

Out of Scope of Request
STATE OF MONTANA

DEPARTMENT OF LIVESTOCK-DIAGNOSTIC LABORATORY DIVISION

BOX 997 — BOZEMAN, MONTANA 59771 — PHONE (406) 994-4885 — FAX (406) 994-6344

LABORATORY REPORT

S U B M I T T E E	DR P RYAN CLARKE	O W N E R	BQFS	D A T E	5/18/200	C A S E N O	8-414
	187 E TOBIANO TR		CORWIN SPRING MT				
	BELGRADE MT 59714						

"Female Bison"

One 300-pound female Bison was submitted for incineration.

83087

(b)(6)

Lab Fee: \$ 60.00 Incineration

Signature

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

PERMIT FOR MOVEMENT OF RESTRICTED ANIMALS

FORM APPROVED
OMB NO. 0579-0051

No. E124926

USE A SEPARATE FORM FOR EACH SPECIES

1. NAME AND ADDRESS OF SHIPPER OR CONSIGNOR (Include Zip Code)

USDA ADAMS
Brogan Bison Quarantine
Corbin Springs MT

Non Responsive

5. STATE WHERE ISSUED

MT

6. MOVEMENT TO BE

☐ INTERSTATE ☒ INTRASTATE

7. MOVEMENT FOR

☐ QUARANTINE ☒ SLAUGHTER

8. DISEASE

Bruceellosis

9. STATUS OF ANIMALS

No. Reactor No. Exposed No. Other (Specify)

10. STATUS OF HERD OF ORIGIN

infected

11. STATUS OF AREA OF ORIGIN

12. NO. ANIMALS IN THIS SHIPMENT

12

13. SPECIES (One only)

Bison

14. TRANSPORTATION VEHICLE LICENSE NO. OR OTHER IDENTIFICATION NO.

A316237

15. SEAL NO.

16. VEHICLE REQUIRED TO BE CLEANED AND DISINFECTED AT DESTINATION

☐ YES ☒ NO

(If Yes, Items 32, 33, and 34 are Applicable)

VALID ONLY FOR ABOVE DESTINATION

17. ANIMALS TO BE MOVED

COMPLETE EAR TAG NO.	BREED	SEX	DISEASE BRAND	OTHER IDENTIFICATION (Complete No.)	COMPLETE EAR TAG NO.	BREED	SEX	DISEASE BRAND	OTHER IDENTIFICATION (Complete No.)
21APM 1387	Bison	F		04-05					
21APF 6468		M		05-05					
21APF 6465		M		06-05					
21ARG 6955		M		08-05					
21APM 5971		M		10-05					
21AYR 7356		F		3-06					
21AYR 7352		M		9-06					
21AYR 7347		M		15-06					
21APM 1390		F		16-06					
21AYR 7304		M		28-06					
21AYR 7390		F		62-06					
21AYR 7315		F		80-06					

(b)(6)

and on this permit and find them eligible to move in accordance with the requirements of State and Federal

19. DATE ISSUED

19 June 06

20. TIME ISSUED

12:00 PM

VOID AFTER

21. DATE

20 June 06

22. TIME

12:00 PM

WARNING TO OWNER, SHIPPER AND TRUCKER - LIVESTOCK MUST BE DELIVERED TO CONSIGNEE WITHOUT DIVERSION

I understand that it is a violation of Federal law to move the animals identified herein interstate except in accordance with the provisions of applicable Federal Regulations. I also understand that such animals must comply with existing state laws and regulations governing movement of livestock and poultry. I have arranged or will arrange for a copy of this permit to accompany the interstate shipment and be delivered with the above described animals.

(b)(6)

24. TITLE

☐ OWNER

☒ SHIPPER

25. DATE SIGNED

19 June 06

I certify that the animals described on this permit were received and slaughtered/quarantined in accordance with the requirements of the State and Federal regulations on the date indicated in item 29.

26. PLACE ANIMALS RECEIVED	27. DATE ANIMALS ARRIVED	28. NO. ANIMALS RECEIVED	29. DATE SLAUGHTERED/QUARANTINED
30. DATE AND TIME SEALS BROKE	31. AUTHORIZED SIGNATURE	32. DATE CLEANED AND DISINFECTED (if required)	33. SIGNATURE OF INSPECTOR
			34. DATE SIGNED

VS FORM 1-27
(JUN 89)

Previous edition may be used.

PART 2 - MAIL TO DESTINATION OF SHIPMENT
(Receipt and return to State of Origin)

ENCASE

Public reporting burden for this collection of information is estimated to average .05 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Agriculture, Clearance Officer, OIRM, Room 404-W, Washington, D.C. 20250; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

PERMIT FOR MOVEMENT OF RESTRICTED ANIMALS

FORM APPROVED
OMB NO. 0579-0051

No. E124926

5. STATE WHERE ISSUED

MT

6. MOVEMENT TO BE

☐ INTERSTATE ☒ INTRASTATE

7. MOVEMENT FOR

☐ QUARANTINE ☒ SLAUGHTER

8. DISEASE

Brucellosis

9. STATUS OF ANIMALS

No. Reactor No. Exposed No. Other (Specify)

10. STATUS OF HERD OF ORIGIN

infected

11. STATUS OF AREA OF ORIGIN

12. NO. ANIMALS IN THIS SHIPMENT

12

13. SPECIES (One only)

Bison

14. TRANSPORTATION VEHICLE LICENSE NO. OR OTHER IDENTIFICATION NO.

A316837

15. SEAL NO.

16. VEHICLE REQUIRED TO BE CLEANED AND DISINFECTED AT DESTINATION

☐ YES ☒ NO

(If Yes, Items 32, 33, and 34 are Applicable)

VALID ONLY FOR ABOVE DESTINATION

17. ANIMALS TO BE MOVED

COMPLETE EAR TAG NO.	BREED	SEX	DISEASE BRAND	OTHER IDENTIFICATION (Complete No.)	COMPLETE EAR TAG NO.	BREED	SEX	DISEASE BRAND	OTHER IDENTIFICATION (Complete No.)
91APM1387	Bison	F		04-05					
91APF 6468		M		05-05					
91APF 6485		M		06-05					
91ARG 6955		M		08-05					
91ADH 5971		M		10-05					
91AYR 7356		F		3-06					
91AYR 7352		M		9-06					
91AYR 7347		M		15-06					
91APM 1390		F		16-06					
91AYR 7304		M		28-06					
91AYR 7340		F		62-06					
91AYR 7315		F		80-06					

I certify that I have inspected the animals described on this permit and find them eligible to move in accordance with the requirements of State and Federal regulations.

(b)(6)

20. TIME ISSUED

12:00 PM

VOID AFTER

21. DATE

20 Jun 06

22. TIME

12:00 PM

WARNING TO OWNER, SHIPPER AND TRUCKER - LIVESTOCK MUST BE DELIVERED TO CONSIGNEE WITHOUT DIVERSION

I understand that it is a violation of Federal law to move the animals identified herein interstate except in accordance with the provisions of applicable Federal Regulations. I also understand that such animals must comply with existing state laws and regulations governing movement of livestock and poultry. I have arranged for the animals to be delivered with the above described animals.

(b)(6)

24. TITLE

☐ OWNER ☒ SHIPPER

25. DATE SIGNED

19 June 06

I certify that the animals described on this permit were received and slaughtered/quarantined in accordance with the requirements of the State and Federal regulations on the date indicated in item 29.

26. PLACE ANIMALS RECEIVED	27. DATE ANIMALS ARRIVED	28. NO. ANIMALS RECEIVED	29. DATE SLAUGHTERED/QUARANTINED
30. DATE AND TIME SEALS BROKE	31. AUTHORIZED SIGNATURE	32. DATE CLEANED AND DISINFECTED (if required)	33. SIGNATURE OF INSPECTOR
34. DATE SIGNED			

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES		FORM APPROVED OMB NO. 0579-0051		No. A 581857	
PERMIT FOR MOVEMENT OF RESTRICTED ANIMALS					
USE A SEPARATE FORM FOR EACH SPECIES					
1. NAME AND ADDRESS OF SHIPPER OR CONSIGNOR (Include Zip Code) <i>Bison Quarantine Facility Corwin Springs, MT</i>			5. STATE WHERE ISSUED <i>MT</i>		
2. Non Responsive <div style="border: 1px solid black; height: 40px; width: 100%;"></div>			6. MOVEMENT TO BE <input type="checkbox"/> INTERSTATE <input checked="" type="checkbox"/> INTRASTATE		
			7. MOVEMENT FOR <input type="checkbox"/> QUARANTINE <input checked="" type="checkbox"/> SLAUGHTER		
3. (Continuation of item 1 above)			8. DISEASE <i>Bovine Spongiform Encephalitis</i>		9. STATUS OF ANIMALS No. Reactor No. Exposed No. Other (Specify) <i>17</i>
			10. STATUS OF HERD OF ORIGIN <i>Quarantined</i>		11. STATUS OF AREA OF ORIGIN <i>PA</i>
4. NAME AND ADDRESS OF OWNER AT TIME CONDITION DIAGNOSED <div style="border: 1px solid black; height: 40px; width: 100%;"></div>			12. NO. ANIMALS IN THIS SHIPMENT <i>17</i>		13. SPECIES (One Only) <i>Bison</i>
			14. TRANSPORTATION VEHICLE LICENSE NO. OR OTHER IDENTIFICATION NO. <i>A316 237</i>		
15. SEAL NO.					

VALID ONLY FOR ABOVE DESTINATION

17. ANIMALS TO BE MOVED

COMPLETE EAR TAG NO.	BREED	SEX	DISEASE BRAND	OTHER IDENTIFICATION (Complete No.)	COMPLETE EAR TAG NO.	BREED	SEX	DISEASE BRAND	OTHER IDENTIFICATION (Complete No.)
81AXR 7339	Bison	F		56-06	81AXR 7339	Bison	M		47-06
81AXR 7206	Bison	M		10-06	81APM 1396	Bison	F		72-06
81AXR 7241	Bison	F		74-06	81AXR 7344	Bison	F		60-06
81AXR 7207	Bison	F		11-06	81AXR 7248	Bison	M		27-06
81AXR 7354	Bison	F		70-06	81AXR 7343	Bison	M		34-06
81AXR 7226	Bison	M		38-06	81AXR 7335	Bison	M		49-06
81AXR 7232	Bison	M		59-06	81AXR 7332	Bison	M		36-06
81APM 1502	Bison	M		25-06	81AXR 7243	Bison	M		78-06

I certify that I have inspected the animals described on this permit and find them eligible to move in accordance with the requirements of State and Federal

(b)(6)		DATE ISSUED		20. TIME ISSUED		VOID AFTER	
		<i>6/20/06</i>		<i>7:30 AM</i>		21. DATE <i>6/2/06</i> 22. TIME <i>7:30 AM</i>	

STOCK MUST BE DELIVERED TO CONSIGNEE WITHOUT DIVERSION

I understand that it is a violation of Federal law to move the animals identified herein interstate except in accordance with the provisions of applicable Federal Regulations. I also understand that such animals must comply with existing state laws and regulations governing movement of livestock and poultry. I have arranged or will arrange for a copy of this permit to accompany the interstate shipment and be delivered with the above described animals.

23. SIGNATURE OF OWNER OR SHIPPER		24. TITLE <input type="checkbox"/> Owner <input type="checkbox"/> Shipper		25. DATE SIGNED	
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I certify that the animals described on this permit were received and slaughtered/quarantined in accordance with the requirements of the State and Federal regulations on the date indicated in item 29.

26. PLACE ANIMALS RECEIVED		27. DATE ANIMALS ARRIVED		28. NO. ANIMALS RECEIVED		29. DATE SLAUGHTERED/QUARANTINED	
30. DATE AND TIME SEALS BROKE		31. AUTHORIZED SIGNATURE		32. DATE CLEANED & DISINFECTED (If required)		33. SIGNATURE OF INSPECTOR	
						34. DATE SIGNED	

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES		FORM APPROVED OMB NO. 0579-0051		No. A 581858							
PERMIT FOR MOVEMENT OF RESTRICTED ANIMALS <small>USE A SEPARATE FORM FOR EACH SPECIES</small>		5. STATE WHERE ISSUED <div style="text-align: center; font-size: 1.5em;">MT</div>									
1. NAME AND ADDRESS OF SHIPPER OR CONSIGNOR (Include Zip Code) <div style="font-family: cursive; font-size: 1.2em;"> Bison Quarantine Facility Crown Springs, MT </div>		6. MOVEMENT TO BE <input type="checkbox"/> INTERSTATE <input checked="" type="checkbox"/> INTRASTATE									
2. COMMENTS <div style="border: 1px solid black; height: 40px; width: 100%;"></div>		7. MOVEMENT FOR <input type="checkbox"/> QUARANTINE <input checked="" type="checkbox"/> SLAUGHTER									
3. MOVED FROM (Name and Location of Premise if other than item 1 above) 		8. DISEASE <div style="font-family: cursive; font-size: 1.2em;">Brucellosis</div>		9. STATUS OF ANIMALS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">No. Reactor</td> <td style="text-align: center;">No. Exposed</td> <td style="text-align: center;">No. Other (Specify)</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">17 pm</td> </tr> </table>		No. Reactor	No. Exposed	No. Other (Specify)			17 pm
No. Reactor	No. Exposed	No. Other (Specify)									
		17 pm									
4. NAME AND ADDRESS OF OWNER AT TIME CONDITION DIAGNOSED 		10. STATUS OF HERD OF ORIGIN <div style="font-family: cursive; font-size: 1.2em;">Quarantine</div>		11. STATUS OF AREA OF ORIGIN 							
		12. NO. ANIMALS IN THIS SHIPMENT <div style="font-family: cursive; font-size: 1.2em;">17 pm</div>		13. SPECIES (One Only) <div style="font-family: cursive; font-size: 1.2em;">Bison</div>							
		14. TRANSPORTATION VEHICLE LICENSE NO. OR OTHER IDENTIFICATION NO. <div style="font-family: cursive; font-size: 1.2em;">A 316 237</div>									
		15. SEAL NO. 		16. VEHICLE REQUIRED TO BE CLEANED & DISINFECTED AT DESTINATION <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(If Yes, Items 32, 33 and 34 are Applicable)</small>							
VALID ONLY FOR ABOVE DESTINATION											

17. ANIMALS TO BE MOVED				
COMPLETE EAR TAG NO.	BREED	SEX	DISEASE BRAND	OTHER IDENTIFICATION (Complete No.)
81 AXR 7233	Bison	M		61-06

I certify that I have inspected the animals described on this permit and find them eligible to move in accordance with the requirements of State and Federal (b)(6)			
19. DATE ISSUED <div style="font-family: cursive; font-size: 1.2em;">6/20/06</div>		20. TIME ISSUED <div style="font-family: cursive; font-size: 1.2em;">7:30 AM</div>	
21. DATE <div style="font-family: cursive; font-size: 1.2em;">6/21/06</div>		22. TIME <div style="font-family: cursive; font-size: 1.2em;">7:30 AM</div>	

WARNING TO OWNER, SHIPPER AND TRUCKER - LIVESTOCK MUST BE DELIVERED TO CONSIGNEE WITHOUT DIVERSION <small>I understand that it is a violation of Federal law to move the animals identified herein interstate except in accordance with the provisions of applicable Federal Regulations. I also understand that such animals must comply with existing state laws and regulations governing movement of livestock and poultry. I have arranged or will arrange for a copy of this permit to accompany the interstate shipment and be delivered with the above described animals.</small>		
23. SIGNATURE OF OWNER OR SHIPPER 		24. TITLE <input type="checkbox"/> Owner <input type="checkbox"/> Shipper
25. DATE SIGNED 		

I certify that the animals described on this permit were received and slaughtered/quarantined in accordance with the requirements of the State and Federal regulations on the date indicated in item 29.			
26. PLACE ANIMALS RECEIVED 		27. DATE ANIMALS ARRIVED 	28. NO. ANIMALS RECEIVED
29. DATE SLAUGHTERED/QUARANTINED 			
30. DATE AND TIME SEALS BROKE 	31. AUTHORIZED SIGNATURE 	32. DATE CLEANED & DISINFECTED (if required) 	33. SIGNATURE OF INSPECTOR
34. DATE SIGNED 			

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
NATIONAL VETERINARY SERVICES LABORATORIES
P.O. BOX 844, 1800 DAYTON AVENUE, AMES, IA 50010
(515) 239-8212

INSTRUCTIONS: Use a separate request for each species and each owner/broker. See reverse for definitions (Item 12) and instructions for identification (Item 20).

