

CASE NUMBER: 04F-24-P2-5

DATE: Mar 21, 2004

HISTOPATHOLOGY:

Slide 94, P2-5-1:

1). Kidney: Nephritis, interstitial, moderate, focal, pyogranulomatous, subacute with pronounced lymphomyeloid hyperplasia and membranous glomerulonephritis

There are no overt lesions within the spleen, liver, or heart.

Slide 95, P2-5-2:

1). Kidney: Nephritis, tubulointerstitial, moderate, multifocally extensive, chronic with peri-tubular fibrosis, tubular epithelial necrosis, cast formation and lymphomyeloid hyperplasia

There are no overt lesions within the spleen, liver, or heart.

Slide 96, P2-5-3:

- 1). Kidney: Nephritis, interstitial, marked, multifocal to coalescing, lymphohistiocytic, chronic with scattered intralesional coccobacilli
- 2). Heart, ventricle: Myocarditis, moderate, multifocal, granulomatous, necrotising, chronic, with intralesional coccobacilli
- 3). Spleen: Splenitis, moderate, diffuse, subacute with lymphoid depletion and scattered intralesional coccobacilli

There are no overt lesions within the liver.

COMMENTS:

In slides 1 and 3 the inflammatory infiltrate is consistent with a primary bacterial infection and in at least slide 3 would have been sufficiently severe to have contributed significantly to antemortem morbidity. The lesions are suggestive of a fulminating septicemia possibly due to *Renibacterium salmoninarum* or *Aeromonas salmonicida*. Follow up culture or molecular studies of fresh tissue (if available) is recommended. The tubulonephritis noted in slide 2 is distinct to the inflammatory profile of other 2 sections and suggests a possible retrograde infection or an obstructive process. The acute tubular necrosis may be due to hypoxia, toxins, or some other processes.

FINAL REPORT