

CASE NUMBER: 04F-24-P3-6

DATE: Mar 21, 2004

HISTOPATHOLOGY:

Slide 42, P3-6-1:

- 1). Kidney: Nephritis, interstitial, marked, diffuse, lymphohistiocytic, chronic with florid intralesional coccobacilli
- 2). Heart, epicardium: Serositis, marked, focally extensive, lymphohistiocytic and fibrinous, with florid intralesional coccobacilli
- 3). Liver: Hepatitis, moderate, multifocal, random, chronic
- 4). Spleen: Splenitis, moderate, multifocal, lymphohistiocytic, chronic with intralesional coccobacilli

Slide 43, P3-6-2:

- 1). Heart, epicardium: Serositis, moderate, diffuse, lymphohistiocytic and fibrinous, with scattered intralesional coccobacilli
- 2). Spleen: Splenitis, moderate, diffuse, lymphohistiocytic, chronic with intralesional coccobacilli
- 3). Kidney: Nephritis, interstitial, mild to moderate, diffuse, lymphohistiocytic, chronic with scattered intralesional coccobacilli
- 4). Liver: Hepatitis, capsular, moderate, diffuse, chronic
- 5). Heart, spongy layer: Granuloma, mild, multifocal, chronic

Slide 44, P3-6-3:

As in slide 42.

Slide 45, P3-6-4:

As in slide 43.

Slide 46, P3-6-5:

As in slide 42 with marked fibrinous and lymphohistiocytic capsular splenitis

Slide 47, P3-6-6:

As in slide 42.

COMMENTS:

The multisystemic inflammatory infiltrate is consistent with virtually all of the examined sections; the lesions would have contributed significantly to antemortem morbidity and if representative of the overall stock, the prognosis for return to acceptable production levels, even with aggressive antimicrobial therapy would be guarded. The lesions are suggestive of bacterial kidney disease and if fresh tissue is available, follow up ancillary studies are recommended. There were no apparent lesions which may have predisposed fish to fulminant sepsis.

FINAL REPORT