EXAMINATION OF THE ANIMAL

General Considerations
Victims of dog fighting may be male or female dogs. These animals should be examined and photographed as soon as possible after they are impounded. For safety, it is imperative that proper restraint be used. The dogs should be examined for injuries and a time estimate given for the injuries. Each wound and scar should be documented and completely described. The ears of these dogs may have been cropped. Often, this surgery was performed by the owner, which can result in additional charges of practicing medicine without a license. All the dogs should have radiographs to detect older or occult injuries. Detection of injuries on exam may be difficult because they have a high threshold of pain. Measurements of the dog and paw prints may be taken to compare to blood stains found in the dog pit. Buccal DNA swabs should be taken of each dog seized for dog fighting.

For common street fighter dogs, exam findings are often related to their substandard care and conditions. These dogs are usually suffering from starvation, dehydration, heartworm disease, intestinal parasites, skin parasites, and infection. Each dog should have a full blood work-up, including heartworm testing and a fecal exam.

The pit bull is predisposed to several health problems that are unrelated to fighting. They are highly susceptible to the parvovirus and have a high rate of being subclinical carriers of Babesia gibsoni. They are also prone to demodectic mange, dermatophytosis, flea allergy dermatitis, acral lick granulomas, acute moist dermatitis, pressure calluses, false pregnancy, anterior cruciate ligament rupture, and hip dysplasia.

A common issue is the disposition of these dogs after the case has been resolved. Because they have been bred to be aggressive toward other animals and humans (street fighters), public safety is a serious issue. It is the general opinion of most authorities that these dogs be humanely euthanized. Currently, there are several studies into the long-term behavior outcome of dogs that were re-homed after initial positive behavioral evaluations.

Types of Injuries
Dogs that were used for animal fighting have characteristic scars and injuries. They are usually located on the face, ears, chest, and legs when associated with fighting. If the dog showed submission, there may be injuries to the groin and abdomen. Scars or punctures that are from bites usually have corresponding marks from the opposing teeth of the attacker. These marks may indicate the upper and lower dental arcade of the attacking dog. Wounds may be in various stages of healing. Another type of injury is a ring injury to the leg. This occurs when a dog bites down on the lower leg and pulls, creating a degloving injury partially or fully encircling the leg. Depending on the conditions in which the animal was
kept, there may be injuries resulting from pens or debris in the area. The ventral neck often lacks hair and is inflamed from the dog pulling against the tie-out.

Special Tests
The dogs used for dog fighting often have been given muscle-building steroids, drugs that have steroid effects, hormones, and diuretics. They may have been given or exposed to illegal drugs, such as methamphetamine. Urine may be tested for the use of anabolic steroids. It is important to get urine samples as soon as possible because of the elimination periods for the steroids. Oral forms may be found in the urine 2–14 days later; injectable anabolic steroids may last up to 30 days; nandrolone may last up to 8–12 months. Clenbuterol is a sympathomimetic that has an anabolic steroid effect. It is a commonly abused drug by humans or it may be used in horses and cattle. Urine is the ideal source to test for anabolic steroids and similar drugs or masking agents used to hide their use. A very large quantity (25 ml) is needed for some laboratories to perform the test. Although not the preferred source, hair may be tested for these drugs. Serum might be used to test for a specific steroid, so samples should be taken and held. The laboratory should be consulted regarding sample handling and submission.

Bone Examination
The examination of bones may be required to identify the species, determine evidence of trauma, or possibly determine the cause of death. There are a variety of circumstances that bone examination can be indicated such as cannibalism, traumatic injury, fire victims, and buried remains. There may be times where the species identification of the bones may be critical as to the number of counts of animal cruelty a person is charged with. All bones, regardless of species, are similar in characteristics and responses to the environment, trauma, or modification of any kind. Examination of bones requires special training and knowledge of forensic osteology.

