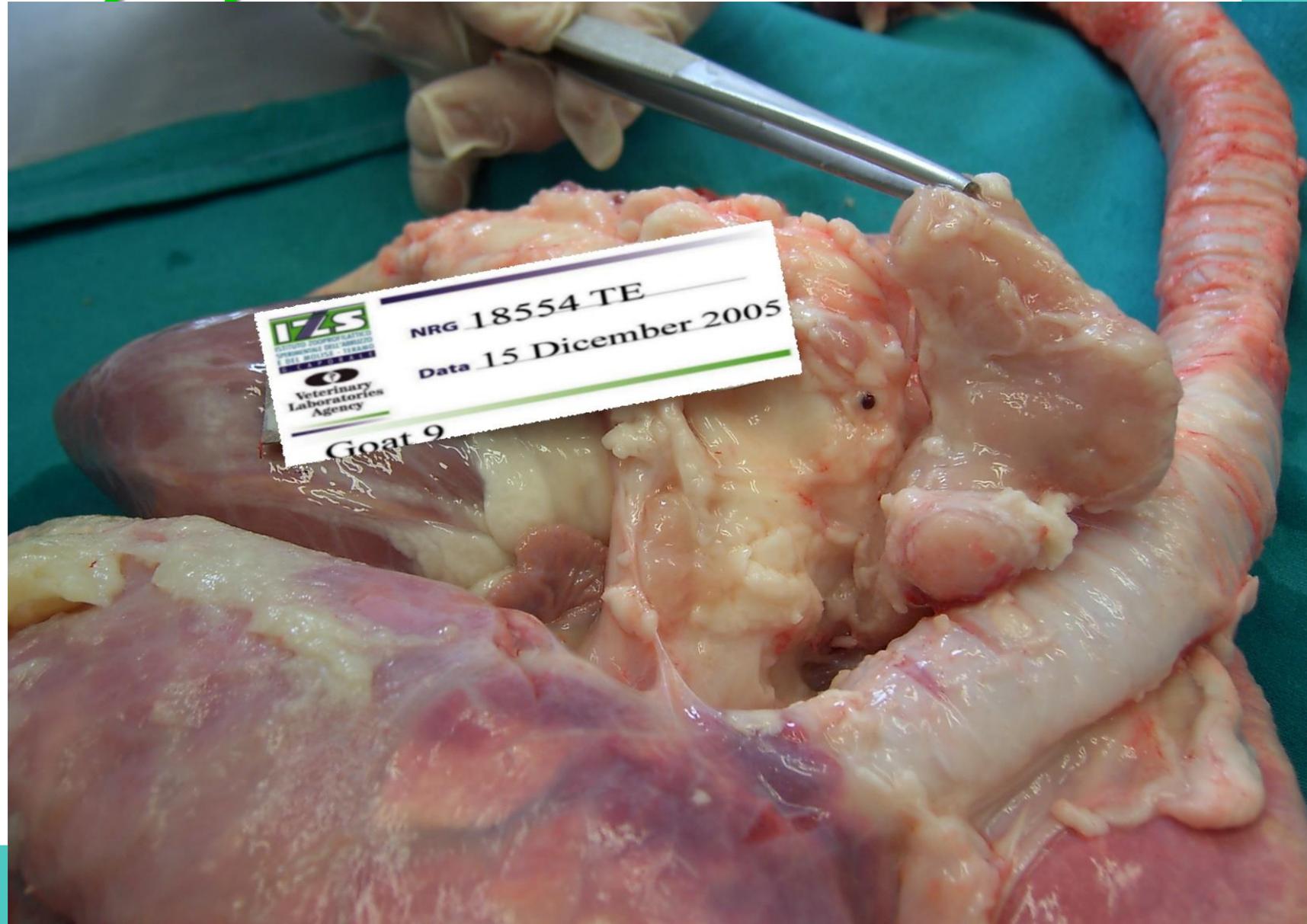
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Lymph nodes



