

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 CLARKE 187 E TOBIANO TR BELGRADE MT 59714	OWNER BQFS CORWIN SPRING MT	DATE 5/18/200	CASE NO B-414

"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

FORM APPROVED  
OMB NO. 0579-0051

**No. E124926**

**PERMIT FOR MOVEMENT OF RESTRICTED ANIMALS**

USE A SEPARATE FORM FOR EACH SPECIES

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

USDA ADAMS  
Brogan Bison Quarantine  
Corvallis 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.)
21ADM 1387	Bison	F		04-05	<del>X</del>				
21APE 6468		M		05-05					
21APE 6485		M		06-05					
21ARG 6955		M		08-05					
21ADM 5971		M		10-05					
21AYR 7356		F		3-06					
21AYR 7352		F		9-06					
21AYR 7347		M		15-06					
21ADM 1390		F		16-06					
21AYR 7304		M		28-06					
21AYR 7390		F		02-09					
21AYR 7315		F		80-06					

(b)(6) on this permit and find them eligible to move in accordance with the requirements of State and Federal

19. DATE ISSUED	20. TIME ISSUED	VOID AFTER	
19 June 06	12:00 AM	21. DATE	22. TIME
		20 June 06	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	25. DATE SIGNED
<input type="checkbox"/> OWNER <input checked="" type="checkbox"/> SHIPPER	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

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

FORM APPROVED  
OMB NO. 0579-0051

No. E 111126

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 Gardiner, MT

5. STATE WHERE ISSUED  
Montana

6. MOVEMENT TO BE  INTERSTATE  INTRASTATE

7. MOVEMENT FOR  QUARANTINE  SLAUGHTER

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

8. DISEASE  
brucellosis

9. STATUS OF ANIMALS  
No. Reactor: No. Exposed: 3 No. Other (Specify):

10. STATUS OF HERD OF ORIGIN  
infected

11. STATUS OF AREA OF ORIGIN  
Free

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

12. NO. ANIMALS IN THIS SHIPMENT  
3

13. SPECIES (One only)  
bison

4. NAME AND ADDRESS OF OWNER AT TIME CONDITION DIAGNOSED

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

15. SEAL NO.  
Federal escort

16. VEHICLE REQUIRED TO BE CLEANED AND DISINFECTED AT DESTINATION  
 YES  NO  
(If Yes, Items 22, 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.)
B1 AR63829	Bison	Fe							
B1 AR63871									
B1 AR63893									
<del>Table content is crossed out with a large X.</del>									

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  
22 May 08

20. TIME ISSUED  
6 AM

VOID AFTER

21. DATE  
23 May 08

22. TIME  
6 AM

**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 law. I must comply with existing state laws and regulations governing movement of livestock and poultry. I have arranged for the interstate shipment and be delivered with the above described animals.

(b)(6)

24. TITLE  
 OWNER  SHIPPER

25. DATE SIGNED  
22 May 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  
23 May 08

28. NO. ANIMALS RECEIVED  
3

29. DATE SLAUGHTERED/QUARANTINED  
27 May 08

30. DATE AND TIME SEALS BROKE  
N/A

31. AUTHORIZED SIGNATURE

32. DATE CLEANED AND DISINFECTED (if required)

34. DATE SIGNED

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

FORM APPROVED  
OMB NO. 0579-0051

No. E124926

PERMIT FOR MOVEMENT OF RESTRICTED ANIMALS

5. STATE WHERE ISSUED

MT

USE A SEPARATE FORM FOR EACH SPECIES

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

USDA ADAMS  
Brogan Bison Quarantine  
Corwin Springs, 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

Non Responsive

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

12. NO. ANIMALS IN THIS SHIPMENT

12

13. SPECIES (One only)

Bison

4. NAME AND ADDRESS OF OWNER AT TIME CONDITION DIAGNOSED

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.)
81APM 1387	Bison	F		04-05					
81ADF 6468		M		05-05					
81ADF 6485		M		06-05					
81ARG 6955		M		08-05					
81ADH 5971		M		10-05					
81AYR 7356		F		3-06					
81AYR 7352		M		9-06					
81AYR 7347		M		15-06					
81APM 1390		F		16-06					
81AYR 7304		M		28-06					
81AYR 7340	F		62-06						
81AYR 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 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 compliance with these regulations. The animals identified herein are 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 581855

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 Facility  
Corwin Springs, M.T.

5. STATE WHERE ISSUED

Montana

6. MOVEMENT TO BE

INTERSTATE  INTRASTATE

7. MOVEMENT FOR

QUARANTINE  SLAUGHTER

8. DISEASE

Breucellosis

9. STATUS OF ANIMALS

No. Reactor No. Exposed No. Other (Specify) 19

10. STATUS OF HERD OF ORIGIN

Quarantined

11. STATUS OF AREA OF ORIGIN

12. NO. ANIMALS IN THIS SHIPMENT

19

13. SPECIES (One Only)

Bison

Non Responsive

4. NAME AND ADDRESS OF OWNER AT TIME CONDITION DIAGNOSED

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

15. SEAL NO.

16. VEHICLE REQUIRED TO BE CLEANED & 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.)
81AXR 7303	Bison	F		85-06	81AXR 7331	Bison	M		54-06
81AXR 7244	Bison	M		79-06	81APM 1505	Bison	M		18-06
81AXR 7283	Bison	M		42-06	81AXR 7234	Bison	M		63-06
81AXR 7357	Bison	F		83-06	81AXR 7223	Bison	F		32-06
81APM 1503	Bison	M		30-06	81AXR 7349	Bison	M		51-06
81APM 1400	Bison	F		21-06	81AXR 7348	Bison	M		76-06
81AXR 7345	Bison	F		67-06	81APM 1504	Bison	M		26-06
81AXR 7314	Bison	M		41-06	81AXR 7313	Bison	F		43-06

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.

18. SIGNATURE OF INSPECTOR

(b)(6)

19. DATE ISSUED

6/20/06

20. TIME ISSUED

7<sup>30</sup> AM

VOID AFTER

21. DATE 6/21/06

22. TIME 7<sup>30</sup> A

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 interstate shipment and be delivered with the above described animals.

