

CASE NUMBER: 04F-40-A2.4-22

DATE: May 22, 2004

**HISTOPATHOLOGY:**

Slide 43, A2.4-22-1:

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

Slide 44, A2.4-22-2:

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

Slide 45, A2.4-22-3:

- 1). Spleen: Granuloma, moderate, focal, chronic with central cavitation
- 2). Heart, epicardium: Epicarditis, mild to moderate, multifocal, lymphohistiocytic, chronic

There are no significant lesions within the kidney or liver.

Slide 46, A2.4-22-4:

- 1). Liver: Hepatitis, moderate, focally extensive, necrogranulomatous, chronic
- 2). Heart, compact ventricle: Myocarditis, moderate, focal, granulomatous with focally extensive granulomatous epicarditis

There are no overt lesions within the spleen or kidney.

Slide 47, A2.4-22-5:

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

Slide 48, A2.4-22-6:

- 1). Liver: Hepatitis, moderate, multifocal, necrohemorrhagic, acute
- 2). Heart, endocardium: Hyperplasia, mild, multifocal, random, subacute (reactive endocardia)

There are no overt lesions within the spleen or kidney.

Slide 49, A2.4-22-7:

- 1). Heart, endocardium: Hyperplasia, mild, multifocal, random, subacute (reactive endocardia)
- 2). Spleen: Edema, mild to moderate, multifocal, acute

There are no significant lesions in the liver or kidney.

Slide 50, A2.4-22-8:

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

**COMMENTS:**

In 2 of 8 section, the granulomatous infiltrate noted in select tissues would have contributed at least moderately to antemortem morbidity; the precise cause of this condition is unknown, however, the cellular composition and lack of discernible pathogens is suggestive of chronic bacterial kidney disease. If fresh tissue is available, follow up culture, IFA, ELISA or PCR may be considered. In contrast to these 2 slides, the hepatitis is slide 6 is more acute and suggestive of a possible bacteremia or viremia; because of the potential threats posed by some of the differentials for this condition, follow up viral and bacterial culture as well as possibly molecular studies (PCR) to screen against specific pathogens (IHNV and VHSV) is recommended. The reactive endocardia may be attributed to persistent antigenemia and the splenic edema is considered an agonal change.

**\*FINAL REPORT\***