PAGE

OF

SPECIMEN SUBMISSION

1. NAME OF SUBMITTER <i>Myron Clarke</i>		2. NAME OF OWNER <i>USDA APHIS VS BAFS</i>	
MAILING ADDRESS (Street, City, State, and Zip Code) <i>187 E. Torkiano Trl. Belgrade, MT 59714</i>		CITY <i>Bozeman,</i>	STATE <i>MT</i>
Phone No. <i>406 388-5162</i> FAX No. <i>800</i>		3. LOCATION OF ANIMALS	
4. PAYMENT METHOD ("X" applicable item and provide information)		COUNTY <i>Pack</i>	STATE <i>MT</i>
<input type="checkbox"/> USER FEE ACCOUNT NO.:		<input type="checkbox"/> MC/VISA NO.:	
<input type="checkbox"/> CHECK/MONEY ORDER ENCLOSED (Made payable to "USDA" in U.S. Dollars)		EXP. DATE:	
5. HERD/FLOCK SIZE	8. EXAMINATIONS REQUESTED <i>Tissue Culture - Brucella abortus</i>		9. COLLECTED BY <i>R. Clarke, J. Ryan</i>
6. NO. IN HERD/FLOCK AFFECTED			10. DATE COLLECTED <i>5/22/08</i>
7. NO IN HERD/FLOCK DEAD			11. AUTHORIZED BY <i>P. Myron Clarke</i>
12. PURPOSE OF SUBMISSION ("X" one) (See reverse side of Part 3 for definitions)		13. COUNTRY OF ORIGIN	
<input type="checkbox"/> General Diagnostic <input type="checkbox"/> Surveillance <input type="checkbox"/> Import <input type="checkbox"/> Interstate Movement <input type="checkbox"/> FAD/EP Diagnostic <input checked="" type="checkbox"/> Developmental Research <input type="checkbox"/> Export <input type="checkbox"/> Movement <input type="checkbox"/> NVSL Intralab Diagnostic <input type="checkbox"/> Reagent Evaluation <input type="checkbox"/> TB		14. REFERRAL NUMBER	
15. PRESERVATION ("X" applicable item(s))			
<input type="checkbox"/> None <input checked="" type="checkbox"/> Ice Pack <input type="checkbox"/> Dry Ice <input type="checkbox"/> Formalin <input type="checkbox"/> Borax <input type="checkbox"/> Alcohol <input type="checkbox"/> Other (specify)			
16. SPECIMENS SUBMITTED ("X" applicable item(s))			17. TOTAL NUMBER OF SPECIMENS SUBMITTED <i>660</i>
<input type="checkbox"/> Blood <input type="checkbox"/> Feces <input type="checkbox"/> Parasite <input type="checkbox"/> Serum <input checked="" type="checkbox"/> Tissue <input type="checkbox"/> Whole Bird <input type="checkbox"/> Other (specify) <input type="checkbox"/> Culture <input type="checkbox"/> Feed <input type="checkbox"/> Plant <input type="checkbox"/> Soil <input type="checkbox"/> Urine <input type="checkbox"/> Fetus <input type="checkbox"/> Extract <input type="checkbox"/> Milk <input type="checkbox"/> Semen <input checked="" type="checkbox"/> Swab <input type="checkbox"/> Water			
18. SPECIES OR SOURCE ("X" one)			19. NUMBER OF ANIMALS SAMPLED <i>3</i>
<input type="checkbox"/> Cattle <input type="checkbox"/> Goat <input type="checkbox"/> Environment <input type="checkbox"/> Chicken <input checked="" type="checkbox"/> Bison <input type="checkbox"/> Deer <input type="checkbox"/> Other (specify) <input type="checkbox"/> Swine <input type="checkbox"/> Horse <input type="checkbox"/> Reagent <input type="checkbox"/> Turkey <input type="checkbox"/> Dog <input type="checkbox"/> Elk <input type="checkbox"/> Sheep <input type="checkbox"/> Donkey <input type="checkbox"/> Pet Bird <input type="checkbox"/> Cat <input type="checkbox"/> Fish			
20. IDENTIFICATION (See reverse side of Part 5)			
Sample ID	Animal ID/Breed	Age	Sex
<i>3893</i>	<i>81AP613893</i>	<i>1</i>	<i>F</i>
<i>3871</i>	<i>81AP613871</i>	<i>1</i>	<i>F</i>
<i>3829</i>	<i>81AP613829</i>	<i>1</i>	<i>F</i>
21. ADDITIONAL DATA (History, clinical signs, post mortem findings, remarks, tentative diagnosis, etc. Use additional sheets if necessary.) <i>Suspected Argentine bison - Seca Hatched tissue 1/3/08</i> <i>5/22/08</i>			
22. SIGNATURE OF SUBMITTER AND DATE			
NVSL USE ONLY			
CONDITION	PRIORITY	DISTRIBUTION	RECEIVED BY
NVSL ACCESSION NO			

Bison Sampling Protocol – Gender: ~~M~~ F

Names Orky, Frey Date 7/24/08

Location Stillwater Park Card Test

ID No. 20-08 8/APR 3869

Age 1 Weight 176 Body Condition

Neck Circ Chest Girth Total Length Brisket Fat

BLOOD:

☒ Serology
☒ Culture, (heparinized, 15ml)
☐ Culture (citrated, 10ml)
☐ Plasma

SWABS:

☒ Vaginal
☒ Rectal
☒ Uterine

CULTURE:

☒ Milk
☒ Bladder
☒ Allantoic Fluid
☒ Synovial Fluid
☒ Fecal sample

LYMPH NODES:

☒ Supramammary / *Superficial Inguinal*
☒ Popliteal
☒ Prefemoral
☒ Sup. Cervical (Pre-Scapular)
☒ Internal Iliac
☒ Hepatic
☒ Mesenteric
☒ Bronchial
☒ Mandibular
☒ Parotid
☒ Retropharyngeal

OTHER TISSUES:

☒ Tooth
☒ Udder
☒ Ileum
☒ Kidney
☒ Liver
☒ Spleen
☒ Bone Marrow
☒ Ovaries
☒ Uterus
☐ Testicle
☐ Epididymis
☐ Seminal Vesicles

STATE OF MONTANA
DEPARTMENT OF LIVESTOCK-DIAGNOSTIC LABORATORY DIVISION

BOX 997 — BOZEMAN, MONTANA 59771 — PHONE (406) 994-4885 — FAX (406) 994-6344

LABORATORY REPORT

S
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RYAN CLARKE
187 E TOBIANO TRAIL
BELGRADE MT 59714

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R

BISON QUARANTINE
CORWIN SPRINGS MT

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8/14/08

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2-80

"24-08"

GROSS PATHOLOGY:

Bison necropsy was performed and samples were taken.

(b)(6)

Lab Fee: \$ 160.00 (CVIC Fund/AYHIS)

Signature

FORM SV-51 (11-01)

SUBMITTEE

Ear Tag	Silver Tag	Sex	Comments	Serum	Culture	Weight
✓75-08	✓81ARG3866	✓F				✓370
✓76-08	✓81ARG3860	✓F				✓371
✓77-08	✓81ARG3887	✓F				✓520
✓78-08	✓81ARG3880	✓F	arg3847? 6T-81RG3880 ✓			✓466
✓79-08	✓81ARG3880	✓F				✓470
✓80-08	✓81ARG3859	✓F				✓352
✓81-08	✓81AYE4039	✓F				
✓82-08	✓81ARG3882	✓F				
✓83-08	✓81ARG3894	✓F				
✓84-08	✓81AYE4041	✓F				
✓85-08	✓81AYE4042	✓F				✓416
✓86-08	✓81ARG3872	✓F				✓372
✓87-08	✓81ARG3861	✓M				✓434
✓88-08	✓81ARG3899	✓F				✓380
✓89-08	✓81ARG3865	✓F	arg3865? ✓			
✓90-08	✓81AYE4051	✓F				
✓91-08	✓81APM1605	✓M				
✓92-08	✓81ARG3868	✓F				
✓93-08	✓81ARG3814	✓F				✓391
✓94-08	✓81ARG3862	✓M				
✓95-08	✓81ARG3812	✓M				
✓96-08	✓81ARG3857	✓F				
✓97-08	✓81ARG3820	✓F				
✓98-08	✓81AYE4059	✓M				✓402
✓99-08	✓81ARG3801	✓M				

See Not

STATE OF MONTANA
DEPARTMENT OF LIVESTOCK-DIAGNOSTIC LABORATORY DIVISION

BOX 997 — BOZEMAN, MONTANA 59771 — PHONE (406) 994-4885 — FAX (406) 994-6344

LABORATORY REPORT

SUBMITTEE	DR P RYAN CLARK 187 E TOBIANO TR BELGRADE MT 59714	OWNER	BQFS CORWIN SPRINGS MT	DATE	9/10/200	CASE NO	8-122

"8511"

GROSS PATHOLOGY:

A newborn female Bison calf was submitted for necropsy and subsequent laboratory evaluation. The crown-rump length measured 77 cm and the calf had not breathed or walked.

While muscular tissues were in a good state of post mortem preservation, and the parenchymatous organs were autolytic. There was congestion of both left and right lungs.

HISTOPATHOLOGY:

Sections of brain, liver, kidney, heart, lung, spleen, thymus, abomasum and skeletal muscle were examined.

MORPHOLOGIC DIAGNOSIS: Lung: No-aeration; Congestion

BACTERIOLOGY: Results of bacteriological investigations are enclosed.

COMMENT: The cause of the death of this newborn calf was not detected. Laboratory investigations were negative for possible involvement of the infective agent Brucella abortus.

(b)(6)

Lab Fee: \$ 60.00

Signature _____

ANIMAL & PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

SAMPLES DRAWN AT (1) One
☐ LIVESTOCK MARKETS ☒ SLAUGHTER ESTAB.
NAME AND ADDRESS OF PLACE WHERE SAMPLES WERE DRAWN

Stillwater Park
42 Weisrud Rd.
Columbus, MT 59019

ESTAB. NUMBER
6271

MARKET ORIGIN TESTING PROGRAM

I CERTIFY THAT I HAVE COLLECTED AND CORRECTLY IDENTIFIED EACH BLOOD SAMPLE LISTED BELOW

SIGNATURE

James H. McCall
6-26-08

DATE

06-20-08

SIGNATURE

James H. McCall

STATE
MT

TEST RESULTS

NEG. 1

SUS. 1

REA. 12

TOTAL 14

TESTING LABORATORY

LABORATORY

ADDRESS

18-165

DATE

06-20-08

SIGNATURE

James H. McCall

COUNTY

Yellowstone

ADDRESS

Yellowstone Natl Park

HERD OWNER'S NAME

Yellowstone Natl Park

DATE

6-24

SIGNATURE

James H. McCall

TEST RESULTS

NEG. 1

SUS. 1

REA. 12

TOTAL 14

LABORATORY

ADDRESS

DATE

SIGNATURE

TEST RESULTS

NEG. 1

SUS. 1

REA. 12

TOTAL 14

LABORATORY

ADDRESS

DATE

SIGNATURE

TEST RESULTS

NEG. 1

SUS. 1

REA. 12

TOTAL 14

LABORATORY

ADDRESS

DATE

SIGNATURE

TEST RESULTS

NEG. 1

SUS. 1

REA. 12

TOTAL 14

LABORATORY

ADDRESS

DATE

SIGNATURE

TEST RESULTS

NEG. 1

SUS. 1

REA. 12

TOTAL 14

LABORATORY

ADDRESS

DATE

SIGNATURE

TEST RESULTS

NEG. 1

SUS. 1

REA. 12

TOTAL 14

LABORATORY

ADDRESS

DATE

SIGNATURE

TEST RESULTS

NEG. 1

SUS. 1

REA. 12

TOTAL 14

LABORATORY

ADDRESS

DATE

SIGNATURE

TEST RESULTS

NEG. 1

SUS. 1

REA. 12

TOTAL 14

LABORATORY

ADDRESS

DATE

SIGNATURE

TEST RESULTS

NEG. 1

SUS. 1

REA. 12

TOTAL 14

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DATE

SIGNATURE

TEST RESULTS

NEG. 1

SUS. 1

REA. 12

TOTAL 14

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ADDRESS

DATE

SIGNATURE

TEST RESULTS

NEG. 1

SUS. 1

REA. 12

TOTAL 14

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SUS. 1

REA. 12

TOTAL 14

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REA. 12

TOTAL 14

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TEST RESULTS

NEG. 1

SUS. 1

REA. 12

TOTAL 14

LABORATORY

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TEST RESULTS

NEG. 1

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REA. 12

TOTAL 14

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REA. 12

TOTAL 14

LABORATORY

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NEG. 1

SUS. 1

REA. 12

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SUS. 1

REA. 12

TOTAL 14

LABORATORY

ADDRESS

DATE

SIGNATURE

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NEG. 1

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REA. 12

TOTAL 14

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REA. 12

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SIGNATURE

TEST RESULTS

NEG. 1

SUS. 1

REA. 12

TOTAL 14

LABORATORY

ADDRESS

DATE

SIGNATURE

TEST RESULTS

NEG. 1

FEDERAL RELAY SERVICE (Voice/TTY/ASCII/Spanish)
1-800-877-8339

***** This is a confidential report for official use only. *****
Date Received: 7/31/2008 Accession: 563912

Submitted By:
CLARKE, RYAN
187 E. TOBIANO TRAIL

Referral Number:
Retain Number:
Date Collected: 7/24/2008
Collected By: CLARKE, FREY

BELGRADE, MT 59714
Fax: 4063885162

Location of Animals (Cty/St):
PORK MT

Owner: BISON QUARANTINE FEASIBILITY
CORWIN SPRINGS MT

Condition on Arrival:
IP
Purpose: General Diagnostic

This is not a billable case

NVSL ID	Sample ID	Animal ID	Species	Specimen	Disease
---------	-----------	-----------	---------	----------	---------

BI			Bacterial Isolation		
----	--	--	---------------------	--	--

Brucella abortus biovar 1 was isolated from the submitted tissues.

1923383	20-08	81ARG3869	BISON	TISSUE	BRUC
BI			Bacterial Isolation		

Brucella abortus biovar 1 was isolated from the submitted tissues.

Distribution:
Submitter
4/23/2009

/s/ Dr. Beth Lautner, Director
National Veterinary Services Laboratories

2106 7/4/09

National Veterinary Services Laboratories
1800 Dayton Road Ames, Iowa 50010
Phone (515) 663-7266 Fax (515) 663-7397
Laboratory Test Report Page 1 of 2
FEDERAL RELAY SERVICE (Voice/TTY/ASCII/Spanish)
1-800-877-8339

***** This is a confidential report for official use only. *****
Date Received: 7/31/2008 Accession: 563912

Submitted By:
CLARKE, RYAN
187 E. TOBIANO TRAIL

Referral Number:
Retain Number:
Date Collected: 7/24/2008
Collected By: CLARKE, FREY

BELGRADE, MT 59714
Fax: 4063885162

Location of Animals (Cty/St):
PORK MT

Owner: BISON QUARANTINE FEASIBILITY
CORWIN SPRINGS MT

Condition on Arrival:
IP
Purpose: General Diagnostic

This is not a billable case

NVSL ID	Sample ID	Animal ID	Species	Specimen	Disease
1923378	50-08	81AYE4071	BISON	TISSUE	BRUC
	BI	Bacterial Isolation			

Brucella abortus biovar 1 was isolated from the submitted tissues.

1923379	54-08	81AYE4054	BISON	TISSUE	BRUC
	BI	Bacterial Isolation			

Brucella abortus biovar 1 was isolated from the submitted tissues.

1923380	6	81AYE4053	BISON	TISSUE	BRUC
	BI	Bacterial Isolation			

Brucella abortus biovar 1 was isolated from the submitted tissues.

1923381	91-08	81APM1605	BISON	TISSUE	BRUC
	BI	Bacterial Isolation			

Brucella abortus biovar 1 was isolated from the submitted tissues.

1923382	38-08	81ARG3848	BISON	TISSUE	BRUC
---------	-------	-----------	-------	--------	------

Distribution: /s/ Dr. Beth Lautner, Director
Submitter National Veterinary Services Laboratories
4/23/2009

National Veterinary Services Laboratories
1800 Dayton Road Ames, Iowa 50010
Phone (515) 663-7266 Fax (515) 663-7397
Laboratory Test Report Page 2 of 2

Christine R
Quance/IA/APHIS/USDA
01/16/2009 10:42 AM

To Patrick R Clarke/MT/APHIS/USDA@USDA
cc
bcc
Subject Notification of Isolation of *Brucella abortus*, acc. 561953

Dr. Clarke,

Brucella abortus biovar 1 was isolated from the following animals in Accession 561953:

32-08
3865
3877
3892
3896
39-08
4046
4058
45-08
64-08
79-08
97-08

Culture from tissues for two other animals (69-08 and 81-08) in the same accession are still pending. These two animals were previously blood culture positive and therefore the tissues and isolation medias will all have to be treated as known select agents. We have delayed processing these two animals until we have a our new incubator installed to prevent having to move around these selects. The new incubator will increase our capacity, hopefully they will get it installed soon, but it's already been delayed over a month.

There was a new APHIS/CDC Form 4 for Report of Identification of a Select Agent published at the beginning of the year. A new question on the form (#29) is "Was there a possibility of an exposure while working with this sample?". If you are aware of any possible exposure please let me know.

Please give me a call or reply by email to answer the above question and to confirm that you have received this notification.

Thanks!!

