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BRONCHOPNEUMONIA CAUSED BY Streptococcus equi IN A NORTH ATLANTIC PILOT WHALE (Globicephala melaena)

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Abstract: Bronchopneumonia was observed at the necropsy of a North Atlantic pilot whale (Globicephala melaena). The areas of necrosis were well circumscribed clusters, disseminated throughout the left lung. Streptococcus equi was isolated in pure culture from the lung parenchyma, pharynx and pericardial fluid.

INTRODUCTION

Bacterial respiratory diseases frequently have been reported in cetaceans and pinnipeds. Pulmonary infections have been reported associated with Diplococcus pneumoniae, Escherichia coli, Proteus spp., staphylococci (coagulase positive), alpha and betahemolytic streptococci, Pseudomonas spp. or Nocardia.^{2,3,5,6,7,8,9,10} A betahemolytic Streptococcus spp. biochemically similar to Streptococcus canis recently has been isolated from the respiratory tract of an adult harbor seal.9 However, in the majority of the reports, beta-hemolytic streptococci are not identified biochemically nor serogrouped. A case of bronchopneumonia caused by Streptococcus equi in a North Atlantic pilot whale (Globicephala melaena) is reported.

CASE HISTORY

A 3.35 m female, immature North Atlantic pilot whale *(Globicephala melaena)* was found stranded on Metis Beach in the estuary of the Saint-Laurent River in the Province of Quebec, Canada, on November 1978. The moribund animal was immediately transported to the Laboratory of Animal Pathology of Rimouski for euthanasia and necropsy.

GROSS NECROPSY FINDINGS

Corneal ulcers were the only significant external gross lesions. Numerous foci of necrosis of 1 to 2 cm in diameter were present in the blubber layer. Blood tinged, serous exudate was present in the thoracic cavity. Bronchopneumonia was most severe in the left lung. The lesions were well circumscribed, but irregularly distributed and clustered. The heart appeared normal, but the pericardial sac was filled with approximately 100 ml of yellow exudate. Significant gross lesions were not observed in the organs contained in the abdominal cavity. Nematodes were present in the stomach and some small cestodes in the intestines. Final identification of those parasites was not achieved.

HISTOPATHOLOGY

Histopathologic examination revealed the presence of an acidophilic and fibrinous material in the alveolar lumen. The leucocytes were chiefly neutrophils and macrophages, and were found with desquamed epithelial cells in alveoli, bronchi and bronchioles. Some areas of the alveolar parenchyma were completely transformed in a mass of necrotic tissue. In other tissues or organs, significant histopathologic lesions were not observed.

TABLE 1. Comparative biochemical characteristics of the whale isolate and the Streptococcus equi.

	Whale isolate	Streptococcus equi ^a
Hemolysis	beta	beta
Presence of a capsule	+	+
Growth at 45 C	-	-
Growth initiation at pH 9.6	-	-
Heat tolerance (60 C for 30 min.)	-	-
Growth in 6.5% NaCl broth	-	-
Growth with bile (40%)	-	-
Litmus milk	-	-
Hydrolysis of arginine	+	+
Hydrolysis of esculin	-	
Hydrolysis of starch	+	ND ^b
Hydrolysis of hippurate	-	-
Melibiose	-	ND
Arabinose		-
Glucose	+	+
Glycerol	-	-
Inulin	-	-
Lactose	-	-
Maltose	+	+
Mannitol	-	-
Raffinose	-	-
Salicin	+	+
Sorbitol		•
Sucrose	+	+
Trehalose	-	-
Xylose		ND

^aAs described in Bergey's Manual¹

^bNo data or insufficient data

MICROBIOLOGY

Swabs from pharynx, pericardial fluid, lung tissue from normal and affected areas, bronchial lymph node, liver and kidney were cultured on blood and Mac-Conkey agar at 37 C for 24 h. Mucoid beta-hemolytic colonies were grown in pure culture from lung tissue, pericardial fluid and from pharyngeal specimens. Bronchial lymph node, liver and kidney were negative for bacterial growth.

The bacteria was identified as an encapsulated form of beta-hemolytic *Streptococcus* spp. The biochemical reactions were characteristic of a

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DISCUSSION The isolation of *Streptococcus equi* has not been reported in cetaceans. *S. equi* is

Streptococcal grouping sera.

Streptococcus equi¹ (Table 1). The organism was serogrouped by coagglu-

tination with Phadebact reagents II as a

Group C beta-hemolytic Streptococcus.

The serogrouping was confirmed by the method of Lancefield¹¹ using Wellcome

an equine pathogen and rarely has been isolated from other animal species.¹ The bronchopneumonia in the whales

is similar to the condition as it appears in

^D Pharmacia Diagnostics, Montreal (Quebec) Canada.

² General Diagnostics, Scarborough (Ontario) Canada.

domestic animals, the differences being related more to morphologic aspects of the whale lung than to inflammatory response.⁵ In horses, the disease (strangles) begins with a respiratory infection, followed by swelling and abscess formation in the lymph glands of the head and neck. Sometimes, the infection spreads through the lymphatics to the forelegs and trunk causing multiple abscesses. In fatal cases abscesses are often observed in bronchial lymph nodes.⁴ In the present case, the localisation of necrosis in tissues could be associated with the thickness of the lobular septa.³

A survey of 23 necropsies of captive cetaceans demonstrated that bronchopneumonia is often the only gross lesion.⁵ Bacterial infection of the lungs is the most frequent systemic disease of small cetaceans and is the most common cause of death.¹⁰ All stages of the infection are seen, from peracute hemorrhagic bronchopneumonia to chronic abscessation. In most acute cases, severe depression, fetid breath and pulmonary rales develop.¹⁰

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