Standard procedure

a. Total face

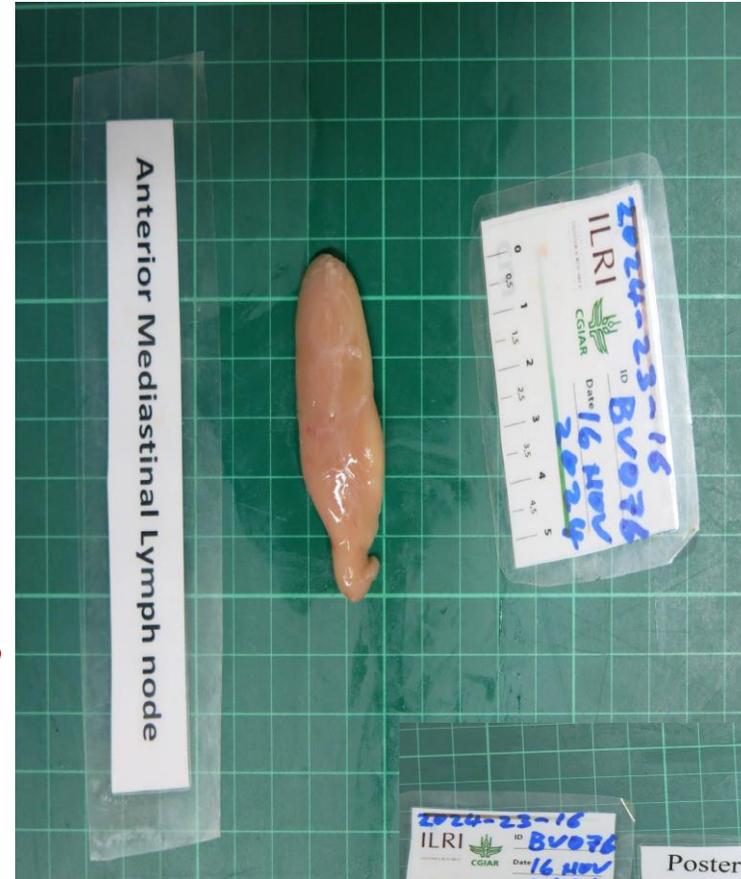
Lymph nodes

Standard procedure

a. Total face



Lymph nodes



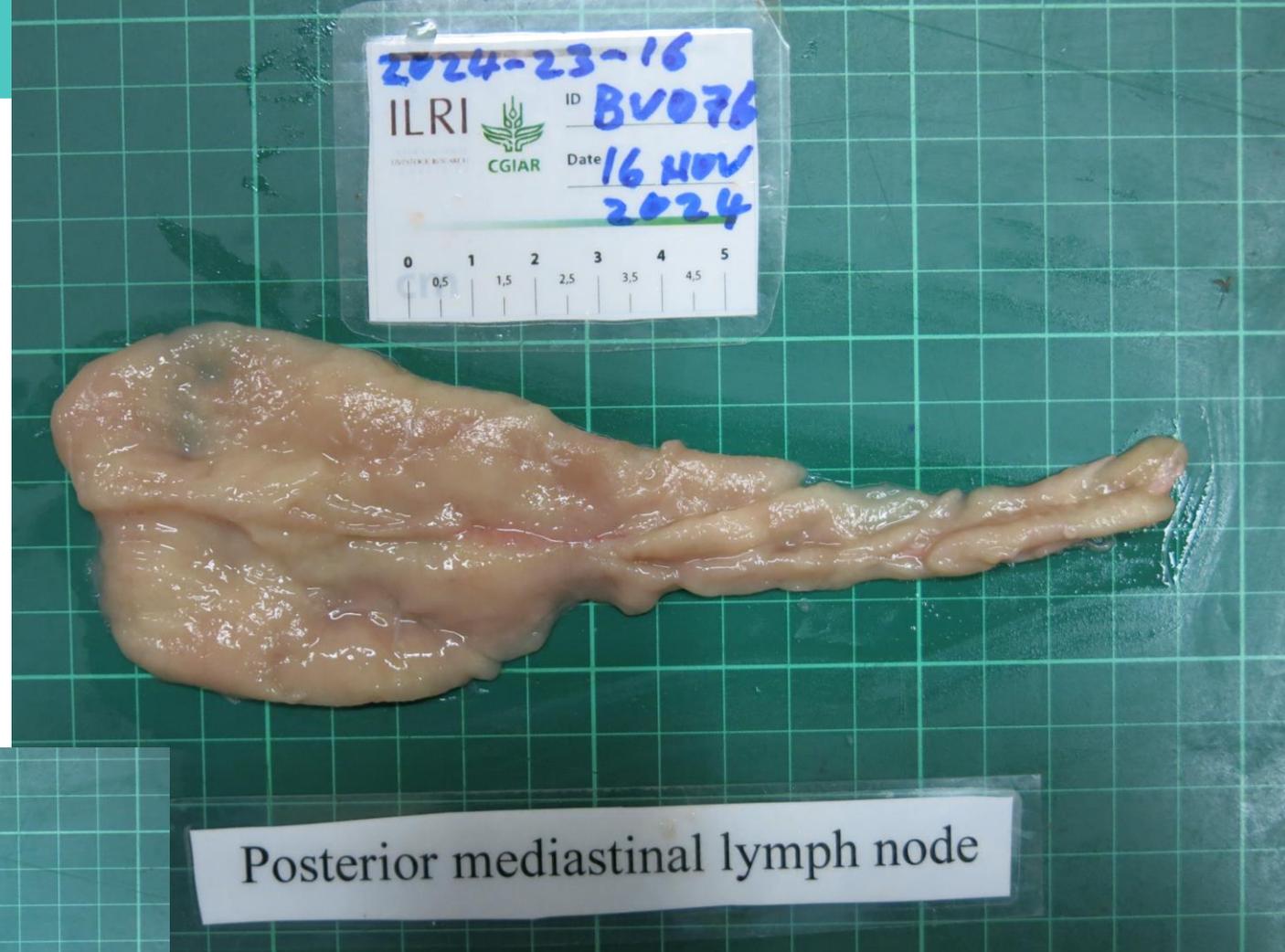
Standard procedure

a. Total face



Lymph nodes

c. Surface areas
where lesions
are evident



