

CASE NUMBER: 04F-64-P3-22

DATE: July 27, 2004

**HISTOPATHOLOGY:**

Slide 1, P3-22-1:

1). Spleen: Granuloma, mild, multifocal to coalescing, chronic with intralesional microcavitation consistent with post vaccination

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

Slide 2, P3-22-2:

1). Kidney: Granuloma, mild, focal, chronic with rare Langhan's multinucleate giant cells

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

Slide 3, P3-22-3:

- 1). Liver: Hepatitis, marked, submassive, necrogranulomatous and fibrosis, chronically active with florid accumulation of Langhan's type multinucleate cells
- 2). Kidney: Nephritis, interstitial, moderate, multifocal to coalescing, chronic
- 3). Heart, ventricle, compact layer: Myocarditis, moderate, focal, transmural, granulomatous, chronic
- 4). Spleen: Lymphoid depletion, moderate, diffuse
- 5). Adipose tissue: Steatitis, mild, focal, nodular, chronic

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

Slide 4, P3-22-4:

- 1). Adipose tissue: Peritonitis, moderate, nodular to diffuse, granulomatous, chronic with reactive mesothelia
- 2). Anterior kidney: inter-renal tissue, hyperplasia, moderate, multifocal

There are no overt lesions within the heart or liver (fragment).

Slide 5, P3-22-5:

- 1). Liver, spleen and kidney: As in slide 3.
- 2). Heart: Epicarditis, moderate, focal, granulomatous with diffuse hypertrophic endocardia (reactive)

Slide 6, P3-22-6:

- 1). Spleen and liver, capsule: Peritonitis, moderate, diffuse, granulomatous, chronic with filariform and papillary mesothelial hyperplasia

There are no significant lesions within the kidney or heart.

Slide 7, P3-22-7:

- 1). Kidney: Nephritis, interstitial, mild, multifocal, random, granulomatous, chronic
- 1). Spleen, capsule: Peritonitis, mild, focal, granulomatous, chronic

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

**COMMENTS:**

The multisystemic granulomatous infiltrate would have contributed at least mildly to moderately to antemortem morbidity and in select sections may have eventuated the loss of these fish. The lesions are consistent with a chronic bacterial infection, possibly due to bacterial kidney disease (*Renibacterium salmoninarum*) and if fresh tissue is available, follow up culture, IFAT, or PCR may be considered for confirmation. In a small number of slides, the inflammation features small numbers of microcavitations and the possibility of a pre-existing post vaccination cannot be discounted. This vaccine induced peritonitis is considered incidental.

**\*FINAL REPORT\***