Chris Quance
Microbiologist, Mycobacteria and Brucella Section
National Veterinary Services Laboratory
1800 Dayton Road
Ames, IA 50010
Ph: 515-663-7347
Fax: 515-663-7315
Christine.R.Quance@aphis.usda.gov

This communication, together with any attachments or links contained herein, is for the sole use of the intended recipient(s) and may contain information that is confidential or legally protected. If you have received this communication in error, please notify the sender immediately and destroy the document.

Y.P. Bison

BRUCellosis TEST RECORD
MARKET-BATTLE TESTING PROGRAM

STATE MT

SAMPLES DRAWN AT ("X" One)
☐ LIVESTOCK MARKETS ☒ SLAUGHTER ESTAB.
NAME AND ADDRESS OF PLACE WHERE SAMPLES WERE DRAWN
Stillwater Packing Company
42 Hersrud Road
Columbus MT 59019

ESTAB. NUMBER
06271

CERTIFICATION
5-27-08

TESTING LABORATORY

TEST RES.

LABORATORY
5-27-08

NEG. 2

ADDRESS
18-152

SUS. 0

DATE
5/27/08

REA. 1

(b)(6) Non Responsive

DATE
05/22/08

(b)(6)

TOTAL 3

TUBE NO.	SALES TAG OR BRAND	BACK TAG NUMBER	EAR TAG NUMBER	VACC. TAT-TOO	AGE	BREED	SEX	LABORATORY RESULTS					COUNTY	HERD OWNER'S NAME	ADDRESS
								PRELIM	STT SPT	RIV	FP	TEST IN-TERP.			
1		8884	81ARG 3813		Y	Bison	F	P				PR		Yellowstone Park	USA/PAHIS Belgrade
2		8789	81ARG 3871		Y	"	F	N				NN		"	"
3			81ARG 3829		Y	"	F	N				NN		"	"
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															
16															
17															
18															
19															
20															

RECEIVED

5005 2 JUL

	A	B	C	D	E	F	G	H	I	J	K
											Dam is dead. Crushed in corral, Aug. 2009
35			(2006)	9620	6/3/2009	M	NONE				

Cow ID	Calf ID	DOB	Sex	Pen
02-05	8502	5/21/2008	F	S/N
14-05	8514	5/21/2008	F	S/N
15-05	8515	5/22/2008	M	S
73-06	8673	5/25/2008	F	S/N
68-06	8668	5/27/2008	F	N
22-06	8622	5/29/2008	F	S
55-06	8655	5/30/2008	M	N
12-05	8512	5/30/2008	F	S
82-06	8682	5/30/2008	M	S
17-06	8617	5/30/2008	F	S
01-06	8601	6/2/2008	F	S
19-06	8619	6/4/2008	M	S/N
39-06	8639	6/2/2008	?	S
46-06	8646	6/6/2008	F	N
13-06	8613	6/9/2008	F	S/N
57-06	86AA	6/9/2008	M	S*
75-06	stillborn	6/9/2008	M	S
50-06	8650	6/11/2008	F	N
69-06	8669	6/11/2008	F	N
06-06	stillborn	6/14/2008	M	N
64-06	stillborn	6/15/08?	M	S/N
37-06	8637	7/30/2008	M	S/N
11-05	found dead	9/1/2008	F	S

Calf dead from starvation 6/9

Capture Mortality/Euthanize calf

Did not capture calf

* went thru fence from S/N pen
calf at DOL lab

Prolapsed uterus, died/Euth. calf
calf at DOL lab
calf at DOL lab

August?, exam 6/24/08

National Veterinary Services Laboratories
1800 Dayton Road Ames, Iowa 50010
Phone (515) 663-7266 Fax (515) 663-7397
Laboratory Test Report Page 3 of 3
FEDERAL RELAY SERVICE (Voice/TTY/ASCII/Spanish)
1-800-877-8339

***** This is a confidential report for official use only. *****
Date Received: 12/28/2006 Accession: 475344

Submitted By:
CLARKE, RYAN

Referral Number:
Retain Number:

187 E. TOBIANO TRAIL

Date Collected: 12/20/2006
Collected By: DRS. LAYTON / CLAR

BELGRADE, MT 59714
Fax: 4063885162

Location of Animals (Cty/St):
PARK MT

Owner: BISON QUARANTINE STUDY
CORWIN SPRINGS MT

Condition on Arrival:
IP
Purpose: General Diagnostic

This is not a billable case

NVSL ID	Sample ID	Animal ID	Species	Specimen	Disease
---------	-----------	-----------	---------	----------	---------

BI Bacterial Isolation

No Brucella was isolated from the following submitted tissues:
Sup. Cervical(3), SMLN(1), Iliac(2), Retropharyngeal(2),
Mandibular(2), Prefemoral(2), Mesenteric(3), Parotid(2),
Bronchial(2), Popliteal(2), Hepatic(2), Uterus(1), Ovary(2),
Spleen(1), Kidney(1), Liver(1), Ileum(2), Bone Marrow(1),
Feces(1), Vaginal swab(1), Rectal Swab(1), Urine/ Bladder Swab(1),
Synovial Swab(1), Nasal Swab(1).

Note:

The sample labeled 'udder' contained only fat with no tissue, and was not processed.
Ileum, feces, rectal and nasal swabs were heavily contaminated with mold.

Distribution:
Submitter
1/08/2007U

/s/ Dr. Beth Lautner, Director
National Veterinary Services Laboratories

STATE OF MONTANA
DEPARTMENT OF LIVESTOCK-DIAGNOSTIC LABORATORY DIVISION

BOX 997 — BOZEMAN, MONTANA 59771 — PHONE (406) 994-4885 — FAX (406) 994-6344

LABORATORY REPORT

S U B M I T T E E	DR RYAN CLARKE 197 E TOBIANO TRL BELGRADE MT 59714	O W N E R	JACK RHYAN - NWRC 1101 LaPort Ave FORT COLLINS CO 80521	D A T E		C A S E N O	
			2/21/06		-189 -190		

"Bison I.D. Nos. 48-06, 40-06"

Necropsies were performed on the above two bison seropositive carcasses from the Quarantine study. Lymph node collection and disposal fees of carcasses are assessed below.

Attn:
Jack
Rhyan

(b)(6)

\$ 150.00

150.00

Lab Fee: 300.00 Total

Signature

A. W. Layton, DVM, DACVP

FORM SV-51 (11-01)

SUBMITTEE

S-189, S-190

Bison Sampling Protocol – Gender = Male
Date:

Names Clarke Date 9 Aug 05

Location MT DOL Diag Lab. Card Test _____

ID No. B1 APH 5970 FT 09-05

Age ~14m Weight 350 Body Condition good.

Neck Circ. _____ Chest Girth _____ Total length _____ Brisket fat _____

BLOOD

____ Serology
☒ Culture, (heparinized, 15ml)
 _____ Citrated tube for PCR-Black Cap BD
 _____ Blot Paper for DNA

SWABS

N/A Vaginal
 _____ Rectal
N/A Uterine

CULTURE

N/A Milk
☒ Bladder
N/A Allantoic Fluid
☒ Synovial Fluid

LYMPH NODES

Supra-mammary	<input checked="" type="checkbox"/>	Inguinal
Popliteal	<input checked="" type="checkbox"/>	
Prefemoral	<input checked="" type="checkbox"/>	
Sup. Cervical	_____	
Internal iliac	<input checked="" type="checkbox"/>	
Hepatic	<input checked="" type="checkbox"/>	
Mesenteric	<input checked="" type="checkbox"/>	
Bronchial	<input checked="" type="checkbox"/>	
Mandibular	<input checked="" type="checkbox"/>	
Parotid	<input checked="" type="checkbox"/>	
Retropharyngeal	<input checked="" type="checkbox"/>	
Heal-rectal	<input checked="" type="checkbox"/>	

OTHER TISSUES

Tooth	_____	
Udder	<u>N/A</u>	
Ileum	<input checked="" type="checkbox"/>	
Kidney	<input checked="" type="checkbox"/>	
Liver	<input checked="" type="checkbox"/>	
Spleen	<input checked="" type="checkbox"/>	
Bone Marrow	<input checked="" type="checkbox"/>	
Ovaries – BOTH in formalin	<u>N/A</u>	
Intercotyledonary	_____	
Placenta	<u>N/A</u>	(histo)
Placentome	<u>N/A</u>	(histo)
Uterine Endometrium	<u>N/A</u>	(histo)

Hair _____
 Fecal Sample ☒

Bison Sampling Protocol - Gender = F

16 Jan 2005

Names Layton, Atkinson Date 14 Jan 05

Location DOL lab Card Test _____

ID No. 81APF6470

Age 1 Weight _____ Body Condition _____

Neck Circ. _____ Chest Girth _____ Total length _____ Brisket fat _____

BLOOD

☒ Serology
☒ Culture, (heparinized, 15ml) ** Culture sample Jan 6/26/05*
____ Citrated tube for PCR-Black Cap BD
____ Blot Paper for DNA

SWABS

☒ Vaginal
☒ Rectal
☒ Uterine

CULTURE

____ Milk
☒ Bladder
☒ Allantoic Fluid
☒ Synovial Fluid

LYMPH NODES

Supramammary ☒
Popliteal ☒
Prefemoral ☒
Sup. Cervical ☒
Internal iliac ☒
Hepatic ☒
Mesenteric ☒
Bronchial ☒
Mandibular ☒
Parotid ☒
Retropharyngeal ☒

FL-ccc ☒

OTHER TISSUES

Tooth ☒
Udder ☒
Ileum ☒
Kidney ☒
Liver ☒
Spleen ☒
Bone Marrow ☒
Ovaries - BOTH in formalin ☒

Intercotyledonary

Placenta _____ (histo)
Placentome _____ (histo)
Uterine Endometrium _____ (histo)

Hair _____
Fecal Sample _____

Bison Sampling Protocol - Gender = Male
Date:

Names Clarke Date 9 Aug 05

Location MT DOL Diag Lab. Card Test _____

ID No. B1 APH 5970 FT 09-05

Age ~14m Weight 350 Body Condition good

Neck Circ. _____ Chest Girth _____ Total length _____ Brisket fat _____

BLOOD

☐ Serology
☒ Culture, (heparinized, 15ml) _____
☐ Citrated tube for PCR-Black Cap BD
☐ Blot Paper for DNA

SWABS

N/A Vaginal
Rectal
N/A Uterine

CULTURE

N/A Milk
☒ Bladder
N/A Allantoic Fluid
☒ Synovial Fluid

LYMPH NODES

~~Supramammary~~ ☒ Inguinal
Popliteal ☒
Prefemoral ☒
~~Sup. Cervical~~
Internal iliac ☒
Hepatic ☒
Mesenteric ☒
Bronchial ☒
Mandibular ☒
Parotid ☒
Retropharyngeal ☒
Iliac-ecol ☒

OTHER TISSUES

Tooth _____
Udder N/A
Ileum ☒
Kidney ☒
Liver ☒
Spleen ☒
Bone Marrow ☒
Ovaries - BOTH in formalin N/A

Intercotyledonary
Placenta N/A (histo)
Placentome N/A (histo)
Uterine Endometrium N/A (histo)

Hair _____
Fecal Sample ☒

Bison Sampling Protocol – FEMALE
_____ May 2005

Names _____ Date _____

Location _____ Card Test _____

ID No. 86 APF 6442.

Age 12 m Weight _____ Body Condition _____

Neck Circ. _____ Chest Girth _____ Total length _____ Brisket fat _____

BLOOD

_____ Serology
_____ Culture, (heparinized, 15ml) _____
_____ Culture (citrate, 10ml) _____
_____ Plasma

SWABS

☒ Vaginal
☒ Rectal
☒ Uterine

CULTURE

N/A Milk
_____ Bladder
N/A Allantoic Fluid
☒ Synovial Fluid swab

LYMPH NODES

Supramammary ☒
Popliteal ☒
Prefemoral ☒
Sup. Cervical ☒
Internal iliac ☒
Hepatic ☒
Mesenteric ☒
Bronchial ☒
Mandibular ☒
Parotid ☒
Retropharyngeal ☒
tonsil ☒

OTHER TISSUES

Tooth ☒
Udder ☒
Ileum ☒
Kidney ☒
Liver ☒
Spleen ☒
Bone Marrow ☒
Ovaries – BOTH in formalin ☒

Intercotyledonary

Placenta _____ (histo)

Placentome _____ (histo)

Uterine Endometrium _____ (histo)

Fecal Sample _____

OF

2 of 2

OF VS FORM 1-27

No. 111130

3. MOVED FROM (Name and Location of Premises if other than item 1)

4. NAME AND ADDRESS OF OWNER AT TIME CONDITION DIAGNOSED

USDA, APHIS, VS

VALID ONLY FOR ABOVE DESTINATION

ANIMALS TO BE MOVED

[illegible]

Attach to VS Form 1-27

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

PERMIT FOR MOVEMENT OF RESTRICTED ANIMALS

USE A SEPARATE FORM FOR EACH SPECIES

1. NAME AND ADDRESS OF SHIPPER OR CONSIGNOR (Include Zip Code)
*Bison Quarantine Feasibility Study
Corwin Springs, MT*

2. CONSIGNEE (Destination Name and Address, include Zip Code)
*Stillwater Park
Columbus, MT*

3. MOVED FROM (Name and Location of Premise if other than item 1 above)

4. NAME AND ADDRESS OF OWNER AT TIME CONDITION DIAGNOSED
USDA, APHIS, VS

FORM APPROVED
OMB NO. 0579-0051

No. E 111130

5. STATE WHERE ISSUED
Montana

6. MOVEMENT TO BE

☐ INTERSTATE ☒ INTRASTATE

7. MOVEMENT FOR

☐ QUARANTINE ☒ SLAUGHTER

8. DISEASE

Brucellosis

9. STATUS OF ANIMALS

No. Reactor No. Exposed No. Other (Specify)
42

10. STATUS OF HERD OF ORIGIN

infected

11. STATUS OF AREA OF ORIGIN

Class A

12. NO. ANIMALS IN THIS SHIPMENT

42

13. SPECIES (One only)

bison

14. TRANSPORTATION VEHICLE LICENSE NO. OR OTHER IDENTIFICATION NO.

USDA Truck & Trailer

15. SEAL NO.

*Federal
Escort*

16. VEHICLE REQUIRED TO BE CLEANED AND DISINFECTED AT DESTINATION

☐ YES ☒ NO

(If Yes, Items 32, 33, and 34 are Applicable)

VALID ONLY FOR ABOVE DESTINATION

17. ANIMALS TO BE MOVED

COMPLETE EAR TAG NO.	BREED	SEX	DISEASE BRAND	OTHER IDENTIFICATION (Complete No.)	COMPLETE EAR TAG NO.	BREED	SEX	DISEASE BRAND	OTHER IDENTIFICATION (Complete No.)
81 ARG 3831	Bison	M		71-08	81 AVE 4017	Bison	F		49-08
81 ARG 3843		F		61-08	1 ARG 3841				52-08
AVE 4063		M		04-08	AVE 4045				53-08
ARG 3837		F		05-08	ARG 3873				56-08
ARG 3809		F		06-08	ARG 3883				61-08
ARG 3805		M		08-08	3825				62-08
ARG 3854		M		09-08	3813				63-08
AVE 4044		M		10-08	3855		M		65-08
ARG 3832		F		11-08	3824		M		66-08
APM 1601		M		15-08	AVE 4056		M		67-08
ARG 3815		M		26-08	ARG 3864		F		74-08
APM 1603		M		33-08	3860		F		76-08
ARG 3828		M		34-08	3874				78-08
AVE 4048				35-08	3882				82-08
ARG 3807				40-08	AVE 4041				84-08
AVE 4069		F		41-08	ARG 3899				88-08

I certify that I have inspected the animals described on this permit and find them eligible to move in accordance with the requirements of State and Federal regulations.

(b)(6)

19. DATE ISSUED

20 Oct 08

20. TIME ISSUED

7 AM

VOID AFTER

21. DATE

22 Oct 08

22. TIME

12 pm

WARNING TO OWNER, SHIPPER AND TRUCKER - LIVESTOCK MUST BE DELIVERED TO CONSIGNEE WITHOUT DIVERSION

I understand that it is a violation of Federal law to move the animals identified herein interstate except in accordance with the provisions of applicable Federal Regulations. I also understand that such animals must comply with existing state laws and regulations governing movement of livestock and poultry. I have arranged to be delivered with the above described animals.

(b)(6)

24. TITLE

☒ OWNER ☐ SHIPPER

25. DATE SIGNED

20 Oct 08

I certify that the animals described on this permit were received and slaughtered/quarantined in accordance with the requirements of the State and Federal regulations on the date indicated in item 29.

26. PLACE ANIMALS RECEIVED
Stillwater Park

27. DATE ANIMALS ARRIVED
20 Oct 08

28. NO. ANIMALS RECEIVED
42

29. DATE SLAUGHTERED/QUARANTINED
20 & 21 Oct 08

30. DATE AND TIME SEALS BROKE
N/A

31. AUTHORIZED SIGNATURE

21

32. DATE CLEANED AND DISINFECTED (if required)
N/A

Non Responsive

34. DATE SIGNED

10-20-08

2008 Slaughterhouse
Bison Sampling Protocol – Gender: Fe

Names Ryan Clarke / Bill Layton Date 18 Sept 08
Location DOL Diag Lab.
ID No. 92-08 (8-161-01)
Age 1 yr Weight ~ Body Condition good.