Posterior mediastinal lymph node



Tracheobronchial Lnn

Lymph nodes

Standard procedure

a. Total face



Lymph nodes

- c. Surface areas where lesions are evident



Lymph nodes

c. Surface areas
where lesions
are evident



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MUSCELS

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Standard procedure

c. Surface areas where
lesions are evident

Muscles



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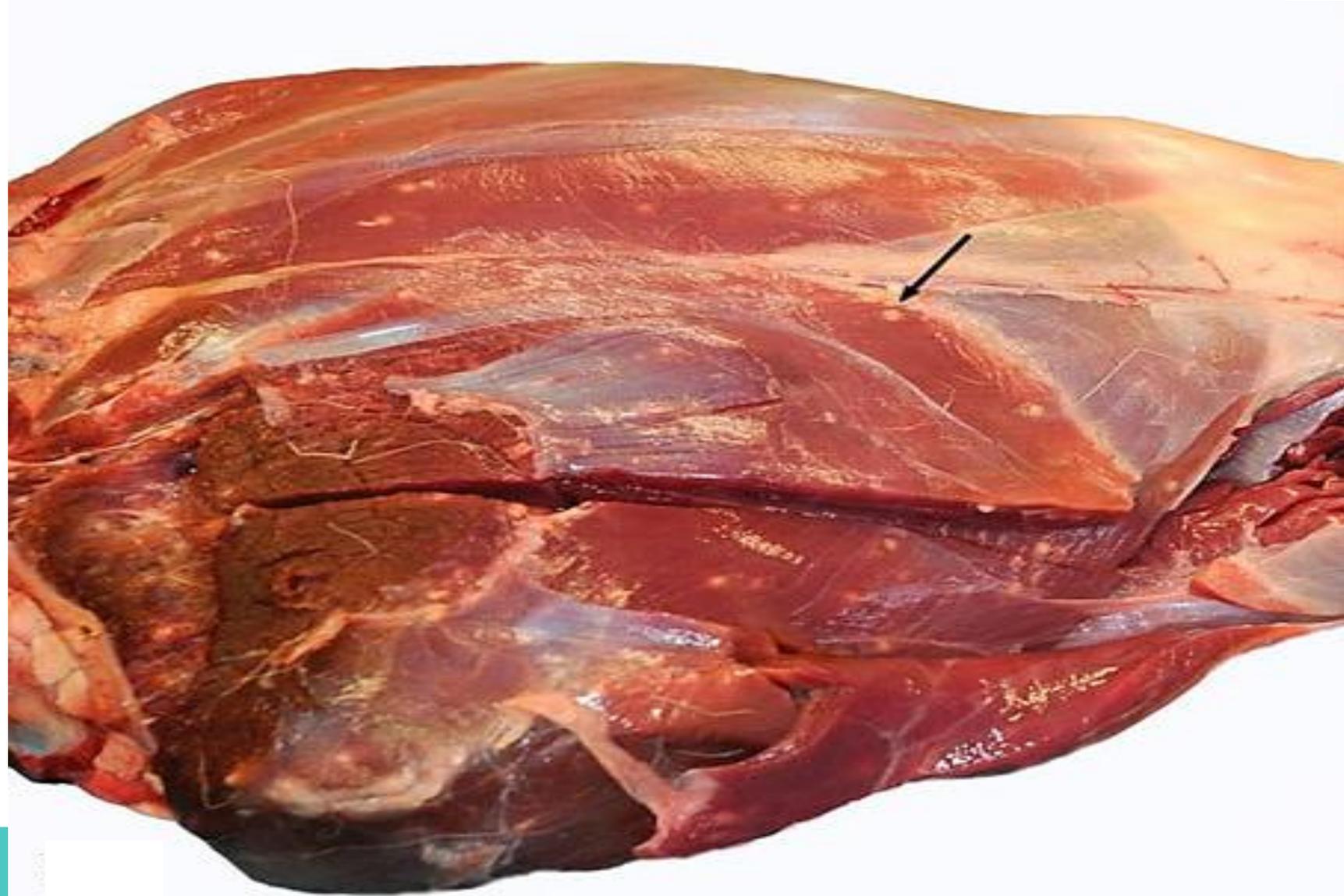
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Standard procedure

