

CASE NUMBER: 04F-24-A2.4-8

DATE: Mar 21, 2004

HISTOPATHOLOGY:

Slide 35, A2.4-8-1:

- 1). Heart, epicardium and compact ventricle: Myocarditis and epicarditis, moderate, focally extensive, granulomatous, chronic with reactive endocardia
- 2). Kidney, capsule: Peritonitis, moderate, focal, granulomatous, chronic

There are no overt lesions within the liver or spleen.

Slide 36, A2.4-8-2:

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

Slide 37, A2.4-8-3:

- 1). Heart, spongy layer: Myocarditis, minimal, multifocal, random, lymphohistiocytic, chronic

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

Slide 38, A2.4-8-4:

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

Slide 39, A2.4-8-5:

- 1). Kidney: Nephritis, tubulointerstitial, moderate, multifocal, fibrogranulomatous, chronic with tubular ectasia

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

Slide 40, A2.4-8-6:

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

Slide 41, A2.4-8-7:

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

COMMENTS:

In 3 of 7 sections, there is chronic, low grade non-specific inflammatory infiltrates which would not have contributed significantly to antemortem morbidity. The tubulonephritis in slide 39 is unusual; there was no indication of urolithiasis and the precise cause of this condition is unknown. Hypoxia, toxins, antimicrobials, antiprotozoals and other processes may account for this change. This process would not have significantly impeded normal renal function.

FINAL REPORT