When looking at bones, it is important determine antemortem or postmortem changes from perimortem injury. It is important to get a full history of the circumstances surrounding the death of the animal, the environment and if any known trauma had taken place. Perimortem changes or injuries, i.e. injuries that occurred at or immediately prior to death, can provide evidence regarding the circumstances surrounding the death, contributing cause of death, weapon used, and/or cause of death. The vital reaction of bleeding from bone is a perimortem indicator and evidence of bone remodeling is indicative of antemortem injury. It is difficult to determine perimortem vs. postmortem damage to fresh or nearly fresh bone. This is due to the moisture in the bone which tends to respond to modification as if it were fresh. As the bone loses moisture, it is exposed to the elements and undergoes changes due to exposure, it becomes stained in the outer layers. At this stage postmortem vs. perimortem changes are more easily distinguished because the postmortem modifications will usually disrupt the outer layers exposing the unstained bone underneath.

Dog fighting can cause scoring, punctures or fractures of bones. The type of scoring and location of the injuries are the key indicators of dog fighting. Punctures of the bone may be seen in the head, the zygomatic process around the orbit, maxilla, nasal bone and hard palate. Scoring of the legs bones may be seen. These are usually horizontal or diagonal, 1-2mm wide and taper to a point.

REPORTS:
See below for examples of diagram and report for dog fighting
References:


www.veterinaryforensics.com – Forensic Forms

EXAMPLE OF DOG FIGHTING WOUND/SCAR DIAGRAM FILLED OUT
EXAMPLE OF DOG FIGHTING REPORT

FORENSIC EXAMINATIONS REPORT

[NOTE: This is a General Summary. Pictures and some case information has been altered or removed]

Agency: HSUS
Investigator:
Case #:
Supervising Forensic Veterinarian:

DATE OF SCENE INVESTIGATION/SEIZURE: 7/3/14

SUBJECTS OF EXAM: 32 adult dogs, American Pit Bull Terriers (APBT)

REASON FOR EXAM: Dog fighting investigation

MATERIALS PROVIDED/REVIEWED: Photos of scene and evidence, exams at the scene and at the shelter; copies of exam records

CRIME SCENE/FORENSIC FINDINGS:

1. Blood stains in basement found using Blue Star; shoe and hand blood impressions detected; blood stain patterns consistent with dog fighting
2. Medical Supplies and Supplements (from photos provided)
   - Antibiotics
     - Penicillin injectable
     - Cephalexin tablets
   - Emergency Medications/Treatment
     - Kayro syrup
   - Pain/Shock Medications
     - Dexamethasone injectable
   - Miscellaneous
     - Vitamins
     - Syringes
     - Tuff Foot

ABBREVIATIONS: mm = mucous membranes; UR = unremarkable; BCS = body condition score; HW = heartworm; OU = both eyes; OS = left eye; OD = right eye; AU = both ears; AS = left ear; AD = right ear; RF = right front; RH = right hind; LF = left front; LH = left hind


EXAMINATION FINDINGS:

Note:
- All dogs are APBT unless otherwise noted
- Initial exams were 7/3/14, first follow up exams conducted 7/4/13
- All dogs received DHPP, bordatella, and rabies vaccinations; panacur, frontline, and Idexx Snap 4-DX combo heartworm testing (ehrlichia, anaplasma, and lyme disease) unless otherwise noted
- A complete exam and scar/wound diagrams (when fight associated scars or wounds were present) was conducted for each APBT dog
- Only animal ID and pertinent exam findings are listed
- All dogs listed are adults unless otherwise noted

