

Report Date: 6/6/2022 11:30:35 AM  
 Sent By: [REDACTED]

**Amended Report**

Case Coordinator: [REDACTED]

Accession No: F22-0039657  
 Date Received: 4/23/2022  
 Collection Date: 4/23/2022  
 Owner/Producer: BLM - Canon City Complex

[REDACTED]

Phone: [REDACTED]  
 Email: [REDACTED]

**Associated Parties**

Clinic	[REDACTED]
Report To	USDA BLM Mustang Rescue Program Albert J Kane
Veterinarian Submitter	[REDACTED]

**Animal Information**

Name	Taxonomy
Horse- 6	Horse - Mustang

**Diagnosis/Case Summary**

F22-39657

**HISTORY:**

Equine, Adult, collar # 9228, chip #84000321885131, die off of Mustangs in the BLM facility Canon City CO.

**GROSS LESIONS:**

1. Body condition: Good.
2. Lungs: Fail to collapse, wet and heavy, mottled with pale firm and dark red regions (hemorrhage), large volume of white froth in trachea, nasal cavity, and bronchi.
3. Mouth: No ulcers observed.
4. All other internal organs are within normal limits.

**GROSS DIAGNOSIS:**

Lungs: Fail to collapse with acute diffuse edema and patchy pale regions of bronchopneumonia.

**HISTOPATHOLOGIC DIAGNOSIS:**

Lungs: Severe acute necrosuppurative bronchitis and bronchiolitis with regional extensive subacute suppurative bronchopneumonia.

**COMMENTS:**

This horse does have a severe diffuse necrosuppurative bronchitis and bronchiolitis with large regions of subacute suppurative bronchopneumonia. Influenza A subtype H3 was detected in lung tissues. Bacterial cultures were not done on lung tissues from this horse.

**HISTOPATHOLOGY:**

Slide 1.

Lung: Four sections of lung are present on this slide. These lungs are also characterized by necrosis of bronchiolar epithelium. The majority of the air passages in these four sections of lung are fairly clear, but there are multiple areas of suppurative pneumonia within alveolar spaces, so again, the lesions are similar to the other BLM mustangs.

Slide 2.

Heart: No significant lesions.  
 Liver: The liver has undergone fairly extensive autolysis.  
 Kidney: No significant lesions.

Slide 3.

Stomach: No significant lesions.  
 Small intestine: No significant lesions.  
 Pituitary gland: No significant lesions.

Slide 4.

Brain: Multiple sections of brain are examined, and all are within normal limits.



Prelim: 4/26/2022 TRS  
 Full Report: 5/11/2022 ljb

**Lab Findings**

**Biotechnology/Regulatory**

**Influenza (H3 subtype) real-time PCR - 4/27/2022 8:36 AM**

Specimen	Nucleic acid	Ct
Horse- 6		
Tissue-Lung	Detected	26.60

**Influenza A virus real-time PCR - 4/26/2022 3:40 PM**

Specimen	Nucleic acid	Ct
Horse- 6		
Tissue-Lung	Detected	23.70

**Equine arteritis virus (EVA) real-time PCR - 4/26/2022 3:27 PM**

Specimen	Nucleic acid	Ct
Horse- 6		
Tissue-Lung	Not detected	0.00

**Horse- 6 - Tissue-Lung**

<b>Test: Equine herpesvirus types1 and 4 (EHV-1, EHV-4) PCR - 4/26/2022 11:48 AM</b>	
<b>EHV-4 conventional PCR</b>	Not detected
<b>EHV-1 (neurologic) real-time PCR</b>	Not detected
<b>EHV-1 neurological Ct</b>	0.00
<b>EHV-1 (wild type) real-time PCR</b>	Not detected
<b>EHV-1 wild type Ct</b>	0.00

**General Results**

Results for Real-time PCR are measured by Ct value. The Ct value correlates with original amount of target nucleic acid in the sample and is inversely proportional (the lower the Ct value the higher the starting amount of nucleic acid). Ct values ranging from 12-36.99 are positive. Ct values ranging from 37.00-40.00 are suspect/weakly positive. A Ct of 0.00 is interpreted as a negative result.

**Pathology**

**Necropsy histopathology - 5/11/2022 3:24 PM**

**Specimen**

**Histopathology**

Horse- 6	
Whole Animal - 6	Complete

**Necropsy-equine gross examination only - 5/11/2022 3:24 PM**

**Specimen**

**Necropsy**

Horse- 6	
Whole Animal - 6	Complete

**Client Report History**

Report Type	Delivery Method	Sent To	Date Sent
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

**Bulletin(s)**

*Thank you for choosing CSU for your diagnostic services. If you have any questions about test interpretation, we are happy to provide assistance. Please consult a licensed veterinarian regarding treatment options and management decisions*

This accession was re-opened to add information or correct the report. This version is an amended report and should be used as the final report.