ALL TISSUES ARE FOR CULTURE, NOT HISTO

BLOOD:

☒ Serology (at BQFS)
☒ Culture, (heparinized, 15ml) (at BQFS)

SWABS:

☒ Vaginal
☒ Rectal

CULTURE:

☒ Bladder (can drain)

LYMPH NODES:

☒ Supramammary (female)
☒ Superficial inguinal (male)
☒ Popliteal
☒ Prefemoral
☒ Sup. Cervical (Pre-Scapular)
☒ Internal Iliac
☒ Hepatic
☒ Mesenteric
☒ Bronchial
☒ Mandibular
☒ Parotid
☒ Retropharyngeal

OTHER TISSUES:

☒ Udder
☒ Ileum
☒ Kidney
☒ Liver
☒ Spleen
☒ Ovaries
☒ Uterus
☒ Testicle
☒ Epididymis
☒ Seminal Vesicles

Bison Sampling Protocol – Gender: F

Names B. Clarke / R. Grey Date 7/29/08

Location Stillwater Park Card Test _____

ID No. 5408 81A/E4054

Age 1 Weight 217 Body Condition _____

Neck Circ. _____ Chest Girth _____ Total Length _____ Brisket Fat _____

BLOOD:

☒ Serology
☒ Culture, (heparinized, 15ml)
☒ Culture (citrated, 10ml)
☒ Plasma

SWABS:

☒ Vaginal
☒ Rectal
☒ Uterine

CULTURE:

☒ Milk
☒ Bladder
☒ Allantoic Fluid
☒ Synovial Fluid
☒ Fecal sample

LYMPH NODES:

☒ Supramammary
☒ Popliteal
☒ Prefemoral
☒ Sup. Cervical (Pre-Scapular)
☒ Internal Iliac
☒ Hepatic
☒ Mesenteric
☒ Bronchial
☒ Mandibular
☒ Parotid
☒ Retropharyngeal

OTHER TISSUES:

☒ Teeth
☒ Udder
☒ Ileum
☒ Kidney
☒ Liver
☒ Spleen
☒ Bone Marrow
☒ Ovaries
☒ Uterus
☐ Testicle
☐ Epididymis
☐ Seminal Vesicles

7-06

Below is the lab test report for bison tissue samples received 3/8/06.
B. abortus biovar 1 was isolated from the submitted tissues.

Chris Quance
Microbiologist, Mycobacteria and Brucella Section
National Veterinary Services Laboratory
1800 Dayton Road
Ames, IA 50010

Ph: 515-663-7347
Fax: 515-663-7315
Christine.R.Quance@aphis.usda.gov

National Veterinary Services Laboratories
1800 Dayton Road Ames, Iowa 50010
Phone (515) 663-7266 Fax (515) 663-7397
Laboratory Test Report Page 1 of 1

FEDERAL RELAY SERVICE (Voice/TTY/ASCII/Spanish)
1-800-877-8339

Date Received: 3/08/2006 Accession: 426555

Submitted By: CLARKE, RYAN Referral Number:
187 E. TOBIANO TRAIL Retain Number:
BELGRADE, MT 59714 Date Collected: [REDACTED]
Fax: 4063885162 Collected By: LAYTON/CLARKE
Location of Animals (Cty/St):
PARK MT
Owner: BISON QUARANTINE STUDY Condition on Arrival:
CORWIN SPRINGS MT IP,F
Purpose: General Diagnostic

This is not a billable case

NVSL ID	Sample ID	Animal ID	Species	Specimen	Disease
1431904	8-256	07-06/BISON	BISON	TISSUE	BRUC
	BI	Bacterial Isolation			

Brucella abortus biovar 1 was isolated from the submitted tissue.

1432877	8-256	07-06	BISON	FIXTIS	IDENT
	HISTO	Histopathology (Hourly)			

Tissue culture 14-06

Below is the test report for bison tissue samples received 3/8/06.
B. abortus biovar 1 was isolated from the tissue.

Chris Quance
Microbiologist, Mycobacteria and Brucella Section
National Veterinary Services Laboratory
1800 Dayton Road
Ames, IA 50010

Ph: 515-663-7347
Fax: 515-663-7315
Christine.R.Quance@aphis.usda.gov

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Laboratory Test Report Page 1 of 1

FEDERAL RELAY SERVICE (Voice/TTY/ASCII/Spanish)
1-800-877-8339

Date Received: 3/08/2006

Accession: 426558

Submitted By:
CLARKE, RYAN
187 E. TOBIANO TRAIL

Referral Number:
Retain Number:
Date Collected: 2/06/2006
Collected By: CLARKE, R./LAYTON,

BELGRADE, MT 59714
Fax: 4063885162

Location of Animals (Cty/St):

PARK MT
Owner: BISON QUARANTINE STUDY Condition on Arrival:
CORWIN SPRINGS MT IP,F
Purpose: General Diagnostic

This is not a billable case

NVSL ID	Sample ID	Animal ID	Species	Specimen	Disease
1431902	8-257	14-06/BISON	BISON	TISSUE	BRUC
	BI	Bacterial Isolation			

→ Brucella abortus biovar 1 was isolated from the submitted tissue samples.

Distribution: /s/ Ms. Christine Zakarka, Acting Director
Submitter: National Veterinary Services Laboratories
3/28/2006
CALS Report

STATE OF MONTANA

DEPARTMENT OF LIVESTOCK-DIAGNOSTIC LABORATORY DIVISION

BOX 987 — BOZEMAN, MONTANA 59711 — PHONE (406) 994-4885 — FAX (406) 994-8344

LABORATORY REPORT

SUBMITTER	DR JACK RHYAN	OWNER	BISON QUARANTINE FAC.	DATE	CASE NO
	NWRC 4101 LaPorte AVE FORT COLLINS, CO 80521		DR RYAN CLARKE 187 E TOBIANA TRL BELGRADE MT 59714		

"Bison #8664"

GROSS:

Carcass of a 1-day-old unknown sex Bison calf is examined. The animal was scavenged and most of the abdominal viscera is absent. Autolysis is marked. The airways are partially expanded and the animal had nursed

HISTOPATHOLOGY:

Tissue sections of heart, diaphragm, spleen, liver, rumen, and omasum are examined. Tissues are in poor to fair state of preservation. Many tissues contain large empty non-lined spaces (emphysema). Bacterial rod colonization occurs within multiple tissues. Alveolar spaces are partially expanded to collapsed and some spaces contain meconium.

MORPHOLOGIC DIAGNOSIS: 1. Autolysis, multiple tissues
2. Large bacterial rod colonization, multiple tissues

Bacteriologic results are enclosed.

COMMENT: Most of the changes histologically are considered to be post-mortem decomposition with bacterial colonization. The animal had breathed and suckled. The isolated bacteria are of questionable significance. Severe post-mortem decomposition precluded determination of cause of death in this animal.

Lab Fee ~~60.00~~ (GVIBC)

Signature

A. W. Layton, DVM, DACVP

FORM SV-51 (11-01)

LAB COPY

jm

1411 2876-0

Culls

40 total culled

Female (19)

Males (29)

- 6443 / 04-05 ✓
- 7357 / 83-06 ✓ 01APM 1399
- 7315 / 80-06 ✓
- 7303 / 85-06 ✓
- 7356 / 3-06 ✓
- 7241 / 74-06 ✓
- 7210 ~~11-06~~ / 16-06 ✓ 01APM 1390
- 7344 / 60-06 ✓
- 7311 / 24-06 ✓ 01AXR 7311
- 7207 / 11-06 ✓
- 7354 / 70-06 ✓
- 7313 / 43-06 ✓ 01AXR 7313
- 7319 / 35-06 ✓ 01AXR 7319
- 7340 / 62-06 ✓
- 7345 / 67-06 01AXR 7345
- 7223 / 32-06 ✓ 01AXR 7223
- 7316 / 21-06 ✓ 01AXR 7316
- 7239 / 72-06 ✓ 01APM 1396
- 7239 / 51-06 ✓

(19)

40

59

- 7347 / 15-06 ✓ 7229 / 45
- 7246 / 84-06 ✓ 01APM 1391
- 7228 / 42
- 7343 / 34-06 ✓
- 7304 / 28-06 ✓
- 7218 / 27-06 ✓
- 7217 / 26-06 ✓ 01APM 15
- 7221 / 38-06 ✓
- 7222 / 18-06 ✓
- 7322 / 36-06 ✓
- 7206 / 10-06 ✓
- 7352 / 9-06 ✓
- 5971 / 10-05 ✓
- 6448 / 8-05 ✓
- 6485 / 6-05 ✓
- 6468 / 05-05 ✓
- 7216 / 25-06 ✓ 01APM 1502
- 7231 / 54-06 ✓
- 7244 / 79-06 ✓ 01AXR 7244
- 7243 / 78-06 ✓
- 7348 / 76-06 ✓
- 7234 / 63-06 ✓ no silver tag
- 7233 / 61-06 ✓
- 7221 / 30-06 01APM 1503
- 7232 / 59-06 ✓
- 7314 / 41-06 ✓ 01AXR 7314
- 7349 / 51-06 ✓
- 7355 / 49-06 ✓

(29)

(32)

Serology DOL 20Dec06

Brucellosis Tag	Ear Tag	Sex	Date Sampled	ABOR	BruBAP	BruCARD	BruPLT	BruRIV	BruTUBH	BruCF	P Interpret	FP Plate	Comments
81APM1510	40-06	F	20-Dec-06	S	P	P	+50	N	N	N	N	9.23	euthanized 12/20/2006
81AXR7367	48-06	F	20-Dec-06	S	P	N	1100	N	150	N	N	9.93	euthanized 12/20/2006

National Veterinary Services Laboratories
 1800 Dayton Road Ames, Iowa 50010
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 Laboratory Test Report Page 1 of 1
 FEDERAL RELAY SERVICE (Voice/TTY/ASCII/Spanish)
 1-800-877-8339

***** This is a confidential report for official use only. *****
 Date Received: 8/31/2006 Accession: 453922

Submitted By:
 CLARKE, RYAN
 187 E. TOBIANO TRAIL

BELGRADE, MT 59714
 Fax: 4063885162

Owner: USDA-APHIS-VS
 CORWIN SPRINGS MT

Referral Number:
 Retain Number:
 Date Collected: 8/29/2006
 Collected By: CLARKE, ATKINSON, SW

Location of Animals (Cty/St):
 PARK MT

Condition on Arrival:
 IP
 Purpose: Developmental

This is not a billable case

NVSL ID	Sample ID	Animal ID	Species	Specimen	Disease
1531593	1	77-06	BISON	TISSUE	BRUC
	BI	Bacterial Isolation			

Brucella abortus biovar 1 was isolated from the tissues.

Distribution:
 Submitter
 9/18/2006

/s/ Dr. Beth Lautner, Director
 National Veterinary Services Laboratories

Bison Sampling Protocol – Gender: F

Names B. Frey / R. Clarke Date 7/24/08

Location Stillwater Park Card Test _____

ID No. 50-08 8AYE4071

Age 1 Weight 268 Body Condition _____

Neck Circ. _____ Chest Girth _____ Total Length _____ Brisket Fat _____

BLOOD:

☒ Serology
☒ Culture, (heparinized, 15ml) _____
☒ Culture (citrated, 10ml) _____
☒ Plasma

SWABS:

☒ Vaginal
☒ Rectal
☒ Uterine

CULTURE:

☒ Milk
☒ Bladder
☒ Allantoic Fluid
☒ Synovial Fluid

☒ Fecal sample

LYMPH NODES:

☒ Supramammary
☒ Popliteal
☒ Prefemoral
☒ Sup. Cervical (Pre-Scapular)
☒ Internal Iliac
☒ Hepatic
☒ Mesenteric
☒ Bronchial
☒ Mandibular
☒ Parotid
☒ Retropharyngeal

OTHER TISSUES:

☒ Tooth
☒ Udder
☒ Ileum
☒ Kidney
☒ Liver
☒ Spleen
☒ Bone Marrow
☒ Ovaries
☒ Uterus
☒ Testicle
☒ Epididymis
☒ Seminal Vesicles



2008 Slaughterhouse
Bison Sampling Protocol – Gender: Female

Names Rhyan, Clarke Date 5/22/08
Location Stillwater
ID No. 3871
Age Yearling Weight _____ Body Condition good

ALL TISSUES ARE FOR CULTURE, NOT HISTO

BLOOD:

☒ Serology (at BQFS) 5/20/08
☒ Culture, (heparinized, 15ml) (at BQFS)
5/20/08

SWABS:

☒ Vaginal
☒ Rectal

CULTURE:

☒ Bladder (can drain)

LYMPH NODES:

☒ Supramammary (female)
☒ Superficial inguinal (male)
☒ Popliteal
☒ Prefemoral
☒ Sup. Cervical (Pre-Scapular)
☒ Internal Iliac
☒ Hepatic
☒ Mesenteric
☒ Bronchial
☒ Mandibular
☒ Parotid
☒ Retropharyngeal

OTHER TISSUES:

☒ Udder
☒ Ileum
☒ Kidney
☒ Liver
☒ Spleen
☒ Ovaries
☒ Uterus
na Testicle
na Epididymis
na Seminal Vesicles

