CASE NUMBER: 04F-64-P2-16
DATE: July 31, 2004

HISTOPATHOLOGY:
Slide 38, P2-16-1:
1). Spleen: Splenitis, moderate, multifocal, pyogranulomatous, subacute
2). Liver: Hepatitis, portal, mild, multifocal, chronic
3). Kidney: Lymphomyeloid hyperplasia, moderate, diffuse
4). Heart: Epicarditis, mild, focal, granulomatous, chronic

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

Slide 39, P2-16-2:
There are no significant lesions within the kidney, pancreas, liver, heart, spleen, peripheral vasculature or peripheral nerves.

Slide 40, P2-16-3:
1). Liver: Hepatitis, portal, moderate, multifocal, lymphohistiocytic, chronic
2). Kidney: Nephritis, interstitial, mild, multifocal, pyogranulomatous, subacute with lymphomyeloid hyperplasia

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

Slide 41, P2-16-4:
1). Kidney: Nephritis, interstitial, mild, multifocal, pyogranulomatous, subacute with lymphomyeloid hyperplasia

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

Slide 42, P2-16-5:
1). Spleen: Splenitis, moderate, multifocal, pyogranulomatous, subacute
2). Kidney: Nephritis, interstitial, moderate, multifocal, granulomatous, subacute with lymphomyeloid hyperplasia
3). Heart: Endocarditis, mild, diffuse, granulomatous, with endocardial hypertrophy (reactive)

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

Slide 43, P2-16-6:
There are no significant lesions within the liver, kidney, heart, spleen, peripheral vasculature or peripheral nerves.

Slide 44, P2-16-7:

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

Slide 45, P2-16-8:
There are no significant lesions within the liver, kidney, heart, spleen, peripheral vasculature or peripheral nerves.

COMMENTS:
In 3 of 8 sections, there is multisystemic inflammatory infiltrate which would have contributed at least moderately to impaired homeostasis; 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 and reactive endocardia are attributed to persistent antigenemia.

FINAL REPORT