

CASE NUMBER: 03F-96-P2-40

DATE: Dec 22, 2003

HISTOPATHOLOGY:

Slide 114, P2-40-1:

- 1). Liver: Hepatitis, portal, moderate, diffuse, lymphohistiocytic, chronic
- 2). Heart, epicardium: Epicarditis, mild, focally extensive, lymphohistiocytic, chronic
- 3). Kidney, hematopoietic tissue: Hyperplasia, moderate, diffuse, lymphomyeloid

There are no overt lesions within the peripheral nerve, peripheral vasculature or spleen.

Slide 115, P2-40-2:

- 1). Kidney: Nephritis, interstitial, marked, multifocal to coalescing, lymphohistiocytic, chronic
- 2). Heart, compact layer: Myocarditis, mild, multifocal, lymphocytic, chronic

There are no overt lesions within the peripheral nerve, peripheral vasculature, liver or spleen.

Slide 116, P2-40-3:

- 1). Gill: Branchitis, mild, multifocal, subacute with rare intralesional *Loma* spp
- 2). Kidney, vasculature: Vasculitis, moderate, focal, transmural, fibrinosuppurative, acute

There are no overt lesions within the heart, liver, peripheral nerve, spleen, or kidney.

Slide 117, P2-40-4:

- 1). Liver: Hepatitis, portal, mild, diffuse, nonsuppurative, chronic

There are no overt lesions within the heart, peripheral nerve, peripheral vasculature, spleen, or kidney.

Slide 118, P2-40-5:

- 1). Kidney: Nephritis, interstitial, moderate, multifocal to coalescing, lymphohistiocytic with lymphomyeloid hyperplasia

There are no overt lesions within the heart, peripheral nerve, peripheral vasculature or spleen.

Slide 119, P2-40-6:

There are no overt lesions within the peripheral nerve, peripheral vasculature, heart, liver, spleen, or kidney.

COMMENTS:

In 5 of 6 sections there is variable inflammatory infiltrate and reactive lymphomyeloid hyperplasia; with the exception of slide 116, there are no discernible pathogens within the

examined tissues. In slide 6, there are rare branchial protozoal parasites morphologically consistent with *Loma* spp. Detection of this pathogen within the gills may also account for the vasculitis. Follow up PCR for confirmation and possible determination of the prevalence of infection within the stock may be considered. The portal hepatitis is suggestive of a possible retrograde infection from the intestine.

FINAL REPORT