B1: “Molly”, BCS 5, ventral neck inflammation, required medication, scar pattern consistent with staged dog fighting
B2: “Razor”, BCS 6, ventral neck inflammation, required medication, scar pattern consistent with staged dog fighting
B3: “Lilly”, BCS 5, ventral neck inflammation, previously bred/nursed puppies, scar pattern consistent with staged dog fighting
B4: BCS 3, ventral neck inflammation, previously bred/nursed puppies, required medication, scar pattern consistent with staged dog fighting
B5: “Yellow”, BCS 6, ventral neck inflammation, required medication, scar pattern consistent with staged dog fighting
B6: “Maui”, BCS 5, ventral neck inflammation, required medication, scar pattern consistent with staged dog fighting
B7: “Miller”, BCS 5, ventral neck inflammation, previous malaligned fracture of LH femur, required medication, scar pattern consistent with staged dog fighting
C1: BCS 6, ventral neck inflammation, scar pattern consistent with staged dog fighting
C2: “Shade Tree”, BCS 4, ventral neck inflammation, required lab work - anemia, required medication, scar pattern consistent with staged dog fighting
C3: “Sheena”, BCS 5, ventral neck inflammation, previously bred/nursed puppies, required medication, scar pattern consistent with staged dog fighting
C4: “Old Man”, BCS 4, ventral neck inflammation, required lab work – severe dehydration and urinary tract infection, required medication, scar pattern consistent with staged dog fighting
C5: “Sheena II”, BCS 5, ventral neck inflammation, previously bred/nursed puppies, required medication, scar pattern consistent with staged dog fighting
C6: BCS 4, ventral neck inflammation, previously bred/nursed puppies, required medication, scar pattern consistent with staged dog fighting
C7: BCS 5, ventral neck inflammation, previously bred/nursed puppies, required medication, scar pattern consistent with staged dog fighting
C8: BCS 5, ventral neck inflammation, scar pattern consistent with staged dog fighting
C9: “White Bitch”, BCS 3, ventral neck inflammation, swollen stifle with displacement, required medication, scar pattern consistent with staged dog fighting
C10: BCS 5, ventral neck inflammation, previously bred/nursed puppies, required medication
C11: BCS 5, ventral neck inflammation, previously bred/nursed puppies, required medication, scar pattern consistent with staged dog fighting
C12: BCS 5, ventral neck inflammation, previously bred/nursed puppies, required medication, scar pattern consistent with staged dog fighting
C13: “Biscuit”, BCS 5, ventral neck inflammation, required medication, scar pattern consistent with staged dog fighting
D1: “Big Boy”, BCS 5, scar pattern consistent with staged dog fighting
D2: BCS 6, ventral neck inflammation, required medication, scar pattern consistent with staged dog fighting
D3: “Moe”, BCS 4, ventral neck inflammation, required lab work – anemia, required medication, scar pattern consistent with staged dog fighting
D4: BCS 5, ventral neck inflammation, required medication, scar pattern consistent with staged dog fighting
D5: BCS 5 (from photos), ventral neck inflammation, previously bred/nursed puppies, required medication
D6: BCS 5, ventral neck inflammation, required lab work – dehydration, required medication, scar pattern consistent with staged dog fighting
D7: “Big Momma”, BCS 5, ventral neck inflammation, scar pattern consistent with staged dog fighting (note-medical record not sent; findings from photos and summary document sent)
D8: BCS 5, ventral neck inflammation, required medication, scar pattern consistent with staged dog fighting
D9: “Blade”, BCS 5, ventral neck inflammation, required medication, scar pattern consistent with staged dog fighting
D10: “Ringo”, BCS 5, ventral neck inflammation, required medication, scar pattern consistent with staged dog fighting
D11: BCS 4, ventral neck inflammation, required medication, scar pattern consistent with staged dog fighting
D12: BCS 5, ventral neck inflammation, required medication

SUMMARY OF FINDINGS (32 dogs):
1. Scar/wound pattern consistent with staged dog fighting – 29
2. Ventral neck chafing/inflammation – 31
3. Required medication – 27
4. Historically has nursed more than one litter of puppies – 10
5. Required lab work – 4
6. Abnormal lab work – 4
7. Untreated previous orthopedic trauma – 2
8. BCS overweight (6) – 4
9. BCS ideal (5) – 21
10. BCS underweight (4) – 5
11. BCS thin (3) – 2

CAUSE OF INJURY: The scars and wounds are consistent with dog fighting
MANNER OF INJURY: Non-Accidental
CONCLUSIONS: The scar patterns are consistent with previous dog fighting injuries. The ventral neck chafing is due to wearing heavy, thick collars. This is exacerbated when attached to heavy chain tie-outs and the dogs lunging at other dogs. The poor housing and living conditions contributed to the skin inflammation, hairloss and skin infection these dogs had. Twenty-seven out of thirty-two dogs required medication for treatment of infections. Two dogs had previous untreated orthopedic trauma. Four dogs required lab work all of which was abnormal. Enlarged nipples were found in 10 of the adult females which indicate they had historically nursed more than one litter of puppies. Out of all the dogs, 2 were thin, 5 were underweight, 21 were ideal, and 4 were overweight.

SIGNATURE: 
DATE: