

REGIONAL VETERINARY LABORATORIES REPORT

February 2026

Regional Veterinary Laboratories (RVLs) carried out necropsy examinations on 959 carcasses and 358 fetuses during February 2026. Additionally, 1,594 diagnostic samples were tested to assist private veterinary practitioners (PVPs) with the diagnosis and control of disease in food producing animals. This report describes a selection of cases investigated by the Department of Agriculture, Food and the Marine's (DAFM) veterinary laboratories in February 2026.

The objective of this report is to provide feedback to veterinary practitioners on the pattern of disease syndromes at this time of the year by describing common and highlighting unusual cases. Moreover, we aim to assist with future diagnoses, encourage thorough investigations of clinical cases, highlight available laboratory diagnostic tools, and provide a better context for practitioners when interpreting laboratory reports.

Cattle

Enteritis and pneumonia were the most common diagnoses at necropsy in cattle in the RVLs during February 2026.

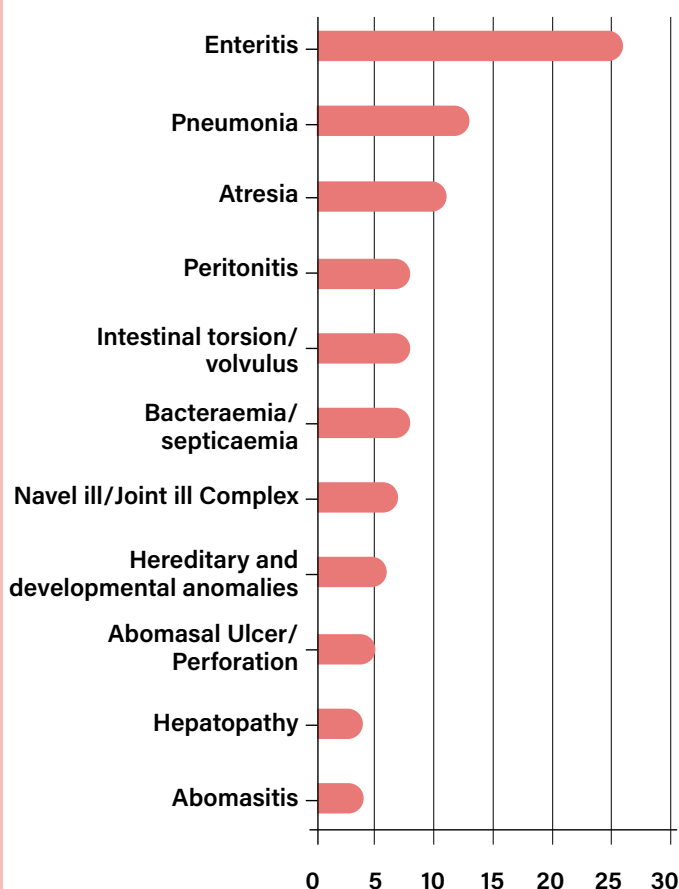


Table 1: The most common diagnoses in cattle submitted for necropsy in February 2026.

Gastrointestinal Tract

Intestinal Atresia

A two-day-old calf from a dairy herd was euthanised having not passed any faeces since birth and was submitted to Kilkenny RVL. There was an intestinal atresia with a large section of the jejunum affected. Intestinal atresia is usually considered a sporadic event, although there may be a hereditary aetiology in some dairy calves. An ischaemic event affecting intestinal vasculature leading to incomplete development or resorption of a segment of foetal intestine is considered to be the most likely explanation for sporadic cases.



Figure 1: Intestinal atresia. Photo: Aideen Kennedy.

A five-day-old Charolais suckler bull calf with suspected intestinal atresia was submitted to Limerick RVL. A previous submission had atresia jejunii and this was the third case on this farm with the same sire. Post-mortem examination confirmed an atresia jejunii.



Figure 2: Atresia jejunii; intestines were swollen with content proximal to the atresia (right) and empty distal to the affected section (left). Photo: Brian Toland.

Intestinal volvulus

The carcass of a one-week-old calf was submitted to Sligo RVL. The animal had presented with sudden onset diarrhoea and weakness, and deteriorated despite treatment efforts. On post-mortem examination, a segmental volvulus of the jejunum was apparent with congested red jejunal loops. There was also a small atrial septal defect identified in the heart, interpreted as an incidental patent foramen ovale.



