

CASE NUMBER: 03F-75-A3.2-31

DATE: Sept 14, 2003

HISTOPATHOLOGY:

Slide 10, A3.2-31-1:

- 1). Spleen, capsule: Peritonitis, mild, focal, granulomatous and fibrinous

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

Slide 11, A3.2-31-2:

- 1). Spleen, capsule: Peritonitis, mild, focal, granulomatous and fibrinous
- 2). Spleen, stroma: Congestion, moderate, diffuse, acute

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

Slide 12, A3.2-31-3:

- 1). Liver: Necrosis and hemorrhage, marked, multifocal to coalescing, acute
- 2). Spleen, hematopoietic tissue: Necrosis, mild to moderate, multifocal, acute

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

Slide 13, A3.2-31-4:

- 1). Heart, ventricle, spongy layer: Granuloma, moderate, focal, chronic
- 2). Kidney: Nephritis, interstitial, lymphohistiocytic, mild to moderate, multifocal, subacute

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

Slide 14, A3.2-31-5:

- 1). Liver: Necrosis and hemorrhage, marked, multifocal to coalescing, acute
- 2). Spleen: Splenitis, moderate, multifocal, fibrinohemorrhagic, acute

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

COMMENTS:

In 2 of 5 section, there is an acute necrohemorrhagic hepatitis which would have contributed significantly to antemortem morbidity; as an infectious etiology is a prime consideration, if fresh tissue is available, follow up viral and bacterial culture as well as possibly polymerase chain reaction for IHNV may be considered. If ancillary tests are unremarkable, follow up evaluation of the facility for possible toxic exposure or an acute hypoxic episode may be considered. In 1 additional section, there is multisystemic

granulomatous infiltrate consistent with a chronic low grade bacterial infection, possibly due to *Renibacterium salmoninarum*. This process is distinct to the low grade peritonitis which is presumably associated with vaccination.

FINAL REPORT