CASE NUMBER: 03F-25-P3-14
DATE: May 11, 2003

MORPHOLOGIC DIAGNOSES:
Slide 88, P3-14-1:
There are no overt lesions within the liver, kidney, spleen, heart, peripheral nerves or peripheral vasculature.

Slide 89, P3-14-2:
1). Kidney: Nephritis, interstitial, moderate, multifocal to coalescing, lymphohistiocytic, necrotising, subacute with intralesional coccobacilli and dispersed melanin granules
2). Heart, ventricular myocardium: Myocarditis, moderate, multifocal, lymphohistiocytic, necrotising, subacute with intralesional coccobacilli
3). Spleen, ellipsoids: Hyperplasia, moderate, diffuse

There are no overt lesions within the liver, peripheral nerves or peripheral vasculature.

Slide 90, P3-14-3:
1). Heart, spongy layer: Myocarditis, mild to moderate, multifocal, lymphohistiocytic, chronic with scattered reactive endocardia

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

Slide 91, P3-14-4:
1). Kidney: Nephritis, interstitial, moderate, multifocal to coalescing, lymphohistiocytic, necrotising, subacute with intralesional coccobacilli and dispersed melanin granules
2). Spleen: Splenitis, moderate, diffuse, lymphohistiocytic, chronic with intracellular coccobacilli
3). Heart, ventricular myocardium: Myocarditis, mild, multifocal, lymphohistiocytic, necrotising, subacute with intralesional coccobacilli

There are no overt lesions within the liver, peripheral nerves or peripheral vasculature.

Slide 92, P3-14-5:
There are no overt lesions within the kidney, liver, spleen, heart, peripheral nerves or peripheral vasculature.

Slide 93, P3-14-6:
1). Heart, epicardium: Pericarditis, marked, diffuse, lymphohistiocytic, chronic
2). Kidney, hematopoietic tissue: Hyperplasia, lymphomyeloid, moderate, diffuse

There are no overt lesions within the liver, pancreas, spleen, peripheral nerves or peripheral vasculature.

COMMENTS:

In 4 of 6 animals, the multisystemic lymphohistiocytic infiltrates and reactive endocardia are consistent with bacterial kidney disease (*Renibacterium salmoninarum*). In more severely affected fish, this condition would have contributed significantly to antemortem morbidity. Based on the lack of granuloma formation, the condition is graded as subacute and those fish which due not succumb to this infection, may progress to a carrier status. Follow up evaluation of any fresh tissue by molecular, immunoflourescent, or culture to confirm the etiology is recommended. Due to the extent of involvement of in select animals, the enclosure has likely been contaminated and additional stock exposed. Prompt removal of moribund and dead fish and possible application of antimicrobials (due to the lack of granuloma formation) may be considered.

FINAL REPORT