

Lesions of No Significance
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Learning Objectives:

1. Understand how to determine if lesions are significant or nonsignificant by determining if they antemortem or postmortem
2. Recognize common antemortem findings with no clinical significance.

Determining if the observed lesions are significant or not is probably one of the toughest challenges while performing postmortem examinations. A good rule of thumb is to determine if the lesions is antemortem or postmortem. Many antemortem lesions are associated with inflammation and hemorrhage, and without those associated change, the assumption can be the lesion is postmortem.

Lesions of euthanasia are common and include:

1. Barbiturate salts on heart and lungs
2. Trauma and hemorrhage
3. Splenomegaly

Common postmortem changes that affect the animal and can mask and/or mimic significant lesions include:

1. Livor mortis
2. Rigor mortis
3. Algor mortis
4. Postmortem blood clots
5. Bile imbibition
6. Hemoglobin imbibition
7. Pseudomelanosis
8. Trauma from carcass manipulation
9. Stomach contents in esophagus, oral/nasal cavity, trachea and lungs
10. Nasal and/or oral discharges
11. Bloat
12. Prolapse (rectal, vaginal)
13. Gastric rupture
14. Emphysema
15. Intussusception
16. Big right ventricle

There are several nonsignificant antemortem changes that are nonspecific and can mimic significant lesions:

1. Injection site reactions
2. Hemamelasma ilei
3. Nodular hyperplasia (pancreas, spleen)
4. Siderotic plaques
5. Incomplete splenic contraction

6. Pharyngeal lymphoid hyperplasia
7. Epicardial hemorrhage
9. Amniotic plaques