Figure 3: Congested red jejunal loops in a case of segmental volvulus in a calf. Photo: Rebecca Froehlich-Kelly.

Ruminal acidosis

A 10-week-old calf died suddenly and was submitted to Kilkenny RVL. The owner queried blackleg. On examination, the rumen was bloated and contained a porridge-like content; the pH was acidic indicating rumen acidosis. There was also marked bloating of the abomasum. In addition, there was a mild pneumonia with approximately five per cent of the lung tissue consolidated. Ruminant acidosis develops in ruminants that have rapidly ingested large amounts of feed rich in fermentable carbohydrates (typically grain overload). As a result, large quantities of volatile fatty acids and lactic acid are produced which overwhelm rumen-buffering mechanisms and reduce ruminal pH. Once ruminal pH falls below five, there is death of normal ruminal flora and proliferation of lactobacilli, further propagating lactic acid production. The osmotic pressure increases within the rumen, pulling fluid into the rumen, causing dehydration and eventually leading to chemical rumenitis, haemoconcentration, metabolic acidosis, and subsequent circulatory collapse. Although the pneumonia was not the cause of death in this animal, infectious bovine rhinotracheitis (IBR) virus and *Mannheimia haemolytica* positive results were obtained by polymerase chain reaction (PCR) and a review of respiratory disease control was also



Figure 4: Serosal haemorrhage in a bloated abomasum. Photo: Maresa Sheehan.

Abomasal ulcers and abomasal bloat

Abomasal lesions are frequently encountered in calves presenting at Kilkenny RVL. Abomasal ulceration – with or without perforation and peritonitis – and abomasal bloating are common findings. The appearance of ulcers is most frequently reported at two to three weeks of age after the introduction of solid feed. Clinical signs may only present when complicated by secondary fungal infection; for example, after calves have received prolonged oral antibiotics for diarrhoea. Concurrent disease, e.g., diarrhoea, is frequently seen in these cases. Risk factors for abomasal bloating include poor hygiene, irregular feeding protocols, incorrect mixing of milk replacer, damaged teats, large group sizes, and inadequate water.



Figure 5: Abomasal ulcers in a calf. Photo: Maresa Sheehan.

Athlone RVL examined a one-month-old calf that had been purchased three weeks previously. The animal was noticed off form and died. This was the fifth similar loss. The abdomen was distended. At necropsy, the abomasum was distended with gas and beige, sour-smelling fluid, and the abomasal mucosa was diffusely haemorrhagic. There was milk in the rumen and there was a thickened ruminal mucosa. *Clostridium perfringens* toxins were not detected in abomasal fluid. *Candida* sp. was isolated from the rumen. A conclusion of abomasal bloat and rumen drinking was made. Contributory factors believed to be associated with the development of abomasal bloat include: delayed abomasal transit time; the presence of microbes capable of fermentation; and the availability of an easily fermentable substrate. Some of the risk factors that are believed to delay abomasal emptying – thereby facilitating exuberant fermentation, potential toxin elaboration, and gaseous production – include: feeding either hypoosmolar or hyperosmolar solutions; large volume feeds (>2.5-3L); incorrect temperatures; erratic feeding schedules; poor water availability; and inconsistent mixing. The importance of methodical, regular, and effective cleaning protocols for feeding equipment are also paramount. Rumen drinking is a progressive and often fatal condition where milk enters a calf's rumen instead of the abomasum, leading to bacterial fermentation, severe acidosis, rumen damage, and bloat. It occurs when the oesophageal groove reflex fails, often due to poor feeding practices, cold milk, enteritis, or stress.



Figure 6: Distended abomasum in a calf, rumen drinking was also diagnosed. Photo: Denise Murphy.

