

CASE NUMBER: 04F-24-P3-10

DATE: Mar 21, 2004

**HISTOPATHOLOGY:**

Slide 83, P3-10-1:

- 1). Kidney: Nephritis, interstitial, moderate, diffuse, lymphohistiocytic, chronic with scattered intralesional coccobacilli and lymphomyeloid hyperplasia
- 2). Liver: Necrosis, moderate, multifocal, random, acute with intra-sinusoidal fibrin deposition and edema

There are no overt lesions within the spleen or heart.

Slide 84, P3-10-2:

- 1). Liver, centrilobular to midzonal: Lipidosis, mild to moderate, macrovesicular, diffuse

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

Slide 85, P3-10-3:

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

Slide 86, P3-10-4:

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

Slide 87, P3-10-5:

- 1). Kidney: Nephritis, interstitial, marked, multifocal to coalescing, lymphohistiocytic, chronic with numerous intralesional coccobacilli
- 2). Heart, ventricle: Myocarditis, moderate, multifocal, random, necrotising and granulomatous with intralesional coccobacilli
- 3). Liver: Hepatitis, mild, multifocal, random, granulomatous, chronic with scattered hepatocellular degeneration and necrosis
- 4). Spleen: Splenitis, mild, multifocal, subacute with lymphoid depletion

Slide 88, P3-10-6:

- 1). Kidney, hematopoietic tissue: Hyperplasia, plasmacytoid, moderate, diffuse
- 2). Liver: Lipidosis, moderate, diffuse, macrovesicular

There are no overt lesions within the spleen or heart.

Slide 89, P3-10-7:

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

Slide 90, P3-10-8:

As in slide 87.

Slide 91, P3-10-9:

- 1). Liver: Lipidosis, moderate, diffuse, microvesicular
- 2). Kidney, sinusoids: Histiocytosis, mild to moderate, multifocal

There are no overt lesions within the spleen or heart.

Slide 92, P3-10-10:

There are no overt lesions within the adipose tissue, inter-renal gland, spleen, liver, kidney or heart.

Slide 93, P3-10-11:

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

#### COMMENTS:

In 4 of 11 section, there are multisystemic granulomatous infiltrate consistent with a chronic inflammatory process, possibly due to bacterial kidney disease. Follow up culture or molecular studies (IFA or PCR) may be considered. The hepatic lipidosis may be related to dietary, metabolic, hypoxic, toxic or other disease processes. In slide 91, the sinusoidal histiocytosis is likely due to persistent antigenemia.

**\*FINAL REPORT\***