

CASE NUMBER: 04F-20-A3.2-54

DATE: Mar 6, 2004

**HISTOPATHOLOGY:**

Slide 34, A3-2-54-1:

1). Heart, endocardium: Hyperplasia, mild, diffuse, with scattered hyperplasia

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

Slide 35, A3-2-54-2:

There are no significant lesions within the heart, liver, anterior kidney, intra-renal gland, peripheral vasculature, peripheral nerves, or spleen.

Slide 36, A3-2-54-3:

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

Slide 37, A3-2-54-4:

1). Heart, spongy layer: Myocarditis, marked, multifocally extensive, necrogranulomatous, chronic

2). Liver, vasculature: Vasculitis, moderate, segmental, granulomatous, chronic

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

Slide 38, A3-2-54-5:

There are no significant lesions within the heart, liver, anterior kidney, intra-renal gland, peripheral vasculature, peripheral nerves, or spleen.

**COMMENTS:**

In slide 37, the myocarditis would presumably have contributed significantly to impaired cardiovascular function; there were no discernible pathogens within the inflammatory infiltrate. Based on the nature of the inflammatory infiltrate, bacterial kidney disease would be a prime consideration and follow up ancillary diagnostics may be considered. In slide 1, the endocardial hyperplasia is suggestive of a low grade antigenemia and may reflect the incipient changes of the disease process as in slide 37. There were no other significant lesions within the examined tissues.

**\*FINAL REPORT\***