

CASE NUMBER: 03F-49-P3-30

DATE: Aug 2, 2003

**MORPHOLOGIC DIAGNOSES:**

Slide 43, P3-30-1:

- 1). Kidney: Nephritis, interstitial, marked, multifocal to coalescing, lymphohistiocytic, necrotising, subacute to chronic with intrahistiocytic coccobacilli
- 2). Heart: Myocarditis, moderate, multifocal, random, lymphohistiocytic and necrotising, subacute to chronic
- 3). Spleen: Splenitis, moderate, diffuse, necrogranulomatous, chronic
- 4). Vasculature: Presumptive leukocytosis, moderate, multifocal, mononuclear
- 5). Liver: Hepatitis, mild, multifocal, necrotising and lymphocytic

There are no overt lesions within the peripheral nerves.

Slide 44, P3-30-2:

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

Slide 45, P3-30-3:

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

Slide 46, P3-30-4:

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

Slide 47, P3-30-5:

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

Slide 48, P3-30-6:

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

Slide 49, P3-30-7:

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

Slide 50, P3-30-8:

- 1). Kidney: Nephritis, interstitial, marked, multifocal, random, lymphohistiocytic, necrotising, subacute with intrahistiocytic coccobacilli
- 2). Heart: Myocarditis, moderate, multifocal, random, lymphohistiocytic and necrotising, subacute to chronic
- 3). Spleen: Splenitis, moderate, diffuse, necrogranulomatous, chronic
- 4). Vasculature, liver: Endarteritis, marked, multifocal, lymphohistiocytic, subacute,

with intrahistiocytic coccobacilli and intra-sinusoidal fibrin deposition (disseminated intravascular coagulation, DIC)

5). Liver: Hepatitis, moderate, multifocal, necrotising and lymphocytic

6). Vasculature: Presumptive leukocytosis, moderate, multifocal, mononuclear and neutrophilic

There are no overt lesions within the peripheral nerves.

Slide 51, P3-30-9:

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

Slide 52, P3-30-10:

1). Kidney: Nephritis, interstitial, severe, submassive, lymphohistiocytic, necrotising, subacute with intrahistiocytic coccobacilli

2). Heart: Myocarditis, marked, multifocal, random, lymphohistiocytic and necrotising, subacute to chronic

3). Spleen: Splenitis, moderate, diffuse, necrogranulomatous, chronic

4). Vasculature, liver: Disseminated intravascular coagulation, moderate, focally disseminate, acute with hepatocellular degeneration and necrosis

5). Vasculature: Presumptive leukocytosis, moderate, multifocal, mononuclear and neutrophilic

There are no overt lesions within the peripheral nerves.

Slide 53, P3-30-11:

1). Heart: Epicarditis, moderate, focal, granulomatous, chronic

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

Slide 54, P3-30-12:

1). Kidney: Nephritis, interstitial, moderate, multifocal, random, lymphohistiocytic, necrotising, subacute

2). Vasculature, liver: Disseminated intravascular coagulation, moderate, focally disseminate, acute with hepatocellular degeneration and necrosis

3). Liver: Hepatitis, mild, multifocal, necrotising and granulomatous, subacute

4). Heart: Myocarditis, mild, multifocal, random, lymphohistiocytic, subacute to chronic

5). Spleen: Lymphoid depletion and sinusoidal histiocytosis, moderate, diffuse

There are no overt lesions within the peripheral nerves.

COMMENTS:

Close evaluation of the sectioned tissues disclosed disparate histopathology. In 4 and to lesser extent a fifth section of 12, the multisystemic inflammatory infiltrate would have contributed significantly to antemortem morbidity and mortality; based on the

intralesional coccobacilli and profound lymphohistiocytic infiltrate, bacterial septicaemia due to *Renibacterium salmoninarum* is a prime consideration and follow up of fresh tissue by culture, IFA or possibly PCR may be considered. As this fish were shedding bacteria antemortem additional stock has likely been exposed, are possibly infected and application of antimicrobials may be considered. Within the remaining 7 sections, there were no apparent lesions which may adversely impact the growth or performance of the stock. Follow up evaluation of fish within 1-2 months to assess the progression and incidence of lesions may be considered.

**\*FINAL REPORT\***