Salmonellosis

Limerick RVL examined two Friesian cows that developed diarrhoea, with traces of blood, shortly after calving and had died despite treatment. Findings at post-mortem included multifocal, dark red/black, circular, haemorrhagic necrotic lesions varying in size from 0.5 to 3cm in diameter on the surface and in the parenchyma of the liver. There were multifocal intestinal haemorrhages with bloody, watery, intestinal contents in the small intestine. *Salmonella enterica* serovar Typhimurium was cultured from the carcass and confirmed by serotyping; this is a notifiable and zoonotic disease. It has a different epidemiology to *Salmonella* Dublin, and this is key to understanding, investigating, and controlling outbreaks. Ruminants are infrequent hosts, with the disease more common in monogastric animals (poultry, pigs, wild birds, and rodents). The carrier state (common in *Salmonella* Dublin infection) is not a typical feature of *Salmonella* Typhimurium infections in ruminants, and faecal shedding lasts for days/weeks rather than weeks/months. When the source is identified and removed, outbreaks are often self-limiting, with appropriate treatment of clinical cases and vaccination. Many strains are multi-drug resistant; hence, culture and susceptibility results should be used to guide therapeutics. Antimicrobial treatment should only be considered when necessary to protect animal health and welfare.



Figure 7: Multifocal areas of necrosis in the body of the liver from which *Salmonella enterica* serovar Typhimurium was cultured. Photo: Brian Toland.

Diaphragmatic hernia

Limerick RVL examined a newborn dairy calf, which had a history of an uneventful birth; subsequently had difficulty breathing, and died shortly afterwards. Post-mortem examination revealed a diaphragmatic hernia, approximately eight centimetres in diameter, with stomach present in the thoracic cavity. Diaphragmatic hernias may be congenital or traumatic. This case was believed to be a congenital defect resulting in incomplete formation of the diaphragm due to absence of evidence of trauma around the defect.



Figure 8: Pathologist's glove visible through a diaphragmatic defect. Photo: Brian Toland.

Respiratory Tract

Fibrinous pericarditis, pleuritis and pneumonia

A one-month-old calf with respiratory signs was submitted to Kilkenny RVL. On necropsy, there was a fibrinous pericarditis, pleuritis, and pneumonia. There was also a purulent abscess at the navel or navel ill, and a review of navel hygiene at calving was recommended. Culture results were negative but there had been recent antibiotic use. *M. haemolytica* was detected by PCR of the lung tissue, it is commonly associated with the gross lesions seen.

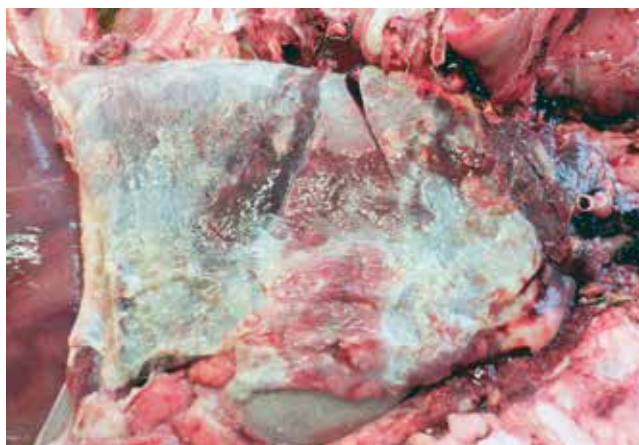


Figure 9: Fibrinous pericarditis, pleuritis, and pneumonia. Photo: Aideen Kennedy.

A Friesian first-calving heifer died suddenly four days after calving and was submitted to Limerick RVL. Post-mortem examination revealed a severe, fibrinous pleuropneumonia with well-demarcated consolidation of approximately 50 percent of the lungs and a distinctive, marbled appearance

distributed cranioventrally. There were also multifocal areas of 'ground glass' emphysema suggestive of emphysema secondary to airway obstruction often seen with respiratory viruses or lungworm. Laboratory findings included positive PCR results for *M. haemolytica* and *Pasteurella multocida*, consistent with gross lesions observed. Bovine herpesvirus 4 (BHV4) was also detected. It is difficult to evaluate the significance of this virus, which often works in synergy with other pathogens.



Figure 10: Bronchopneumonia with consolidation of approximately 50 percent of the lungs. Photo: Brian Toland.

Athlone RVL examined two five-year-old dairy cows with a history of respiratory signs. There was a severe, fibrinous pleuropneumonia with marked interlobular fibrinous oedema. Myriad fibrinous interlobular adhesions were observed. Multifocal areas of lobular consolidation and necro-haemorrhagic changes were seen throughout the lungs. *M. haemolytica* was cultured from lung tissue in both submissions and PCR was positive. Histopathology disclosed similar findings in the lungs of both cows: diffuse, fibrinosuppurative bronchopneumonia and pleuritis, with streaming 'oat cells', and markedly distended lymphatics with fibrin and leukocytes. A diagnosis of *M. haemolytica* pleuropneumonia was made. Outbreaks have been seen in adult dairy cows across the service; risk factors can include: overcrowding, poor ventilation, cold weather exposure, and mixing heifers with older cows. There can be significant morbidity and up to 10 per cent mortality has been reported.



