

CASE NUMBER: 03F-96-3-52

DATE: Dec 19, 2003

**HISTOPATHOLOGY:**

Slide 28, 3-52-1:

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

Slide 29, 3-52-2:

- 1). Kidney: Nephritis, interstitial, mild, multifocal, lymphohistiocytic, subacute with scattered melanin granules
- 2). Liver: Cholangiohepatitis, mild to moderate, multifocal, necrotising and granulomatous, subacute

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

Slide 30, 3-52-3:

- 1). Liver: Hepatitis, portal, moderate, diffuse, fibrosing, chronic with biliary ductular hyperplasia

There are no significant lesions within the heart, posterior kidney, corpuscle of Stannius, peripheral vasculature, spleen, or peripheral nerves.

Slide 31, 3-52-4:

There are no significant lesions within the liver, pancreas, heart, posterior kidney, corpuscle of Stannius, peripheral vasculature, spleen, or peripheral nerves.

Slide 32, 3-52-5:

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

**COMMENTS:**

In 2 of 5 sections, there are low grade, non-specific chronic inflammatory processes which would have contributed only mildly to impaired homeostasis; the cholangiohepatitis and portal hepatitis are suggestive of a retrograde infection from the intestine. Cholecystitis has previously been recognized in British Columbia net pen stocks and attributed to *Vibrio* spp. Involvement of the hepatobiliary tree may be secondary to post vaccine induced peritonitis with extension and entrapment of the extra-hepatic bile duct, or some other disease process which disrupts normal gastrointestinal defence mechanisms.

**\*FINAL REPORT\***