

CASE NUMBER: 03F-49-2.4-14

DATE: Aug 2, 2003

MORPHOLOGIC DIAGNOSES:

Slide 88, A2.4-14-1:

1). Kidney and spleen: Congestion, moderate, diffuse, acute

There are no overt lesions within the corpuscle of Stannius, adipose tissue, pancreas, heart, liver, peripheral nerves or peripheral vasculature.

Slide 89, A2.4-14-2:

1). Kidney: Congestion, moderate, diffuse, acute

There are no overt lesions within the pyloric caecae, adipose tissue, pancreas, heart, liver, peripheral nerves or peripheral vasculature

Slide 90, A2.4-14-3:

1). Spleen, capsule: Peritonitis, moderate, focal, granulomatous, chronic

There are no overt lesions within the kidney, pyloric caecae, adipose tissue, pancreas, heart, liver, peripheral nerves or peripheral vasculature

Slide 91, A2.4-14-4:

- 1). Kidney: Nephritis, interstitial, moderate, multifocal, random, granulomatous, chronic
- 2). Heart, endocardia: Hyperplasia and hypertrophy, mild to moderate, multifocal (reactive endocardia)

There are no overt lesions within the spleen, adipose tissue, pancreas, liver, peripheral nerves or peripheral vasculature

Slide 92, A2.4-14-5:

1). Spleen: Splenitis, mild to moderate, multifocal, fibrinous and granulomatous, subacute to chronic

There are no overt lesions within the kidney, gills, adipose tissue, pancreas, heart, liver, peripheral nerves or peripheral vasculature

Slide 93, A2.4-14-6:

- 1). Heart, spongy layer: Embolism, septic, moderate, focal, acute
- 2). Liver: and kidney, vasculature Embolism, septic, moderate, multifocal, random, acute
- 3). Spleen: Lymphocytolysis, mild to moderate, acute

There are no overt lesions within the peripheral nerves.

COMMENTS:

With the exception of slide 93, there are no overt lesions within the examined sections which may adversely impact stock productivity; the splenic congestion and hyperemia are agonal or terminal processes of limited clinical significance and the granulomatous infiltrate within the coelomic cavity is consistent with resolving vaccine induced peritonitis. In slide 93, the bacteremia would likely have contributed significantly to antemortem morbidity; based on the lack of attendant inflammatory infiltrate and bacterial morphology, furunculosis is a prime consideration and follow up culture and sensitivity of fresh tissue may be considered. Based on detection of this process in only a single slide it is difficult to resolve the overall significance of this condition within the population; sub-sampling and culture or PCR may be considered to assess the prevalence of infection/carrier status.

FINAL REPORT