

# DIAGNOSTIC CASE REPORT

U. S. GEOLOGICAL SURVEY-BIOLOGICAL RESOURCES DIVISION  
NATIONAL WILDLIFE HEALTH CENTER-HONOLULU FIELD STATION  
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**Case Number:** 20924

**Submitter Name:**

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Administration  
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United States

**Species submitted (n):**

Turtle: Green (1)

Location:	Sea Life Park	DateCollected:	03/22/2007
Area:	Honolulu	DateSubmitted:	3/22/2007
State:	Hawaii	DateReceived:	3/22/2007
Country:	United States	DateExamined:	3/22/2007

**SPECIMENS SUBMITTED:** Carcass-Fresh

**History:** This turtle hatched at Sea Life Park on Oahu in 2005. It was not eating or growing. In September 2006, the turtle exhibited buoyancy problems with tilting to one side. A cat scan revealed a gastrointestinal foreign body. Due to lack of improvement and poor prognosis, the attending veterinarian elected for euthanasia.

**Findings:** This was an emaciated immature female with a markedly rounded appearance. Internally, the most significant finding was a non-patent large intestine distended with feces and fibrin displacing and compressing the left lung. The cloaca was only partially patent and not connected to the large intestines. Other gross findings included a small sublingual nodule, clotted blood in the left bronchus, and a compressed left lung. Histopathology revealed severe diffuse chronic inflammation and necrosis of the mucosa wall of large intestines, pancreatic atrophy, and a small sublingual abscess.

**Final diagnosis:** Accession 1-Intestinal aplasia.

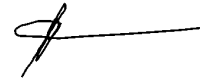
**Comments:** Gross lesions pointed to atresia (blockage) of the distal large intestines. This allowed accumulation of food into the lumen with subsequent decomposition and chronic inflammation that led to necrosis of mucosa and muscularis. The tail of the animal was intact, so it is doubtful that scarring of cloaca could have led to this outcome. It is conceivable that this was a developmental event. Although it would be surprising if the animal could live this long without a patent large intestines, turtles have surprised me before with their resilience.

**Management:**

**Report Date (mm/dd/yyyy):** 5/1/2007

**Necropsy report:** Available upon request

**Copies of this report sent to:**



If you have questions regarding this case, contact Thierry M. Work MS, DVM, MPVM at 808-792-9520. Include above Case Number. Diagnostic findings may not be used for publication without the pathologist's knowledge and consent.

**NOTE: Information in this report supersedes any information from previous reports regarding this case**



Lung: One section contains clumps of red cells and thrombocytes within small airways.

Tongue: within the muscle is a nidus of laminar eosinophilic debris mixed with clumps of basophilic rod to coccoid organisms (bacteria) surrounded by giant cells, macrophages, and fibroblasts mixed with rare granulocytes. Surrounding connective tissue spaces are separated (edema).

Pancreas: Zymogen granules are moderately depleted.

Intestine large: Diffusely, mucosa is ablated and there is partial necrosis of smooth muscle wall as evidenced by replacement of normal tissue by masses of eosinophilic granular debris. In other sections, the mucosa is occupied by eosinophilic debris mixed with clumps of basophilic coccoid or rod structures (bacteria) and separated from underlying muscularis by giant cells.

All other Organs: No remarkable lesions are seen.

Morphologic Diagnosis:

1. Severe, diffuse, chronic, inflammation and necrosis, mucosa and muscularis, large intestines.
2. Mild, focal, chronic, necrosis and inflammation, skeletal muscle, tongue.
3. Mild, focal, acute, hemorrhage, lung.
4. Moderate, diffuse, chronic, atrophy, pancreas.

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Final Diagnosis (in order of importance)

Diagnosis	Topog	Morpho	Etiol	Funct	Dis	Link
1. Intestinal aplasia	(T50500 )	(M01000 )	( )	( )	( )	( )

Diagnostic findings may not be published without the knowledge and consent of the pathologist.

Milt Code: (Other)