STRANDED NO MORE · WHITE PAPER

Pickles/Hope

A live-stranded humpback whale in Yachats, Oregon, and the necropsy report used to justify his death



Pickles/Hope in the surf north of Yachats, 15 November 2025. Image by Jenny Rae Nelson

Stranding: 15 to 17 November 2025, San Marine State Park, north of Yachats, Oregon

Report examined: Oregon Veterinary Diagnostic Laboratory, accession C253230062, amended 31 March 2026

Version 1.0, November 2026

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Executive summary

Pickles/Hope was a young male humpback whale who stranded alive north of Yachats, Oregon, on 15 November 2025, entangled in derelict crab gear. Local people kept him alive through his first night. Officials stopped their refloating attempts, made one official attempt of about 30 minutes on the third morning, sedated him twice, and killed him by lethal injection about 45 hours after he stranded.

Four and a half months later, the Oregon Veterinary Diagnostic Laboratory (OVDL) at Oregon State University (OSU) issued a necropsy report listing chronic heart failure, chronic spinal cord disease and chronic intestinal inflammation. NOAA Fisheries and the regional press presented the report as proof that the whale had been doomed. **This white paper shows that the report does not support that conclusion.**

1. **The report never says the whale could not have survived.** It says chronic disease "likely contributed to the stranding." It gives no prognosis.
2. **Its first diagnosis is its weakest.** "Chronic left-sided congestive heart failure" is listed first, yet the report says the heart showed no gross lesions and that the cause of the cardiac findings is unknown.
3. **It does not separate what the whale arrived with from what was done to him.** Two days of stranding, at least two rounds of sedation and a lethal injection all act on the heart, lungs and brain. The report never mentions the sedation.
4. **The living whale contradicts the dead one.** His blood results after more than 24 hours on the beach were good. Veterinarians saw no neurological signs. On the morning of 16 November he lifted his tail high out of the water, the movement a "marked" spinal cord degeneration should have impaired.
5. **The examination was not independent.** The client on the report is the OSU Marine Mammal Institute, which coordinated the response. The laboratory belongs to the same university. NOAA Fisheries, which oversees the network that killed him, published the result.

SNM claims that this report cannot carry the weight placed on it. SNM asks for the full records, the drug log, the live blood results and an independent review by a pathologist with no tie to OSU, NOAA or the stranding network.

SNM opposes the euthanasia of stranded whales, including the "soft euthanasia" of sedating a struggling animal and leaving him alone to die. SNM measures this case against the GWRA Protocol, under which no animal is euthanised or abandoned.

1. About Stranded No More

Stranded No More (SNM) is an independent advocacy initiative for stranded, entangled and distressed whales. SNM documents live strandings through eyewitness accounts, citizen video, official statements and press reports, and publishes critical briefs on cases where whales were left to die or killed without a diagnosis. Previous briefs cover the humpback whales Hope (Baltic Sea, 2026), Hartwin (eight European countries, 2026) and Dolly/Stormy (Western Australia, 2026).

SNM is against euthanasia

SNM opposes the euthanasia of stranded, entangled and distressed whales. Killing is not a form of care. A stranded whale weakens because help comes late; that weakness is then used to justify killing him. Rapid help prevents the state used to justify killing. In the hardest cases, the answer is active comfort care until rescue or a natural end, never a lethal injection.

SNM is against “soft euthanasia”

SNM also opposes what it calls **soft euthanasia**: sedating a weakened, struggling whale and leaving him alone in the hope that he will die on his own. Sedation given this way is not care. It takes away the animal’s strength to keep his blowhole clear, to right himself and to use the next tide, and it lets responders walk away without a decision being recorded.

Pickles/Hope was treated this way. He was sedated on Sunday afternoon under the label of “supportive medical care,” and at 6:23 pm all teams left him alone on the beach for the night. On Monday morning he was sedated a second time, rescue was abandoned, and he was again left alone. Only when he had not died did the lethal injection follow.

The GWRA Protocol

SNM supports the **GWRA Protocol** of the Global Whale Rescue Alliance, published at strandednomore.org/protocol (Version 1.0, October 2026, public consultation edition, in English and German). It is a global, evidence-based standard for distressed, wayward and live-stranded cetaceans: detect early, examine without touching, treat before the animal declines, rehabilitate, release, follow, and publish every case. Under the protocol, no animal is euthanised or abandoned. Its decision graph has no euthanasia branch.

The protocol runs in seven steps: detect early; examine without touching (drone body-condition measurement, thermal imaging, blow sampling, field ECG); treat early (long-acting antibiotics, vitamins and anti-inflammatories by dart); stabilise, move and refloat; rehabilitate when needed; release, tag and follow; and investigate and publish. Every animal that dies receives an independent necropsy that separates pre-existing disease, the effects of the stranding and the effects of decisions made. That is exactly the separation the Pickles/Hope report does not make.

The case measured against the GWRA principles

The GWRA Protocol rests on eleven principles that are not negotiable. Measured against them, the response to Pickles/Hope failed at almost every point.

GWRA principle	What it requires	What happened to Pickles/Hope
I. No euthanasia	Rapid help prevents the state used to justify killing. In the hardest cases, active comfort care until rescue or natural end.	Killed by lethal injection about 45 hours after stranding.
II. No abandonment	Every individual matters, whatever the status of its population.	Left alone on the beach on Sunday night and again on Monday, both times after sedation.
III. Immediate care	Life-supporting care from the first moment, without waiting for permits or consensus.	The network said on Saturday night it had no resources. Volunteers kept him alive.
V. Total transparency	Every case, drug, dose and outcome is published.	No drug, dose or weight used for dosing has been published.
VI. Speed	Deployment within 48 hours or sooner, while the animal is still strong.	The one official refloat came about 41 hours after the first report and lasted about 30 minutes.
VII. Full investigation	Independent, pre-registered necropsy of every animal that dies; every response reviewed.	Necropsy by the responders' own university, for the responders' own institute. No review of the response.
VIII. Scientific basis	Measure, don't guess.	His weight was never measured, alive or dead. Doses were set against an estimate.
X. Public and media	The public sees animals in distress first. It is trained, not excluded.	The public was moved back under threat of arrest; local refloat efforts were stopped.
XI. Human and animal safety	Risks are answered by changing the method, never by abandoning the animal.	Danger in the dark and in the surf was the reason given for not acting.
Rule for diagnosis	No prognosis without minimum diagnostics. A visual-only assessment is labelled as such.	"Nothing we can do for the whale" was said before any veterinarian had examined him.

2. The case

Pickles/Hope was a male humpback whale, 7.92 metres long and estimated at one to two years old. He came ashore in the surf at San Marine State Park, north of Yachats, on the afternoon of Saturday 15 November 2025, with yellow and red crab line through his baleen and around his left flipper and tail. NOAA Fisheries attributed the gear to the 2023–2024 Oregon commercial Dungeness crab fishery.

The official response was slow, poorly organised and hostile to the public. The stranding network was told of the whale on Saturday evening and said it had no resources to respond in the dark. Volunteers stayed with him all night, cut the lines, poured water and covered him with wet blankets. On Sunday morning the first officials arrived, moved the public back under threat of arrest, and told the crowd there was “nothing we can do for the whale.” Locals who tried to refloat him at high tide were stopped. A local company brought an excavator at its own expense and was sent home.

Response teams from Cascadia Research Collective and SR3 arrived on Sunday afternoon. They drew blood, which was surprisingly good after more than 24 hours stranded, and saw no neurological signs. They gave him “supportive care” that included sedatives, then left him alone for the night. The single official refloat attempt began early on Monday 17 November, about 41 hours after he was first reported. It lasted about 30 minutes and was abandoned two hours before high tide. He was sedated a second time. At about 3:00 pm he was killed by lethal injection.

The responding organisations were the West Coast Marine Mammal Stranding Network, Oregon State Parks, the Oregon Marine Mammal Stranding Network, the OSU Marine Mammal Institute, the Pacific Marine Mammal Center, Cascadia Research Collective and SR3 (SeaLife Response, Rehabilitation, and Research).

> **THE OFFICIAL REASON FOR KILLING HIM**
>
> NOAA Fisheries gave the reason as the prolonged time on the beach, which had left the whale weak and unlikely to survive. It was not chronic disease. NOAA’s own April statement concedes that responders could not have known of the conditions the necropsy later reported.
>
> The necropsy therefore cannot have been the basis of the decision. It can only be offered afterwards as its justification.

3. Timeline of the live stranding

This timeline is based on eyewitness accounts, live coverage, citizen reporters, official statements and press reports. Times are approximate where marked. SNM thanks Rebel With A Cause, Jenny Rae Nelson and an anonymous contributor for the images.

STEP 1 **15 NOVEMBER, AFTER 2:00 PM**

A juvenile entangled humpback whale is reported in the surf north of Yachats.



Image by Jenny Rae Nelson

STEP 2 **15 NOVEMBER, 9:30 PM**

The Oregon Marine Mammal Stranding Network receives a report about a stranded humpback whale, and already knows about him. The Network says it does not have the resources to respond right now and that doing anything in the dark is dangerous.



Image by Rebel With A Cause (@RebelW.A.C)

STEP 3 **15 NOVEMBER, EVENING AND OVERNIGHT**

After local volunteers begin to arrive, unidentified members of the stranding network and NOAA personnel visit the site in the evening, then leave. The volunteers stay with the whale overnight, trying to refloat him, pouring water on him and covering him with wet blankets. During the night one volunteer swims out to cut the entangling lines.



Image by Rebel With A Cause (@RebelW.A.C)

STEP 4 **16 NOVEMBER, 9:00 AM**

The whale has survived the night and is still alive.



Image by Jenny Rae Nelson

STEP 5 **16 NOVEMBER, 9:30 TO 10:00 AM**

The first officials arrive: Lisa Ballance of the OSU Marine Mammal Institute, a network member called “Jane,” and two state park employees. They move the public back 50 yards and warn that crossing the tape means arrest. Ballance tells the crowd: “People want to help the whale, and the truth is there is nothing we can do for the whale. Best thing we can do is to stay away from it, to stay back.” Network member Carrie Newell arrives later.



Image by Rebel With A Cause (@RebelW.A.C)

STEP 6 **16 NOVEMBER, 10:18 AM**

People break through the restricted perimeter and get into the water with the whale, trying to refloat him on the high tide.



Image by Jenny Rae Nelson

STEP 7 **16 NOVEMBER, 10:55 AM**

Carrie Newell, a member of the Oregon Marine Mammal Stranding Network, tells the public: “They will probably have to euthanize it.”



Image by Rebel With A Cause (@RebelW.A.C)

STEP 8 **16 NOVEMBER, 11:00 AM**

Officials stop the locals' efforts to refloat the whale completely.



Image by Jenny Rae Nelson

STEP 9 **16 NOVEMBER, 1:40 PM**

An excavator arrives. The company came at its own expense, covered all costs and told its employees to volunteer. They wait for several hours, are told their services will not be needed, and leave some time before 5:00 pm.



Image by Rebel With A Cause (@RebelW.A.C)

STEP 10 **16 NOVEMBER, AFTERNOON**

Response teams arrive, including Cascadia Research Collective and SR3 (SeaLife Response, Rehabilitation, and Research).



Image by Rebel With A Cause (@RebelW.A.C)

STEP 11 **16 NOVEMBER, 4:19 PM**

The public is told the team will give “supportive medical care.” It was later learned that sedatives, and possibly anti-anxiety drugs, were given as well. The exact drugs and doses, and the weight used to calculate them, are still unknown.



Image by Rebel With A Cause (@RebelW.A.C)

STEP 12 **16 NOVEMBER, 4:45 PM**

The SR3 team draws blood and gives “supportive care.” After more than 24 hours stranded, the results are surprisingly normal. SR3 veterinary technician Casey McLean: “When we drew that first blood work Sunday, we were quite shocked honestly that it was as good as it was considering the animal had already been on the beach for over 24 hours. And the animal was still responsive. There was no involuntary movement that could indicate some neurologic issues going on.”

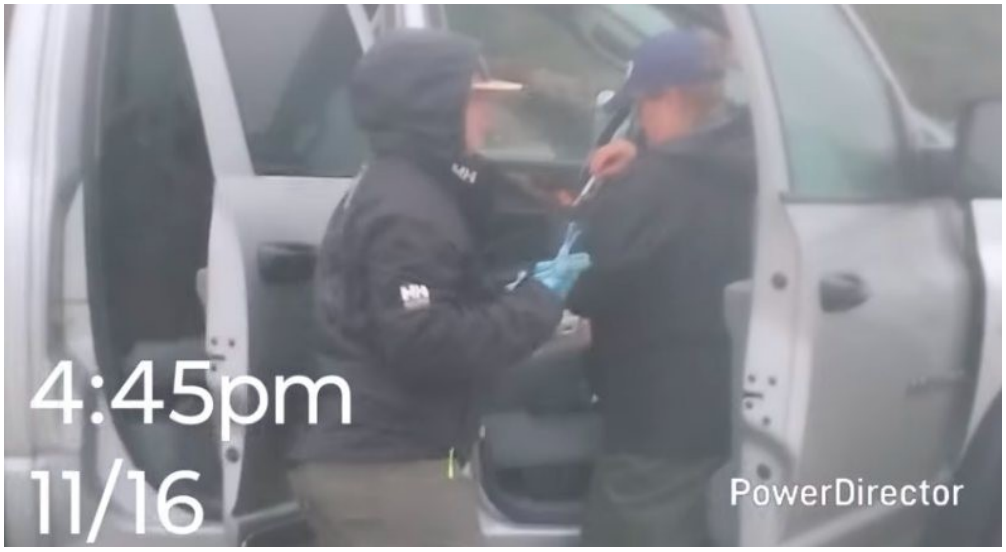


Image by Rebel With A Cause (@RebelW.A.C)

STEP 13 **16 NOVEMBER, 5:19 PM**

The Cascadia team, with support from the local community and local businesses, starts setting up ropes for a rescue the next day. There is no official rescue attempt on Sunday.

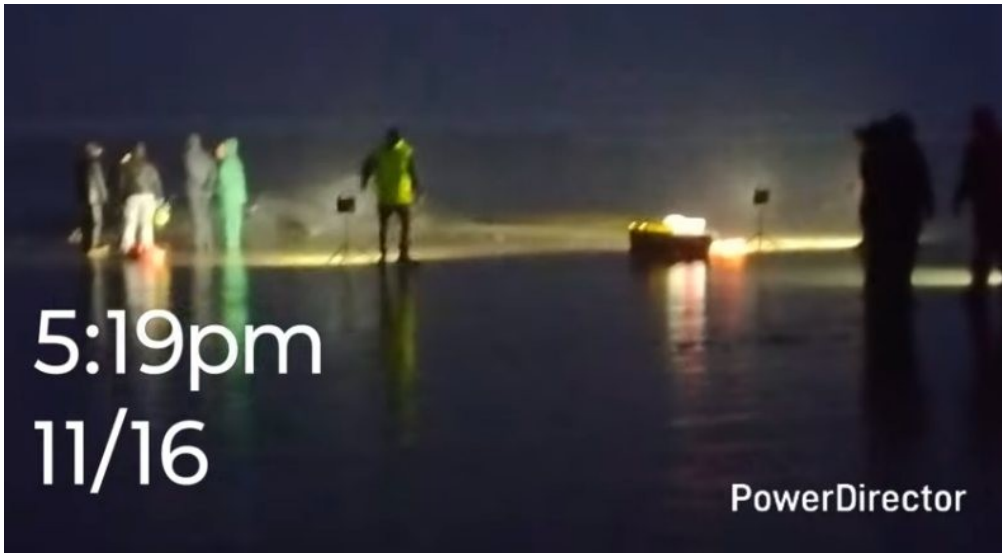


Image by Rebel With A Cause (@RebelW.A.C)

STEP 14 **16 NOVEMBER, 6:23 PM**

All teams leave. The whale is left alone for the night.

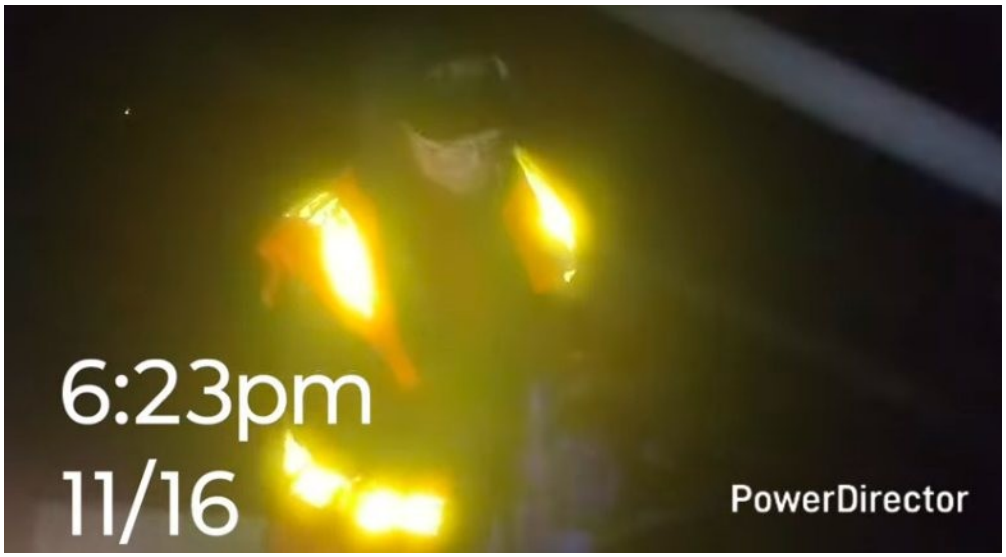


Image by Rebel With A Cause (@RebelW.A.C)

STEP 15 **17 NOVEMBER, 6:30 TO 8:00 AM**

The whale has survived a second night, and the teams return. Working with locals, they try to turn him to face away from shore, for a better position at high tide about three hours later. The attempt lasts about 30 minutes before the rope snaps and the bridle slips. Despite pleas from the locals, the team abandons further rescue efforts with two hours still to go until high tide.



Image by Rebel With A Cause (@RebelW.A.C)

STEP 16 **17 NOVEMBER, BEFORE HIGH TIDE**

Veterinarians give the second sedative, together with other undisclosed drugs. All rescue efforts are abandoned and the whale is left alone.



Image by Anonymous

STEP 17 **17 NOVEMBER, 1:38 PM**

Dr. Alissa Deming of the Pacific Marine Mammal Center tells the public: "...she has so drastically declined over the past 24 hours. She does not have the energy (even if we can get her past ... [inaudible] ... to make it past that next break). At this point, she is kind of doing something we call 'agonal breathing.' This often happens at the end stages of their lives, so we feel like it is in the best interest of the animal to ease its suffering at this point." The decline she describes came after two rounds of sedation.



Image by Rebel With A Cause (@RebelW.A.C)

STEP 18 **17 NOVEMBER, ABOUT 3:00 PM**

Pickles/Hope is killed by lethal injection, about 45 hours after stranding. The photograph for this step was taken on the morning of 16 November, after his first night on the beach. It shows him raising his tail high out of the water, the movement that the necropsy's spinal cord diagnosis cannot account for.



Pickles/Hope lifting his tail, morning of 16 November. Image by Anonymous

STEP 19 **18 NOVEMBER**

Necropsy on the beach, led by the OSU-coordinated Oregon Marine Mammal Stranding Network with OSU veterinary students. The body is cut up and removed. Preliminary results, released 19 November: "some lesions," no stomach contents, fair body condition.

STEP 20 **5 DECEMBER 2025 TO 31 MARCH 2026**

The Oregon Veterinary Diagnostic Laboratory at OSU issues five versions of its report: two preliminary, one final (5 February), and two amended (16 and 31 March).

STEP 21 **6 APRIL 2026**

NOAA Fisheries publishes the final results under the headline that chronic diseases contributed to the stranding. Regional press calls the whale "doomed."

4. The necropsy report

The necropsy was carried out on the beach on 18 November 2025. Tissues were examined by the Oregon Veterinary Diagnostic Laboratory, with samples referred to Cornell, Michigan State University and the University of Illinois. The report was authorised by Dr. Kurt Williams, Director of the OVDL. The full seven-page amended report is reproduced in Appendix A.

Final diagnoses, as listed

1. Chronic left-sided congestive heart failure
2. Chronic myelopathy (spinal cord disease)
3. Chronic eosinophilic enterocolitis (intestinal inflammation)
4. Entanglement and stranding with secondary acute heart failure

Main findings by organ

Organ	Finding as reported	Report page
Body	7.92 m male, 1–2 years, “fair nutritional condition,” mild autolysis. Rope lodged in the mouth through the baleen plates.	2
Body cavities	About 3 L fluid in the abdomen, 5 L in the chest, 500 mL around the heart, described as “moderate.” A 40 x 10 cm blood clot in the chest, a “euthanasia artifact, presumptive.”	1–2
Heart	No gross lesions. Microscopically: “marked chronic myofiber atrophy (wavy attenuation) with multifocal acute myofiber degeneration and interstitial edema.”	1, 2
Lungs	Moderate oedema and congestion; pigment-laden macrophages; collagen around the pulmonary veins.	2
Brain	“Marked acute” oedema with acute neuronal degeneration.	2
Spinal cord	“Marked chronic gray commissure degeneration and astrogliosis with multifocal microgliosis.” No size or level given.	2
Intestine	Severe eosinophilic and granulomatous inflammation with parasites; empty stomach and intestine.	2–3
Other	Biliary adenoma, kidney parasites (*Crassicauda*), dermatitis: “incidental.” Very low saxitoxin. PCR negative for four infectious agents.	3–4

5. What the report itself admits

Read closely, the report is far more cautious than the story told about it. Its own text concedes the following.

The report says	Page	Why it matters
“There are no gross lesions in the heart itself to suggest a putative cause of heart failure.”	1	The heart looked normal to the naked eye.
“The cause(s) of the cardiac pathology and related congestive heart failure are not known.”	3	The lead diagnosis has no identified cause.
Much of the lung oedema “likely reflect[s] acute heart failure precipitated by stranding.”	3	The stranding itself, not prior disease, explains much of the lung finding.
The whale was in “fair nutritional condition.”	2	He was not emaciated.
PCR for *Toxoplasma*, *Sarcocystis*, avian influenza and cetacean morbillivirus was negative.	3	The “infectious” spinal cord disease has no infectious agent.
The chest blood clot is a “euthanasia artifact, presumptive.”	1	The laboratory accepts that the killing altered the body.
“We cannot completely rule out saxitoxin exposure playing a role.”	3	An open alternative explanation.
“Additional serologic testing for protozoal and viral pathogens is pending.”	4	The “final” report is not final.
Chronic disease “likely contributed to the stranding.”	3	“Likely contributed” is not “caused,” and not “could not survive.”
The liver mass, kidney parasites and dermatitis are “incidental.”	4	Several listed lesions had no bearing on his fate.

Nowhere in its seven pages does the laboratory state a prognosis. It does not say the whale would have died if returned to the sea, or how long he had to live. Those conclusions were supplied by others.

6. Where the report overreaches

The four final diagnoses are stated with a confidence the evidence on the page does not support. Each uses adjectives where measurements belong.

6.1 The heart

“Chronic left-sided congestive heart failure” rests on a microscopic pattern, not on a diseased heart. The gross examination found no cardiac lesion. The microscopic basis is “marked chronic myofiber atrophy (wavy attenuation).”

The report supports this by citing Câmara and colleagues (2022). That paper lists wavy fibres among the *acute* degenerative changes in the hearts of stranded cetaceans, alongside contraction band necrosis. The same research group found wavy fibres in 43% of 67 stranded and bycaught cetaceans and attributes them to stress cardiomyopathy, the heart injury caused by stranding itself. The report does not explain how it told a chronic change from an acute one.

The report then compares the finding to dilated cardiomyopathy in dogs, and in the next sentence says it does not suggest the two are identical. A diagnosis by analogy to another species, with the analogy withdrawn in the next sentence, is not a diagnosis.

One trichrome slide was cut (page 5). The report does not say from which organ, or what it showed. If it showed scarring in the heart muscle, the laboratory should say so. If it did not, “chronic” is unproven.

The report itself calls the fluid volumes “moderate,” and in an animal of several tonnes they are small. Low blood protein from intestinal disease can produce the same fluid without any heart failure. Blood was drawn from the living whale on 16 November. The report does not cite it.

In fairness, the pigment-laden cells in the lung and the collagen around the lung veins are the report’s best evidence that something preceded the stranding. They are not graded or dated. They deserve an independent reading, not a headline.

6.2 The spinal cord

“Chronic myelopathy” is given no size, no location and no cause. The report describes “marked chronic gray commissure degeneration,” but does not state which level of the cord was affected, how long a segment, or how many sections were examined. A lesion of 3 millimetres and one of 15 centimetres are different conditions. The word “marked” does not tell them apart.

The report says the most likely cause “is an infectious agent (protozoal or viral).” Every infectious test it reports is negative. An infection with no pathogen is a hypothesis.

The gray commissure is the central band of the spinal cord where nerve fibres cross between its left and right halves. It matters for coordinated, two-sided movement, such as the up-and-down beat of the tail. If the degeneration there was severe enough to be debilitating, it should have shown in how the whale moved. Section 8 shows that it did not.

The brain findings are described as “acute.” Acute brain swelling and acute nerve cell injury are what two days of stranding, sedation and a lethal injection would be expected to leave.

6.3 The intestine

The intestinal disease is real, and the report does not say it was fatal. It attributes the inflammation “in part” to parasites and speculates about an exaggerated immune response. It does not state what proportion of the gut was affected. Parasites are common in wild whales. The report offers no opinion on whether this animal could have lived with them or recovered.

6.4 “He had not eaten for weeks”

The report says the whale had not fed for “a considerable period.” The NOAA release turned that into “weeks.” Three facts are missing from that story.

- The report itself describes rope “lodged in the mouth through baleen plates.” A whale with rope through his baleen cannot filter-feed normally. The report never weighs this as the reason for the empty gut.
- He then spent 45 hours on a beach.
- He was nonetheless in “fair nutritional condition.” OSU’s own Dr. Leigh Torres told the press he was not emaciated.

An entangled mouth explains an empty stomach at least as well as a hidden disease does.

7. What was done to the whale before the necropsy

The body on the necropsy table had been through four things that damage the heart, lungs and brain. The report accounts for only one of them.

Forty-five hours stranded. Live stranding alone injures the heart. Published work on live-stranded cetaceans documents acute cardiac injury from stress and body compression. The report accepts this for the lungs. It does not apply the same caution to the heart muscle.

At least two rounds of sedation. He was sedated on Sunday afternoon or evening and again on Monday before high tide. The public was told only of “supportive medical care.” The drugs and doses have never been published. SNM’s information is that they included sedatives and anti-anxiety drugs. Sedatives of this kind slow the heart and depress breathing. The report does not contain the word “sedation.”

Doses set against a guessed weight. The whale was never weighed, alive or dead. Published estimates of his weight ranged from 10,000 pounds to 8 to 10 tons to nearly 40,000 pounds, a fourfold spread. A dose calculated for the top of that range and given to an animal at the bottom would be a fourfold overdose.

Lethal injection. The agent is undisclosed. The report labels one finding, the chest blood clot, as a euthanasia artefact. It does not ask the same question of the acute heart muscle degeneration, the lung congestion or the acute brain swelling.

> **THE “DECLINE” CAME AFTER THE SEDATION**
>
> At 1:38 pm on 17 November, Dr. Alissa Deming of the Pacific Marine Mammal Center told the public the whale had “so drastically declined over the past 24 hours” and was showing “agonal breathing.”
>
> Those 24 hours took in both rounds of sedation, on Sunday and on Monday. When his blood was first drawn on Sunday afternoon, the results were good and veterinarians saw no neurological signs. A decline that followed two rounds of undisclosed sedatives cannot be offered as proof of disease.

> **SOFT EUTHANASIA**
>
> Each sedation was followed by abandonment. After the first, on Sunday afternoon, every team left at 6:23 pm and the whale spent the night alone. After the second, on Monday, rescue was called off and he was left alone again.
>
> This is the pattern SNM calls soft euthanasia: sedate a weakened, struggling whale and wait for him to die on his own. Pickles/Hope did not die on his own. He was then killed.

Finding in the report	Could stranding, sedation or euthanasia produce it?	Does the report consider that?
Lung oedema and congestion	Yes	Partly: attributed to stranding
Acute heart muscle degeneration	Yes	Only as “stranding”
Wavy heart fibres	Yes, per the report’s own cited source	No
Acute brain oedema and nerve cell degeneration	Yes	No
Chest blood clot	Yes	Yes
Body cavity fluid	Possibly, in part	No
Spinal cord astrogliosis	No: this takes weeks	Not applicable
Intestinal inflammation with parasites	No: this is long-standing	Not applicable

SNM accepts that the last two rows describe conditions the whale had before he stranded. The dispute is over how severe they were, and over everything above them in the table.

8. The living whale contradicts the report

A whale with marked spinal cord degeneration and chronic heart failure should have looked like one. For two days, in front of thousands of witnesses, Pickles/Hope did not.



Figure 1. Pickles/Hope lifts his tail clear of the water on the morning of 16 November 2025, after his first night stranded and before any sedation. Image by Anonymous

The tail photograph. On the morning of 16 November, after a night on the beach, Pickles/Hope raised his entire tail and flukes high out of the water (Figure 1). This is not a twitch. Lifting the tail of a whale this size takes a powerful, coordinated contraction of the large muscles along the back and tail stock, and those muscles are driven through the spinal cord.

If the “marked” degeneration in the centre of his spinal cord had been as debilitating as the report implies, this is the movement it should have weakened or disordered. It did neither. Whatever the lesion was, it did not stop him moving his tail with strength and control.

What was observed while he was alive	Who recorded it	What the report implies instead
Tail and flukes raised high out of the water, morning of 16 November.	Photograph, anonymous contributor (Figure 1)	“Marked” chronic spinal cord degeneration
Blood results so good the team was “quite shocked,” after more than 24 hours stranded.	Casey McLean, SR3, Lincoln Chronicle	Multi-organ chronic disease and heart failure

What was observed while he was alive	Who recorded it	What the report implies instead
“Still responsive,” with no involuntary movement suggesting a neurological problem.	Network veterinarians, same source	“Marked” chronic spinal cord degeneration
Rolled repeatedly, including onto his back, with enough force to throw off the rescue harness.	John Calambokidis, Cascadia Research, same source	A weak, failing animal
Rolled and waved his flippers over the weekend; vocalised on Saturday night.	Lookout Eugene-Springfield	As above
Tail strong enough that OSU’s institute director warned it could strike and injure people.	Lisa Ballance, OSU, in OPB	Impaired control of the tail
Moving body, head, tail and flippers on live video across both days.	Citizen video; SNM timeline	As above

None of this clinical record appears in the report. The blood results, the veterinary examination, the photographs and two days of video are the only evidence of how this whale functioned while alive. A pathology report that grades lesions as “marked” without testing that word against what the animal could actually do has not finished its work.

The good blood result also answers a standard official claim: that a stranded whale declines fast because its organs are crushed under its own weight, and that this is the main reason not to rescue. This whale had been fully stranded for more than a day when his blood was tested.

> **DECIDED BEFORE DIAGNOSED**
>
> At about 9:30 am on 16 November, before any veterinarian had examined him or drawn blood, OSU’s Lisa Ballance told the crowd there was “nothing we can do for the whale.” At 10:55 am a stranding network member said, “They will probably have to euthanize it.”
>
> The outcome was being announced before the only diagnostic test was taken, and before that test came back good.

9. Conflict of interest

The institution that ran the response commissioned the examination of its own outcome, from a laboratory in the same university. No party independent of the response has reviewed the decision to kill this whale.

Role	Who held it	Evidence
Coordinated the stranding response	Oregon Marine Mammal Stranding Network, run by the OSU Marine Mammal Institute	NOAA Fisheries
Told the public nothing could be done, and announced the plan to sedate and euthanise	Lisa Ballance, Director, OSU Marine Mammal Institute	SNM timeline; Lincoln Chronicle
Sedated and euthanised the whale	Veterinarians of the West Coast Marine Mammal Stranding Network (Pacific Marine Mammal Center and SR3)	Lookout Eugene-Springfield; SNM timeline
Led the beach necropsy	Jim Rice, Stranding Program Manager, OSU Marine Mammal Institute	KLCC
Client named on the pathology report	“Marine Mammal Institute,” Newport	OVDL report, page 1
Wrote the pathology report	Oregon Veterinary Diagnostic Laboratory, OSU	OVDL report, page 1
Released and framed the result	NOAA Fisheries, which authorises and oversees the stranding network	NOAA Fisheries

In human medicine, the team that treated a patient does not conduct the inquiry into the patient’s death. Here the responder was the client, the client’s university was the examiner, and the supervising federal agency was the publisher. Every party had an interest in a finding that the whale was already lost.

SNM raises this as a structural conflict and does not allege that any finding was falsified. Bias in such a structure does not need intent. It shows in which questions are asked and which are not. This report asks at length what was wrong with the whale before he stranded. It does not ask what the sedation did, what the delay did, or whether he could have lived.

- **Unnamed reviewers.** The report says the findings were discussed with pathologists in the United States, Canada and Italy. None is named. It does not say whether they saw the slides, the sedation record or the blood results, or whether they agreed.
- **Five versions.** The report was finalised on 5 February 2026, then amended on 16 March and again on 31 March. The change log records that the histopathology result was changed. It does not say what was changed or why.
- **A release that outruns the report.** The laboratory wrote “likely contributed.” The public was told the matter was settled.

10. How the report was used

A cautious laboratory document became a public verdict within a day of its release. Each step away from the laboratory added certainty that the laboratory had not expressed.

Step	What was said	Source
The report, 31 March 2026	Chronic disease “likely contributed to the stranding.” No prognosis. Cause of heart findings unknown.	OVDL report, page 3
NOAA release, 6 April 2026	The lead pathologist’s interpretation is that pre-existing disease contributed to the entanglement and then to the stranding. Responders could not have known.	NOAA Fisheries
Coastal press, 6 April 2026	The whale was “doomed.” The controversy is presented as settled.	Oregon Coast Beach Connection
Regional radio, 7 April 2026	Headline: the whale had many chronic illnesses. No critical voice is quoted.	KLCC

The report gives no support for the word “doomed.” It does not say the diseases were killing him.

The same coverage quotes an OSU scientist saying large whales do not usually strand unless sick or injured. This whale was entangled, with rope through his mouth and around a flipper and his tail. By that scientist’s own rule, the entanglement is a sufficient explanation. The report’s finding that disease contributed “independent of entanglement” is asserted, not demonstrated.

The effect was to turn the public argument around. In November the question was why the official response took 41 hours to attempt a refloat and then gave up after 30 minutes. By April the question had become how sick the whale had been all along.

11. Recommendations and requests

Records SNM requests from OSU, the OVDL and NOAA Fisheries

1. The full microscopic description, cited in the report as the attached “Whale histopathology” file.
2. The complete sedation and euthanasia record: every drug, dose, route and time, the weight used to calculate doses, and who authorised each.
3. All blood results from the living whale, including the Sunday 16 November panel and any later draw.
4. The veterinary assessment notes and the written basis for the euthanasia decision as it stood on 17 November.
5. The referral results from Cornell, Michigan State and Illinois, and the pending serology.
6. All five versions of the report, with a statement of what changed between them and why.
7. The names of the outside pathologists consulted, what material each reviewed, and whether each agreed with the final diagnoses.

Questions SNM asks the laboratory to answer

1. Where in the spinal cord was the lesion, how long was it, and how many sections were examined?
2. How does the laboratory reconcile a “marked” spinal cord degeneration with a whale that lifted his tail high out of the water, and with veterinarians who saw no neurological signs?
3. Which tissue was stained with trichrome, and did it show scarring in the heart muscle?
4. On what evidence were the wavy heart fibres judged chronic, when the cited source classes them as acute?
5. Was the rope through the baleen considered as the cause of the empty gut?
6. Were the effects of sedation considered for any finding?
7. Does the laboratory hold the opinion that this whale could not have survived if refloated on 15 or 16 November? If so, on what basis?

Independent review

SNM asks that the slides and records be read by a board-certified veterinary pathologist with no tie to OSU, NOAA Fisheries or the West Coast Marine Mammal Stranding Network, and that the reading be published in full.

Changes to the live-stranding response

SNM calls on NOAA Fisheries and the West Coast Marine Mammal Stranding Network to adopt the GWRA Protocol, and in particular:

1. **No euthanasia.** In the hardest cases, active comfort care until rescue or a natural end.

2. **No soft euthanasia.** Sedation only as part of active care and rescue, never followed by leaving the animal alone.
3. **A rescue attempt at the first high tide,** with large-whale refloating equipment and trained crews on standby on every coast.
4. **No prognosis without minimum diagnostics:** blood and blow sampling as early as possible, with results recorded and published.
5. **Publication of every drug and dose,** and the measured weight used to calculate it.
6. **An independent, pre-registered necropsy** of every animal that dies, separating pre-existing disease, the effects of the stranding and the effects of decisions made.
7. **Working with local communities,** their equipment and their knowledge, not against them.

12. Limits of this white paper

This paper is written from the seven-page amended report and from public sources. The following points could change parts of the analysis.

- **The histopathology attachment.** SNM has not seen the separate “Whale histopathology” file. It may contain lesion measurements, the trichrome result or a discussion of sedation. Every statement here that the report “does not say” something refers to the seven pages only.
- **The drug list.** The description of sedatives and anti-anxiety drugs is SNM’s information. No official source has published the drugs or doses.
- **Timings.** The 41-hour, 30-minute and two-hour figures come from SNM’s eyewitness timeline.
- **Who decided.** Press accounts say visiting veterinarians made the final call and that OSU’s director announced it. The written decision record would settle this.

Sources

- Oregon Veterinary Diagnostic Laboratory, *Amended Report*, accession C253230062, animal HMSC25-11-15-Mn, report date 31 March 2026, 7 pages (Appendix A).
- Global Whale Rescue Alliance, The GWRA Protocol for distressed, wayward and live-stranded cetaceans, Version 1.0, October 2026, public consultation edition.
- Stranded No More, The Story of "Pickles/Hope," a Stranded Humpback Whale, timeline and images by Rebel With A Cause, Jenny Rae Nelson and an anonymous contributor.
- NOAA Fisheries, Experts Euthanize Oregon Humpback Whale After Unsuccessful Attempt to Free it from Beach, 18 November 2025, updated 6 April 2026.
- Garret Jaros, Lincoln Chronicle, Young humpback whale stranded near Yachats euthanized after rescue efforts fail, November 2025.
- Lookout Eugene-Springfield, Rescue falters for stranded humpback whale, 17 November 2025.
- OPB, Young whale stranded on Oregon Coast euthanized after rescue efforts fall short, 16–18 November 2025.
- KLCC, 'An impossible situation': the tragedy of a stranded humpback whale on the Oregon coast, 19 November 2025.
- KLCC/OPB, People come together to mourn and learn from beached whale in Oregon, 26 November 2025.
- KLCC/Lincoln Chronicle, Humpback whale that came ashore north of Yachats in November had many chronic illnesses, 7 April 2026.
- Oregon Coast Beach Connection, Finalized Report on Euthanized Oregon Coast Whale in Nov: Many Diseases, 6 April 2026.
- Pacific Marine Mammal Center, Meet the team (Dr. Alissa Deming, VP of Conservation Medicine and Science).
- Câmara N. et al. (2022), Microscopic Findings in the Cardiac Muscle of Stranded Extreme Deep-Diving Cuvier's Beaked Whales, *Microscopy and Microanalysis* 28(5): 1641–1648.
- Câmara N. (2019), "Broken heart syndrome" in cetaceans: histological, histochemical and immunohistochemical study, University of Las Palmas de Gran Canaria.
- Câmara N. et al. (2020), Increased Plasma Cardiac Troponin I in Live-Stranded Cetaceans, *Scientific Reports* 10: 1555.

Appendix A. OVDL necropsy report

Oregon Veterinary Diagnostic Laboratory, Oregon State University. Amended report, accession C253230062, report date 31 March 2026. Reproduced in full, seven pages, as supplied to SNM.

Oregon State University
Oregon Veterinary Diagnostic Laboratory

Accession Number: C253230062
Account Number: 95032

Testing Lab:	Oregon Veterinary Diagnostic Laboratory	**Client:**	Marine Mammal Institute NA416A 2030 SE Marine Science Drive Newport, OR 97365
Case Coordinators:	Kurt Williams, Senior Pathologist		
Date Received:	11/19/2025	**Owner/Premises #:**	Marine Mammal Institute NA416A / NI
Report Date:	03/31/2026		

AMENDED REPORT

Case Summary:

Final Diagnosis:
Chronic left-sided congestive heart failure
Chronic myelopathy
Chronic eosinophilic enterocolitis
Entanglement and stranding with secondary acute heart failure

Comments: Thank you for choosing the OVDL for your diagnostic needs.

The findings from this case were reviewed and discussed with marine mammal pathologists and scientists in the United States, Canada and Italy. We hope the findings from this case expand our understanding of whale diseases and will spur future investigations to understand and improve the health of whales and the oceans around the globe.

Please see the full case comments included with the histopathology findings.

Medical History: Medical History on File

Animal ID: HMSC25-11-15-Mn Humpback Whale Mammal, other :: Whale NFS / Male / 1 years

ANATOMIC PATHOLOGY

Test: Gross Necropsy Report **Specimen:** Animal :: Body **Collection date:** 11/18/2025

Report

Morphologic Diagnoses:
Abdominal, thoracic and pericardial spaces: Moderate effusion
Thoracic cavity: Focal acute blood clot (euthanasia artifact, presumptive)
Liver: Focal chronic mass
Spleen: Multifocal chronic splenic capsular fibrous thickening
Lungs: Multifocal alveolar congestion; moderate diffuse edema
Integument: Multifocal erosions and ulceration (post-entanglement)
Oral cavity: Rope entanglement

Comments: Thank you for choosing the OVDL for your diagnostic needs.

Many of the changes noted grossly, eg. multicavity effusion, pulmonary edema and congestion in the lung parenchyma, are suggestive of congestive heart failure. There are no gross lesions in the heart itself to suggest a putative cause of heart failure.

The nature of the mass in the liver is not grossly apparent. Its significance as well as the significance of the other gross lesions noted is not known at this time.

Though there were a small amount of feces in the rectum, the absence of contents in the stomach and entire length of the intestine suggests this animal did not feed for a considerable period of time before stranding.

Tissues have been processed for histologic evaluation. These findings will be released in the final report.

Gross Description: This is the body of a 7.92 meter long, estimated 1–2-year-old male Humpback whale in fair nutritional condition with mild autolysis. There is a length of yellow/red rope lodged in the mouth through baleen plates, extending out of the left side of the mouth. Multiple entanglement marks are present on the left pectoral flipper and around the tail stock and flukes. These mostly linear foci consist of regions of epidermal erosion and ulceration. The largest and deepest foci are present at the tail stock and caudal edge of the flukes.

There are approximately 3 liters of pale-yellow clear fluid in the abdomen. Approximately 5 liters of clear fluid are present in the thoracic cavity and approximately 500ml of similar fluid is present in the pericardial sac. There is an approximately 40cm x 10cm irregular blood clot in the thoracic cavity.

The stomach and entire intestinal tract are largely empty except for small amounts of fluid contents mixed with mucus. Moderate amounts of watery olive-green feces are present in the distal colon / rectum. Two off-white, approximately 6 cm long by 4mm wide parasites are found in the small intestine. The 'head' of the parasites are embedded in the intestinal mucosa.

The lungs are glistening, and the visceral pleural lymphatics are prominent. On cut section moderate amounts of clear fluid weep from the cut surface. There are numerous variably sized (up to approximately 2cm) discreet regions of lung parenchyma that are dark red compared to the adjacent more normal lung.

A single 2.5cm well demarcated off-white firm mass is present in the liver beneath the capsule. There are multiple 1-2cm foci of hepatic parenchyma with moderately prominent congested sinusoids. Three 1-2cm well demarcated off-white oval foci of collagen are present in the splenic capsule. On cut section they do not extend into the underlying splenic parenchyma.

Test: Histopathology Report **Specimen:** Tissue :: Fixed **Collection date:** 11/18/2025
Specimen split from original Animal

Report

Morphologic Diagnoses:

Lung: Moderate pulmonary edema with alveolar macrophages with erythrophagocytosis and hemosiderophages, multifocal moderate alveolar capillary congestion; moderate to marked chronic adventitial collagen surrounding pulmonary veins

Heart: Marked chronic myofiber atrophy (wavy attenuation) with multifocal acute myofiber degeneration and interstitial edema

Liver: Moderate diffuse cord cell dissociation with moderate hepatocellular cytoplasmic eosinophilic droplets and inclusions and rare single necrotic hepatocytes; moderate acute centrilobular sinusoidal congestion

Brain: Marked acute interstitial and perivascular edema with multifocal acute neuronal degeneration and multifocal astrogliosis

Spinal cord: Marked chronic gray commissure degeneration and astrogliosis with multifocal microgliosis

Liver mass: Biliary adenoma (presumptive)
Small intestine/colon: Severe multifocal eosinophilic and granulomatous enterocolitis with intralesional metazoan parasites, multifocal eosinophilic leiomyositis, acute mural smooth muscle degeneration and necrosis and myenteric plexi axonal loss

Kidney: Focally extensive chronic eosinophilic and granulomatous perinephritis with intralesional parasite fragments (*Crassicauda sp.,* presumptive)

Skin: 1) Moderate neutrophilic superficial dermatitis; 2) Marked locally extensive epidermal hyperplasia with surface necrosis, multifocal thrombosis and moderate dermatitis; 3) Locally extensive ulceration with surface mixed bacterial and focal acute arterial thrombosis

Microscopic Description: Details of the microscopic findings can be found in the attached PDF ' Whale histopathology' file.

Comments: Thank you for choosing the OVDL for your diagnostic needs.

The findings from this case were reviewed and discussed with marine mammal pathologists and scientists in the United States, Canada and Italy. We hope the findings from this case expand our understanding of whale diseases and will spur future investigations to understand and improve the health of whales and the oceans around the globe.

As noted from the gross pathology, this animal had a small amount of feces in the rectum, but no food in its stomach and little ingesta in the intestinal tract, suggesting a protracted period without feeding before stranding, further supported by the paucity of subcutaneous and cavitary adipose stores.

There are significant acute and chronic disease processes present in the whale. Much of the pulmonary edema noted grossly and acute edema noted histologically, likely reflect acute heart failure precipitated by stranding and the resulting severe negative impacts on cardiopulmonary function in stranded large whales.

Significant chronic disease processes in multiple organ systems likely contributed to the stranding independent of entanglement. Evidence of chronic spinal cord disease, chronic left-sided congestive heart failure and severe widespread inflammatory disease of the intestine and colon is present in the examined tissues.

The cause of the intestinal disease is, in part, likely related to endoparasitism. The extension of inflammation into the inner circular muscle of the intestine, myodegeneration and vasculitis are not a typical reaction to intestinal parasites. The inflammatory response, smooth muscle degeneration and vasculitis suggest exaggerated immune-mediated disease.

The most likely cause of the spinal cord disease is an infectious agent (protozoal or viral). PCR testing of spinal cord for *Toxoplasma gondii, Sarcocystis neurona,* highly pathogenic avian influenza virus and Cetacean morbillivirus were all NEGATIVE.

