

CASE NUMBER: 04F-24-A3.3-13

DATE: Mar 21, 2004

**HISTOPATHOLOGY:**

Slide 104, A3.3-13-1:

- 1). Kidney: Nephritis, interstitial, mild, multifocal, subacute

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

Slide 105, A3.3-13-2:

- 1). Liver: Necrosis, moderate, multifocal, acute with fibrin deposition
- 2). Liver, capsule: Lipidosis, moderate, diffuse, macrovesicular
- 3) Spleen, capsule: Peritonitis, moderate, diffuse, granulomatous and fibrinous, chronic

There are no significant lesions within the kidney or heart.

Slide 106, A3.3-13-3:

- 1). Heart: Epicarditis, mild, focal, chronic

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

Slide 107, A3.3-13-4:

- 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). Spleen: Splenitis, moderate, diffuse, subacute with lymphoid depletion and scattered intralesional coccobacilli

There are no overt lesions within the liver.

Slide 108, A3.3-13-5:

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

Slide 109, A3.3-13-6:

As in slide 107, but with involvement of the liver.

**COMMENTS:**

There is a profound gradation of distribution and severity of inflammatory infiltrate between the 6 examined tissues; in more severely affected sections, the infiltrate would have contributed significantly to antemortem morbidity. A chronic to chronically active bacterial infection is a prime consideration and follow up culture and molecular studies of fresh tissues is recommended. As some of these fish were likely shedding pathogens antemortem, additional stock have presumably been exposed, are possibly infected and should be closely monitored for possible development of clinical signs.

\*FINAL REPORT\*