Brucella Tag	Ear Tag	Sex	Date Sampled	DOB	ABOR	BruAFA	BruCARD	BruPL1	BruRV	BruTUB	BruCF	Interpre	FP Plate	Comments
81AXR7201	01-06	F	21-Jan-06	N	N	N	N	N	N	N	N	N	6.1	
81AXR7202	02-06	F	21-Jan-06	N	N	N	N	N	N	N	N	N	4.3	
81AXR7356	03-06	F	21-Jan-06	N	N	N	N	N	N	+ 25	N	N	8.2	
81AXR7203	04-06	F	21-Jan-06	N	N	N	N	N	N	+ 25	N	N	6.4	
81AXR7397	05-06	F	21-Jan-06	N	N	N	N	1 25	N	1 25	N	N	9.4	
	06-06													
	07-06													lost tags, cannot cross reference for info
81AXR7317	08-06	F	16-Jan-06	S	N	N	N	1 50	N	1 100	N	N	10.8	
81AXR7352	09-06	M	21-Jan-06	N	N	N	N	N	N	+ 25	N	N	9.3	
	10-06													lost tags, cannot cross reference for info
81AXR7207	11-06	F	21-Jan-06	N	N	N	N	+ 50	N	1 50	N	N	7.2	
81AXR7208	12-06	F	21-Jan-06	N	N	N	N	N	N	N	N	N	7.1	
	13-06													
81AXR7302	14-06	M	16-Jan-06	S	N	N	N	1 50	N	+ 50	N	N	13.4	
81AXR7347	15-06	M	21-Jan-06	N	N	N	N	N	N	N	N	N	5.1	
81AXR7210	16-06	F	21-Jan-06	N	N	N	N	N	N	N	N	N	3.6	
81AXR7337	17-06	F	16-Jan-06	S	N	N	N	N	N	N	N	N	15.5@20uL, N, 0.8@40uL	
81AXR7212	18-06	M	21-Jan-06	N	N	N	N	N	N	N	N	N	5.2	
	19-06													lost tags, cannot cross reference for info
81AXR7306	20-06	F	16-Jan-06	N	N	N	N	N	N	+ 25	N	N	8.4	
81AXR7316	21-06	F	16-Jan-06	N	N	N	N	1 25	N	+ 25	N	N	10.6	
	22-06													lost tags, cannot cross reference for info
81AXR7215	23-06	M	21-Jan-06	N	N	N	N	1 25	N	1 25	N	N	9.2	
81AXR7311	24-06	F	16-Jan-06	N	N	N	N	N	N	N	N	N	12.5	
81AXR7216	25-06	M	21-Jan-06	N	N	N	N	N	N	N	N	N	4.2	
	26-06													
	27-06													lost tags, cannot cross reference for info
81AXR7304	28-06	M	16-Jan-06	N	N	N	N	N	N	N	N	N	4.7	
	29-06													lost tags, cannot cross reference for info
81AXR7318	30-06	M	16-Jan-06	N	N	N	N	N	N	N	N	N	9.7	
	31-06													lost tags, cannot cross reference for info
81AXR7223	32-06	F	21-Jan-06	N	N	N	N	N	N	N	N	N	4.4	
	33-06													lost tags, cannot cross reference for info
81AXR7343	34-06	M	21-Jan-06	N	N	N	N	N	N	N	N	N	4.1	
81AXR7319	35-06	F	16-Jan-06	N	N	N	N	N	N	N	N	N	14.9	
81AXR7322	36-06	M	16-Jan-06	N	N	N	N	N	N	1 25	N	N	4.2	
	37-06													lost tags, cannot cross reference for info
	38-06													lost tags, cannot cross reference for info
81AXR7310	39-06	F	16-Jan-06	N	N	N	N	N	N	N	N	N	8.1	
81AXR7333	40-06	F	16-Jan-06	N	N	N	N	N	N	+ 25	N	N	8.9	
81AXR7314	41-06	M	16-Jan-06	N	N	N	N	N	N	N	N	N	7.4	
81AXR7334	42-06	M	16-Jan-06	N	N	N	N	N	N	N	N	N	5.4	
81AXR7313	43-06	F	16-Jan-06	S	N	N	N	N	N	N	N	N	15.9@20uL, N, 8.6@40uL	
81AXR7346	44-06	M	21-Jan-06	N	N	N	N	N	N	N	N	N	7.3	
81AXR7305	45-06	F	16-Jan-06	N	N	N	N	1 25	N	+ 25	N	N	10.3	
81AXR7301	46-06	F	16-Jan-06	S	N	N	N	1 50	N	1 50	N	N	10.9	
	47-06													lost tags, cannot cross reference for info
81AXR7367	48-06	F	21-Jan-06	N	N	N	N	N	N	+ 25	N	N	13.4	
81AXR7355	49-06	M	21-Jan-06	N	N	N	N	N	N	no result	N	N	8.5	
81AXR7321	50-06	F	16-Jan-06	N	not reported	N	N	not	N	not	not	N	7.3	
81AXR7349	51-06	M	21-Jan-06	N	N	N	N	1 25	N	1 25	N	N	7.3	
81AXR7327	52-06	F	16-Jan-06	N	N	N	N	N	N	+ 25	N	N	9.2	
	53-06													lost tags, cannot cross reference for info
81AXR7331	54-06	M	16-Jan-06	N	N	N	N	N	N	1 25	N	N	2.3	
81AXR7320	55-06	F	16-Jan-06	N	N	N	N	N	N	N	N	N	4.1	
81AXR7339	56-06	F	21-Jan-06	N	N	N	N	N	N	N	N	N	5.8	
81AXR7328	57-06	F	16-Jan-06	N	N	N	N	N	N	N	N	N	8.1	
81AXR7309	58-06	M	16-Jan-06	N	N	N	N	N	N	+ 25	N	N	12.8	
	59-06													lost tags, cannot cross reference for info
81AXR7344	60-06	F	21-Jan-06	N	N	N	N	N	N	+ 25	N	N	11.4	
	61-06													lost tags, cannot cross reference for info
81AXR7340	62-06	F	21-Jan-06	N	N	N	N	N	N	N	N	N	3.3	
	63-06													lost tags, cannot cross reference for info
81AXR7312	64-06	F	16-Jan-06	N	N	N	N	1 25	N	+ 25	N	N	14.3	
81AXR7353	65-06	F	21-Jan-06	N	N	N	N	N	N	+ 25	N	N	10.3	
	66-06													
81AXR7345	67-06	F	21-Jan-06	N	N	N	N	N	N	N	N	N	7.7	
	68-06													lost tags, cannot cross reference for info
	69-06													lost tags, cannot cross reference for info
81AXR7354	70-06	F	21-Jan-06	N	N	N	N	N	N	+ 25	N	N	7.5	
81AXR7238	71-06	F	21-Jan-06	N	N	N	N	N	N	N	N	N	8.8	
	72-06													
	73-06													lost tags, cannot cross reference for info
	74-06													lost tags, cannot cross reference for info
81AXR7242	75-06	F	21-Jan-06	N	N	N	N	N	N	N	N	N	8.1	
81AXR7348	76-06	M	21-Jan-06	N	N	N	N	N	N	1 25	N	N	6.9	
81AXR7398	77-06	F	21-Jan-06	N	N	N	N	1 25	N	1 25	N	N	12	
	78-06													lost tags, cannot cross reference for info
	79-06													lost tags, cannot cross reference for info
81AXR7315	80-06	F	16-Jan-06	N	N	N	N	N	N	N	N	N	3	
	81-06													lost tags, cannot cross reference for info
81AXR7325	82-06	F	16-Jan-06	N	N	N	N	N	N	1 25	N	N	4.7	
81AXR7357	83-06	F	21-Jan-06	N	N	N	N	N	N	1 25	N	N	4.8	
	84-06													lost tags, cannot cross reference for info
81AXR7303	85-06	F	16-Jan-06	N	N	N	N	N	N	N	N	N	8.5	

Accession Tag	Bar Tag	Sex	Date Sampled	uABOR	BruBAP	BrvCART	BrvPLT	BrvRIV	BrvTUBH	BrvCF	P Interpret	FP Plate	Comments
81AXR7201	01-06	F	23-Feb-06	N	N	N	N	N	+25	N	N	8.6	
81AXR7202	02-06	F	23-Feb-06	N	N	N	N	N	N	N	N	3.3	
81AXR7356	03-06	F	23-Feb-06	N	N	N	N	N	N	N	N	1.6	
81AXR7203	04-06	F	23-Feb-06	N	N	N	N	N	N	N	N	2.7	
81AXR7397	05-06	F	23-Feb-06	N	N	N	N	N	N	N	N	6.4	
81AXR7204	06-06	F	23-Feb-06	N	N	N	N	N	N	N	N	5.8	
81AXR7205	07-06	F	23-Feb-06	R	P	P	I 200	I 200	+200	3 + 80	P	128.5	ethanized and necropsied 3/6/06
81AXR7317	08-06	F	23-Feb-06	N	N	N	N	N	+25	N	N	0.6	
81AXR7332	09-06	M	23-Feb-06	N	N	N	N	N	N	N	N	8.8	
81AXR7206	10-06	M	23-Feb-06	N	N	N	N	N	N	N	N	7	
81AXR7207	11-06	F	23-Feb-06	N	N	N	N	N	N	N	N	0.2	
81AXR7208	12-06	F	23-Feb-06	N	N	N	N	N	N	N	N	6.1	
81AXR7209	13-06	F	23-Feb-06	N	N	N	N	N	N	N	N	1.3	
81AXR7302	14-06	M	23-Feb-06	R	P	P	I 200	+200	+200	3 + 320	P	130.6	ethanized and necropsied 3/6/06
81AXR7347	15-06	M	23-Feb-06	N	N	N	N	N	N	N	N	3.3	
81AXR7210	16-06	F	23-Feb-06	N	N	N	N	N	N	N	N	4.9	
81AXR7211	17-06	F	23-Feb-06	N	N	N	N	N	N	N	N	2.7	
81AXR7212	18-06	M	23-Feb-06	N	N	N	N	N	N	N	N	6.5	
81AXR7213	19-06	F	23-Feb-06	N	N	N	N	N	N	N	N	0.6	
81AXR7306	20-06	F	23-Feb-06	N	N	N	N	N	N	N	N	3.6	
81AXR7316	21-06	F	23-Feb-06	N	N	N	N	N	+25	N	N	3.5	
81AXR7214	22-06	F	23-Feb-06	N	N	N	N	N	+25	N	N	4.9	
81AXR7215	23-06	M	23-Feb-06	S	N	N	125	N	150	N	N	5.1	
81AXR7311	24-06	F	23-Feb-06	N	N	N	N	N	N	N	N	5.1	
81AXR7216	25-06	M	23-Feb-06	N	N	N	N	N	N	N	N	0	
81AXR7217	26-06	M	23-Feb-06	N	N	N	N	N	N	N	N	1.5	
81AXR7218	27-06	M	23-Feb-06	S	N	N	150	N	+50	N	N	1.8	
81AXR7304	28-06	M	23-Feb-06	N	N	N	N	N	N	N	N	2.8	
81AXR7219	29-06	F	23-Feb-06	N	N	N	N	N	N	N	N	0.3	
81AXR7221	30-06	M	23-Feb-06	N	N	N	N	N	N	N	N	4.8	
81AXR7222	31-06	F	23-Feb-06	S	N	N	N	N	+50	N	N	6.3	
81AXR7223	32-06	F	23-Feb-06	N	N	N	N	N	N	N	N	5.8	
81AXR7224	33-06	F	23-Feb-06	N	N	N	N	N	N	N	N	4.7	
81AXR7343	34-06	M	23-Feb-06	N	N	N	N	N	N	N	N	4.9	
81AXR7319	35-06	F	23-Feb-06	N	N	N	N	N	+25	1 + 10	N	14.5	
81AXR7322	36-06	M	23-Feb-06	N	N	N	N	N	N	N	N	0.7	
81AXR7225	37-06	F	23-Feb-06	N	N	N	N	N	N	N	N	1.7	
81AXR7226	38-01	M	23-Feb-06	N	N	N	N	N	N	N	N	3.2	
81AXR7310	39-06	F	23-Feb-06	N	N	N	N	N	125	N	N	4.6	
81AXR7227	40-06	F	23-Feb-06	N	N	N	N	N	+25	N	N	5.9	
81AXR7314	41-06	M	23-Feb-06	S	N	N	N	N	+50	N	N	5	
81AXR7228	42-06	M	23-Feb-06	N	N	N	N	N	N	N	N	3.2	
81AXR7313	43-06	F	23-Feb-06	N	N	N	N	N	N	N	N	7.6	
81AXR7346	44-06	M	23-Feb-06	N	N	N	N	N	+25	N	N	4.5	
81AXR7305	45-06	M	23-Feb-06	N	N	N	N	N	+25	N	N	5.8	
81AXR7301	46-06	F	23-Feb-06	N	N	N	N	N	N	N	N	9	
81AXR7229	47-06	M	23-Feb-06	N	N	N	N	N	N	N	N	7.1	
81AXR7367	48-06	F	23-Feb-06	S	N	N	N	N	+50	N	N	10	
81AXR7355	49-06	M	23-Feb-06	N	N	N	N	N	+25	N	N	5.2	
81AXR7321	50-06	F	23-Feb-06	N	N	N	N	N	N	N	N	1.9	
81AXR7349	51-06	M	23-Feb-06	N	N	N	N	N	N	N	N	5.8	
81AXR7327	52-06	F	23-Feb-06	S	N	N	N	N	+50	N	N	10.6	
81AXR7230	53-06	F	23-Feb-06	N	N	N	N	N	N	N	N	6.6	
81AXR7331	54-06	M	23-Feb-06	N	N	N	N	N	+25	N	N	6.6	
81AXR7320	55-06	F	23-Feb-06	N	N	N	N	N	N	N	N	8.6	
81AXR7339	56-06	F	23-Feb-06	N	N	N	N	N	N	N	N	7.8	
81AXR7231	57-06	F	23-Feb-06	N	N	N	N	N	+25	N	N	8.2	
81AXR7309	58-06	M	23-Feb-06	S	N	N	N	N	150	N	N	2.7	
81AXR7232	59-06	M	23-Feb-06	N	N	N	N	N	N	N	N	6.4	
81AXR7344	60-06	F	23-Feb-06	N	N	N	N	N	+25	N	N	10.6	
81AXR7233	61-06	M	23-Feb-06	N	N	N	N	N	N	N	N	6.8	
81AXR7340	62-06	F	23-Feb-06	N	N	N	N	N	N	N	N	1.1	
81AXR7234	63-06	M	23-Feb-06	N	N	N	N	N	125	N	N	5.2	
81AXR7312	64-06	F	23-Feb-06	N	N	N	N	N	125	N	N	-1.1	
81AXR7353	65-06	F	23-Feb-06	N	N	N	N	N	N	N	N	4.4	
81AXR7255	66-06	F	23-Feb-06	N	N	N	N	N	+25	N	N	3.4	
81AXR7345	67-06	F	23-Feb-06	N	N	N	N	N	N	N	N	4.4	
81AXR7256	68-06	F	23-Feb-06	N	N	N	N	N	N	N	N	10.2	
81AXR7237	69-06	F	23-Feb-06	N	N	N	N	N	N	N	N	4.6	
81AXR7354	70-06	F	23-Feb-06	N	N	N	N	N	+25	N	N	5.2	
81AXR7238	71-06	F	23-Feb-06	N	N	N	N	N	N	N	N	7.7	
81AXR7254	72-06	F	23-Feb-06	N	N	N	N	N	N	N	N	7.5	
81AXR7240	73-06	F	23-Feb-06	N	N	N	N	N	+25	N	N	2.8	
81AXR7241	74-06	F	23-Feb-06	N	N	N	N	N	125	N	N	7.8	
81AXR7242	75-06	F	23-Feb-06	N	N	N	N	N	N	N	N	6.1	
81AXR7348	76-06	M	23-Feb-06	N	N	N	N	N	N	N	N	7.5	
81AXR7398	77-06	F	23-Feb-06	S	N	N	N	N	+50	N	N	12.9	
81AXR7243	78-06	M	23-Feb-06	N	N	N	N	N	+25	N	N	9.4	
81AXR7244	79-06	M	23-Feb-06	N	N	N	N	N	N	N	N	8	
81AXR7315	80-06	F	23-Feb-06	N	N	N	N	N	N	N	N	2.8	
81AXR7245	81-06	F	23-Feb-06	N	N	N	N	N	+25	N	N	6.9	
81AXR7323	82-06	F	23-Feb-06	N	N	N	N	N	N	N	N	7.2	
81AXR7357	83-06	F	23-Feb-06	N	N	N	N	N	N	N	N	8.5	
81AXR7246	84-06	M	23-Feb-06	N	N	N	N	N	N	N	N	6.2	
81AXR7303	85-06	F	23-Feb-06	N	N	N	N	N	N	N	N	6.5	