c. Surface areas where
lesions are evident

Muscles



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JOINTS

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Joints

Standard procedure

c. Surface areas where
lesions are evident



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REPRODUCTIVITY ORGANS

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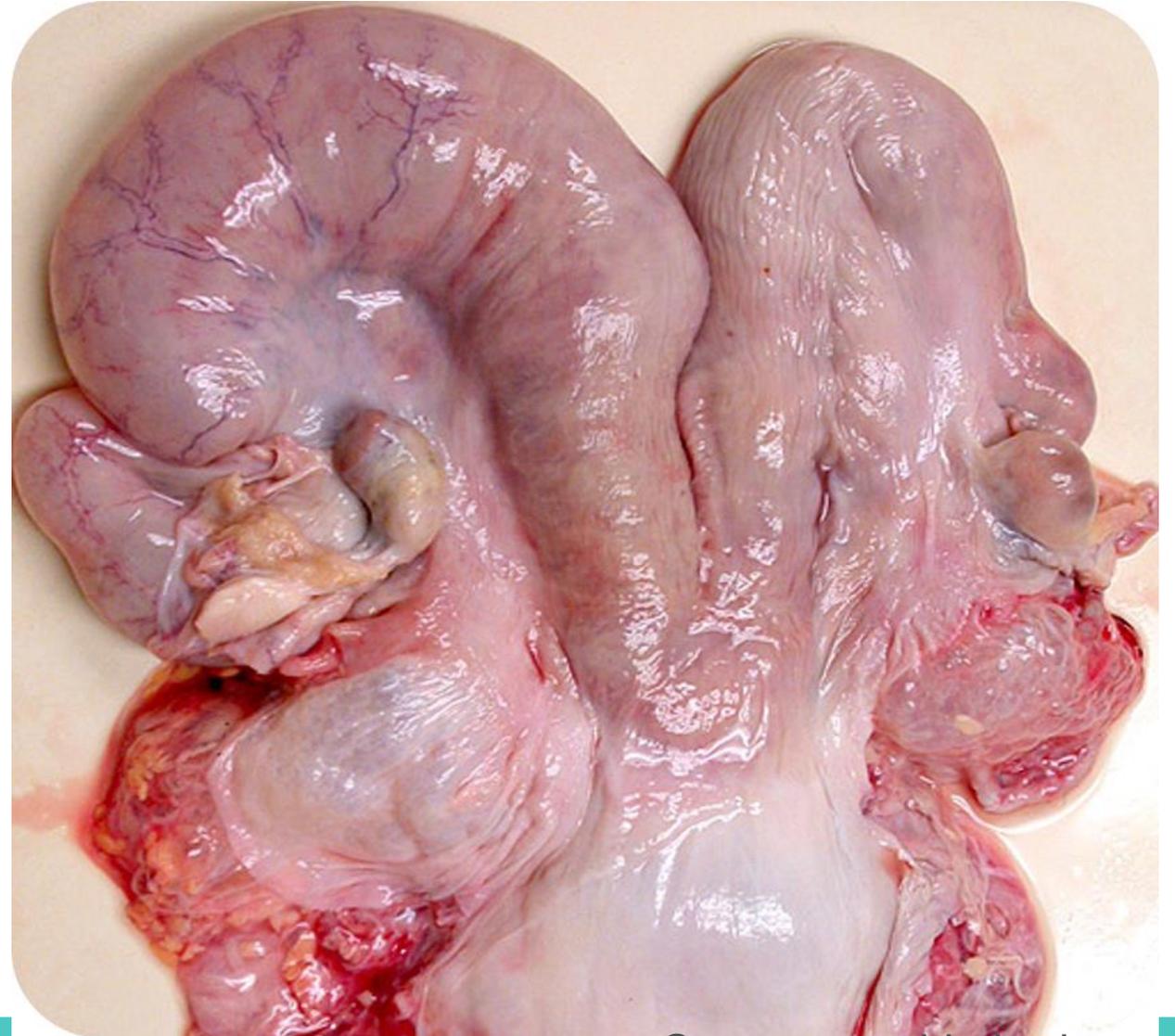


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Standard procedure

**Take only surface uterus
photos if you are not sure
that the animal is
Brucellosis free**

Uterus



Source: www.hindawi.com

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All organs



Post-Mortem Photo Documentation

Photo Archiving & Case Documentation

- Store the **complete photo set** in a **dedicated folder** identified with the **necropsy case number**.
- Save the **Necropsy Checklist** in the same folder (**digital copy**) and/or **backup to CD** if required.
- The folder must be **organized and ready for sharing** with the **pathologist**.

PHOTOGRAPHY AND POST MORTEM

Image Editing Rules

It is acceptable to **duplicate images, adjust contrast, and add arrows or labels** for clarification.

- **Do not modify, distort, or remove** any diagnostic or evidential details.
- **Ethical and legal compliance:** image edits must **preserve authenticity, traceability, and diagnostic integrity.**

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Some examples



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Some examples



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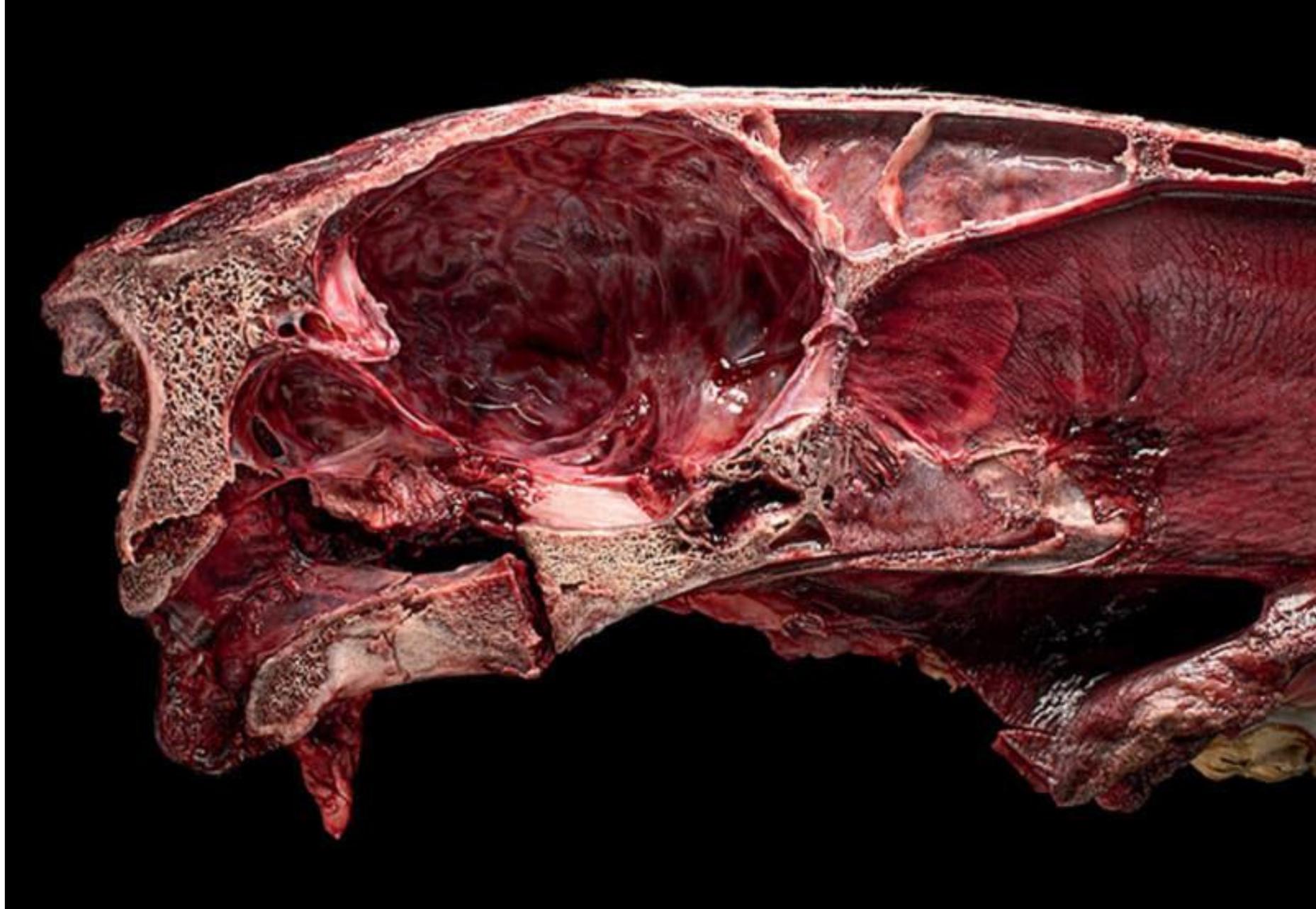
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m.scacchia@izs.it