CASE NUMBER: 03F-63-A2.3-21
DATE: Aug 15, 2003

MORPHOLOGIC DIAGNOSES:
Slide 11, A2.3-21-1:
1). Liver: Telangiectasis, mild, focal, acute

There are no significant lesions in the kidney, spleen, heart, peripheral vasculature, pancreas, adipose tissue, or peripheral nerves.

Slide 12, A2.3-21-2:
1). Heart, bulbous arteriosus: Thrombus, septic, moderate, focal, acute
2). Heart, epicardium: Epicarditis, moderate, multifocally extensive, fibrinosuppurative, acute

There are no significant lesions in the kidney, spleen, liver, adipose tissue, or peripheral nerves.

Slide 13, A2.3-21-3:
1). Heart: Myocarditis, moderate, multifocal, acute, necrotising, with intralesional bacilli
2). Vasculature, liver, kidney and spleen: Embolism, septic, moderate, multifocal, random, acute with parenchymal necrosis

There are no overt lesions within the adipose tissue or peripheral nerves.

Slide 14, A2.3-21-4:
1). Heart: Myocarditis, marked, multifocal to coalescing, acute, necrotising, with fibrin deposition and florid intralesional bacilli
2). Vasculature, liver, kidney and spleen: Embolism, septic, mild to moderate, multifocal, random, acute with parenchymal necrosis

There are no overt lesions within the adipose tissue or peripheral nerves.

Slide 15, A2.3-21-5:
1). Vasculature, liver, kidney and spleen: Embolism, septic, mild to moderate, multifocal, random, acute with parenchymal necrosis

There are no overt lesions within the adipose tissue, pancreas, or peripheral nerves.

Slide 16, A2.3-21-6:
1). Vasculature, liver, kidney and spleen: Embolism, septic, mild to moderate, multifocal, random, acute with parenchymal necrosis

There are no overt lesions within the heart, adipose tissue or peripheral nerves.

Slide 17, A2.3-21-7:
1). Spleen: Congestion and hyperemia, moderate, diffuse, acute

There are no significant lesions in the liver, kidney, heart, peripheral vasculature, pancreas, adipose tissue, or peripheral nerves.

Slide 18, A2.3-21-8:
There are no significant lesions in the liver, spleen, heart, peripheral vasculature, pancreas, adipose tissue, or peripheral nerves.

COMMENTS:
In 5 of 8 sections, the multisystemic intravascular bacteria are morphologically suggestive of furunculosis (*Aeromonas salmonicida*), which in more severely affected fish, would have been sufficiently severe to have contributed to increased morbidity and mortality. If fresh tissue is available, follow up culture and sensitivity or polymerase chain reaction may be undertaken to confirm the etiology. As these fish were likely shedding bacteria antemortem, additional stock have presumably been exposed and should be closely monitored for clinical signs. Application of appropriate antimicrobials may also be considered. The hepatic telangiectasis and splenic congestion and hyperemia are likely premonitory changes associated with peracute sepsis.

FINAL REPORT