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Enucleus Tag	Ear Tag	Sex	Date Sampled	BruABOR	BruBAP	BruCARD	BruPLT	BruRIV	BruTUBH	BruCF	P Interpret	FP Plate	FP Tube	Comments
81AXR701	01-06	F	08-May-06	N	N	N	N	N	+25	N	N			
81AXR7202	02-06	F	08-May-06	N	N	N	N	N	N	N	N			6.3
81AXR7356	03-06	F	08-May-06	N	N	N	N	N	N	N	N			5.7
81AXR7203	04-06	F	08-May-06	N	N	N	1 25	N	N	N	N			6.3
81AXR7397	05-06	F	08-May-06	N	N	N	N	N	1 25	N	N			10.5
81AXR7204	06-06	F	08-May-06	N	N	N	N	N	N	N	N			14.3
81AXR7317	08-06	F	08-May-06	N	N	N	1 25	N	+ 25	N	N			15
81AXR7352	09-06	M	08-May-06	N	N	N	N	N	N	N	N			2
81AXR7206	10-06	M	08-May-06	N	N	N	N	N	1 25	N	N			8.9
81AXR7207	11-06	F	08-May-06	N	N	N	N	N	+ 25	N	N			6.9
81AXR7208	12-06	F	08-May-06	N	N	N	N	N	N	N	N			11.9
81AXR7209	13-06	F	08-May-06	N	N	N	N	N	N	N	P		N,1.4@10uL	13.7
81AXR7347	15-06	M	08-May-06	N	N	N	N	N	N	N	N			21.1
81AXR7210	16-06	F	08-May-06	N	N	N	N	N	+ 25	N	N			11.8
81AXR7211	17-06	F	08-May-06	N	N	N	N	N	N	N	N			13.9
81AXR7212	18-06	M	08-May-06	N	N	N	N	N	N	N	N			12.6
81AXR7213	19-06	F	08-May-06	N	N	N	N	N	N	N	N			7.8
81AXR7306	20-06	F	08-May-06	N	N	N	N	N	N	N	N			12.6
81AXR7316	21-06	F	08-May-06	N	N	N	N	N	N	N	N			11.3
81AXR7214	22-06	F	08-May-06	N	N	N	N	N	N	N	N			7.7
81AXR7215	23-06	M	08-May-06	N	N	N	N	N	+ 25	N	N			14.8
81AXR7311	24-06	F	08-May-06	N	N	N	N	N	+ 25	N	N			14.7
81AXR7216	25-06	M	08-May-06	N	N	N	N	N	1 25	N	N			11.7
81AXR7217	26-06	M	08-May-06	N	N	N	N	N	N	N	N			12
81AXR7218	27-06	M	08-May-06	N	N	N	+ 50	N	1 100	N	N			9.8
81AXR7304	28-06	M	08-May-06	N	N	N	N	N	N	N	N			8.8
81AXR7219	29-06	F	08-May-06	N	N	N	+ 50	1 50	+ 50	2 + 20	P		P, 26.3@20uL	8
81AXR7221	30-06	M	08-May-06	N	N	N	N	N	1 25	N	N			45.9
81AXR7222	31-06	F	08-May-06	N	N	N	1 50	N	+ 50	N	N			12.4
81AXR7223	32-06	F	08-May-06	N	N	N	N	N	N	N	N			10.7
81AXR7224	33-06	F	08-May-06	N	N	N	N	N	+ 25	N	N			8.4
81AXR7343	34-06	M	08-May-06	N	N	N	N	N	N	N	N			14.7
81AXR7319	35-06	F	08-May-06	N	N	N	N	N	+ 25	N	P		N,-1.5@10uL	12.8
81AXR7322	36-06	M	08-May-06	N	N	N	N	N	N	N	N			22.8
81AXR7225	37-06	F	08-May-06	N	N	N	N	N	N	N	N			7
81AXR7226	38-01	M	08-May-06	N	N	N	1 25	N	+ 25	N	N			6.4
81AXR7310	39-06	F	08-May-06	N	N	N	N	N	N	N	N			6.8
81AXR7227	40-06	F	08-May-06	N	N	N	1 25	N	+ 25	N	N			7.8
81AXR7314	41-06	M	08-May-06	N	N	N	1 25	N	N	N	N			13.9
81AXR7228	42-06	M	08-May-06	N	N	N	N	N	N	N	N			10.1
81AXR7313	43-06	F	08-May-06	N	N	N	N	N	1 25	N	N			-4.2
81AXR7346	44-06	M	08-May-06	N	N	N	1 25	N	+ 25	N	N			12.9
81AXR7305	45-06	M	08-May-06	N	N	N	N	N	1 25	N	N			7.2
81AXR7301	46-06	F	08-May-06	N	N	N	N	N	N	N	N			5.5
81AXR7229	47-06	M	08-May-06	N	N	N	N	N	N	N	N			-0.2
81AXR7367	48-06	F	08-May-06	N	N	N	1 50	N	+ 50	N	N			10.8
81AXR7355	49-06	M	08-May-06	N	N	N	N	N	N	N	N			-1.1
81AXR7321	50-06	F	08-May-06	N	N	N	N	N	1 25	N	N			10.8
81AXR7349	51-06	M	08-May-06	N	N	N	N	N	1 25	N	N			-3.7
81AXR7327	52-06	F	08-May-06	N	N	N	N	N	+ 50	N	N			10.1
81AXR7230	53-06	F	08-May-06	N	N	N	+ 25	N	+ 25	N	P		N, 3.1@10uL	6.7
81AXR7331	54-06	M	08-May-06	N	N	N	N	N	1 25	N	N			24.1
81AXR7320	55-06	F	08-May-06	N	N	N	N	N	N	N	N			6.1
81AXR7339	56-06	F	08-May-06	N	N	N	N	N	N	N	N			5.6
81AXR7231	57-06	F	08-May-06	N	N	N	N	N	+ 25	N	N			5.3
81AXR7309	58-06	M	08-May-06	N	N	N	N	N	+ 25	N	N			10.6
81AXR7232	59-06	M	08-May-06	N	N	N	N	N	N	N	N			0.8
81AXR7344	60-06	F	08-May-06	N	N	N	N	N	+ 25	N	N			6.6
81AXR7233	61-06	M	08-May-06	N	N	N	N	N	N	N	N			2.4
81AXR7340	62-06	F	08-May-06	N	N	N	N	N	N	N	N			6
81AXR7234	63-06	M	08-May-06	N	N	N	1 25	N	1 50	N	N			-2
81AXR7312	64-06	F	08-May-06	N	N	N	N	N	N	N	N			6.4
81AXR7353	65-06	F	08-May-06	N	N	N	+ 25	N	1 25	N	N			1.8
81AXR7235	66-06	F	08-May-06	N	N	N	N	N	1 25	N	N			7.1
81AXR7345	67-06	F	08-May-06	N	N	N	N	N	N	N	N			-3.9
81AXR7236	68-06	F	08-May-06	N	N	N	N	N	N	N	N			1.7
81AXR7237	69-06	F	08-May-06	N	N	N	N	N	N	N	N			3.2
81AXR7354	70-06	F	08-May-06	N	N	N	N	N	N	N	N			-4
81AXR7238	71-06	F	08-May-06	N	N	N	N	N	N	N	N			-2
81AXR7234	72-06	F	08-May-06	N	N	N	N	N	N	N	N			10.4
81AXR7240	73-06	F	08-May-06	N	N	N	N	N	1 25	N	N			0.2
81AXR7241	74-06	F	08-May-06	N	N	N	N	N	+ 25	N	N			3.9
81AXR7242	75-06	F	08-May-06	N	N	N	N	N	N	N	N			-0.4
81AXR7348	76-06	M	08-May-06	N	N	N	1 25	N	N	N	N			-3
81AXR7398	77-06	F	08-May-06	N	N	N	N	N	+ 25	N	N			3.2
81AXR7243	78-06	M	08-May-06	N	N	N	N	N	1 25	N	N			5.1
81AXR7244	79-06	M	08-May-06	N	N	N	N	N	N	N	N			-4.4
81AXR7315	80-06	F	08-May-06	N	N	N	N	N	N	N	N			0.6
81AXR7245	81-06	F	08-May-06	N	N	N	N	N	N	N	N			6
81AXR7323	82-06	F	08-May-06	N	N	N	N	N	N	N	N			-4.3
81AXR7357	83-06	F	08-May-06	N	N	N	N	N	N	N	N			0.6
81AXR7246	84-06	M	08-May-06	N	N	N	1 25	N	+ 25	N	N			0.8
81AXR7303	85-06	F	08-May-06	N	N	N	N	N	N	N	N			1
														-6.2

Dr. Beth Harris, Head, Mycobacteria and Brucella Section
NVSU, MB General Phone: 515-883-7388

Results authorized by:

Handwritten: 5-6-10 / 8-354-10 / JH



No Isolation Made

Brucella Isolation Result

Sample: 8-354-10 Animal ID: 57-08 Brucella Case Number: B10-0844 Specimen Type: Tissue Species: Bison

NOTE: Condition of the sample(s) was adequate unless otherwise noted.

Owner	Bison Quarantine Facility	Accession Number:	10-018973
Gardiner, MT		Date Collected:	04/21/2010
Animal Location	Park County MT	Date Received:	04/23/2010
Submitter - 2047		Date Completed:	05/06/2010
MT Department of Livestock		Collected By:	Dr. Ryan Clarke
Veterinary Diagnostic Lab		Purpose:	General Diagnostic
P.O. Box 997		Referral Number:	8-354-10
Bozeman, MT 59711-0997			
FAX# 408-994-8344			
PH# 408-994-4885			

This is not a billable case.

***** This is a confidential report intended for official use only. *****

Laboratory Test Report

The USDA is an equal opportunity provider and employer.
FEDERAL RELAY SERVICE (Voice/TTY/ASCI/ASCI) 1-800-877-8339
Phone: 515-337-7514 Fax: 515-337-7998
Ames, Iowa 50010

National Veterinary Services Laboratories
PO Box 844
Ames, Iowa 50010

FINAL REPORT

Montana Veterinary Diagnostic Laboratory
State of Montana - Department of Livestock
 PO Box 997 • Bozeman, Montana 59711 • phone (406) 994-4885

MVDL Accession # 8-354-10
 Date Sent: 05/07/2010
 Date Received: 04/21/2010
 Species: WILD - BISON
 Breed: BISON
 Name/No. 57-08
 Sex: F
 Age: 2-3 YR

Submitter: PATRICK RYAN CLARKE
 187 E TOBIANO TR
 BELGRADE MT 59714
 Owner: BISON QUARANTINE FACILITY
 GARDNER MT

Final

CASE SUMMARY

REASON FOR SUBMISSION: Brucella Bison Quarantine study.

LABORATORY DIAGNOSIS:

Trauma
 Brucella culture negative

A. W. Layton, DVM, DACVP/jmm

PATHOLOGY/CYTOLOGY

Date In: 05/07/2010

BISON QUARANTINE HERD

GROSS PATHOLOGY:

A three year-old female Bison found dead at the Bison Quarantine Center in Gardiner, Montana was submitted. The submitter requested only an abbreviated post-mortem examination collecting tissues for brucellosis testing. Animal identification is 57-08. Body condition is fair. Animal weighs approximately 300-400 pounds. Samples collected include swab of mammary fluid, multiple lymph nodes (supramammary, internal iliac and retropharyngeal), entire reproductive tract, mammary gland and spleen. Tissues were collected, frozen and submitted overnight to (NVSL) National Veterinary Services Laboratory for Brucella abortus culture. Animal was not pregnant. Multiple areas of hemorrhage and edema occurred within the subcutis of the thorax and abdomen.

Animal ID	57-08
Test Name	BRUC CULT
Referred Lab	NVSL
Result	No isolation made
Date Received	05/06/2010
REFERRAL	
Date Sent	04/22/2010

Please see attached report for complete referral lab results.

(This is not a bill. Do not make payment from this report.)

APHS-Jack Ryan
\$ 190.50
\$ 30.50

Referral Total Fee
Accession Total Fee

Fees

Owner:
BISON QUARANTINE FACILITY

Submitter:
PATRICK RYAN CLARKE

VEGETARIAN DIAGNOSTIC LAB

MVDL Accession #:

8-354-10

May. 7. 2010 4:10 PM

(This is not a bill. Do not make payment from this report.)

\$ 85.00
\$ 85.00
\$ 0.00

Bacteriology Total Fee
Histology Total Fee
Accession Total Fee

Fees

Owner:
CLARKE, RYAN APHS, VS

Submitter:
JACK C. RHYAN D.V.M.

MDL Accession #:
8-162-11

NO. 7000 11 7

9-05

National Veterinary Services Laboratories
1800 Dayton Road Ames, Iowa 50010
Phone (515) 663-7266 Fax (515) 663-7397
Laboratory Test Report Page 1 of 1

FEDERAL RELAY SERVICE (Voice/TTY/ASCII/Spanish)
1-800-877-8339

Date Received: 8/11/2005

Accession: 391747

Submitted By:
CLARKE, RYAN
187 E. TOBIANO TRAIL

Referral Number:
Retain Number:
Date Collected:
Collected By: CLARKE, R.

BELGRADE, MT 59714
Fax: 4063885162

Location of Animals (Cty/St):
PARK MT

Owner: APHIS, VS
CORWIN SPRINGS MT

Condition on Arrival:
IP
Purpose: General Diagnostic

This is not a billable case

NVSL ID	Sample ID	Animal ID	Species	Specimen	Disease
1302822	5970	81APH5970 (0705)	BISON	TISSUE	BRUC
	BI	Bacterial Isolation			

Brucella abortus biovar 1 (not strain 19) was isolated from the following tissues:

Iliac Lymph Node
Retropharyngeal Lymph Node
Parotid Lymph Node
Bronchial Lymph Node
Popliteal Lymph Node
Prescapular Lymph Node
Prefemoral Lymph Node
Mandibular Lymph Node

Distribution:
Submitter
8/26/2005

/s/ Randall L. Levings, DVM Director
National Veterinary Services Laboratories

2008 Slaughterhouse
Bison Sampling Protocol – Gender: Female

Names Ryan C. / Jack Rhyan Date 5/22/08
Location Stillwater
ID No. 3829
Age YMLG Weight _____ Body Condition good

ALL TISSUES ARE FOR CULTURE, NOT HISTO

BLOOD:

☒ Serology (at BQFS) 5/20/08
☒ Culture, (heparinized, 15ml) (at BQFS) 5/27/08

SWABS:

☒ Vaginal
☒ Rectal

CULTURE:

☒ Bladder (can drain)

LYMPH NODES:

☒ Supramammary (female)
☒ Superficial inguinal (male)
☒ Popliteal
☒ Prefemoral
☒ Sup. Cervical (Pre-Scapular)
☒ Internal Iliac
☒ Hepatic
☒ Mesenteric
☒ Bronchial
☒ Mandibular
☒ Parotid
☒ Retropharyngeal

OTHER TISSUES:

☒ Udder
☒ Ileum
☒ Kidney
☒ Liver
☒ Spleen
☒ Ovaries
☒ Uterus
____ Testicle
____ Epididymis
____ Seminal Vesicles

2008 Slaughterhouse
Bison Sampling Protocol – Gender: Female

Names P. Noel, R. Ryan, R. Clark, S. Coburn Date 5/22/08

Location Stillwater Packing

ID No. 3893

Age 12 m Weight _____ Body Condition Good

ALL TISSUES ARE FOR CULTURE, NOT HISTO

BLOOD: - Collected 5/20/08

_____ Serology (at BQFS)

_____ Culture, (heparinized, 15ml) (at BQFS)

SWABS:

☒ Vaginal

☒ Rectal

CULTURE:

☒ Bladder (can drain)

LYMPH NODES:

☒ Supramammary (female)
☒ Superficial inguinal (male)
☒ Popliteal
☒ Prefemoral
☒ Sup. Cervical (Pre-Scapular)
☒ Internal Iliac
☒ Hepatic
☒ Mesenteric
☒ Bronchial
☒ Mandibular
☒ Parotid
☒ Retropharyngeal

OTHER TISSUES:

☒ Udder
☒ Ileum
☒ Kidney
☒ Liver
☒ Spleen
☒ Ovaries } to get them in one bag
☒ Uterus
☒ Testicle
☒ Epididymis
☒ Seminal Vesicles

Bison Sampling Protocol – Gender: M

Names Fry, Clarke Date 7/24/08

Location Stillwater Park Card Test _____

ID No. 91-08 81APM1605

Age 1 Weight 270 Body Condition _____

Neck Circ. _____ Chest Girth _____ Total Length _____ Brisket Fat _____

BLOOD:

☒ Serology
☒ Culture, (heparinized, 15ml)
☒ Culture (citrated, 10ml)
☒ Plasma

SWABS:

☒ Vaginal
☒ Rectal
☒ Uterine

CULTURE:

☒ Milk
☒ Bladder
☒ Allantoic Fluid
☒ Synovial Fluid
☒ Fecal sample

LYMPH NODES:

☒ Supramammary/Superficial Inguinal
☒ Popliteal
☒ Prefemoral
☒ Sup. Cervical (Pre-Scapular)
☒ Internal Iliac
☒ NO ☒ Hepatic
☒ Mesenteric
☒ Bronchial
☒ Mandibular
☒ Parotid
☒ Retropharyngeal

OTHER TISSUES:

☒ Tooth
☒ Udder
☒ Ileum
☒ Kidney
☒ Liver
☒ Spleen
☒ Bone Marrow
☒ Ovaries
☒ Uterus
☒ Testicle
☒ Epididymis
☒ NO ☒ Seminal Vesicles

3870-815-8788 Jan 24/25 2008

Ear Tag	Silver Tag	Sex	Comments	Serum	Culture	Weight	Sumold
00-08	81AYE4052	F		✓	✓	384	✓
01-08	81ARG3843	F		✓	✓	382	✓
02-08	81ARG3803	F	81G38657	✓	✓	418	✓
03-08	81ARG3818	M		✓	✓	414	✓
04-08	81AYE4063	M	Sex?	✓	✓	414	✓
05-08	81ARG3837	F		✓	✓	388	✓
06-08	81ARG3809	F		✓	✓	432	✓
07-08	81ARG3832	F		✓	✓	434	✓
08-08	81ARG3805	M		✓	✓	358	✓
09-08	81ARG3854	M		✓	✓	568	✓
10-08	81AYE4044	F		✓	✓	334	✓
11-08	81ARG3822	F		✓	✓	354	✓
12-08	81AYE4055	M	Find dead 7/7 -	✓	✓	460	✓
13-08	81ARG3888	F		✓	✓	352	✓
14-08	81ARG3808	F		✓	✓	464	✓
15-08	81APM1601	M	Should be 81056094, 81AYE4054	✓	✓	488	✓
16-08	81ARG3840	F		✓	✓	429	✓
17-08	81ARG3816	M	Sex? M	✓	✓	510	✓
18-08	81APM1602	F	81M63870	✓	✓	368	✓
19-08	81ARG3884	F		✓	✓	459	✓
20-08	81ARG3869	F		✓	✓	354	✓
21-08	81ARG3892	F		✓	✓	354	✓
22-08	81ARG3830	F		✓	✓	480	✓
23-08	81AYE4073	F		✓	✓	308	✓
24-08	81ARG3900	F		✓	✓	295	✓

2008 Slaughterhouse
Bison Sampling Protocol – Gender: Female

Names Fray, Clarke Date 5/22/08
Location Stillwater
ID No. SLAVE 4053
Age 1 Weight 180 Body Condition _____

ALL TISSUES ARE FOR CULTURE, NOT HISTO

BLOOD:

☒ Serology (at BQFS)
☒ Culture, (heparinized, 15ml) (at BQFS)

SWABS:

☒ Vaginal
☒ Rectal

CULTURE:

☒ Bladder (can drain)

LYMPH NODES:

☒ Supramammary (female)
☒ Superficial inguinal (male)
☒ Popliteal
☒ Prefemoral
☒ Sup. Cervical (Pre-Scapular)
☒ Internal Iliac
☒ Hepatic
☒ Mesenteric
☒ Bronchial
☒ Mandibular
☒ Parotid
☒ Retropharyngeal

OTHER TISSUES:

☒ Udder
☒ Ileum
☒ Kidney
☒ Liver
☒ Spleen
☒ Ovaries
☒ Uterus
☐ Testicle
☐ Epididymis
☐ Seminal Vesicles

Bison Sampling Protocol - Gender: M

Names Frey, Clark Date 7/24/08

Location Stillwater Park Card Test _____

ID No. 38-08 81261 3848

Age 1 Weight 285 Body Condition _____

Neck Circ. _____ Chest Girth _____ Total Length _____ Brisket Fat _____

BLOOD:

☒ Serology
☒ Culture, (heparinized, 15ml)
☒ Culture (citrated, 10ml)
☒ Plasma

SWABS:

☒ Vaginal
☒ Rectal
☒ Uterine

CULTURE:

☒ Milk
☒ Bladder
☒ Allantoic Fluid
☒ Synovial Fluid
☒ Fecal sample

LYMPH NODES:

☒ Supramammary / superficial inguinal
☒ Popliteal
☒ Prefemoral
☒ Sup. Cervical (Pre-Scapular)
☒ Internal Iliac
☒ Hepatic
☒ Mesenteric
☒ Bronchial
☒ Mandibular
☒ Parotid
☒ Retropharyngeal

OTHER TISSUES:

☒ Tooth
☒ Udder
☒ Ileum
☒ Kidney
☒ Liver
☒ Spleen
☒ Bone Marrow
☒ Ovaries
☒ Uterus
☒ Testicle
☒ Epididymis
☒ Seminal Vesicles

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Also of interest: Whitehouse.gov | USA.gov | E-Gov.gov | ExpectMore.gov | Other Suggested Sites

Printer Friendly format

81AAG3879 F Broken neck include

Date: May 21, 2008		Met Pauline, Sarah, Jack, Betty, Brent				
Samples collected: 2 serum, 1 heparin						
OFFICIAL ID	PURPLE EAR TAG	SEX	COMMENTS	Serum x 2	Culture	Heptec
81AAG3843	01-08	F		X	X	
81AAG3845	02-08	F				
81AAG3818	03-08	M				
81AAG4063	04-08	M				
81AAG3837	05-08	F				
81AAG3809	06-08	F				
81AAG3832	07-08	F				
81AAG3805	08-08	M				
81AAG3854	09-08	M				
81AAG4044	10-08	F				
81AAG3822	11-08	F				
81AAG4055	12-08	M				
81AAG3888	13-08	F				
81AAG3808	14-08	F				
81AAG1601	15-08	M	lost metal tag			
81AAG3840	16-08	F				
81AAG3816	17-08	F				
81AAG1602	18-08	F				
81AAG3884	19-08	F	lost metal tag (81AAG3874)			
81AAG3869	20-08	F				
81AAG3892	21-08	F				
81AAG3830	22-08	F				
81AAG4073	23-08	F				

	A	B	C	D	E	F	G	H	I	J	K
1	RFID	USDA TAG	Cow ID	Calf ID	DOB	Sex	2nd calf/2009	DOB	Sex	Dec 2009	REMARKS
2	985120017489379	81APH5992	0205	8502	5/21/2008 F	F		5/18/2009 F	Y		
3	985121015320998	81APM1507	0206	9602	5/20/2009 F	F	NONE		Y		Could not find RFID in December
4	985121014781084	81AXR7203	0406	9604	5/27/2009 F	F	NONE		N		
5	985121014824200	81AXR7397	0506	9605	5/5/2009 F	F	NONE		Y		
6	985120017473131	81AXR7204	0606	stillborn	6/14/2008 M	M		5/22/2009 M	N		
7	985120017520025	81APM1508	0806	9608	5/19/2009 M	M	NONE		N		
8	985120020201363	81ARG3224	1105	found dead	9/1/2008 F	F		8/27/2009 F	N		
9	985120017778616	81APF6431	1205	8512	5/30/2008 F	F		5/26/2009 F	Y		
10	985121011920859	81AXR7208	1206	9612	5/14/2009 M	M	NONE		Y		
11	985120017501794	81AXR7209	1306	8613	6/9/2008 F	F		9/27/2006 F	N		
12	985120017496103	81APM1509	1405	8514	5/21/2008 F	F		5/19/2009 M	Y		
13	985120017489135	81ARG3207	1505	8515	5/22/2008 M	M		5/27/2009 M	Y		
14	985120017494219	81APM1395	1706	8617	5/30/2008 F	F		5/29/2009 F	Y		
15	985120017493004	81APM1394	1906	8619	6/4/2008 M	M		(10/1/2009)	N		2nd calf found dead
16	985120017776708	81APM1400	2206	8622	5/29/2008 F	F		5/24/2009 F	Y		
17	985121013736936	81APM1506	3106	9631	5/18/2009 M	M	NONE		N		
18	985121014822416	81AXR7224	3306	9633	5/18/2009 F	F	NONE		Y		
19	985120020205973	81AXR7225	3706	8637	7/30/2008 M	M		8/25/2009 F	?(late)		
20	985120017494939	81AYE4002	3906	8639	6/2/2008 ?			6/22/2009 M	Y		
21	985120017496149	81AXR7301	4606	8646	6/6/2008 F	F	OPEN		Y		
22	985120017493879	81AXR7321	5006	8650	6/11/2008 F	F		9/12/2006 F	N		
23	985121011933849	81ALC6458	5206	9652	5/8/2008 M	M	NONE		N		
24	985120017738842	81AXR7230	5306	9653	5/18/2009 F	F	NONE		N		
25	985120017491092	81AXR7320	5506	8655	5/30/2008 M	M		6/5/2009 M	Y		
26	985120020193703	81AXR7231	5706	8657	6/9/2008 M	M	OPEN		Y		
27	985120017520892	81AYE4001	6406	stillborn	6/15/08? M	M	OPEN		Y		
28	985121015338855	81APM1393	6606	9666	6/1/2009 M	M	NONE		N		
29	985120017524539	81APM1388	6806	8668	5/27/2008 F	F		5/30/2009 F	Y		
30	985121011920162	81APM1592	7106	9671	5/18/2009 M	M	NONE		Y		
31	985120017502143	81APM1397	7306	8673	5/25/2008 F	F		5/30/2009 M	Y		
32	985120017765982	81AXR7242	7506	stillborn	6/9/2008 M	M		5/25/2009 F	Y		
33	985121015339338	81AXR7245	8106	9681	5/22/2009 M	M	NONE		N		
34	985120020165381	81APM1389	8206	8682	5/30/2008 M	M		6/5/2009 M	Y		1st Calf dead from starvation 6/9

EarTag	BRUC TAG	Sex	Date Sampled	EID	REPLACE TAG	PREG?	10/1/2009	RED	GREEN	COMMENTS
03-08	81ARG3818	M	3/4/2010	985121009870809				✓	✓	w/ pigments
07-08	81ARG3832	F		985121009876502		Y	N	✓	✓	
13-08	81ARG3888	F		985121015324340		Y	N	✓	✓	Nice Buffalo
14-08	81ARG3808	F		985121013841647		Y	N	✓	✓	
16-08	81ARG3840	F		985121015342459		Y	Y	✓	✓	
17-08	81ARG3816	M	3/4	985121015316404	81APM1607			✓	✓	N. pasture
18-08	81APM1602	F		985121013793207		Y	N	✓	✓	
19-08	81ARG3884	F		985121015300307		Y	N	✓	✓	
22-08	81ARG3830	F		985121015320663		Y	Y	✓	✓	
23-08	81AYE4073	F		985121013841339		Y	N	✓	✓	
25-08	81ARG3811	F		985121013791389		Y	2 months ago	✓	✓	w/ opans - patch
27-08	81ARG3845	F		985121014778308		Y	N	✓	✓	
29-08	81ARG3817	M		985121009890465		Y		✓	✓	w/ opans
30-08	81ARG3833	F		985121015340871		Y	N	✓	✓	
31-08	81ARG3895	F		985121013876649		Y	Y(20)	✓	✓	
36-08	81ARG3827	F		9851210098662707		Y	Y(20)	✓	✓	
37-08	81AYE4040	F		985121015323360		Y	N	✓	✓	cut left hind off
42-08	81ARG3834	F		985121015338868		Y	N	✓	✓	N. pasture
43-08	81ARG3875	F		985112014714077		Y	Y(20)	✓	✓	
44-08	81ARG3844	M		985121015325457		Y		✓	✓	w/ pigments
46-08	81AYE4060	F		985121015316461		Y	Y(20)	✓	✓	N. pasture
47-08	81AYE4082	F		985121015324044		Y	N	✓	✓	cut left hind off
48-08	81ARG3821	F		985121015341548		Y	Y(20)	✓	✓	N. pasture
51-08	81APM1587	F		985121014714781		Y	Y	✓	✓	
55-08	81ARG3876	F		98512100987767		Y	N	✓	✓	
57-08	81APM1590	F		985121013840623		Y	N	✓	✓	N. pasture
58-08	81APM1513	F		985121014713640		Y	Y(20)	✓	✓	
59-08	81APM1588	F	3/4	985121014737392		Y	Y	✓	✓	Cut left hind badly in wheel line 10/1/2009
60-08	81ARG3819	F		985120024284485		Y	Y	✓	✓	N. pasture

Cow ID	Calf ID	USDA tag	DOB	Sex	Pen	
22-08	10-01**	81ANY0231	5/5/2010	F	S	Need to change tag number in fall
46-08	1046	81ANY0233	5/8/2010	M	N/N	
31-08	1031	81ANY0230	5/10/2010	F	S	
70-08	1070	81ANY0232	5/12/2010	F	N/S	
59-08	1059	81ANY0234	5/16/2010	M	S	
55-08	1055	81ANY0235	5/21/2010	F	S	
51-08	1051	81ANY0236	5/23/2010	F	N/S	
30-08	1030	81ANY0237	5/23/2010	F	N/S	
43-08	1043	81ANY0244	5/24/2010	F	N/S	
89-08	1089	81ANY0239	5/27/2010	F	N/N	
36-08	1036	81ANY0242	5/27/2010	M	S	
80-08	1080		5/28/2010	M	S	CALF FOUND DEAD
42-08	1042	81ANY0238	5/31/2010	F	N/N	
00-08	1000	81ANY0240	5/30/2010	M	N/N	
07-08	1007		5/31/2010	M	N/S	CALF FOUND DEAD
14-08	1014	81ANY0249	6/4/2010	M	S	
18-08	1018	81AXR7249	6/13/2010	F	N/S	
72-08	1072	81ANY0250	8/19/2010	F	N	
AA-08	10AA	81ANY0241	8/19/2010	F	S	
77-08	1077	81AXR7247	8/26/2010	M	N	Calf weak on back legs on 8/30. Nerve? Dehydrated.....treated w/Dex(10mg),12 ml saline SQ and fed milk. Dead 8/31 AM
60-08	1060	81ANY0248	8/26/2010	F	N	
48-08	1048	81ANY0246	8/26/2010	M	N	
25-08	1025	81ANY0245	9/5/2010	M	N	
75-08	1075	81ANY0247	9/14/2010	F	N	
86-08	1086	81AXR7248	9/14/2010	F	Brogans	

Cow ID	Calf ID	USDA tag	DOB	Sex
73-08	1173	81AXR7250	4/23/2011	F
58-08	1158	81APM1625	5/3/2011	M
37-08	1137	81AJW3733	5/5/2011	M
19-08	1119	81AJW3734	5/6/2011	M
23-08	1123	81AJW3731	5/13/2011	M
13-08	1113		5/18/2011	M
16-08	1116	81ANY0243	6/10/2011	F

FOUND DEAD IN CREEK ON 5/25/11

Brucellosis Tag	Ear Tag	Sex	Date Sampled	ABOR	BmiBAP	BmiCARI	BmiPLI	BmiRIV	BmiTUBE	BmiCF	P Interp	FP Plate	Comments
81APF6482	01-05	M	26-May-05	N	N	N	N	N	N	N	N	2.5	
81APH5992	02-05	F	26-May-05	N	N	N	N	N	N	N	N	0.5	
81APH5994	03-05	M	26-May-05	N	N	N	N	N	N	N	N	2.0	
81APF6443	04-05	F	26-May-05	N	N	N	N	125	N	N	N	8.4	
81APF6468	05-05	M	26-May-05	N	N	N	N	N	N	N	N	-0.3	
81APF6485	06-05	M	26-May-05	N	N	N	N	N	N	N	N	2.0	
81APH5969	07-05	M	26-May-05	N	N	N	N	N	N	N	N	6.4	
81ARG6955	08-05	M	26-May-05	N	N	N	N	125	N	N	N	-0.5	
81APH5970	09-05	M	26-May-05	N	N	N	+25	+25	N	N	N	11.7	
81APH5971	10-05	M	26-May-05	N	N	N	+25	+25	N	N	N	4.1	
81ARG3224	11-05	F	26-May-05	N	N	N	N	N	N	N	N	2.8	
81APF6431	12-05	F	26-May-05	N	N	N	N	N	N	N	N	-2.5	
81APF6470	13-05	F	26-May-05	P	N	150	150	150	4+20	N	P	77.4	euthanized and necropsied 6/16/05
81ARG3202	14-05	F	26-May-05	N	N	N	N	N	N	N	N	-0.9	
81ARG3207	15-05	F	26-May-05	N	N	N	N	N	N	N	N	-0.7	
81APH5995	16-05	M	26-May-05	N	N	N	N	N	N	N	N	1.3	
81APH6442	17-05	F	26-May-05	R	N	+25	N	+25	2+20	N	P	51.8	euthanized and necropsied 5/26/05

Serology VOL 9Aug05

Accession Tag	Ear Tag	Sex	Date Sampled	BOB	BAB	BBC	CAT	Bault	Barkiv	Bat	UBB	BACF	P	Interpret	IP Plate	Comments
81APHS970	09-05	M	09-Aug-05	R	P	N	N	150	N	150	3+20	P		43.4 and 40.8		enhanced and necropsied 8/9/05

List Euthanized Bison

Date	Ear Tag	Sex
5/26/2005	17-05	✓
6/16/2005	13-05	✓
8/9/2005	9-05	✓
3/6/2006	7-06	
3/6/2006	14-06	✓
5/8/2006	29-06	✓
8/29/2006	77-06	

12/20/2006 40-06
12/20/2006 40-06

National Veterinary Services Laboratories
1800 Dayton Road Ames, Iowa 50010
(515) 663-7266 Fax (515) 663-7397
Laboratory Test Report Page 2 of 3
RELAY SERVICE (Voice/TTY/ASCII/Spanish)
1-800-877-8339

***** This is a confidential report for official use only. *****
Date Received: 12/28/2006 Accession: 475344

Submitted By:
CLARKE, RYAN

Referral Number:
Retain Number:

187 E. TOBIANO TRAIL

Date Collected: 12/20/2006
Collected By: DRS. LAYTON / CLAR

BELGRADE, MT 59714
Fax: 4063885162

Location of Animals (Cty/St):
PARK MT

Owner: BISON QUARANTINE STUDY
CORNWIN SPRINGS MT

Condition on Arrival:
IP
Purpose: General Diagnostic

This is not a billable case

NVSL ID	Sample ID	Animal ID	Species	Specimen	Disease
---------	-----------	-----------	---------	----------	---------

PCFIA interpretations for cattle:

S/N < 0.300 = Positive
S/N 0.301 - 0.600 = Suspect
S/N > 0.601 = Negative

1609312	1	40-08 BISON, BRUCCELL BISON	TISSUE	BRUC
	BI	Bacterial Isolation		

No Brucella was isolated from the following submitted tissues:

Prefemoral LN(2), SMLN(1), Iliac(2), Retropharyngeal(4), Prescapular(2),
Mandibular(2), Mesenteric(3), Parotid(2), Bronchial(1), Popliteal(2),
Hepatic(1)

Uterus(1), Ovary(2), Spleen(2), Kidney(1), Liver(1), Ileum(1), Bone Marrow(1),
Feces(1), Vaginal swab(1), Rectal Swab(1), Urine/Bladder Swab(1),
Synovial Swab(1), Nasal Swab(1).

Note:

The sample labeled 'udder' contained only fat with no tissue, and was
not processed.

Ileum, feces, uterus, rectal and nasal swabs were heavily
contaminated with mold.

1609313	2	48-05 BISON, BRUCCELL BISON	TISSUE	BRUC
---------	---	-----------------------------	--------	------

Distribution:
Submitter
1/08/2007U

/s/ Dr. Beth Lautner, Director
National Veterinary Services Laboratories

National Veterinary Services Laboratories
1800 Dayton Road Ames, Iowa 50010
Phone (515) 663-7266 Fax (515) 663-7397
Laboratory Test Report Page 1 of 1

FEDERAL RELAY SERVICE (Voice/TTY/ASCII/Spanish)

1-800-877-8339

Date Received: 5/10/2006

Accession: 436720

Submitted By:

CLARKE, RYAN

187 E. TOBIANO TRAIL

BELGRADE, MT 59714

Fax: 4063885162

Owner: BISON QUARANTINE FEASIBILITY S
GRODINER MT

Referral Number:

Retain Number:

Date Collected:

Collected By: CLARKE, DR.

Location of Animals (Cty/St):

PARK

MT

Condition on Arrival:

ID

Purpose: General Diagnostic

This is not a billable case

NVSL ID	Sample ID	Animal ID	Species	Specimen	Disease
1466357	29-066	BISON	BISON	TISSUE	BRUC
	BI		Bacterial Isolation		

Brucella abortus biovar 1 was isolated from the submitted tissue.

