

CASE NUMBER: 04F-40-A3.3-34

DATE: May 22, 2004

HISTOPATHOLOGY:

Slide 28, A3.3-34-1:

1). Spleen, capsule: Peritonitis, mild to moderate, multifocal, granulomatous, chronic consistent with vaccine induced peritonitis

There are no significant lesions in the liver, kidney or heart.

Slide 29, A3.3-34-2:

1). Spleen, ellipsoids: Edema, moderate, multifocal to coalescing, acute

There are no significant lesions in the liver, kidney or heart.

Slide 30, A3.3-34-3:

1). Kidney: Nephritis, interstitial, severe, multifocal to coalescing, chronic with central necrosis and lymphomyeloid hyperplasia

2). Liver: Hepatitis, marked, focally disseminate, granulomatous, chronic with scattered intrahistiocytic coccobacilli

3). Spleen: Granuloma, moderate, multifocal, necrotising with intralesional coccobacilli and ellipsoid histiocytosis

4). Heart, spongy ventricle: Myocarditis, mild to moderate, multifocal, granulomatous, chronic with reactive endocardia and intralesional coccobacilli

Slide 31, A3.3-34-4:

There are no significant lesions in the liver, spleen, kidney or heart.

COMMENTS:

Although detected in only 1 of 4 sections, the multisystemic inflammatory infiltrate noted in slide 30 is considered significant and likely would have contributed significantly to antemortem morbidity; base on the nature of the infiltrate and bacterial morphology, *Renibacterium salmoninarum* is a prime consideration and follow up culture, IFA, ELISA, or PCR may be considered. The peritonitis in slide 1 is considered distinct and likely associated with post vaccination and in slide 2, the splenic edema is likely related to an agonal or terminal phenomenon.

FINAL REPORT