Very low levels of saxitoxin were detected in feces and urine. These levels are considered insufficient to be clinically significant at the time of death. That said, there is little known regarding the toxicokinetics of these toxins in whales, therefore we cannot completely rule out saxitoxin exposure playing a role in the pathology and stranding.

The cause(s) of the cardiac pathology and related congestive heart failure are not known. Wavy attenuated myofibers have been documented in stranded beaked whales (N. Camara, A. Fernandez et. al 2022, Microscopy and Microanalysis, 28 (5): 1641-1648). Similar pathology in domestic dogs is associated with some forms of dilated cardiomyopathy and heart failure. This is not to suggest

this finding is identical to the canine condition; rather they are noted for its contribution to comparative pathology and medicine.

Three processes were noted in the skin: 1) in intact skin the neutrophilic infiltrate in the dermal pegs that extend into the epidermis is likely reflective of bacterial infection; 2) the focal mass is most consistent with a virally-induced skin lesion with secondary bacterial infection at the site; 3) the ulcerated skin considered to be from rope rubbing had no appreciable inflammation at the surface, was covered in numerous bacteria and had a single thrombosed vessel in the deeper dermis.

Additional serologic testing for protozoal and viral pathogens is pending. These results will be released in an addendum to this report.

The other lesions noted, eg. biliary adenoma, renal *Crassicauda sp.* infection and dermatitis, are considered incidental to the stranding event.

Authorized by: Kurt Williams
DVM, PhD, DACVP, Director OVDL, Anatomic Pathology

OVDL BUSINESS OFFICE

Test: Out of Lab Test **Specimen:** Tissue :: Fixed **Collection date:** 11/18/2025
Specimen split from original Animal

Referral Test Information	1/26/2026- Slides returned from Cornell. BW

Test: Out of Lab Test **Specimen:** Brain :: Fresh **Collection date:** 11/18/2025
Specimen split from original Animal

Referral Test Information	1/22/2026- Results from the Michigan State University Veterinary Diagnostic Laboratory are attached. BW

Test: Out of Lab Test **Specimen:** Brainstem **Collection date:** 11/18/2025
Specimen split from original Animal

Referral Test Information	1/23/2026- Results from the University of Illinois Veterinary Diagnostic Laboratory are attached. BW

Authorized by: Maggie Hammond
Exec Support Specialist

NECROPSY

Test: Prescott Grant: Marine Mammal Necropsy

Animals::Specimens	Collection Date	Result
HMSC25-11-15-Mn Humpback Whale :: Animal :: Body	11/18/2025	complete 11.18. 25

Authorized by: Sadye Steele
Supervisor, Necropsy

HISTOPATHOLOGY

Summary: Immunohistochemistry Prep :: IHC Prep

Animals	CK (WSS) IHC Prep	GFAP IHC Prep	OTHER IHC Prep	Total Tested
HMSC25-11-15-Mn Humpback Whale	1	1	1	3
Total	**1**	**1**	**1**	**3**

Summary: Special Stains :: Special Stain

Animals	Holmes	Iron (Fe)	Luxol Fast Blue	Trichrome	Verhoeff's Stain for Elastin	Total Tested
HMSC25-11-15-Mn Humpback Whale	1	3	1	1	1	7
Total	**1**	**3**	**1**	**1**	**1**	**7**

Specimens	Details
HMSC25-11-15-Mn Humpback Whale :: Tissue :: Fixed	Specimen split from original Animal :: Body

Test: Unstained Slide from Paraffin Block

Animals::Specimens	Collection Date	Slides Cut
HMSC25-11-15-Mn Humpback Whale :: Tissue :: Fixed	11/18/2025	8
HMSC25-11-15-Mn Humpback Whale :: Tissue :: Fixed	11/18/2025	4

Specimens	Details
HMSC25-11-15-Mn Humpback Whale :: Tissue :: Fixed	Specimen split from original Animal :: Body

Test: Special Stains

Animals::Specimens	Collection Date	Special Stain	# of Slides
HMSC25-11-15-Mn Humpback Whale :: Tissue :: Fixed	11/18/2025	Iron (Fe)	1
HMSC25-11-15-Mn Humpback Whale :: Tissue :: Fixed	11/18/2025	Luxol Fast Blue	1
HMSC25-11-15-Mn Humpback Whale :: Tissue :: Fixed	11/18/2025	Verhoeff's Stain for Elastin	1

Animals::Specimens	Collection Date	Special Stain	# of Slides
HMSC25-11-15-Mn Humpback Whale :: Tissue :: Fixed	11/18/2025	Trichrome	
HMSC25-11-15-Mn Humpback Whale :: Tissue :: Fixed	11/18/2025	Iron (Fe)	1
HMSC25-11-15-Mn Humpback Whale :: Tissue :: Fixed	11/18/2025	Holmes	2
HMSC25-11-15-Mn Humpback Whale :: Tissue :: Fixed	11/18/2025	Iron (Fe)	1

Specimens	Details
HMSC25-11-15-Mn Humpback Whale :: Tissue :: Fixed	Specimen split from original Animal :: Body

Test: Immunohistochemistry Prep

Animals::Specimens	Collection Date	IHC Prep	# of Slides
HMSC25-11-15-Mn Humpback Whale :: Tissue :: Fixed	11/18/2025	GFAP IHC Prep	1
HMSC25-11-15-Mn Humpback Whale :: Tissue :: Fixed	11/18/2025	CK (WSS) IHC Prep	
HMSC25-11-15-Mn Humpback Whale :: Tissue :: Fixed	11/18/2025	OTHER IHC Prep	1

Specimens	Details
HMSC25-11-15-Mn Humpback Whale :: Tissue :: Fixed	Specimen split from original Animal :: Body

Test: H&E Recut

Animals::Specimens	Collection Date	# of Slides
HMSC25-11-15-Mn Humpback Whale :: Tissue :: Fixed	11/18/2025	7

Section Comments
IHC Prep: Other = Iba1

Authorized by: Misty Corbus-Wallin
Histotechnologist

Notice: *The Oregon Veterinary Diagnostic Laboratory (OVDL) will charge interest on outstanding balances older than 30 days, at the rate of one percent per month, or 12% APR. A one-time collections processing fee of $20.00 will be added to all accounts with balances that are 60 days or more past due.*

Previous versions of this report
We have previously issued interim and/or final reports for this accession with the following names:
preliminary_report_C253230062_2025-12-05_14-31-42.pdf, preliminary_report_C253230062_2026-02-04_16-15-30.pdf, finalized_report_C253230062_2026-02-05_09-58-05.pdf, amended_finalized_report_C253230062_2026-03-16_10-29-40.pdf

Change History

Changed

Test Results
- HMSC25-11-15-Mn Humpback Whale :: Tissue :: Fixed :: Histopathology Report :: Report: Result

Comments
- Master Coordinator: Value