

Dr. Drury R. Reavill  
Dr. Robert E. Schmidt  
**Zoo/Exotic Pathology Service**  
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<b>Doctor:</b> -	<b>Date:</b> June 23, 2016
<b>Clinic:</b> Bat World Mid Cities 701 Timberline Court Arlington, TX 76006	<b>Access:</b> V161295 <b>Species:</b> Chiroptera <b>Breed:</b> Eastern Red Bat <b>Sex:</b> Male <b>Name:</b> N/A
<b>ISIS:</b> BWMC-2016-002	<b>Age:</b> 3 Weeks <b>Type:</b> Post mortem small jar

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**CLINICAL INFORMATION**

This animal was brought in on June 12, as an orphan with three siblings. It was started in formula and given 0.5 cc lactated ringer subcutaneously. There has been no illness or injury noted. The pup fed well four times over the two days and was found dead the third day.

**MICROSCOPIC**

Submitted is the entire animal preserved for examination.

Liver: No lesion recognized.

Lung: The lung is congested and collapsed. One lung section is also supporting fibrin, edema, and hemorrhage into some of the alveolar spaces of which is admixed with numerous coccoid-shaped bacteria and eosinophilic proteinaceous material.

Heart: Examined is a section through the ventricle and atria of the heart. No lesion is recognized.

Cerebrum: No lesion recognized.

Cerebellum: No lesion recognized.

Tongue: No lesion recognized.

Intestines: Examined are multiple sections of the intestines at various levels. There are large numbers of coccoid-shaped bacteria present within the lumen.

Pancreas: No lesion recognized.

Thymus gland: No lesion recognized.

Adrenal gland: No lesion recognized.

Kidney: No lesion recognized.

Haired skin: No lesion recognized.

CONTINUED

Patagial skin: No lesion recognized.

Gallbladder: The gallbladder is severely autolyzed.

**DIAGNOSIS**

**LUNG: SEVERE PULMONARY CONGESTION, COLLAPSE, AND NECROSIS WITH INTRALESIONAL BACTERIA**

**COMMENT**

The most significant finding is in the lungs with the extensive areas of collapse as well as necrosis, fibrin, and proteinaceous material supporting large numbers of bacteria. These bacteria are small coccoid-shaped structures although in some areas appear more bacilliform. Large numbers of bacteria are recognized within the lumen of the intestinal sections, some of which are morphologically consistent with those within the lung. I suspect the cause of death may have been aspiration of food material. This is an apparent peracute lesion, as little inflammation is noted.

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DRR:br\*

Q2 KW respiratory, infection (bacteria)