Distribution:
Submitter
5/25/2006J

/s/ Dr. Beth Lautner, Director
National Veterinary Services Laboratories

Montana Veterinary Diagnostic Laboratory
State of Montana - Department of Livestock
PO Box 997 * Bozeman, Montana 59771 * phone (406) 994-4885

MVDL Accession # 8-162-11
Date Sent: 09/08/2010
Date Received: 09/02/2010

Species: WILD - BISON
Breed: NA
Name/No. 7710

Age: 6 DAY
Sex: M

Submitter: JACK C. RHYAN D.V.M.
NWRC 4101 LAPORT AVE
FORT COLLINS CO 80521

Owner: CLARKE, RYAN APHS, VS
MT

Final

JM

CASE SUMMARY

REASON FOR SUBMISSION: Bison calf mortality and posterior paresis/paralysis

LABORATORY DIAGNOSIS:

Bison calf mortality, cause of death and cause of posterior paresis/paralysis not determined

COMMENT: Bacteriological investigations for this calf were negative for Brucella abortus.

(b)(6)

D. J. Marshall, BVSc, PhD/cio

Date In 09/07/2010

PATHOLOGY/CYTOLOGY

Date Out: 09/08/2010

JM

GROSS PATHOLOGY: A 6-day-old male Bison calf is examined. The carcass is moderately autolyzed and in good nutritional status. No bruising of the musculature surrounding the spinal column is detected. Vessels of the brain appear congested. No other significant gross abnormalities are detected.

HISTOPATHOLOGY: Sections of brain, liver, kidney, heart, lung, spleen, thymus, skeletal muscle and abomasum are examined. There are early degenerative changes of hepatocytes in periarterial regions of the liver. The spleen and thymus are moderately depleted of lymphocytes. Significant abnormalities are not detected in the remaining tissues.

MORPHOLOGIC DIAGNOSIS:

Liver: Hepatocyte degeneration, periarterial

Spleen and thymus: Lymphoid depletion, moderate

Date In: 09/02/2010

BACTERIOLOGY

Date Out: 09/08/2010

Tech: SS

CULTURES

ID/Site	Specimen	Culture Type	Isolate	Antimicrobial	
				Growth	Profile
	lung	Aerobic	A mixed culture of non-pathogenic bacteria		NA
	lung	Brucella	Negative for Brucella sp.		NA
	spleen	Aerobic	A mixed culture of non-pathogenic bacteria		NA
	spleen	Brucella	Negative for Brucella sp.		NA

STATE OF MONTANA - DEPARTMENT OF LIVESTOCK

DIAGNOSTIC LABORATORY DIVISION - VIROLOGY

PO BOX 997 • BOZEMAN, MONTANA 59771 • PHONE (406) 994-4885

Diagnostic Lab No.	8-379	Tech	Species:	Wildlife	Age:	yearling	Sex:
Date Out:	04/15/2008	Date Received:	Breed:	Bison	Name/No.		
Veterinarian:	Patrick Ryan Clarke D.V.M. 137 E. Tobiano Tr Bozeman MT 59714	Owner:	Address: Quarantine Lot USDA-APHIS Corwin Springs				

Fluorescent antibody (FA) stained slides prepared from the brain of this sample were negative for rabies. This will constitute a final negative report for rabies.

LABORATORY DIAGNOSIS: Rabies, negative

WHE

(b)(6)

Pathologist: D.J. Marshall, BVSc, PhD

Charge

Diagnostic Lab No.

50.00

8-379

STATE OF MONTANA — DEPARTMENT OF LIVESTOCK

DIAGNOSTIC LABORATORY DIVISION—BACTERIOLOGY
PO BOX 997 • BOZEMAN, MONTANA 59771 • PHONE (406) 994-4885

Diagnostic Lab No.	8-379	Tech	SS	Species:	Wildlife	Age:	yearling	Sex:
Date Out:	04/21/2008	Date Received:	04/14/2008	Breed:	Bison	Name/No.	*	
Veterinarian:				Owner:				
Patrick Ryan Clarke D.V.M. 187 E. Tobiano Tr Belgrade MT 59714				Quarantine Lot USDA-APHIS Corwin Springs				

Cultures prepared from the Brain resulted in a mixed culture of non-pathogenic bacteria.

Specific attempts to isolate Listeria sp from the brain were negative.

Pathologist: Dr. Layton

Charge

~~20.00~~

Diagnostic Lab No.

8-379

STATE OF MONTANA
DEPARTMENT OF LIVESTOCK-DIAGNOSTIC LABORATORY DIVISION

BOX 997 — BOZEMAN, MONTANA 59771 — PHONE (406) 994-4885 — FAX (406) 994-6344

LABORATORY REPORT

S U B M I T T E E	DR RYAN CLARKE-APHIS 187 E TOBIANO TR BELGRADE MT 59714	O W N E R	USDA-APHIS QUARANTINE (BROGAN) CORWIN SPRINGS MT	D A T E	4/22/200	C A S E N O	8-379

GROSS:

The carcass is of a male subadult Bison in poor post mortem and fair nutritional state. Autolysis and emphysema occur throughout all the thoracic and abdominal viscera. Brain is normal.

HISTOPATHOLOGY:

Tissue sections of brain, spinal cord, skeletal muscle, heart, tongue, spleen, testis, epididymis, spermatic cord, liver, lung and kidney are examined. Autolysis occurs in all abdominal viscera examined. Significant lesions were not present within the brain that could be convincingly associated with this animal head pressing.

Rabies virus FA test was negative.

The bacteriologic results were unremarkable.

COMMENT: The liver although autolyzed did not have hypercellularity or increased fibrosis suggestive of underlying liver disease. Evidence of trauma did not exist. Is there any chance of exposure to lead?

Lab Fees 150.00

Signature _____

A. W. Layton, DVM, DACVP

FORM SV-51 (11-01)

SUBMITTEE

bal

8-379-06

Montana Veterinary Diagnostic Laboratory

State of Montana - Department of Livestock

PO Box 997 • Bozeman, Montana 59711 • phone (406) 994-4885

MVDL Accession # 8-354-10
Date Sent: 05/07/2010
Date Received: 04/21/2010

Species: WILD - BISON Age: 2-3 YR
Breed: BISON Sex: F
Name/No. 57-08

Submitter: PATRICK RYAN CLARKE
187 E TOBIANO TR
BELGRADE MT 59714

Owner: BISON QUARANTINE FACILITY
GARDINER MT

Final

CASE SUMMARY

REASON FOR SUBMISSION: Brucella Bison Quarantine study.

LABORATORY DIAGNOSIS:

Trauma
Brucella culture negative

A. W. Layton, DVM, DACVP/jmm

Date In

PATHOLOGY/CYTOLOGY

Date Out: 05/07/2010

BISON QUARANTINE HERD

GROSS PATHOLOGY:

A three year-old female Bison found dead at the Bison Quarantine Center in Gardiner, Montana was submitted. The submitter requested only an abbreviated post-mortem examination collecting tissues for brucellosis testing. Animal identification is 57-08. Body condition is fair. Animal weighs approximately 300-400 pounds. Samples collected include swab of mammary fluid, multiple lymph nodes (supramammary, internal iliac and retropharyngeal), entire reproductive tract, mammary gland and spleen. Tissues were collected, frozen and submitted overnight to (NVSL) National Veterinary Services Laboratory for Brucella abortus culture. Animal was not pregnant. Multiple areas of hemorrhage and edema occurred within the subcutis of the thorax and abdomen.

Date Sent: 04/22/2010

REFERRAL

Date Received: 05/06/2010

Animal ID
57-08

Testname
BRUC CULT

Referred Lab
NVSL

Result
No isolation made

Please see attached report for complete referral lab results.

Montana Veterinary Diagnostic Laboratory

State of Montana - Department of Livestock

PO Box 997 * Bozeman, Montana 59771 * phone (406) 994-4885

MVDL Accession # 8-11-12

Date Sent: 07/11/2011

Date Received: 07/07/2011

Submitter: Becky FREY

Bozeman

Species: WILD - BISON

Breed: NA

Name/No. BQFS 4608

Age: 4 YR

Sex: F

Owner: BISON QUARANTINE FEASIBIL
CORWIN SPRINGS MT

Final

WL

CASE SUMMARY

REASON FOR SUBMISSION: Unexpected death

LABORATORY DIAGNOSIS:

Autolysis, cause of death not determined

COMMENT: The condition of this animal precluded accurate gross or histologic evaluation. Aerobic and Brucella cultures of spleen were unremarkable. Clostridial FA test for various Clostridial organisms failed to reveal positive staining. Unusual plants were not identified within the rumen contents. Tissues have been saved for additional testing if requested. A select group of tissues will be forwarded to NVSL for Brucella culture.

A. W. Layton, DVM, DACVP/rb

Found dead 7 AM on 7/7 by Susan Riegler.
Was not dead @ 6 PM 7/6 EG - Susan Riegler
Head slit in gut wall, intestines were coming out, no
hemorrhage at site. Could not see any COD grossly.

Montana Veterinary Diagnostic Laboratory**State of Montana - Department of Livestock****PO Box 997 • Bozeman, Montana 59771 • phone (406) 994-4885**

MVDL Accession # 8-497-11

Date Sent: 06/02/2011

Date Received: 05/26/2011

Species: WILD - BISON

Age: CALF

Breed: BISON

Sex: F

Name/No. 1113

calf of 13-08

Submitter: JACK C. RHYAN D.V.M.

NWRC 4101 LAPORT AVE

FORT COLLINS CO 80521

Owner: RYAN CLARKE, DVM

BELGRADE MT

Final:

JM

CASE SUMMARY**REASON FOR SUBMISSION:** Bison calf mortality and suspected drowning.**LABORATORY DIAGNOSIS:** Bison neonatal mortality; Laboratory examinations negative for *Brucella abortus*.**COMMENT:** I could not find unequivocal evidence that this calf had drowned (ie amoeba in lungs). This calf had breathed and walked but not suckled. Laboratory investigations were negative for *Brucella abortus*.

(b)(6)

Dr. Marshall, BVSc, PhD/rmm

Date In 05/31/2011

PATHOLOGY/CYTOLOGY

Date Out: 06/02/2011

JM

GROSS PATHOLOGY: A male bison calf was submitted for necropsy and subsequent laboratory evaluation. The calf has a crown rump length measurement of 77 cm and is in a moderate to advanced state of post mortem autolysis. The skin is hydrated with hair sloughing from the surface. There is emphysema of subcutaneous tissues. Lungs are emphysematous. No milk is present in the abomasum.

HISTOPATHOLOGY: sections of brain, liver, kidney, heart, lung, spleen, thymus, skeletal muscle, abomasum and ileum are examined. Tissues are moderately autolysed. Lung contains areas of atelectasis and emphysema with intra-alveolar squamous epithelial debris and meconium. No significant abnormalities are detected in the remaining tissues.

MORPHOLOGIC DIAGNOSIS:

Lung: Atelectasis; Emphysema; Intra-alveolar squamous epithelial debris and meconium.

STATE OF MONTANA
DEPARTMENT OF LIVESTOCK-DIAGNOSTIC LABORATORY DIVISION

BOX 997 — BOZEMAN, MONTANA 59711 — PHONE (406) 994-4885 — FAX (406) 994-6344

LABORATORY REPORT

SUBMITTEE	DR NEIL ANDERSON	OWNER	FW & P	DATE		CASE NO	
	FW & P						
	1400 S 19 TH						
	BOZEMAN MT 59718		BOZEMAN MT 59718		6/25/08		8-433

~~Case of 75-06~~

"185253"

(8682)

NECROPSY:

A male Bison calf was submitted for necropsy and subsequent laboratory evaluations. The calf was submitted in a good state of post mortem preservation. It had breathed and but not suckled. Lungs were congested.

HISTOPATHOLOGY: Sections of brain, liver, kidney, heart, spleen, lung, skeletal muscle and abomasum were examined. No significant abnormality was detected in these tissues.

BACTERIOLOGY: Results of bacteriological investigations conducted at the Montana Veterinary Diagnostic Laboratory are enclosed.

COMMENT: Laboratory examinations performed on this calf were negative for Brucella sp. The cause of death was not determined but the calf had breathed but not suckled.

Lab Fee \$ 60.00

Signature

(b)(6)

FORM SV-51 (11-01)

SUBMITTEE

J. Marshall, BVSc, PhD

ATTN

8-433-08

JUN 23 2008 **STATE OF MONTANA**
DEPARTMENT OF LIVESTOCK-DIAGNOSTIC LABORATORY DIVISION

BOX 997 — BOZEMAN, MONTANA 59771 — PHONE (406) 994-4885 — FAX (406) 994-6344

LABORATORY REPORT

SUBMITTEE	DR NEIL ANDERSON FISH, WILDLIFE & PARKS 1400 S. 19 TH AVE BOZEMAN MT 59718	OWNER FW & P	DATE 6/20/2008	CASE NO S-438

6906

"I.D. 81ADM1392 Silver/# 185258"

GROSS:

The carcass is of a 3-year-old female bison cow, which recently gave birth. The animal is in good nutrition and postmortem state. Large amounts of blood and blood clots passed through the vaginal opening when the animal was elevated by the right front leg. There is scattered green and red spotting on the parietal and visceral surfaces of the abdominal viscera. Pelvic inlet peritoneal tissue is markedly hemorrhagic. The uterus was not found. Only the right ovary was identified. Urinary bladder has a 10 cm large longitudinal rent without hemorrhagic margins. Probing cranially through the vagina there is a large cranial rent with reddened margins. Cervix was not identified. Placenta was found within the rumen contents. The submitter was contacted, for additional history. Neil Anderson retrieved what was thought to be expelled placenta at the time of recovery of the animal from anesthetic procedure. The structure is the uterus and had hemorrhagic caudal margins.

HISTOPATHOLOGY:

Tissue sections of expelled blood clot from vagina, placenta, spleen, lung, heart, kidney, liver and intestine were examined.

MORPHOLOGIC DIAGNOSIS: Uterus, avulsion, traumatic
Edema, lung

COMMENT: As we discussed, this animal, at the time of anesthesia had a prolapsed uterus that was torn from the vaginal attachments after recovery. Tissues were submitted to NVSL for culture.

\$ 15.20 NVSL fee
115.00 Lab fee
Lab Fee \$ 130.20

Signature _____

(b)(6)

A. W. Layton, DVM, DACVP

FORM SV-51 (11-01)

SUBMITTEE

mmmm

S-438-08

STATE OF MONTANA
DEPARTMENT OF LIVESTOCK-DIAGNOSTIC LABORATORY DIVISION

BOX 997 — BOZEMAN, MONTANA 59771 — PHONE (406) 994-4885 — FAX (406) 994-6344

LABORATORY REPORT

SUBMITTEE	DR NEIL ANDERSON	OWNER	FW & P	DATE		CASE NO	
	FW & O						
	1400 S 19 TH AVE						
	BOZEMAN MT 59718		BOZEMAN MT 59718		6/25/08		8-434

"185254"

~~(8652)~~ CALF OF 75-06

NECROPSY:

A male Bison calf was submitted for necropsy and subsequent laboratory evaluations. The calf was submitted in a good state of post mortem preservation. It had not breathed and or suckled. Mucus of light brown/yellow color was present in the abomasum.

HISTOPATHOLOGY: Sections of brain, liver, kidney, heart, spleen, lung, skeletal muscle and abomasum were examined. No significant abnormality was detected in these tissues.

BACTERIOLOGY: Results of bacteriological investigations are enclosed.

COMMENT: There is no evidence that an infective or inflammatory process was responsible for the demise of this calf. Laboratory investigations were negative for Brucella sp.

Lab Fee: 60.00

Signature

(b)(6)

D. J. Marshall, BVSc, PhD

FORM SV-51 (11-01)

SUBMITTEE

STATE OF MONTANA
DEPARTMENT OF LIVESTOCK-DIAGNOSTIC LABORATORY DIVISION

BOX 987 — BOZEMAN, MONTANA 59711 — PHONE (406) 994-4885 — FAX (406) 994-6344

LABORATORY REPORT

SUBMITTER	DR RYAN CLARKE 187 E. TOBIAN TRL BELGRADE MT 59714	OWNER	JACK RHYAN, DVM USDA FORT COLLINS, CO	DATE	10/06/08	CASE NO	9-161

"Bison 92-08"

A 1-year-old Bison reactor from the Bison Quarantine group was necropsied on September 19, 2008, at this facility. Tissues harvested were forwarded to the NVSL laboratory for further testing by Dr. Ryan Clarke.

Lab Fee \$ 140.00

FORM SV-51 (11-01)

Signature

(b)(6)

A. W. Layton, DVM, DACVP

LAB COPY

jm

9-161-00

STATE OF MONTANA
DEPARTMENT OF LIVESTOCK-DIAGNOSTIC LABORATORY DIVISION

BOX 997 — BOZEMAN, MONTANA 59711 — PHONE (406) 994-4885 — FAX (406) 994-6344

LABORATORY REPORT

S
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RYAN CLARKE
187 E TOBIASO TRAIL
BELGRADE MT 59714

O
W
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R

BISON QUARANTINE
COWWIN SPRINGS MT

D
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8/28/03

C
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8-115

"96-08"

GROSS PATHOLOGY:

Bison necropsy was performed and samples were taken.

Lab Fee: \$ 140.00 (GVISC Fund/Animal) Signature

A. W. Dayton, DVM, DACVP

FORM SV-51 (11-01)

SUBMITTEE