Figure 11: Severe, fibrinous pleuropneumonia with marked interlobular oedema. Photo: Aoife Coleman.

Bronchopneumonia

A three-month-old beef calf was submitted to Dublin RVL.

The animal had been purchased five weeks previously as part of a group of 32 calves. It represented the third mortality within the group and was euthanised by the private veterinary practitioner (PVP) following a history of ill-thrift and multiple treatments for pneumonia. Gross post-mortem examination of the lungs revealed approximately 40 to 50 per cent cranioventral consolidation. There were multifocal-to-coalescing areas of necrosis of varying size distributed throughout the affected lung parenchyma. The bronchial and mediastinal lymph nodes were markedly enlarged. A severe fibrinous pleuritis was also present with fibrous adhesions to the costal pleura. PCR testing detected both *Mycoplasma bovis* and *P. multocida* in lung tissue, and *P. multocida* was also isolated on bacteriological culture. Histopathological examination of the lung revealed changes consistent with caseo-necrotic bronchopneumonia, consistent with the *Mycoplasma bovis* detected by PCR.

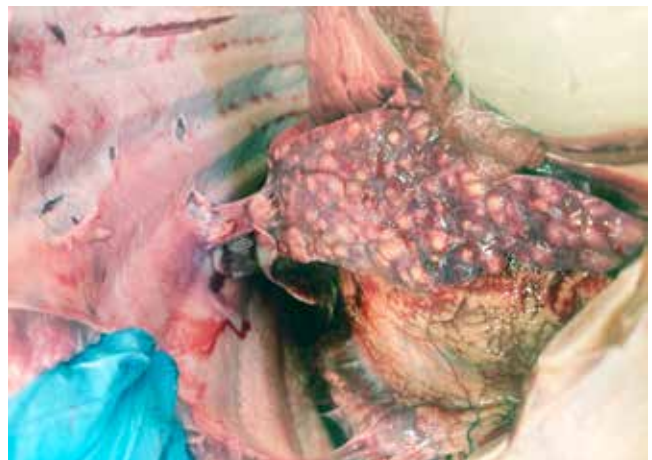


Figure 12: Severe cranioventral consolidation with multifocal-to-coalescing necrosis and fibrinous pleuritis with fibrous adhesions to the costal pleura. Photo: Sara Salgado.

Urinary/Reproductive Tract

Bluetongue

An eight-month-gestation foetus was submitted to Kilkenny RVL. The shape of the skull appeared normal and the limbs appeared normal. There was marked hydranencephaly. The foetus tested PCR positive for bluetongue virus serotype 3 (BTV-3). This marked the first time a bovine foetus in Ireland tested BTV positive.



Figure 13: Marked hydranencephaly in a foetus, viewed after a transverse cut across the cerebral cavity, from which bluetongue virus was identified. Photo: Aileen Kennedy.

Foetal hypoxia

A stillborn calf was submitted to Limerick RVL from a dairy farm; this was the fourth case and only in-calf heifers had been affected in a 110-cow herd. On post-mortem examination, there was meconium staining of the coat. Histopathology revealed presence of aspirated meconium in the lungs; culture and PCR testing were negative for abortifacients. Findings were indicative of foetal hypoxia and neonatal distress. This can result from dystocia, or prolonged calving due to hypocalcaemia, placentitis or stress. A review of management around calving and bloods for transition cow profiles was advised to investigate non-infectious causes of stillbirth and abortion.



Figure 14: Airways of a stillborn calf, filled with amniotic fluid. Photo: Brian Toland.

Athlone RVL examined a nine-year-old Jersey cross cow with a history of having calved without assistance the day before and being found dead the following morning. There was a large volume of blood and blood clots in the abdomen, and the uterine artery had ruptured. A conclusion of death due to haemorrhage following rupture of uterine artery was reached.



Figure 15: Blood clots in the abdomen of a cow from a ruptured uterine artery. Photo: Denise Murphy.

Cardiovascular System

Myocarditis and pericarditis

An eight-week-old Limousine cross suckler calf that died suddenly was submitted to Limerick RVL. A severe, fibrinous pericarditis and myocarditis was seen on post-mortem examination; there was also a moderately swollen, intra-abdominal umbilicus. A mixed bacterial growth was seen on culture from the heart, lung, spleen, and liver. Histopathology of the myocardium and pericardium revealed a severe, multifocal-to-coalescing, fibrinosuppurative and necrotising myocarditis and pericarditis with intralesional bacteria. There was also a moderate, interstitial pneumonia and suppurative hepatitis. A diagnosis of bacteraemia/septicaemia with severe myocarditis and pericarditis was

made. Omphalophlebitis may have had a role in introducing infection. However, the sudden death may suggest other differentials, such as *Histophilus somni* septicaemia (PCR for *H. somni* was negative).



Figure 16: Severe myocarditis; a pericarditis was also present. Photo: Brian Toland.

Endocarditis with myocardial abscessation

Sligo RVL examined the carcass of a seven-year-old cow which had been found dead in the shed without signs of illness previously. On post-mortem examination, there was purulent endocarditis with myocardial abscessation which extended into the pericardium with adhesions and fibrosis. There was fulminant purulent mastitis. *Trueperella pyogenes* was isolated from the lesions.

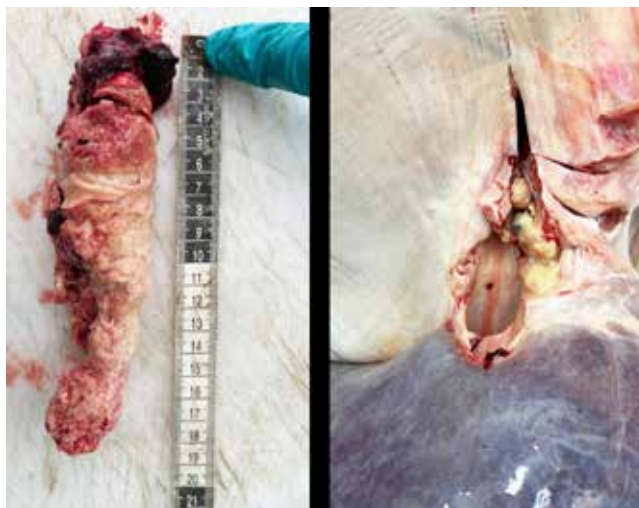


Figure 17: A thrombus (left) found in the caudal vena cava (right). Photo: Brian Toland.

Caudal Vena Cava Thrombosis

Limerick RVL examined a two-year-old bullock with a history of inappetence, grinding teeth, and no response to treatment. On post-mortem examination, there was a large abscess, approximately 18cm in length, occluding the lumen of the caudal vena cava. Lungs were heavy and oedematous with multifocal embolic pneumonia; there were multifocal pulmonary haemorrhages with one large, tennis ball-sized clot in the left caudal lobe. Liver had a nutmeg appearance; there was marked oedema of the abdominal organs with ascites. A diagnosis of caudal vena cava thrombosis and abscessation was made. The most common cause is due to ruminal acidosis leading to rumenitis. Liver abscessation occurs following embolic showers from the rumen and subsequent thrombosis and abscessation in the adjacent

vena cava. Infected emboli travel to the lung resulting in embolic pneumonia and blood clots from ruptured aneurysms. Nutmeg liver occurs due to thrombus-obstructed blood flow out of the liver leading to passive congestion. This increased back pressure in the venous system can also lead to ascites, and oedema in the abdominal organs.

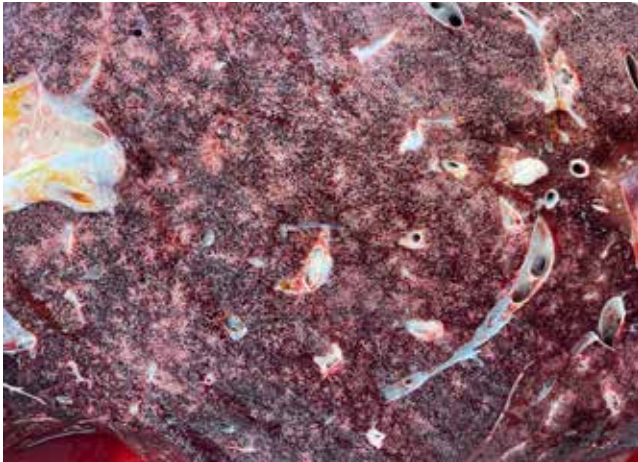


Figure 18: Nutmeg liver caused by passive congestion. Photo: Brian Toland.

