कार्यालय प्रधान मुख्य वन संरक्षक, (वन्यप्राणी) एवं मुख्य वन्यप्राणी अभिरक्षक, मध्य प्रदेश
प्रगति भवन, भोपाल विकास प्राधिकरण, तृतीय तल, एम.पी.नगर, भोपाल
दूरभाष : 0755-2674318, 2674337, *E-mail: pccfwl@mp.gov.in*

क्रमांक/प्रबंध/ 6040 भोपाल, दिनांक :30/06/2023

प्रति,

1. समस्त क्षेत्र संचालक, टाइगर रिजर्व, मध्यप्रदेश।
2. समस्त संचालक, राष्ट्रीय उद्यान, मध्यप्रदेश।
3. समस्त मुख्य वन संरक्षक, वन वृत्त, मध्यप्रदेश।
4. वनमंडलाधिकारी, (वन्यप्राणी) वनमंडल, कूनो श्योपुर/ नौरादेही सागर, मध्यप्रदेश।
5. समस्त वनमंडलाधिकारी, (सामान्य) वनमंडल, मध्यप्रदेश।

आवश्यक

विषय :- Post-Mortem Examination Report (Format for PM).

उपरोक्त विषयांकित बाघ एवं तेंदुआ की मृत्यु के प्रकरणों में शव-परीक्षण (Post Mortem) प्रतिवेदन भेजने हेतु **नवीन प्रारूप** आपकी ओर संलग्न कर सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित है। आपके अधिनस्त पदस्थ वन्यप्राणी चिकित्सकों/ शव-परीक्षण करने वाले पशु चिकित्सकों द्वारा बाघ/ तेंदुआ की मृत्यु होने के प्रकरणों में संलग्न प्रपत्र के अनुसार ही शव-परीक्षण प्रतिवेदन इस कार्यालय को अब से भेजना सुनिश्चित करें।

सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित।

संलग्न: (Format of PM)

30/6/23

(शुभरंजन सेन)
अपर प्रधान मुख्य वन संरक्षक, (वन्यप्राणी)
मध्यप्रदेश, भोपाल।

पृ.क्रमांक/प्रबंध/ 6041 भोपाल, दिनांक :30/06/2023

प्रतिलिपि: समस्त वन्यप्राणी चिकित्सक, कार्या. समस्त क्षेत्र संचालक, टाइगर रिजर्व/ समस्त संचालक, राष्ट्रीय उद्यान/ समस्त वन्यप्राणी वनमंडल, मध्यप्रदेश की ओर सूचनार्थ प्रेषित। भविष्य में भेजे जा रहे संलग्न Format में ही वन्यप्राणियों के शव-परीक्षण प्रतिवेदन भेजना सुनिश्चित करें।

अपर प्रधान मुख्य वन संरक्षक, (वन्यप्राणी)
मध्यप्रदेश, भोपाल।

POST-MORTEM EXAMINATION REPORT
(Format for PM)

(Shrivastav, A B and Kumar, Suhas, 2022, Postmortem Format.
In Manual on Postmortem Examination of Felids. Final Report submitted to MP Biodiversity Board, Bhopal, MP)

No. / PM/ /2022.... Date :...../..../.....

To,
.....
.....
.....

Reference: - Your letter No. ..... Dated.....
.....

OBERVATION OF CARCASS OF WILD FELID

I. Description of the Animal :

Species: ..... Zoological name: .....

Date and time of carcass detected : .....

Location of carcass detected : .....

(Name of PA/Zoo/Outside PA) : .....

Latitude..... Longitude.....Range.....

Sex: Male / Female / Unknown Age: Approx. .....yrs.

Ambient temperature : .....

Date and time of death : .....

Date and time of post-mortem examination:

Postmortem interval (PMI) : Approx.....hrs.

Date and time of carcass disposal : .....

II. History :

Morbidity and mortality % of sickness :.....

Duration of sickness before death :.....

Clinical signs and symptoms, if Observed :

(Respiratory distress, Salivation, Dehydration, Convulsion, Fever, Vomiting, Diarrhoea, lameness, gait, response to disturbance (sound noise etc.) Nature of Discharge from natural orifices – colour, thick, watery.

.....
.....

Treatment given, if any :

.....
.....

Any other relevant information :

.....

III. Animal Identification: local ID (if any).

.....

Important measurements of the carcass.

IV. Body measurements

i. Body length (Tip of nose to base of tail) ..... cm

ii. Tail length .....cm

iii. Shoulder height..... cm

iv. Neck girth ..... cm

v. Chest girth ..... cm

vi. Fore limbs

a. Right ..... cm Paw cm length.....x width.....cm

b. Left .....cm Paw cm length .....x width .....cm

c. Hind limbs length

a. Right ..... cm Paw cm length ..... X width.....cm

b. Left .....cm Paw cm length .....X width .....cm.

V. Teeth:

i. Canines (note presence or absence of canines.)

a. No. of canines present (Photo)

Upper jaw ..... Absent .....

Lower jaw.....Absent .....

b. Physical status of canines (Photo)

Tip sharp /broken / cracked / blunt / degree of wear.

