

CASE NUMBER: 04F-40-A2.3-20

DATE: May 24, 2004

HISTOPATHOLOGY:

Slide 56, A2.3-20-1:

There are no significant lesions in the anterior kidney, spleen, liver or heart.

Slide 57, A2.3-20-2:

- 1). Spleen: Necrosis, mild to moderate, multifocal, acute
- 2). Liver, sinusoids: Congestion, mild, multifocal, random, acute

There are no significant lesions in the anterior kidney or heart.

Slide 58, A2.3-20-3:

There are no significant lesions in the anterior kidney, spleen, liver or heart.

Slide 59, A2.3-20-4:

- 1). Liver, sinusoids: Congestion, mild, multifocal, acute

There are no significant lesions in the anterior kidney, spleen or heart.

Slide 60, A2.3-20-5:

- 1). Spleen, capsule: Peritonitis, moderate, multifocal, granulomatous, chronic compatible with post vaccination

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

Slide 61, A2.3-20-6:

- 1). Heart, spongy layer: Embolism, septic, marked, multifocal to coalescing, with myocardial degeneration and necrosis

There are no overt lesions in the liver.

Slide 62, A2.3-20-7:

- 1). Heart: as in slide 61, but less extensive involvement.
- 2). Kidney and liver: Embolism, septic, moderate, multifocal, random acute

Slide 63, A2.3-20-8:

- 1). Liver and heart: As in slide 62.

COMMENTS:

In 3 of 8 sections, there are multisystemic septic embolism with attendant parenchymal necrosis and no inflammatory infiltrate; the bacterial morphology and lack of host response are suggestive of furunculosis (*Aeromonas salmonicida*) and if fresh tissue is available, follow up culture and sensitivities is recommended. In additional sections, the hepatic congestion and splenic lymphoid necrosis are consistent with the incipient stages

of a septicemia. As this fish were likely shedding pathogens antemortem, additional stock have presumably been exposed and should be closely monitored for clinical signs.

FINAL REPORT