23. SIGNATURE

(b)(6)

24. TITLE

Owner  Shipper

25. DATE SIGNED

6/20/06

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 & 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 581856

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 Facility  
Corwin Springs, MT

2. Non Responsive

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

4. NAME AND ADDRESS OF OWNER AT TIME CONDITION DIAGNOSED

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) 19

10. STATUS OF HERD OF ORIGIN  
QUARANTINED

11. STATUS OF AREA OF ORIGIN

12. NO. ANIMALS IN THIS SHIPMENT  
19

13. SPECIES (One Only)  
Bison

14. TRANSPORTATION VEHICLE LICENSE NO. OR OTHER IDENTIFICATION NO.  
A316237

15. SEAL NO.

16. VEHICLE REQUIRED TO BE CLEANED & 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.)
81A2M1391	Bison	M		84-06					
81AXR 7311	Bison	F		24-06					
81AXR 7319	Bison	F		35-06					

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: 6/20/06

20. TIME ISSUED: 7:30 AM

21. DATE VOID AFTER: 6/21/06

22. TIME VOID AFTER: 7:30 AM

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: 6/20/06

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 & 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)

Bison Quarantine Facility  
Corwin Springs, MT

5. STATE WHERE ISSUED  
MT

6. MOVEMENT TO BE

INTERSTATE  INTRASTATE

7. MOVEMENT FOR

QUARANTINE  SLAUGHTER

8. DISEASE

Boverculosis

9. STATUS OF ANIMALS

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

17 PA

10. STATUS OF HERD OF ORIGIN

Quarantined

11. STATUS OF AREA OF ORIGIN

2. Non Responsive

4. NAME AND ADDRESS OF OWNER AT TIME CONDITION DIAGNOSED

12. NO. ANIMALS IN THIS SHIPMENT

17 PA Bison

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

A 316 237

15. SEAL NO.

16. VEHICLE REQUIRED TO BE CLEANED & 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.)
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	
	6/20/06	7:30 AM	21. DATE	22. TIME
			6/21/06	7:30 AM

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

USE A SEPARATE FORM FOR EACH SPECIES

1. NAME AND ADDRESS OF SHIPPER OR CONSIGNOR (Include Zip Code)  
Bison Quarantine Facility  
Crown Springs, MT

2. CONS Non Responsive

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

4. NAME AND ADDRESS OF OWNER AT TIME CONDITION DIAGNOSED

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)  
17 pm

10. STATUS OF HERD OF ORIGIN  
Quarantine

11. STATUS OF AREA OF ORIGIN

12. NO. ANIMALS IN THIS SHIPMENT  
17 pm

13. SPECIES (One Only)  
Bison

14. TRANSPORTATION VEHICLE LICENSE NO. OR OTHER IDENTIFICATION NO.  
A 316 23 7

15. SEAL NO.

16. VEHICLE REQUIRED TO BE CLEANED & 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 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 6/20/06  
20. TIME ISSUED 7:30 AM  
VOID AFTER  
21. DATE 6/21/06  
22. TIME 7:30 AM

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.

23. SIGNATURE OF OWNER OR SHIPPER  
24. TITLE  Owner  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: *Pyron Clarke*

2. NAME OF OWNER: *USDA APHIS VS BOFS*

MAILING ADDRESS (Street, City, State, and Zip Code):  
*187 E. Torkiano Trl.  
Belgrade, MT 59714*

CITY: *Bozeman,* STATE: *MT*

3. LOCATION OF ANIMALS  
COUNTY: *Park* STATE: *MT*

Phone No. *406 388-5162* FAX No. *800*

4. PAYMENT METHOD ("X" applicable item and provide information)

USER FEE ACCOUNT NO.: \_\_\_\_\_  MC/VISA NO.: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

CHECK/MONEY ORDER ENCLOSED (Made payable to "USDA" in U.S. Dollars)

5. HERD/FLOCK SIZE \_\_\_\_\_

6. NO. IN HERD/FLOCK AFFECTED \_\_\_\_\_

7. NO IN HERD/FLOCK DEAD \_\_\_\_\_

8. EXAMINATIONS REQUESTED: *Tissue Culture - Brucella abortus*

9. COLLECTED BY: *P. Clarke, J. Whyam*

10. DATE COLLECTED: *5/22/08*

11. AUTHORIZED BY: *P. Pyron Clarke*

12. PURPOSE OF SUBMISSION ("X" one) (See reverse side of Part 3 for definitions)

General Diagnostic  Surveillance  Import  Interstate Movement

FAD/EP Diagnostic  Developmental Research  Export

NVSL Intralab Diagnostic  Reagent Evaluation  TB

13. COUNTRY OF ORIGIN \_\_\_\_\_

14. REFERRAL NUMBER \_\_\_\_\_

15. PRESERVATION ("X" applicable item(s))

None  Ice Pack  Dry Ice  Formalin  Borax  Alcohol  Other (specify) \_\_\_\_\_

16. SPECIMENS SUBMITTED ("X" applicable item(s))

Blood  Feces  Parasite  Serum  Tissue  Whole Bird  Other (specify) \_\_\_\_\_

Culture  Feed  Plant  Soil  Urine  Fetus

Extract  Milk  Semen  Swab  Wa'er

17. TOTAL NUMBER OF SPECIMENS SUBMITTED: *660*

18. SPECIES OR SOURCE ("X" one)

Cattle  Goat  Environment  Chicken  Bison  Deer  Other (specify) \_\_\_\_\_

Swine  Horse  Reagent  Turkey  Dog  Elk

Sheep  Donkey  Pet Bird  Cat  Fish

19. NUMBER OF ANIMALS SAMPLED: *3*

20. IDENTIFICATION (See reverse side of Part 5)				IDENTIFICATION (See reverse side of Part 5)			
Sample ID	Animal ID/Breed	Age	Sex	Sample ID	Animal ID/Breed	Age	Sex
<i>3893</i>	<i>81 AM61 3893</i>	<i>1</i>	<i>F</i>				
<i>3871</i>	<i>81 AM61 3871</i>	<i>1</i>	<i>F</i>				
<i>3829</i>	<i>81 AM61 3829</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.)

*Serum positive to brucella bison - see attached tissue list - 5/22/08*

(b)(6)

22. SIGNATURE OF SUBMITTER AND DATE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NVSL USE ONLY			
CONDITION	PRIORITY	DISTRIBUTION	RECEIVED BY

NVSL ACCESSION NO

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

Names Orin, Frey Date 7/24/08

Location Stillwater Park Card Test       

ID No. 20-08 8/AP/3869

Age 1 Weight 176 Body Condition       

~~Neck Circ~~ ~~Chest Girth~~ ~~Total Length~~ ~~Brisket Fat~~

- BLOOD:
- Serology
  - Culture, (heparinized, 15ml)
  - Culture (citrate, 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

SUBMITTEE	RYAN CLARKE 187 E TOBIANO TRAIL BELGRADE MT 59714	OWNER	BISON QUARANTINE CORWIN SPRINGS MT	DATE	8/14/08	CASE NO	2-80
-----------	---	-------	---------------------------------------	------	---------	---------	------

"24-08"

GROSS PATHOLOGY:

Bison necropsy was performed and samples were taken.

(b)(6)

Lab Fee: \$ 160.00 (OVISD Fund/AYTIS) Signature

Ear Tag	Silver Tag	Sex	Comments	Serum	Culture	Weight
✓75-08	✓81ARG3866	F				570
✓76-08	✓81ARG3860	F				
✓77-08	✓81ARG3887	F				520
✓78-08	81ARG3814	F	arg3847? BT-SIR-102			460
✓79-08	✓81ARG3880	F				470
✓80-08	✓81ARG3859	F				350
✓81-08	✓81AYE4039	F				
✓82-08	81ARG3882	F				
✓83-08	81ARG3894	F				
✓84-08	81AYE4041	F				
✓85-08	81AYE4042	F				410
✓86-08	✓81ARG3872	F				
✓87-08	81ARG3861	M				430
✓88-08	✓81ARG3899	F				430
✓89-08	81ARG 3259	F	arg38650			380
✓90-08	81AYE4051	F				520
✓91-08	81APM1605	M				500
✓92-08	✓81ARG3868	F				470
✓93-08	✓81ARG3814	F				590
✓94-08	81ARG3862	M				590
✓95-08	81ARG3812	M				
✓96-08	81ARG3857	F				
✓97-08	✓81ARG3820	F				
✓98-08	✓81AYE4059	M				440
✓99-08	✓81ARG3801	M				

Dr. Noel

STATE OF MONTANA  
DEPARTMENT OF LIVESTOCK-DIAGNOSTIC LABORATORY DIVISION

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

*JW*

LABORATORY REPORT

SUBMITTEE	DR P RYAN CLARK 187 E TOBIANO TR SELGRADE MT 59714	OWNER BQFS CORWIN SPRINGS MT	DATE 9/10/2008	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 ( ) (X) Other  
 NAME AND ADDRESS OF PLACE WHERE SAMPLES WERE DRAWN  
 Stillwater Park  
 42 Westwood Rd.  
 Columbus, MT 59019

ESTABLISHMENT NUMBER  
 6271  
 DATE  
 6-20-08

MARKET OWNERS TESTING PROGRAM  
 CERTIFICATION  
 I CERTIFY THAT I HAVE COLLECTED AND CORRECTLY IDENTIFIED EACH BLOOD SAMPLE LISTED BELOW

LABORATORY TESTING LABORATORY  
 ADDRESS  
 18-165 V  
 STATE  
 MT

TEST RESULTS  
 NEG. 1  
 POS. 1  
 TOTAL 1/2

TUBE TAG OR BRAND NO.	SALES TAG OR BRAND	BACK TAG NUMBER	EAT TAG NUMBER	VACC. TAG. TOO	AGE	BREED	SEX	LABORATORY RESULTS			TEST IN. TEMP.	COUNTY	HEAD OWNER'S NAME	ADDRESS	DATE	SIGNATURE	TOTAL
								C	S	R							
1			88		M	6M	M					Krowe	Manhattan	6-24		1/4	
2			97		M		M					"	"				
3			125		M		M					"	"				
4			64-08		F		F					Yellowstone Hill Park	Belgrade	6-26			
5			21-03		F		F										
6			814M1512		F		F										
7			39-08		F		F										
8			32-08		F		F										
9			81AVE404L		F		F										
10			69-08		F		F										
11			02-08		F		F										
12			45-08		F		F										
13			79-08		F		F										
14			97-08		F		F										
15			71-08		F		F										
16			38-08		F		F										
17			31ARG3277		F		F										
18																	
19																	
20																	

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



RUC 7/1/08

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
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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

This permit identifies restricted animals moved for quarantine/slaughter purposes. The information is needed to identify disease infected/exposed animals that are moved to specific locations in order to control and prevent spread of the disease (9 CFR 71 through 85).

See reverse side for additional information.

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

FORM APPROVED  
OMB NO. 0579-0051

No. E111126

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 Gardiner, MT

5. STATE WHERE ISSUED  
Montana

6. MOVEMENT TO BE  
 INTERSTATE  INTRASTATE

7. MOVEMENT FOR  
 QUARANTINE  SLAUGHTER

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

8. DISEASE  
bru cellos

9. STATUS OF ANIMALS  
No. Reactor: No. Exposed: 3 No. Other (Specify):

10. STATUS OF HERD OF ORIGIN  
infected

11. STATUS OF AREA OF ORIGIN  
Free

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

12. NO. ANIMALS IN THIS SHIPMENT  
3

13. SPECIES (One only)  
bison

4. NAME AND ADDRESS OF OWNER AT TIME CONDITION DIAGNOSED

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

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.)
51 AR 62929	Bison	Fe							
01 AR 62971									
01 AR 62943									

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: 22 May 08  
20. TIME ISSUED: 6 AM  
21. DATE: 23 May 08  
22. TIME: 6 AM  
VOID AFTER

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 deliver with the above described animals.

(b)(6)  
24. TITLE:  OWNER  SHIPPER  
25. DATE SIGNED: 22 May 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: 22 May 08  
28. NO. ANIMALS RECEIVED: 3  
29. DATE SLAUGHTERED/QUARANTINED: 22 May 08  
30. DATE AND TIME SEALS BROKE: N/A  
31. AUTHORIZED SIGNATURE: [Signature]  
32. DATE CLEANED AND DISINFECTED (if required): (b)(6)  
34. DATE SIGNED: [Signature]

VS FORM 1-27 (JUN 89)

Previous edition may be used

OF SHIPMENT  
(Receipt and return to State of Origin)

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-CATTLE TESTING PROGRAM

STATE MT

SAMPLES DRAWN AT ("X" One)  
 LIVESTOCK MARKETS  SLAUGHTER ESTAB. 06271

ESTAB. NUMBER  
CERTIFICATION 5-27-08

TESTING LABORATORY  
LABORATORY 5-27-08  
TEST RES. NEG. 2

NAME AND ADDRESS OF PLACE WHERE SAMPLES WERE DRAWN  
Stillwater Packing Company  
42 Hersrud Road  
Columbus MT 59019

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

ADDRESS 18-152  
SUS. 0

(b)(6), Non Responsive

DATE 5/27/08  
REAL 1

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
								STI SPT	RIV	FP	TEST IN-TEMP.			
1	8884	81ARG 3873	81ARG 3873		Y	Bison	F	P				PR	Yellowstone Park	USA/PAHIS Belgrade
2	8789	81ARG 3871	81ARG 3871		Y	"	F	N				NN	"	"
3		81ARG 3829	81ARG 3829		Y	"	F	N				NN	"	"
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														

RECEIVED

8005 2 JUL

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

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  
BELGRADE, MT 59714  
Fax: 4063885162

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

Owner: BISON QUARANTINE STUDY  
CORWIN SPRINGS MT

Location of Animals (Cty/St):  
PARK 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

SUBMITTEE	DR RYAN CLARKE 197 E TOBIANO TRL BELGRADE MT 59714	OWNER JACK RHYAN - NWRC 1101 LaPort Ave FORT COLLINS CO 80521	DATE 2/21/06	CASE NO -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



**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~~  Inguinal
- Popliteal
- Prefemoral
- ~~Sup. Cervical~~
- Internal iliac
- Hepatic
- Mesenteric
- Bronchial
- Mandibular
- Parotid
- Retropharyngeal
- Heel-keel

**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 - Gender = F

~~16 Jan~~ 2005  
16 Jan

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 12m 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 \_\_\_\_\_

CONTINUATION SHEET FOR (VS FORM 1-27)  
 PERMIT FOR MOVEMENT OF ANIMALS  
 USE A SEPARATE FORM FOR EACH SPECIES

USDA-APHIS

PAGE

OF

2 of 2

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

OF VS FORM 1-27  
 No. 111130

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

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

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

VALID ONLY FOR ABOVE DESTINATION

ANIMALS TO BE MOVED

EAR TAG NO.	BREED	SEX	DISEASE BRAND	OTHER IDENTIFICATION (Complete No.)	EAR TAG NO.	BREED	SEX	DISEASE BRAND	OTHER IDENTIFICATION (Complete No.)
A	B	C	D	E	A	B	C	D	E
BI AYE 4051	Bison	F		90-08					
ARB 3869		F		92-08					
3814		F		93-08					
3862		M		94-08					
Y 3812		M		95-08					
AYE 4059		M		98-08					
ARB 3801		M		99-08					
3886		F		XX-08					
3838		M		22-08					
4043		M		85-08					
AYE 9846		F		68-08					
<del>ARB 3806</del>									

**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: *42* No. Exposed: *42* No. Other (Specify):

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.)
<i>81 ARG 3831</i>	<i>Bison</i>	<i>M</i>		<i>71-08</i>	<i>81 AVE 4077</i>	<i>Bison</i>	<i>F</i>		<i>49-08</i>
<i>81 ARG 3843</i>		<i>F</i>		<i>61-08</i>	<i>ARG 3841</i>				<i>52-08</i>
<i>AVE 4063</i>		<i>M</i>		<i>04-08</i>	<i>AVE 4045</i>				<i>53-08</i>
<i>ARG 3837</i>		<i>F</i>		<i>05-08</i>	<i>ARG 3873</i>				<i>56-08</i>
<i>ARG 3809</i>		<i>F</i>		<i>06-08</i>	<i>ARG 3883</i>				<i>61-08</i>
<i>ARG 3805</i>		<i>F</i>		<i>08-08</i>	<i>3825</i>				<i>62-08</i>
<i>ARG 3854</i>		<i>M</i>		<i>09-08</i>	<i>3813</i>				<i>63-08</i>
<i>AVE 4044</i>		<i>M</i>		<i>10-08</i>	<i>3855</i>		<i>M</i>		<i>65-08</i>
<i>ARG 3832</i>		<i>F</i>		<i>11-08</i>	<i>3824</i>		<i>M</i>		<i>66-08</i>
<i>APM 1601</i>		<i>M</i>		<i>15-08</i>	<i>AVE 4056</i>		<i>M</i>		<i>67-08</i>
<i>ARG 3815</i>		<i>F</i>		<i>26-08</i>	<i>ARG 3864</i>		<i>F</i>		<i>74-08</i>
<i>APM 1603</i>		<i>M</i>		<i>33-08</i>	<i>3860</i>		<i>F</i>		<i>76-08</i>
<i>ARG 3828</i>				<i>34-08</i>	<i>3874</i>				<i>78-08</i>
<i>AVE 4048</i>				<i>35-08</i>	<i>3882</i>				<i>82-08</i>
<i>ARG 3807</i>				<i>40-08</i>	<i>AVE 4041</i>				<i>84-08</i>
<i>AVE 4069</i>				<i>41-08</i>	<i>ARG 3899</i>				<i>88-08</i>

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*

34. DATE SIGNED *10-20-08*

Non Responsive

2008 Slaughterhouse  
Bison Sampling Protocol - Gender: Fe

Names Ryan Clarke / Bill Layton Date 18 Sept 08  
Location DOL Drag 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)
- ~~N/A~~ 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
- ~~N/A~~ Testicle
- ~~N/A~~ Epididymis
- ~~N/A~~ Seminal Vesicles

Bison Sampling Protocol – Gender: F

Names To Clarke / R. Frey Date 7/29/08

Location Stillwater Park Card Test \_\_\_\_\_

ID No. 54-08 81A/E4054

Age 1 Weight 217 Body Condition \_\_\_\_\_

Neck Circ. \_\_\_\_\_ Chest Girth \_\_\_\_\_ Total Length \_\_\_\_\_ Brisket Fat \_\_\_\_\_

BLOOD:

- Serology
- Culture, (heparinized, 15ml)
- Culture (citrate, 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](mailto: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: XXXXXXXXXX  
Collected By: LAYTON/CLARKE

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
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](mailto: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: 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):

Owner: BISON QUARANTINE STUDY Condition on Arrival:  
CORWIN SPRINGS MT IP,F

PARK MT  
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

*Handwritten initials*

**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 NWRC 4101 LaPorte AVE FORT COLLINS, CO 80521	OWNER	BISON QUARANTINE FAC. DR RYAN CLARKE 187 E TOBIANA TRL BELGRADE MT 59714	DATE	6/25/2008	CASE NO	8-445
-----------	---	-------	---	------	-----------	---------	-------

"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.

*Handwritten signature*

Lab Fee ~~60.00~~ (OVIBC)

Signature \_\_\_\_\_

**A. W. Layton, DVM, DACVP**

FORM SV-51 (11-01)

LAB COPY

*jm*

1411 2876-0

# Culls

40 total culled

## Female (19)

## Males (27)

- 6443 / 04-05 ✓
- 7357 / 83-06 ✓ @IAPM 1399
- 7315 / 80-06 ✓
- 7303 / 85-06 ✓
- 7356 / 3-06 ✓
- 7241 / 74-06 ✓
- 7210 ~~7210~~ / 16-06 ✓ @IAPM 1390
- 7344 / 60-06 ✓
- 7311 / 24-06 ✓ @IAXR 7311
- 7207 / 11-06 ✓
- 7354 / 70-06 ✓
- 7313 / 43-06 ✓ @IAXR 7313
- 7319 / 35-06 ✓ @IAXR 7319
- 7340 / 62-06 ✓
- 7345 / 67-06 @IAXR 7345
- 7223 / 32-06 ✓ @IAXR 7223
- 7316 / 21-06 ✓ @IAXR 7316
- 7239 / 72-06 ✓ @IAPM 1396
- 7339 / 54-06 ✓

19

40

59

- 7347 / 15-06 ✓ 7229 / 45
- 7246 / 84-06 ✓ @IAPM 1391
- 7228 / 42
- 7343 / 34-06 ✓
- 7304 / 28-06 ✓
- 7218 / 27-06 ✓
- 7217 / 26-06 ✓ @IAPM 1395
- 7226 / 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 ✓ @IAPM 1502
- 7231 / 54-06 ✓
- 7244 / 79-06 ✓ @IAXR 724
- 7243 / 78-06 ✓
- 7348 / 76-06 ✓
- 7234 / 63-06 ✓ no silver tag
- 7233 / 61-06 ✓
- 7221 / 30-06 @IAPM 1503
- 7232 / 59-06 ✓
- 7314 / 41-06 ✓ @IAXR 7314
- 7349 / 51-06 ✓
- 7355 / 49-06 ✓

29

32

@IAPM 150

no silver tag

@IAPM 1503

@IAXR 7314

Serology DUL 20Dec06

Brucellosis Tag	Ear Tag	Sex	Date Sampled	ABOR	BABOR	BAB	AB	CARD	Ba	PLT	Ba	RIV	Ba	TUBH	Ba	CF	P	Interpre	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		N	150	N		N		9.93		euthanized 12/20/2006

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

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

Submitted By:  
CLARKE, RYAN  
187 E. TOBIANO TRAIL

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

BELGRADE, MT 59714  
Fax: 4063885162

Location of Animals (Cty/St):  
PARK MT

Owner: USDA-APHIS-VS  
CORWIN SPRINGS 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  
9/18/2006C

/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 (citrate, 10ml) \_\_\_\_\_
- Plasma

SWABS:

- Vaginal
- Rectal
- Uterine

CULTURE:

- Milk
- Bladder
- Allantoic Fluid
- Synovial Fluid
- Faecal sample

LYMPH NODES:

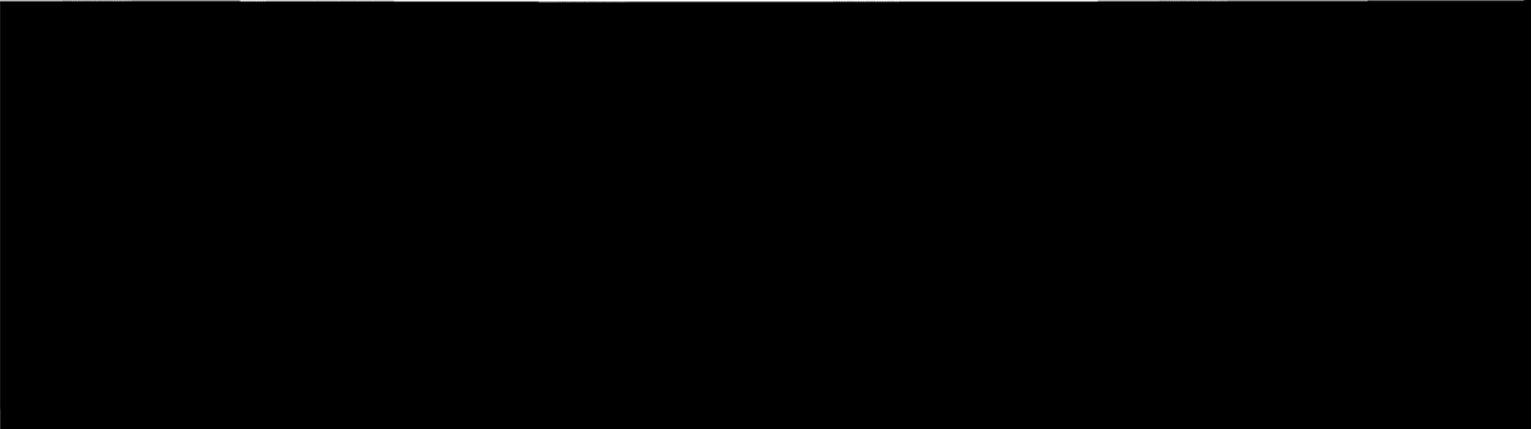
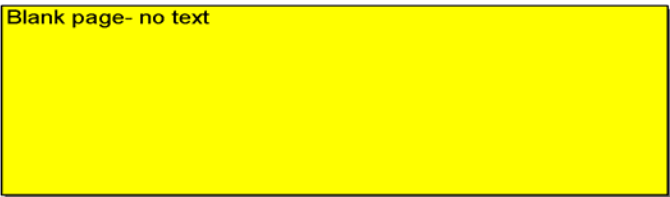
- Supramammary
- Popliteal
- Prefemoral
- Sup. Cervical (Pre-Scapular)
- Internal Iliac
- Hepatic
- Mesenteric
- Bronchial
- Mandibular
- Parotid
- Retropharyngeal

OTHER TISSUES:

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

+

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2008 Slaughterhouse  
Bison Sampling Protocol - Gender: Female

Names Rhyan, Clarka 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



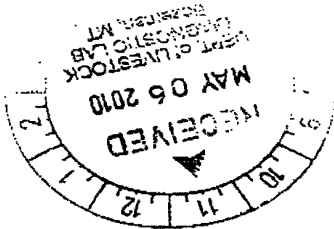


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Serology DOL 8May06

BruceLis Tag	Ear Tag	Sex	Date Sampled	BruABOR	BruBAP	BruCART	BruPLT	BruRIV	BruTUBE	BruCF	P Interpret	FP Plate	FP Tube	Comments	
81AXR7201	01-06	F	08-May-06	N	N	N	N	N	+25	N	N			6.3	
81AXR7202	02-06	F	08-May-06	N	N	N	N	N	N	N	N			5.7	
81AXR7356	03-06	F	08-May-06	N	N	N	N	N	N	N	N			6.3	
81AXR7203	04-06	F	08-May-06	N	N	N	I 25	N	N	N	N			10.5	
81AXR7397	05-06	F	08-May-06	N	N	N	N	N	I 25	N	N			14.3	
81AXR7204	06-06	F	08-May-06	N	N	N	N	N	N	N	N			15	
81AXR7317	08-06	F	08-May-06	N	N	N	I 25	N	+ 25	N	N			2	
81AXR7352	09-06	M	08-May-06	N	N	N	N	N	N	N	N			8.9	
81AXR7206	10-06	M	08-May-06	N	N	N	N	N	I 25	N	N			6.9	
81AXR7207	11-06	F	08-May-06	N	N	N	N	N	+ 25	N	N			11.9	
81AXR7208	12-06	F	08-May-06	N	N	N	N	N	N	N	N			13.7	
81AXR7209	13-06	F	08-May-06	N	N	N	N	N	N	N	P		N,1.4@10uL	21.1	
81AXR7347	15-06	M	08-May-06	N	N	N	N	N	N	N	N			11.8	
81AXR7210	16-06	F	08-May-06	N	N	N	N	N	+ 25	N	N			13.9	
81AXR7211	17-06	F	08-May-06	N	N	N	N	N	N	N	N			12.6	
81AXR7212	18-06	M	08-May-06	N	N	N	N	N	N	N	N			7.8	
81AXR7213	19-06	F	08-May-06	N	N	N	N	N	N	N	N			12.6	
81AXR7306	20-06	F	08-May-06	N	N	N	N	N	N	N	N			11.3	
81AXR7316	21-06	F	08-May-06	N	N	N	N	N	N	N	N			7.7	
81AXR7214	22-06	F	08-May-06	N	N	N	N	N	+ 25	N	N			14.8	
81AXR7215	23-06	M	08-May-06	N	N	N	N	N	+ 25	N	N			14.7	
81AXR7311	24-06	F	08-May-06	N	N	N	N	N	I 25	N	N			11.7	
81AXR7216	25-06	M	08-May-06	N	N	N	N	N	N	N	N			12	
81AXR7217	26-06	M	08-May-06	N	N	N	N	N	N	N	N			9.8	
81AXR7218	27-06	M	08-May-06 S	N	N	N	+ 50	N	I 100	N	N			8.8	
81AXR7304	28-06	M	08-May-06 N	N	N	N	N	N	N	N	N			8	
81AXR7219	29-06	F	08-May-06 R	N	N	N	+ 50	I 50	+ 50	2 + 20	P		P, 26.3@20uL	Euthanized 5/8/06	45.9
81AXR7221	30-06	M	08-May-06 N	N	N	N	N	N	I 25	N	N			12.4	
81AXR7222	31-06	F	08-May-06 S	N	N	N	I 50	N	+ 50	N	N			10.7	
81AXR7223	32-06	F	08-May-06 N	N	N	N	N	N	N	N	N			8.4	
81AXR7224	33-06	F	08-May-06 N	N	N	N	N	N	+ 25	N	N			14.7	
81AXR7343	34-06	M	08-May-06 N	N	N	N	N	N	N	N	N			12.8	
81AXR7319	35-06	F	08-May-06 N	N	N	N	N	N	+ 25	N	P		N, 1.5@10uL	22.8	
81AXR7322	36-06	M	08-May-06 N	N	N	N	N	N	N	N	N			7	
81AXR7225	37-06	F	08-May-06 N	N	N	N	N	N	N	N	N			6.4	
81AXR7226	38-01	M	08-May-06 N	N	N	N	I 25	N	+ 25	N	N			6.8	
81AXR7310	39-06	F	08-May-06 N	N	N	N	N	N	N	N	N			7.8	
81AXR7227	40-06	F	08-May-06 N	P	N	N	I 25	N	+ 25	N	N			13.9	
81AXR7314	41-06	M	08-May-06 N	N	N	N	I 25	N	N	N	N			10.1	
81AXR7228	42-06	M	08-May-06 N	N	N	N	N	N	N	N	N			-4.2	
81AXR7313	43-06	F	08-May-06 N	N	N	N	N	N	I 25	N	N			12.9	
81AXR7346	44-06	M	08-May-06 N	N	N	N	I 25	N	+ 25	N	N			7.2	
81AXR7305	45-06	M	08-May-06 N	N	N	N	N	N	I 25	N	N			5.5	
81AXR7301	46-06	F	08-May-06 N	N	N	N	N	N	N	N	N			-0.2	
81AXR7229	47-06	M	08-May-06 N	N	N	N	N	N	N	N	N			10.8	
81AXR7367	48-06	F	08-May-06 S	N	N	N	I 50	N	+ 50	N	N			-1.1	
81AXR7355	49-06	M	08-May-06 N	N	N	N	N	N	N	N	N			10.8	
81AXR7321	50-06	F	08-May-06 N	N	N	N	N	N	I 25	N	N			-3.7	
81AXR7349	51-06	M	08-May-06 N	N	N	N	N	N	I 25	N	N			10.1	
81AXR7327	52-06	F	08-May-06 S	N	N	N	N	N	+ 50	N	N			6.7	
81AXR7230	53-06	F	08-May-06 N	N	N	N	+ 25	N	+ 25	N	P		N, 3.1@10uL	24.1	
81AXR7331	54-06	M	08-May-06 N	N	N	N	N	N	I 25	N	N			6.1	
81AXR7320	55-06	F	08-May-06 N	N	N	N	N	N	N	N	N			5.6	
81AXR7339	56-06	F	08-May-06 N	N	N	N	N	N	N	N	N			5.3	
81AXR7231	57-06	F	08-May-06 N	N	N	N	N	N	+ 25	N	N			10.6	
81AXR7309	58-06	M	08-May-06 N	N	N	N	N	N	+ 25	N	N			0.8	
81AXR7232	59-06	M	08-May-06 N	N	N	N	N	N	N	N	N			6.6	
81AXR7344	60-06	F	08-May-06 N	N	N	N	N	N	+ 25	N	N			2.4	
81AXR7233	61-06	M	08-May-06 N	N	N	N	N	N	N	N	N			-6	
81AXR7340	62-06	F	08-May-06 N	N	N	N	N	N	N	N	N			-2	
81AXR7234	63-06	M	08-May-06 N	N	N	N	I 25	N	I 50	N	N			6.4	
81AXR7312	64-06	F	08-May-06 N	N	N	N	N	N	N	N	N			1.8	
81AXR7353	65-06	F	08-May-06 N	N	N	N	N	N	+ 25	N	N			7.1	
81AXR7235	66-06	F	08-May-06 N	N	N	N	N	N	I 25	N	N			-3.9	
81AXR7345	67-06	F	08-May-06 N	N	N	N	N	N	N	N	N			1.7	
81AXR7236	68-06	F	08-May-06 N	N	N	N	N	N	N	N	N			3.2	
81AXR7237	69-06	F	08-May-06 N	N	N	N	N	N	N	N	N			-4	
81AXR7354	70-06	F	08-May-06 N	N	N	N	N	N	N	N	N			-2	
81AXR7238	71-06	F	08-May-06 N	N	N	N	N	N	N	N	N			10.4	
81AXR7234	72-06	F	08-May-06 N	N	N	N	N	N	N	N	N			0.2	
81AXR7240	73-06	F	08-May-06 N	N	N	N	N	N	I 25	N	N			3.9	
81AXR7241	74-06	F	08-May-06 N	N	N	N	N	N	+ 25	N	N			-0.4	
81AXR7242	75-06	F	08-May-06 N	N	N	N	N	N	N	N	N			-3	
81AXR7348	76-06	M	08-May-06 N	N	N	N	I 25	N	N	N	N			3.2	
81AXR7398	77-06	F	08-May-06 N	N	N	N	N	N	+ 25	N	N			5.1	
81AXR7243	78-06	M	08-May-06 N	N	N	N	N	N	I 25	N	N			-4.4	
81AXR7244	79-06	M	08-May-06 N	N	N	N	N	N	N	N	N			0.6	
81AXR7315	80-06	F	08-May-06 N	N	N	N	N	N	N	N	N			6	
81AXR7245	81-06	F	08-May-06 N	N	N	N	N	N	N	N	N			4.3	
81AXR7323	82-06	F	08-May-06 N	N	N	N	N	N	N	N	N			0.6	
81AXR7357	83-06	F	08-May-06 N	N	N	N	N	N	N	N	N			0.8	
81AXR7246	84-06	M	08-May-06 N	N	N	N	I 25	N	+ 25	N	N			1	
81AXR7303	85-06	F	08-May-06 N	N	N	N	N	N	N	N	N			-6.2	

Results authorized by: Dr. Beth Harris, Head, Mycobacteria and Brucella Section  
NVSU, MB General Phone: 515-883-7388  
*Annex 5-6-10 / 8-354-10 / JH*



Brucella Isolation Result  
Sample: 8-354-10 Animal ID: 57-08 Brucella Case Number: B10-0844 Specimen Type: Tissue Species: Bison  
No Isolation Made

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

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

This is not a billable case.

Laboratory Test Report \*\*\*\*\* This is a confidential report intended for official use only. \*\*\*\*\*

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



National Veterinary Services Laboratories

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

Species: WILD - BISON  
 Breed: BISON  
 Name/No. 57-08  
 Owner: BISON QUARANTINE FACILITY  
 GARDNER MT

Age: 2-3 YR  
 Sex: F

**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.

Date Sent: 04/22/2010	<b>REFERRAL</b>	Date Received: 05/06/2010
Animal ID: 57-08	Testimate: BRUC CULT	Referred Lab: NVSL
		No isolation made
		Result

Please see attached report for complete referral lab results.

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

ADHIS-JACK RHYAN \$ 190.50  
\$ 30.50

Referral Total Fee  
Accession Total Fee

Fees

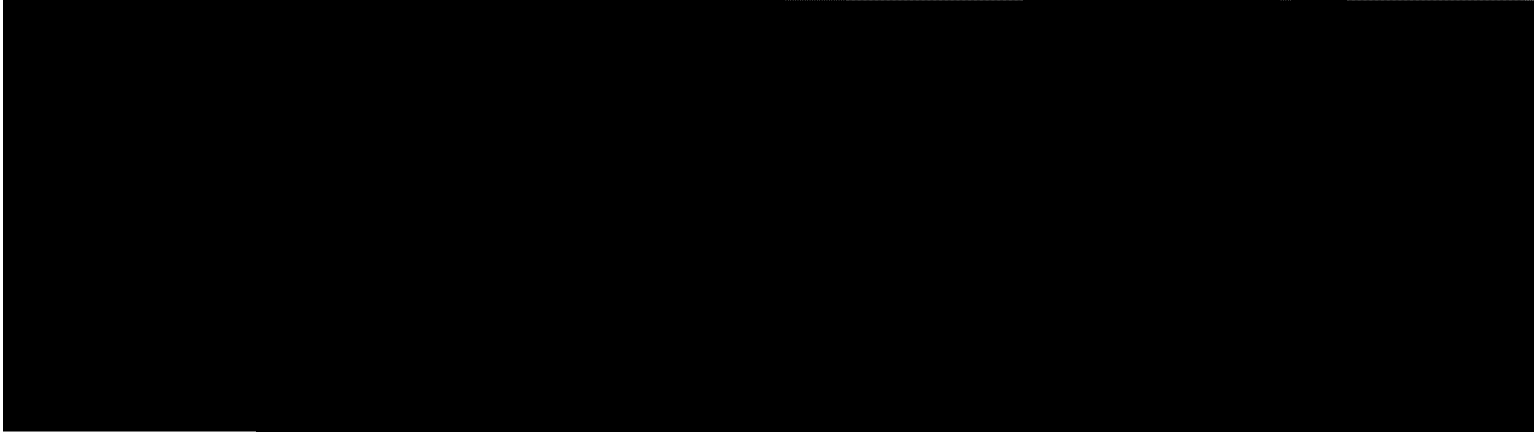
Order: BISON QUARANTINE FACILITY

Submitter: PATRICK RYAN CLARKE

Submitter: VETERINARY DIAGNOSTIC LAB

MVDL Accession #: 8-354-10

May: 7, 2010 9:10PM





Bacteriology Total Fee  
Histology Total Fee  
Accession Total Fee

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

\$ 0.00  
\$ 85.00  
\$ 85.00

Fees

Owner:  
CLARKE, RYAN APHS, VS

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

MDL Accession #:  
8-162-11

NO. 7007 11 7

LABORATORY OF CLINICAL PATHOLOGY

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

BELGRADE, MT 59714  
Fax: 4063885162

Owner: APHIS, VS  
CORWIN SPRINGS MT

Referral Number:  
Retain Number:  
Date Collected: [REDACTED]  
Collected By: CLARKE, R.

Location of Animals (Cty/St):  
PARK 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 Y2LG 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 12m 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 } together  
 Uterus } in one bag  
 Testicle  
 Epididymis  
 Seminal Vesicles

Bison Sampling Protocol - Gender: M

Names Fry, Clarke Date 7/24/09

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~~ Tooth
- Udder
- Ileum
- Kidney
- Liver
- Spleen
- ~~BONE MARROW~~ Bone Marrow
- Ovaries
- Uterus
- Testicle
- Epididymis
- ~~NO~~ Seminal Vesicles

3870-8151-8788 2/10/08  
 3870-8151-8788 2/10/08  
 3870-8151-8788 2/10/08

Ear Tag	Silver Tag	Sex	Comments	Serum	Culture	Weight	Example
✓00-08	✓81AYE4052	✓F		✓	✓	384	✓
✓01-08	✓81ARG3843	✓F		✓	✓	382	✓
✓02-08	✓81ARG3803	✓F	8163885? ✓ Slightly better	✓	✓	414	✓
✓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 7/1 -	✓	✓	460	✓
✓13-08	✓81ARG3888	✓F		✓	✓	352	✓
✓14-08	✓81ARG3808	✓F		✓	✓	464	✓
✓15-08	✓81APM1601	✓M	Should be 81056094, 81A1E4051	✓	✓	488	✓
✓16-08	✓81ARG3840	✓F		✓	✓	429	✓
✓17-08	✓81ARG3816	✓M	Sex? M	✓	✓	510	✓
✓18-08	✓81APM1602	✓F		✓	✓	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	✓

81A63870

2008 Slaughterhouse  
Bison Sampling Protocol - Gender: Female

Names Fray ~~Rhodes~~, 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 8/Ambr 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:

- MMR
- 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

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

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Printer Friendly format



81AR63879 F Broken include

Date: May 21, 2008

Samples collected: 2 serum, 1 heparin

Met Pauline Savain, Jack, Betty, Brent

OFFICIAL ID	PURPLE EAR TAG	SEX	COMMENTS	Serum x 2	Culture	<del>heparin</del>
81AR63843	01-08	F		X	X	
81AR63845	02-08	F				
81AR63818	03-08	M				
81AE4063	04-08	M				
81AR63837	05-08	F				
81AR63809	06-08	F				
81AR63832	07-08	F				
81AR63805	08-08	M				
81AR63854	09-08	M				
81AE4044	10-08	F				
81AR63822	11-08	F				
81AE4055	12-08	M				
81AR63888	13-08	F				
81AR63808	14-08	F				
81ADM1601	15-08	M	lost metal tag			
81AR63840	16-08	F				
81AR63816	17-08	F				
81ADM1602	18-08	F	lost metal tag (81AR63874)			
81AR63884	19-08	F				
81AR63869	20-08	F				
81AR63852	21-08	F				
81AR63830	22-08	F				
81AE4073	23-08	F				

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

KEEPERS08

Ear Tag	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	✓	✓	Nice Buffalo
13-08	81ARG3888	F		985121015324340		Y	N	✓	✓	
14-08	81ARG3808	F		985121013841647		Y	N	✓	✓	
16-08	81ARG3840	F		985121015342459		Y	Y	✓	✓	N. pasture
17-08	81ARG3816	M		985121015316404	8/11/10	Y	N	✓	✓	
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	✓	✓	w/ opans - patch
25-08	81ARG3811	F		985121013791389		Y	N	✓	✓	w/ opans
27-08	81ARG3845	F		985121014779308		Y	N	✓	✓	
29-08	81ARG3817	M		985121009890465		Y	N	✓	✓	
30-08	81ARG3833	F		985121015340671		Y	N	✓	✓	
31-08	81ARG3895	F		985121013876649		Y	Y(20)	✓	✓	
36-08	81ARG3827	F		9851210098662707		Y	Y(20)	✓	✓	cut left hoin off - N. pasture
37-08	81AYE4040	F		985121015323360		Y	N	✓	✓	
42-08	81ARG3834	F		985121015338868		Y	N	✓	✓	w/ pigments
43-08	81ARG3875	F		985112014714077		Y	Y(20)	✓	✓	N. pasture
44-08	81ARG3844	M		985121015325457		Y	Y(20)	✓	✓	
46-08	81AYE4060	F		985121015316461		Y	Y(20)	✓	✓	
47-08	81AYE4082	F		985424045324044		Y	N	✓	✓	Equipment - Air treatment
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		985121014737392		Y	Y	✓	✓	Cut left hind badly in wheel line 10/1/2009
60-08	81ARG3819	F		985120024284485		Y	Y	✓	✓	N. pasture

3/31

11/1/10

12/1/10

Cow ID	Calf ID	USDA tag	DOB	Sex	Pen
22-08	10-01**	81ANY0231	5/5/2010	F	S
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
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
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
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

Need to change tag number in fall

CALF FOUND DEAD

CALF FOUND DEAD

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

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	BmBAP	BmCARI	BmPLI	BmRIV	BmTUBH	BmCF	P Interp	FB 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	1.25	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	1.25	N	N	N	-0.5	
81APH5970	09-05	M	26-May-05	N	N	N	N	+25	N	N	N	11.7	
81APH5971	10-05	M	26-May-05	N	N	N	N	+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 R	P	N	N	1.50	1.50	1.50	4+20	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	N	N	N	+25	N	2+20	P	51.8	euthanized and necropsied 5/26/05

Serology UOI 9Aug05

Prevalence T <sub>95</sub>	Fac T <sub>95</sub>	Sex	Date Sampled	BOI	BAI	BAPI	CAI	BAI	T <sub>95</sub>	BAI	BAPI	CAI	BAI	BAPI	CAI	BAI	BAPI	CAI	BAI	BAPI	CAI	FP Plate	Comments
81APH5970	09-05	M	09-Aug-05 R	P	N	150	N	150	3+20	P	43.4 and 40.8												euthanized 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  
 FAX 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
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PCFIA interpretations for cattle:

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

1609312	1	<del>40-08</del> 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	<del>48-05</del> 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

Referral Number:  
Retain Number:  
Date Collected: [REDACTED]  
Collected By: CLARKE, DR.

BELGRADE, MT 59714  
Fax: 4063885162

Location of Animals (Cty/St):  
PARK MT

Owner: BISON QUARANTINE FEASIBILITY S  
GRODINER MT

Condition on Arrival:  
IP  
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  
5/25/2006L

/s/ Dr. Beth Loutser, 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 LAFORT AVE  
 FORT COLLINS CO 80521

Owner: CLARKE, RYAN APHIS, 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. [Signature], 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 periacinar 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, periacinar  
 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**

<b>Diagnostic Lab No.</b>	8-379	<b>Tech</b>	<b>Species:</b>	Wildlife	<b>Age:</b>	yearling	<b>Sex:</b>
<b>Date Out:</b>	04/25/2008	<b>Date Received:</b>	04/14/2008	<b>Breed:</b>	Bison		
<b>Veterinarian:</b>	Patrick Ryan Clarke D.V.M. 137 E. Tobiano Tr Bozeman MT 59714		<b>Owner:</b>	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

~~50.00~~

Diagnostic Lab No.

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.				Quarantine Lot USDA-APHIS				
187 E. Tobiano Tr Belgrade MT 59714				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

bal

FORM SV-51 (11-01)

SUBMITTEE

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

<u>Animal ID</u>	<u>Testname</u>	<u>Referred Lab</u>	<u>Result</u>
57-08	BRUC CULT	NVSL	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

Species: WILD - BISON  
Breed: NA  
Name/No. BQFS 4608

Age: 4 YR  
Sex: F

Submitter: Becky FREY

Owner: BISON QUARANTINE FEASIBIL  
CORWIN SPRINGS MT

Bozeman

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 Risher.  
Was not dead @ 6 PM 7/6 EA - Susan Risher  
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 *call of 13-08*  
Owner: RYAN CLARKE, DVM  
BELGRADE MT

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

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 59771 — 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 <sup>TH</sup>						
	BOZEMAN MT 59718		BOZEMAN MT 59718		6/25/08		8-433

~~CALF 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.

(b)(6)

Lab Fee \$ 60.00

Signature

J. Marshall, BVSc, PhD

FORM SV-51 (11-01)

SUBMITTEE

DATE

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 <sup>TH</sup> AVE BOZEMAN MT 59718	OWNER FW & P	DATE 6/20/2008	CASE NO S-438

6906

"I.D. 8LADML392 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	(b)(6)
115.00 Lab fee	
Lab Fee \$ 130.20	

Signature \_\_\_\_\_ A. W. Layton, DVM, DACVP

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	6/25/08	CASE NO	8-434
	FW & O						
	1400 S 19 <sup>TH</sup> AVE						
	BOZEMAN MT 59718						
	BOZEMAN MT 59718						

"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.

(b)(6)

Lab Fee: 60.00

Signature

D. J. Marshall, BVSc, PhD

FORM SV-51 (11-01)

SUBMITTEE

DATE

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. 8-161

"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

8-161-00

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	RYAN CLARKE 187 E TOBIANO TRAIL BELGRADE MT 59714	OWNER	BISON QUARANTINE CORWIN SPRINGS MO	DATE	8/28/03	CASE NO	8-115

"96-08"

GROSS PATHOLOGY:

Bison necropsy was performed and samples were taken.

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

A. W. Dayson, DVM, DABVP