Nervous System

Cerebrocortical necrosis (CCN)

A one-year-old, housed bull was submitted to Dublin RVL following presentation in lateral recumbency. Clinical history included absence of menace response, depressed mentation, and nystagmus. On gross examination, the brain appeared diffusely oedematous ('wet'), with multifocal areas of cortical fluorescence observed under ultraviolet (UV) light. The small intestinal mucosa was severely congested with watery, dark red contents. A high strongyle burden was identified on McMaster's faecal egg count of the intestinal contents. Histopathological examination of the brain revealed lesions consistent with a diagnosis of cerebrocortical necrosis (CCN). CCN is commonly associated with disturbances in thiamine metabolism or excessive dietary sulphur intake. Additional risk factors include restricted water availability and conditions that impair intestinal absorption, such as enteric inflammation. In this case, the high parasitic burden may have contributed to reduced thiamine availability and played a role in disease pathogenesis.



Figure 19: Areas of fluorescence in the cerebrum of a one-year-old bull that died as a result of CCN. Photo: Sara Salgado.

Sheep

Pneumonia and bacteraemia/septicaemia were the most common diagnoses at necropsy in sheep in the RVLs during February 2026.

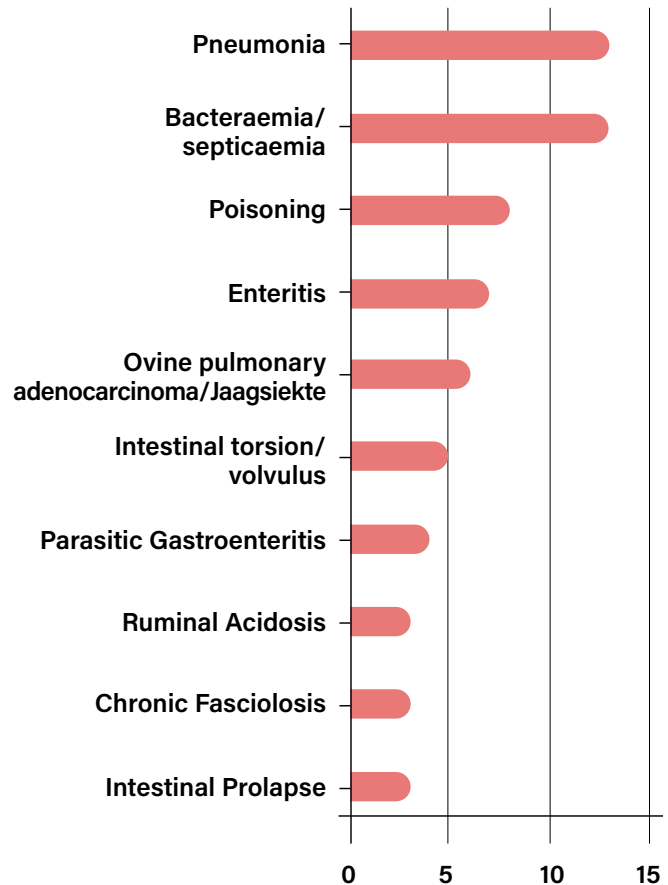


Table 2: The most common diagnoses in sheep submitted for necropsy in February 2026.

Gastrointestinal Tract

Fasciolosis and parasitic gastroenteritis

A two-year-old ewe which had been observed with respiratory distress on the previous day was submitted to Sligo RVL. On post-mortem examination, severe, chronic-active, parasitic hepatitis with peritonitis, most likely caused by *Fasciola hepatica*, was present. *Fasciola hepatica* eggs, as well as high numbers of strongyle eggs (3,300 eggs per gram, or EPG), were detected in intestinal contents. Chronic-active fasciolosis and concurrent parasitic gastroenteritis were diagnosed as cause of death.



Figure 20: Parasitic hepatitis with peritonitis, caused by fasciolosis. Photo: Rebecca Froehlich-Kelly.

Respiratory Tract

Pneumonia and pregnancy toxæmia

A three-year-old, in-lamb ewe was submitted to Kilkenny RVL. She had been anorexic and had respiratory signs before she died. There was a marked pneumonia with approximately 40 per cent of the lungs consolidated. *Bibersteinia trehalosi* was isolated from the lungs. Furthermore, the ewe had a lot of internal body fat. There were three lambs in the uterus. On histopathology, there was hepatocyte vacuolation suggestive of pregnancy toxæmia. In addition, the calcium levels were low.



Figure 21: Significant mesenteric fat in a ewe with pregnancy toxæmia. Photo: Aileen Kennedy.

Pregnancy toxæmia

Females with a poor body condition score (BCS) of less than two out of five, or that are over-conditioned (BCS $\geq 4/5$), and carrying more than one foetus, are most at risk of developing pregnancy toxæmia. Over-conditioned ewes have large fat reserves. When faced with high foetal energy demands and a large gravid uterus causing reduced rumen capacity, the sheep rapidly mobilise this body fat. The mobilised fat overwhelms the liver's capacity, leading to excessive fat deposition in the liver. Ewes may quickly shift from subclinical ketosis to clinical pregnancy toxæmia if feed intake is further affected by stressful events such as concomitant disease, adverse weather, transport, etc.

Fibrinous pleuritis

Athlone RVL examined a three-week-old lamb, with a history of having been found dull and listless and dying soon after. On post-mortem examination, there was a severe, diffuse, fibrinous pleuritis and a layer of fibrin on the liver surface indicating acute peritonitis. There was milk and a wool ball in the abomasum, and scant, loose intestinal contents. Joints and the navel were unremarkable. *M. haemolytica* and *P. multocida* were detected in the lungs by PCR. Histopathology of lungs showed a diffuse, fibrinosuppurative pleuritis. Acute pleuropneumonia and pleuritis is a frequent cause of death in young lambs and may occur as a primary respiratory disease, or secondary to a systemic bacteraemia and polyserositis arising from a septic focus elsewhere.



Figure 22: A severe, diffuse, fibrinous pleuritis in a lamb. Photo: Denise Murphy.

Urinary/Reproductive Tract

Enzootic abortion of ewes

Athlone RVL examined near-full-term, twin ovine foetuses that had been aborted. Carcasses were fresh, lungs were uninflated, and no other gross lesions were observed. The foetal membranes were haemorrhagic and had a severe fibrinous deposit on both the cotyledons and the intercotyledonary tissue. PCR tests were positive for *Chlamydia abortus*, the causative organism of enzootic abortion of ewes (EAE). Histopathology of the foetal membranes showed a suppurative, necrotising placentitis with vasculitis, fibrinoid necrosis of vessels, and thrombosis consistent with EAE.



Figure 23: Haemorrhagic placenta with a fibrinous deposit on both the cotyledons and the intercotyledonary tissue. Photo: Denise Murphy.

Three lamb foetuses and two placentas from a flock experiencing multiple abortions were submitted to Kilkenny RVL. There were no lesions visible on the foetus. The placenta had a fibrinous, intercotyledonary exudate. PCR tests were positive for *C. abortus*. The source of infection is typically aborting ewes at time of abortion and vaginal discharge for three weeks post-partum. It is advisable to isolate aborting ewes for three weeks, destroy placentas etc., and disinfect pens. Keep pregnant ewes away from infected

pens and don't use aborted ewes to foster replacement ewe lambs. Non-pregnant female sheep, including newborn lambs, can pick up the infection from an aborting ewe; the organism will remain latent until the animal is 90 days pregnant and then become active, causing the animal to abort. *C. abortus* is a zoonosis and appropriate advice should be provided to people in contact. Vaccines are available.

Toxoplasmosis

A stillborn lamb and a placenta were submitted to Kilkenny RVL. There had been four abortions in the flock. The placenta had suspect foci of necrosis and calcification on the cotyledons resulting in a 'frosted strawberry' appearance. There was also a small area of intercotyledonary exudate. *Toxoplasma gondii* PCR positive results were obtained. This is a protozoan parasite. Cats serve as the main reservoir of infection. *T. gondii* is a zoonotic agent of greatest risk to immunocompromised people and pregnant women. Depending on the stage of gestation when infection occurs there may be resorption, mummification, abortion, or death shortly after birth. Control: in the face of an outbreak little can be done except to dispose of aborted fetuses and placentas, and to disinfect pens. Toxoplasmosis is not passed from sheep to sheep. Once immunity has developed, the sheep is unlikely to abort again. Prevention involves avoiding the contamination of pasture, feed, and water with cat faeces. Rodent control can be useful. A vaccine is available.



Figure 24: Necrosis and calcification on the cotyledons with a 'frosted strawberry' appearance due to toxoplasmosis. Photo: Aideen Kennedy.

Vibriosis

Three four-month-gestation ovine foetuses were submitted to Kilkenny RVL. There had been ten abortions from a flock of 250. Two of the foetuses had no visible lesions. The third had multiple foci of necrosis on the liver. *Campylobacter* sp. was identified on culture. *Campylobacter* abortion (vibriosis) in sheep is caused by *Campylobacter fetus fetus* or *Campylobacter jejuni*. Initial source of infection is faeces of domestic livestock (e.g., about 10 per cent of cattle faeces are positive for *Campylobacter* spp.), dogs, and wildlife, including birds. Contamination of water supplies or feed troughs with faeces may pose a risk. Control includes: prompt, strict isolation of infected animals; early diagnosis; and disinfection of contaminated areas. Dividing the flock into two or three separate lambing groups may help to limit

spread of infection. Contamination of feedstuffs and water should be avoided. *Campylobacter* spp. are zoonotic. In addition to these findings, the PCR results for *C. abortus* were positive; no placenta was submitted to determine relative histopathological changes, but it is likely both agents were involved in the outbreak.



Figure 25: Foci of necrosis on a foetal liver from which *Campylobacter* sp. was identified. Photo: Aideen Kennedy.

Uterine torsion

A five-year-old ewe which had been found dead during late pregnancy was submitted to Sligo RVL. On post-mortem examination, there was a 720-degree uterine torsion with a large blood clot in the uterine lumen. *Anaplasma phagocytophylum* and *C. abortus* were detected in the uterus by PCR technique. The significance of these organisms in this case is unclear as uterine torsion is considered to be a spontaneous sporadic event with no infectious aetiology.



Figure 26: Uterine torsion in a ewe in situ showing a congested uterus (left) and closer view of the torsion (right). Photo: Rebecca Froehlich-Kelly.

Vaginal prolapse

Sligo RVL examined the carcass of a two-year-old ewe which had prolapsed her vagina before death. This animal had presented with vaginal prolapses during the previous pregnancy. On post-mortem examination, the uterus was noted to be black and discoloured, containing two large emphysematous lambs. There was extensive peritonitis. The prolapse was most likely caused by pressure due to the emphysematous lambs.

Pigs

Actinobacillus pleuropneumoniae

Two second-stage weaner pigs, approximately 12 weeks of age, were submitted to Dublin Regional Veterinary Laboratory (RVL). The submission followed a reported increase in mortality over the preceding 10 days, accompanied by a rise in the number of poorly thriving pigs within the group. Both animals were found dead and had not received any prior treatment. Porcine reproductive and respiratory syndrome (PRRS) virus had previously been detected in the first-stage weaners originating from the same farm; however, these animals were housed at a separate farm location. Gross post-mortem examination revealed severe, acute, diffuse, fibrinous pleuritis, with copious excess serosanguinous pleural fluid and fibrinous adhesions on the pleural surfaces. The lungs exhibited congestion and consolidation involving approximately 50 to 60 per cent of the lung volume, characterised by multifocal-to-coalescing areas of firm, dark purple-red, discoloured lung parenchyma. The caudal lobes were firm with a distinct "meaty" consistency. In addition, there was severe, diffuse, fibrinous pericarditis, and the bronchial and mediastinal lymph nodes were markedly enlarged. Histopathological examination demonstrated severe, diffuse, fibrinosuppurative pleuropneumonia, with abundant intralesional bacteria and the presence of 'oat cells' (necrotic leukocytes) characteristic of *Actinobacillus pleuropneumoniae* (APP) infection. Bacteriological culture and PCR testing confirmed the presence of *A. pleuropneumoniae* in both lungs, with high bacterial loads detected.



Figure 27: Lung with severe, diffuse, fibrinous necrotising pleuropneumonia, characteristic of *Actinobacillus pleuropneumoniae*. Photo: Sara Salgado.