

CASE NUMBER: 04F-20-A2-4-18

DATE: Mar 6, 2004

**HISTOPATHOLOGY:**

Slide 21, A2-4-18-1:

There are no significant lesions within the swim bladder, heart, anterior kidney, adipose tissue, peripheral vasculature, liver, peripheral nerves, or spleen.

Slide 22, A2-4-18-2:

1). Kidney and liver: Granuloma, mild, multifocal, random, chronic

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

Slide 23, A2-4-18-3:

1). Kidney: Fibrogranuloma, mild, focal, chronic

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

Slide 24, A2-4-18-4:

1). Kidney: Granuloma, mild, focal, chronic

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

Slide 25, A2-4-18-5:

1). Liver, heart, spleen and kidney: Granuloma, moderate to marked, multifocal to coalescing, chronic

There are no significant lesions within the peripheral nerves or peripheral vasculature.

Slide 26, A2-4-18-6:

1). Spleen, ellipsoids: Hyperplasia, mild, diffuse

There are no significant lesions within the swim bladder, heart, anterior kidney, adipose tissue, peripheral vasculature, liver or peripheral nerves.

**COMMENTS:**

Although 4 of 6 sections have comparable inflammatory infiltrate, only in slide 25 would the granulomas have been sufficiently severe to have contributed significantly to antemortem morbidity. Due to the lack of discernible bacteria and nature of the cellular infiltrate, the process is most consistent with bacterial kidney disease (*Renibacterium salmoninarum*). If fresh tissue is available, follow up culture, IFAT, ELISA or PCR may be considered. The splenic ellipsoid hyperplasia may be attributed to persistent low grade antigenemia.

**\*FINAL REPORT\***