

CASE NUMBER: 04F-40-P3-17

DATE: May 24, 2004

**HISTOPATHOLOGY:**

Slide 112, P3-17-1:

1). Kidney: Congestion, moderate, multifocal, acute with scattered foci of acute hemorrhage

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

Slide 113, P3-17-2:

1). Liver and spleen, sinusoids: Embolism, septic, mild to moderate, multifocal, random, acute with parenchymal necrosis

There are no overt lesions within the heart or kidney.

Slide 114, P3-17-3:

1). Kidney: Nephritis, interstitial, mild, focal, granulomatous, chronic

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

Slide 115, P3-17-4:

1). Kidney: Nephritis, interstitial, severe, multifocal to coalescing, lymphohistiocytic, chronic with intra and extracellular coccobacilli and transmural vasculitis with intravascular thrombosis

2). Spleen: Splenitis, marked, nodular to diffuse, lymphocytic and necrotising, chronic with intralesional coccobacilli

There are no overt lesions within the heart or liver.

Slide 116, P3-17-5:

Liver and spleen: As in slide 2.

There are no overt lesions within the kidney or heart.

Slide 117, P3-17-6:

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

Slide 118, P3-17-7:

1). Kidney: As in slide 1.

2). Spleen: Lymphoid depletion, moderate, diffuse

There are no overt lesions within the kidney or heart.

Slide 119, P3-17-8:

Spleen, kidney, liver, and heart: Embolism, septic, marked, multifocal, acute with

parenchymal necrosis

COMMENTS:

There are two distinct inflammatory processes noted within the examined sections; a more acute bacteremia with embolism and necrosis of a number of tissues consistent with fulminant furunculosis (*Aeromonas salmonicida*) and a more chronic entity characterized by granulomatous and lymphohistiocytic infiltrate suggestive of bacterial kidney disease. If fresh tissue is available, follow up bacterial culture and possible molecular studies to resolve the nature of these pathogens may be considered. The splenic lymphoid depletion is attributed to peripheral mobilization of lymphocytes to nidi of inflammation and the acute congestion and hemorrhage noted in select kidney sections is likely the incipient stage of septicemia.

\*FINAL REPORT\*