.....

ii. Canine measurements

Length upper left .....cm right .....cm

lower left.....cm right .....cm

iii. Incisor: No. of teeth upper jaw.....lower jaw.....

Degree of wear Photo (groove in tip) .....

VI. Photographic documentation (Affix photographs) :

i. Full carcass along with surrounding

ii. Full carcass from left and right lateral views

iii. Close up views of

a. Entire head (dorsal- anterior view),

b. Eyes – closeup of eye ball and pupil.

c. Natural orifices i.e. mouth & nostrils, and rectum

d. Close up of different type of external injuries, fractures etc.

e. Close up of lesions on different visceral organs.

VII. External examination: (Affix photographs):

i. Body condition :

.....

ii. Skin coat :

.....

iii. Status of Rigor mortis :

.....

iv. Superficial lymph node examined for size and pathology.

a. Submandibular.....

b. Prescapular .....

c. Prefemoral .....

d. Popliteal ----------

VIII. Injuries: Type and location (length, width, depth)

Abrasion, Incised wound, Gunshot wound, Lacerated wound, Charring marks, Canine marks, Snare marks, Fang marks, Any other. **(Affix photographs)**

Details of injury.....

.....

IX. Mucous membranes (Colour / any other abnormality, affix photographs):

i. Ocular ;----------

ii. Oral :----------

iii. Nasal ;----------

iv. Vaginal :----------

v. Rectal: ----------

X. Detailed Post-mortem examination :

1. Subcutaneous tissue :

Subcutaneous fat: (examine for Colour/ Consistency/ Haemorrhages/ Gelatinization, if present affix photographs)

---

2. Body cavities (Fluid – Absent, if present, its colour, quantity / any other observation. affix photographs) :

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3. Digestive System: (Prepare impression smears from lesions and lymph nodes **affix photographs of lesions)**.

i. Oral cavity : ----------

ii. Tongue : ----------

iii. Pharynx : ----------

iv. Oesophagus : ----------

v. Stomach : ----------

vi. Small Intestine : ----------

vii. Large Intestine : ----------

viii. Liver and gall bladder : ----------

ix. Pancreas : ----------

x. Lymph Nodes (Imp regional) :

a. Mesenteric .----------

b... Hepatic .....

4..Respiratory System: (Prepare impression smears from lesions and lymph nodes affix photographs of lesions).

i. Nasal cavity : ----------

ii. Trachea : ----------

iii. Lungs (Examine for stages of pneumonia, oedema, emphysema, presence of cyst, tubercles, abscess, parasites, any other:

---

iv. Lymph nodes (imp regional):

a. Mediastinal ----------

b. Bronchial ----------

5. Cardio-Vascular System : (Organs examined for congestion, haemorrhage, infarcts. Prepare impression smears from endocardium, if lesions observe, affix photographs of lesions)

i. Heart shape and size, other :----------

ii. Pericardium / Epicardium : ----------

iii. Myocardium : ----------

iv. Heart chambers : ----------

v. Endocardium : ---------- ----

vi. Spleen shape and size, other: ----------

---

6. Uro-Genital System : affix photographs of lesions

i. Urine colour, quantity and other observation: ----------

---

ii. Urinary bladder (mucosal thickness, haemorrhage, other observation)

---

ii. Kidneys: Examination of both kidneys (affix photographs**) for**

i. Capsule (ext. surface, colour, adherence)- ---------- ----------

ii. Shape and size ……..----------……

iii. Gross Pathology:

a. cortex- ----------

b. medulla ----------

iv. Reproductive Organs: (male / female)

Penis and testes (any gross pathology) ----------

Uterus (any gross pathology) ----------

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7. Musculo-Skeletal System:

Muscle – Appearance, Colour/ Consistency/ Haemorrhages /Injury

Bone – Ricket, Fracture / Injury (Type, location & measurements)

Details……

……

8. Nervous system: (Examine brain for shape, size, congestion, haemorrhage and any other observation. Prepare impression smear from Hippocampus major, if suspected for rabies).

Details.....

.----------

9. Other Observation:

i. Any unnatural growth / observation: ----------

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11. **Ectoparasitic infestation :** (Site of collection, identification: Ticks/mites/lice/Fleas).

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11. Summary Major findings: (Affix important photographs)

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11. Diagnosis/ Opinion (Tentative on the basis of gross lesions

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12. Specimens collected for laboratory investigations:

No.	Sample	Preservative used	Examination required	Laboratory address
	Histopathological Investigation			
1	Piece of brain			
2	Piece of heart			
3	Piece of lung			
4	Piece of liver			
5	Piece of spleen			
6	Piece of kidney			
7	Any other tissue piece			

8	Impression smears (Fixed in methanol) i. Important lesions ii. lymph nodes			
9	**Toxicological investigation**			
i. ii iii	Stomach / Duodenum Intestinal piece along with tight ends content Piece of liver Piece of Kidney	----------	----------	----------
	Molecular investigation			
	Forensic investigation			

Signatures of Team

Wildlife Veterinary Officer Name ---------- Signature ……..

Wildlife Veterinary Officer Name ---------- Signature ……..

Veterinary Officer Name ……..Signature……..

Date:
Place: