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REPORT PERTAINING TO EASTERN GREY KANGAROO

On 4 June 2012, I was requested to conduct a post mortem examination on a young, male Eastern Grey Kangaroo. The kangaroo weighed 16kg.

POST MORTEM EXAMINATION

The nutritional status of the kangaroo was adequate.

The kangaroo was externally moist and the fur contained a considerable amount of dried and moist dirt in small rolled balls attached to the fur. There was blood partly covering the head, neck, front legs and chest. There were several wounds evident on the head and neck.

The first of these wounds was a small (0.5 to 1.0 cm diameter) rounded hole that penetrated deeply into the tissue at the level of the zygomatic arch and mid distance between the right eye and the right ear. The penetration progressed in a line from the small hole, through the soft tissue of the temporal, masseter and facial muscles and out through the lateral area that was originally the mandible. That area showed a large (6x 5 cm), irregular wound containing remnants of soft tissue and multiple small fragments of mandibular bone and teeth. The original structure of the mandible and teeth was totally disrupted. There two wounds are consistent with a bullet wound entry above and exit below.

The second wound was at the posterodorsal (back and top) aspect of the head. There was considerable crepitus (crunching sensation) on palpation of the skull and the cranium was deformed and not intact. Incision over the scalp revealed haemorrhage beneath the skin and multiple fractures of the cranial (skull) bone.

These bone fragments were easily moved to display a large amount of haemorrhage within the skull and brain. The brain showed considerable external haemorrhage with some also in the ventricles and brain substance. This injury is consistent with a crushing, blunt trauma to the skull and brain.

The third wound was on the right side of the neck about 4cm distal to the angle of the mandible (point of the jaw), 3 to 4cm from dorsal (top) to ventral (bottom) and 2cm wide at the centre. The edges of the wound were regular and smooth consistent with a sharp knife entry wound. Within the wound there was blood from the jugular vein, carotid artery and other smaller vessel that had been severed. A number of muscles were divided (severed). The trachea was divided (severed) leaving a smooth surface on each fragment. There was blood in both sections of the trachea and extending down into the bronchi.

The skin of the neck was retracted and revealed subcutaneous haemorrhage extending from the posterior skull along the dorsum (top) of the cervical area to almost the level of the scapula and shoulder. This indicated that there was bleeding from the head wounds during life.

The chest cavity was opened and contained lungs that partly contained air and partly contained blood particularly on the right. The distribution of the air was consistent with aspiration of blood during breathing.

The abdomen, hind limbs and lumbosacral spine were examined and did not reveal any abnormality.



INTERPRETATION

The first wound to the face was consistent with a gunshot from above, the bullet entering at the dorsal part of the right hand side and exiting at the level of the mandible and causing massive damage to that bone and teeth. That was likely to be the primary wound of a series of three wounds and is not likely to have been fatal.

The second wound, to the skull and brain, caused extensive trauma/damage to both structures and is consistent with blunt trauma caused by a blow with a heavy object. Considering the bleeding along the dorsum of the neck and the series of three assaults on this kangaroo, this trauma to the head was unlikely to have caused immediate death.

The third wound is consistent with a penetrating knife wound to the neck. The skin, muscle, vessels and trachea were divided in such a manner as to be also consistent with a deep knife injury. The presence of blood aspirated into the trachea, bronchi and lung is consistent with aspiration before death.

The above series of lesions indicates that the kangaroo was first shot, then bludgeoned on the head and then stabbed in the neck. The evidence is consistent with the kangaroo being alive until finally being exsanguinated and asphyxiated by a laceration to the throat. The kangaroo very likely suffered severe pain and distress for some time during this progressive attack, until the fatal exsanguination and asphyxiation.

Yours sincerely

Dr Howard Ralph