CASE NUMBER: 04F-24-A2.3-3
DATE: Mar 21, 2004

HISTOPATHOLOGY:
Slide 48, A2.3-3-1:
1). Adipose tissue: Peritonitis, moderate, multifocal to coalescing, granulomatous, chronic
2). Kidney, interstitium: Nephritis, interstitial, mild to moderate, multifocal, hemorrhagic with scattered lymphocytolysis

There are no overt lesions within the heart, liver, pancreas, or spleen.

Slide 49, A2.3-3-2:
1). Spleen, capsule: Serositis, mild to moderate, multifocal, granulomatous, chronic

There are no overt lesions within the liver, kidney or heart.

Slide 50, A2.3-3-3:
1). Kidney: Nephritis, interstitial, moderate, focally extensive, hemorrhagic, necrotising, acute

There are no overt lesions within the heart, liver, or spleen.

Slide 51, A2.3-3-4:
1). Liver: Hemorrhage, mild to moderate, multifocal, acute with hepatocellular degeneration and necrosis

There are no overt lesions within the kidney, pancreas, heart, or spleen.

Slide 52, A2.3-3-5:
1). Spleen, capsule: Serositis, moderate, nodular to diffuse, granulomatous, chronic
2). Liver: Hemorrhage, mild to moderate, multifocal, random, acute

There are no overt lesions within the kidney or heart.

Slide 53, A2.3-3-6:
1). Spleen, capsule: Serositis, mild to moderate, multifocal, granulomatous, chronic

There are no overt lesions within the pancreas, liver, kidney or heart.

Slide 54, A2.3-3-7:
As in slide 53.

Slide 55, A2.3-3-8:
1). Spleen, capsule: Serositis, moderate, nodular to diffuse, granulomatous, chronic
2). Heart, spongy layer: Myocarditis, mild to moderate, multifocal, random, subacute

There are no overt lesions within the kidney or liver.

Slide 56, A2.3-3-9:
1). Spleen, capsule: Serositis, marked, nodular to diffuse, granulomatous, chronic with multinucleate Langhan's giant cells

There are no overt lesions within the liver, kidney or heart.

Slide 57, A2.3-3-10:
As in slide 56.

COMMENTS:
The granulomatous peritonitis (serositis) noted in multiple sections is consistent with a vaccine induced response and with the exception of a small number of sections, would not have contributed significantly to antemortem morbidity. In 2 of 10 sections, there is necrosis and hemorrhage noted with the renal hematopoietic tissue and in 2 slides, extravasated erythrocytes are noted randomly throughout the liver parenchyma. A single section featured a moderate chronic myocarditis. The precise etiopathogenesis of these processes is unknown; however, as similar changes occur with viral and bacterial infection and follow up microbiology with possible molecular studies may be considered.

FINAL REPORT