

Bat ID Type of report Capture weight Death weight % Weight loss	<p style="text-align: center;">Pathology Report Summaries (Received 1 final report and 8 preliminary reports)</p>
<p style="text-align: center;">Reference: 8% wt loss in a 150 lb human = 12 lbs. 30% wt loss in a 150 lb human = 45 lbs.</p>	
Right Gray Final 12.82 grams 9.15 grams 29% wt loss < 30 days in captivity	Continuous weight loss. Moist dermatitis treated topically from 11/17/09. Also noted to have a cloudy cornea on 11/18/09. Died on 11/19/09. Post mortem (PM) gross findings: poor nutritional condition; dehydrated wings; lungs congested and covered with a film of blood. Final diagnoses: gram negative septicemia; necrotizing bacterial dermatitis; hyperkeratosis of the skin; mite parasitism; interstitial acute, mild pneumonia; histiocytic splenitis; multiple lymph nodes with sinus histiocytosis; generalized depleted fat. Cause of death: infectious (gram negative bacillus).
Right Blue Preliminary 11.15 grams 8.32 grams 26% wt loss > 30 days in captivity	Original dermatitis resolved but had progressive alopecia around neck, ventral chest, and head. Polydipsic and dehydrated. Carpal and digital swelling with crusts on ears. Intestinal cestodes. Received praziquantel, ivermectin, enrofloxacin and ceftiofur. When found cold and dehydrated, technician attempted to provide oral fluids and feed. Bat died after receiving subcutaneous fluids, etc. PM gross findings: fair nutritional condition; alopecia; wing laceration; subcutaneous hemorrhage; hemorrhage extending into the mesentery around the pancreas; muscles of head dark red and meninges covered in blood. Preliminary diagnoses: meninges hemorrhage; multifocal subcutaneous hemorrhage; depleted fat; lacerated wing. Comments: trauma, infection or coagulopathy (less likely) due to localized nature.
Left Purple Preliminary (Weight on report not dated) < 30 days in captivity	Bat appeared weak and in poor hydration status, arrested when attempts at force-feeding were initiated. PM gross findings: good nutritional status; lungs slightly mottled with hyperemia (pathologist notes "The high metabolic rate of chiropterans leaves these species susceptible to death due to lack of nutritional intake. This particular bat species is very sensitive to shock and changes in the environment. Pre-existing conditions possible.") Preliminary diagnoses: inanition (exhausted condition that results from lack of food and water); congested lungs, slightly mottled with hyperemia.
Left Yellow Preliminary 10.68 grams 9.32 grams 13% wt loss < 30 days in captivity	PM gross findings: good stores of adipose tissue; meninges congested and brainstem is minimally bulging; thoracic cavity contains moderate amounts of clear blood tinged fluid. Lungs appear normal. Preliminary diagnosis: Moderate hydrothorax, melena (presumptive).
Right Black Preliminary (Weight on report not dated) < 30 days in captivity	Instance of hypoglycemia while captive. Dermatitis and alopecia (hair fell off from chin, neck and chest areas in mats of clumped debris). Swelling on right side of face. Euthanized due to poor condition. PM gross findings: fair nutritional condition; erythema on skin over distal left humerus, and skin, middle, upper back. Extensive alopecia on chin, and muzzle. Ears have black, red and white crusts; lungs hemorrhagic and edematous. Preliminary diagnoses: hemorrhage and edema of lungs; dermatitis on face; alopecia on

	chest; hemorrhage in the subcutis of the back. Comments: Diffuse hemorrhage in the lungs may occur with vascular accident, shock, trauma, or septicemia.
Left Purple (incorrect bat ID) Preliminary 11.83 grams 10.88 grams 8% wt loss < 30 days in captivity	Dermatitis and bruising. PM gross findings: large amount of hemorrhage in the subcutis immediately cranial to holes in skin overlying pelvis on the dorsum extending to cervical vertebral column; crusting and erythema of the skin overlying the ventral thorax; serosanguineous fluid within the thoracic cavity; lungs multifocally, mildly congested. Preliminary diagnoses: marked focally extensive subcutis hemorrhage; multiple lacerations in patagium; multifocal, mildly congested lungs; hemorrhagic effusion in the thorax. Comments: Extensive hemorrhage in the subcutis of the back may be due to puncture of the skin in the area or trauma from compression or blunt force. Fluid within the thoracic cavity and congestion of the lungs may be associated with the back trauma or due to shock.
Left purple/right orange Preliminary 13.35 grams 11.36 grams 15% wt loss > 30 days in captivity	Dermatitis unresponsive to topical therapy. Cultured <i>Serratia</i> . Treated with enrofloxacin (unresponsive). Bat died with sanguineous fluid in the mouth after being treated with subcutaneous fluids and injectable ceftiofur. PM gross findings: good nutritional condition; alopecia; no negative pressure within the thoracic cavity; serosanguineous fluid and blood clot in thoracic cavity; extensive hemorrhage in the subcutis over the right side of the back. Preliminary diagnoses: hemothorax, focal hemorrhage in the lungs; alopecia and scabbing; cestodes in intestine.
Right Yellow Preliminary only 11.5 grams 8.02 grams 30% wt loss > 30 days in captivity	Dermatitis while in captivity. On day of death, bat was very dehydrated and technician attempted to feed and provide oral fluids. The bat was then warmed and given subcutaneous fluids, enrofloxacin and ceftiofur. PM gross findings: fair nutritional condition; mucoïd material around mouth; abrasion over dorsum of left hip; hematoma on right thigh with hemorrhage into the surrounding wing and body skin; subcutaneous hemorrhage. Preliminary diagnoses: meningeal hemorrhage; alopecia; multifocal, subcutaneous hemorrhage. Comments: Meningeal hemorrhage may indicate trauma, infection or coagulopathy. Coagulopathy less likely due to localized distribution of the hemorrhage.
Right Teal Preliminary only 10.98 grams 9.17 grams 16% wt loss < 30 days in captivity	Dermatitis while in captivity. Cold and non-responsive when supplemental feeding was attempted. PM gross findings: fair nutritional condition; extensive hemorrhage over the sacrum and hyperemic subcutis from this area to the nape of the neck; alopecia; ventral hyperemia; vessels of the dorsal surface of the brain markedly injected; meningeal sinus around colliculi full of blood. Preliminary diagnoses: subcutaneous sacral hemorrhage; dermatitis on neck; marked congestion of brain; diarrhea; moderate depletion of fat. Comments: Congestion in the brain may be due to septicemia, shock or trauma and the relationship to the subcutaneous hemorrhage is not clear. Dermatitis may be presenting an antigenic challenge. Enteritis due to bacterial or viral pathogens.