

CASE NUMBER: 04F-64-A3.4-37

DATE: July 31, 2004

**HISTOPATHOLOGY:**

Slide 46, A3.4-37-1:

There are no significant lesions within the kidney, liver, heart, spleen, peripheral vasculature or peripheral nerves.

Slide 47, A3.4-37-2:

1). Kidney, glomeruli: Mesangial expansion, moderate, diffuse, multifocal

There are no significant lesions within the liver, heart, spleen, peripheral vasculature or peripheral nerves.

Slide 48, A3.4-37-3:

1). Heart: Pancarditis, marked, granulomatous, chronic

2). Kidney: Hyperplasia, lymphomyeloid, marked, diffuse

There are no significant lesions within the liver, spleen, peripheral vasculature or peripheral nerves.

Slide 49, A3.4-37-4:

1). Spleen: Splenitis, moderate, multifocal, pyogranulomatous, subacute

2). Liver: Hepatitis, portal, mild, multifocal, chronic

3). Kidney: Lymphomyeloid hyperplasia, moderate, diffuse

4). Heart: Epicarditis, mild, multifocal, granulomatous

**COMMENTS:**

In slides 48 and 49, there is multisystemic inflammatory infiltrate which would have contributed significantly to antemortem morbidity; based on the nature of the inflammatory infiltrate and lack of discernible pathogens, bacterial kidney disease would be a prime consideration and follow ancillary diagnostic may be considered. The lymphomyeloid hyperplasia, mesangial accentuation (possible immune complex deposition) and reactive endocardia are attributed to persistent antigenemia.

**\*FINAL REPORT\***