

CASE NUMBER: 04F-24-A2.4-5

DATE: Mar 21, 2004

**HISTOPATHOLOGY:**

Slide 74, A2.4-5-1:

There are no overt lesions within the pancreas, adipose tissue, inter-renal gland, spleen, liver, kidney or heart.

Slide 75, A2.4-5-2:

There are no overt lesions within the pancreas, adipose tissue, inter-renal gland, spleen, liver, kidney or heart.

Slide 76, A2.4-5-3:

There are no overt lesions within the pancreas, skeletal muscle, adipose tissue, inter-renal gland, spleen, liver, kidney or heart.

Slide 77, A2.4-5-4:

- 1). Kidney: Nephritis, interstitial, marked, multifocal to coalescing, lymphohistiocytic, chronic with scattered intralesional coccobacilli
- 2). Heart, ventricle: Myocarditis, moderate, multifocal, granulomatous, necrotising, chronic, with intralesional coccobacilli
- 3). Heart: Epicarditis, moderate, diffuse, lymphohistiocytic, chronic with scattered intralesional coccobacilli
- 4). Liver and kidney, capsule: Peritonitis/serositis, moderate, diffuse, lymphohistiocytic, chronic with intralesional coccobacilli and scattered acute hepatocellular degeneration and necrosis
- 5). Spleen: Splenitis, moderate, diffuse, subacute with lymphoid depletion

Slide 78, A2.4-5-5:

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

Slide 79, A2.4-5-6:

There are no overt lesions within the adipose tissue, inter-renal gland, spleen, liver, kidney or heart.

Slide 80, A2.4-5-7:

- 1). Liver: Cholangiohepatitis, mild, focal, chronic with peri-ductular fibrosis

There are no overt lesions within the kidney or heart.

Slide 81, A2.4-5-8:

- 1). Liver: Congestion, mild to moderate, multifocal, random, acute

There are no overt lesions within the kidney or heart.

Slide 82, A2.4-5-9:

There are no overt lesions within the adipose tissue, inter-renal gland, spleen, liver, kidney or heart.

**COMMENTS:**

In 1 of 9 sections, the multisystemic inflammatory infiltrate would have contributed significantly to antemortem morbidity; based on the nature of the inflammation and bacterial morphology, bacterial kidney disease would be a prime consideration and follow up culture, FAT or PCR may be considered. The liver congestion and cholangiohepatitis are considered incidental findings of limited pathologic significance.

**\*FINAL REPORT\***