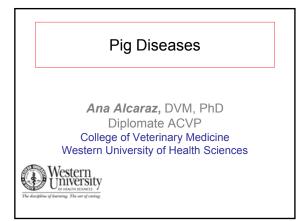
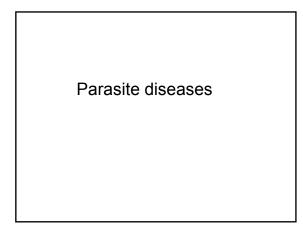


- •Francisco Garcia Marin, University of Leon, Spain
- •Ana Alcaraz, Western University

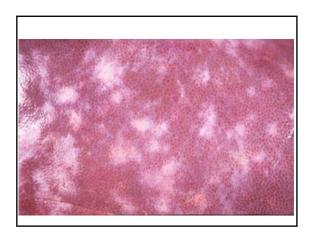
- Ana Alcaraz, Western University
 Andrew Miller, Harvard Medical School
 John M. King, Cornell University. <u>http://w3.vet.cornell.edu/nst/</u>
 Edward G (Ted) Clark , Centre Animal Diagnostic Laboratory, Calgary, Canada.
 Noha's Artchives University of Georgia
 Institute of Animal Pathology, Vetsuisse Eaguity Para
- Faculty Bern

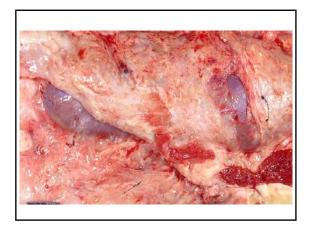


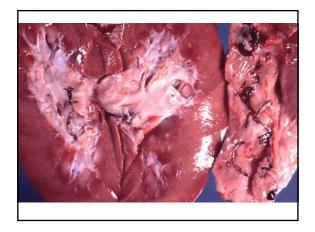




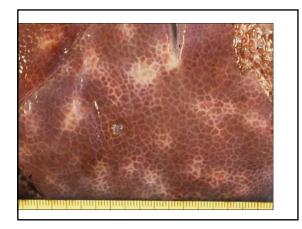


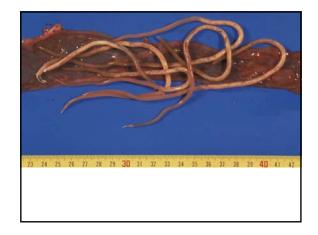


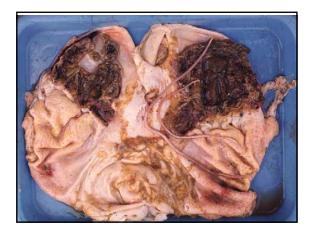




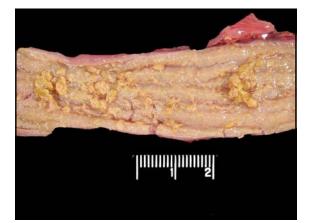




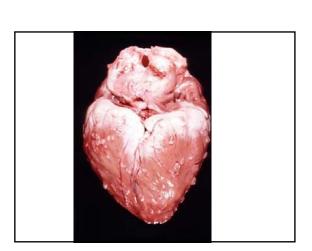


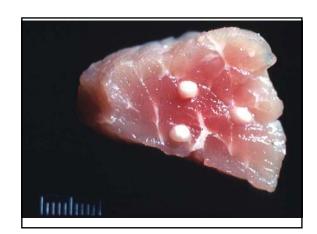


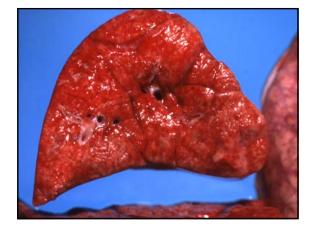


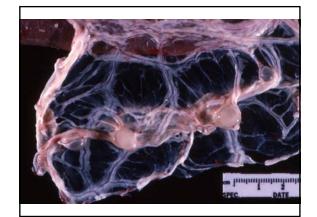


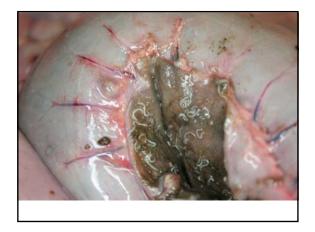


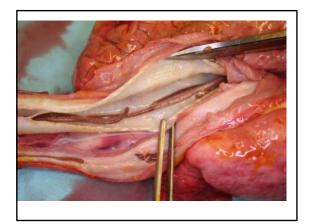




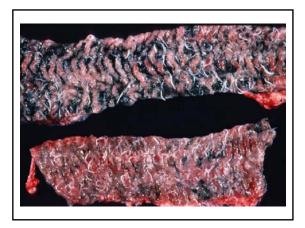


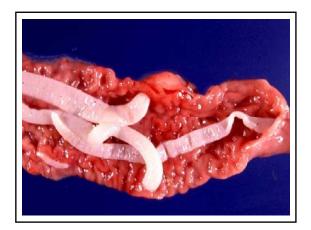






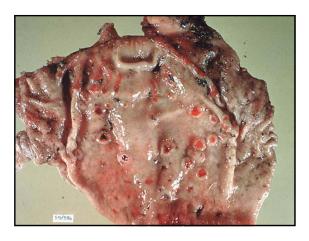




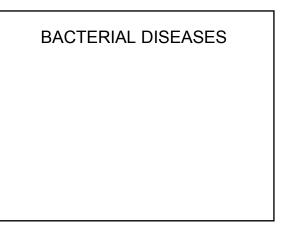


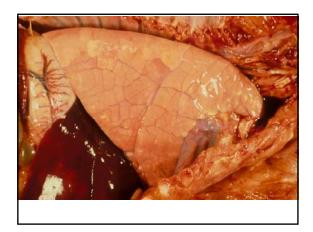


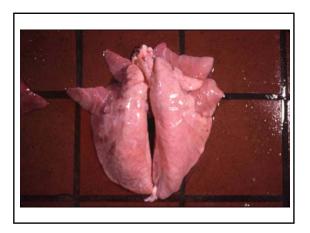






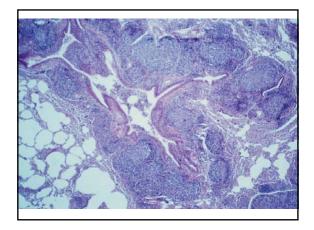




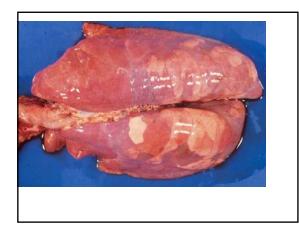


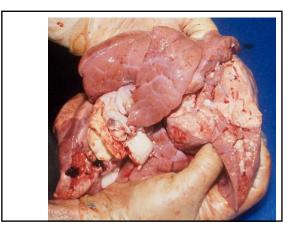






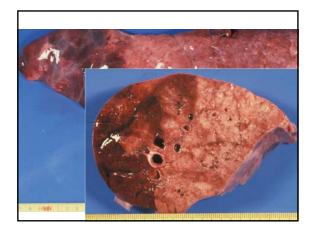




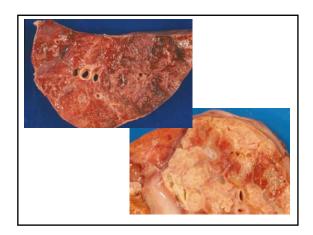


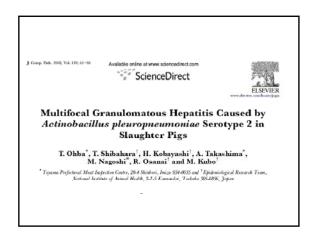












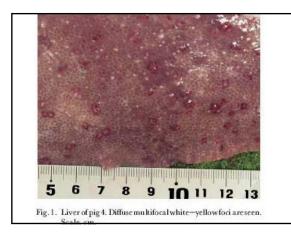
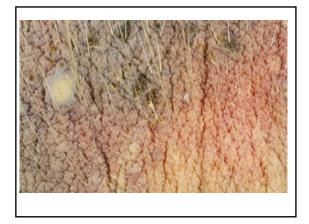
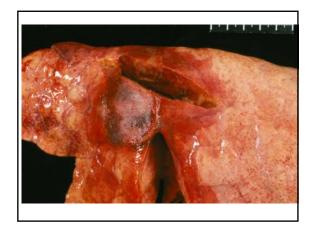




Fig. 2. Spleen of pig 10. Several haemorrhagic foci are seen in the enlarged spleen. Scale cm





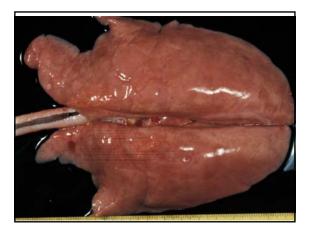




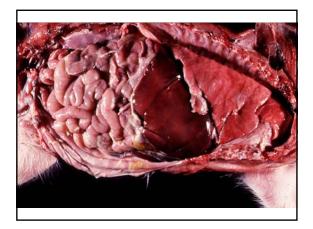


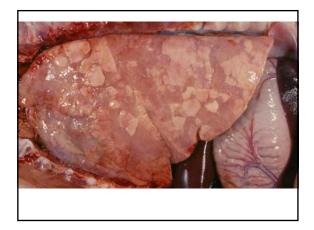




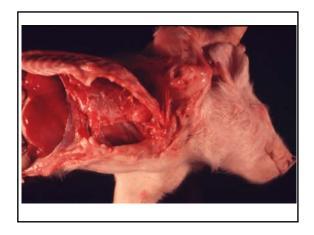




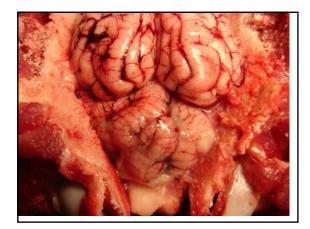


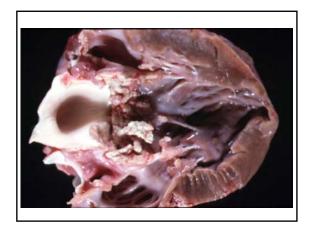




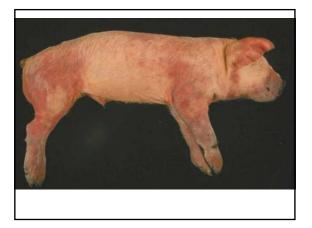




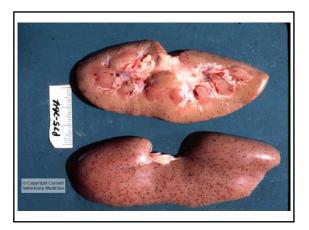






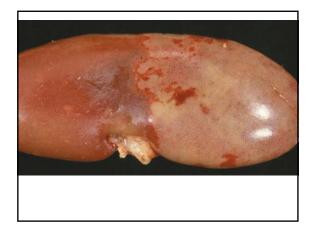




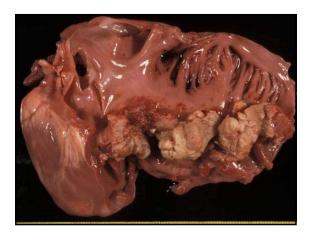


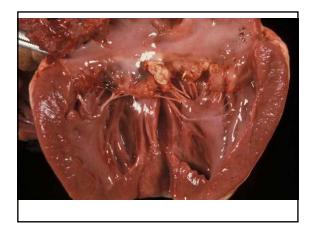


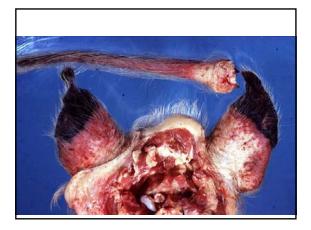




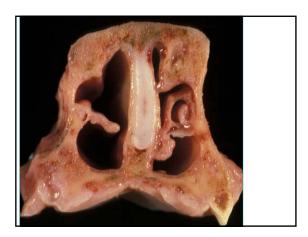


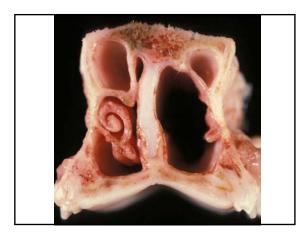


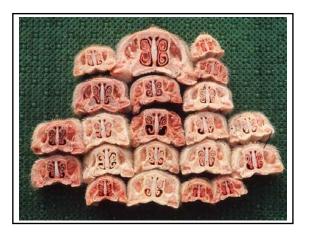


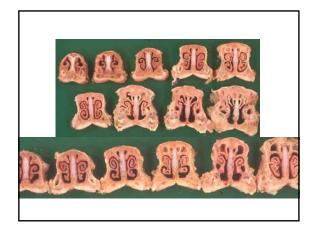










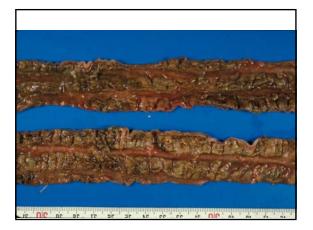




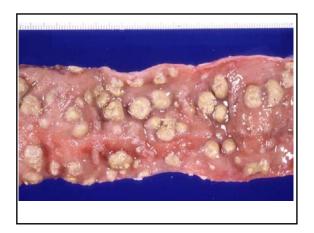




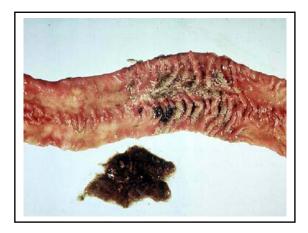


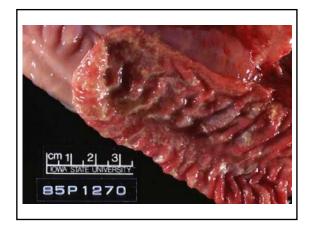


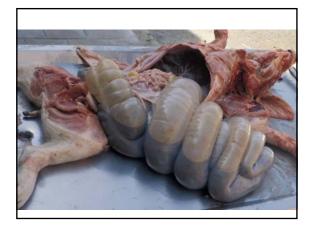


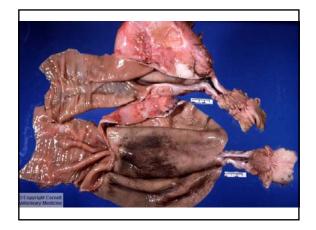














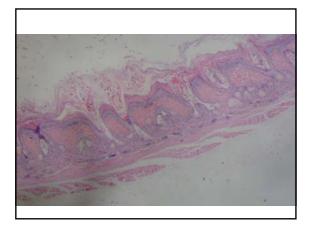


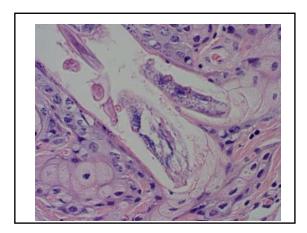


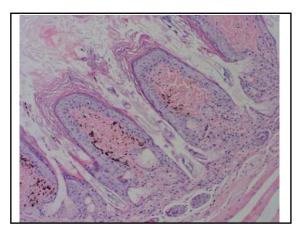






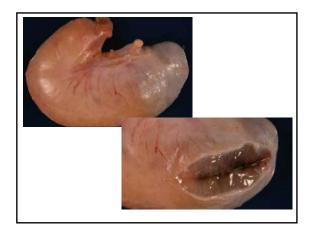


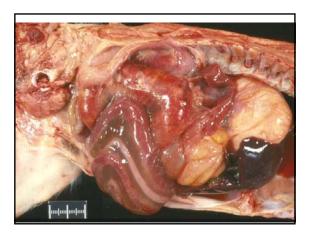








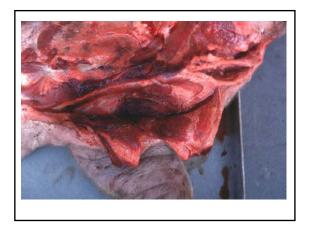




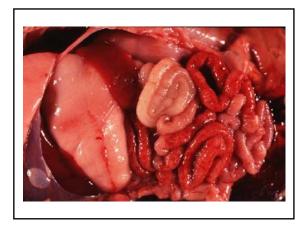




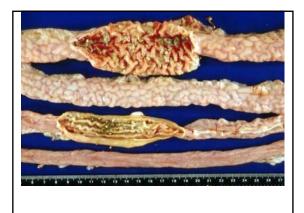








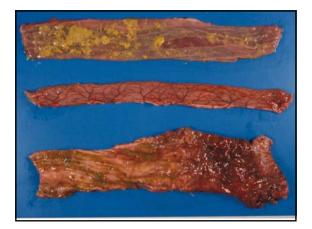


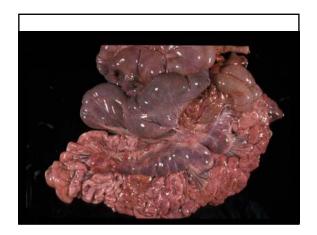










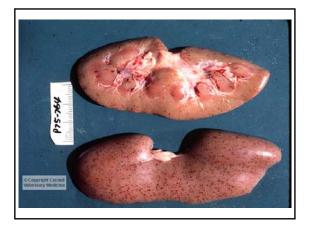








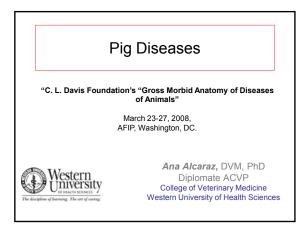




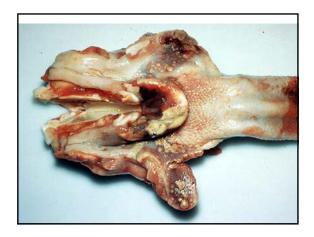


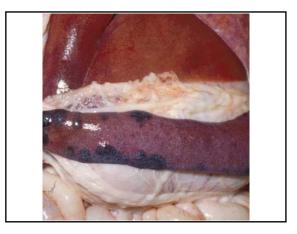
•Francisco Garcia Marin, University of Leon, Spain

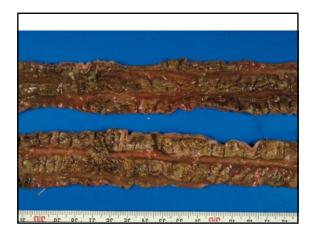
- Spain •Ana Alcaraz, Western University •Andrew Miller, Harvard Medical School •John M. King, Cornell University. <u>http://w3.vet.cornell.edu/nst/</u> •Edward G (Ted) Clark , Centre Animal Diagnostic Laboratory, Calgary, Canada. •Noha's Artchives University of Georgia •Institute of Animal Pathology, Vetsuisse Eaculty Perp
- Faculty Bern

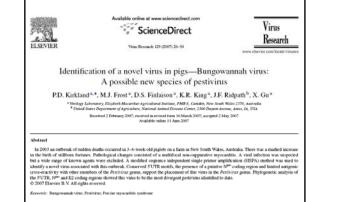






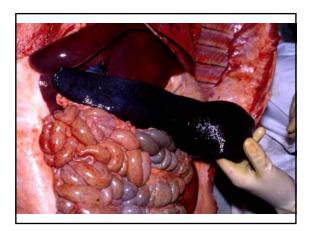


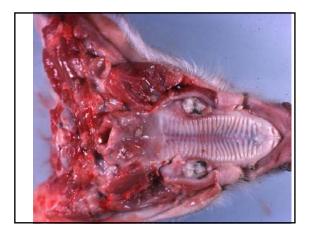




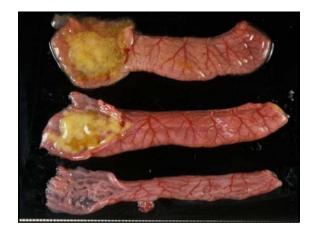
28



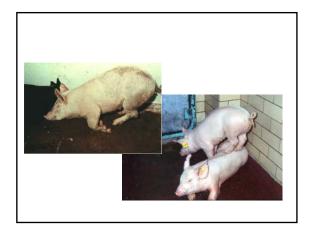








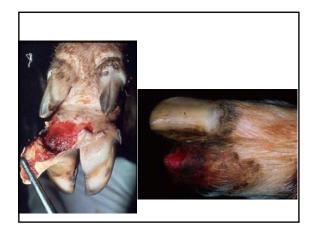




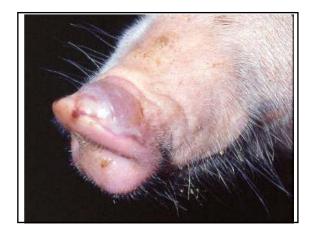










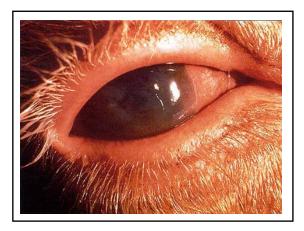






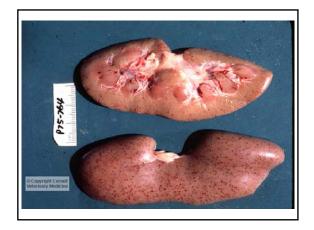


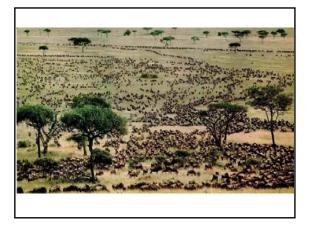


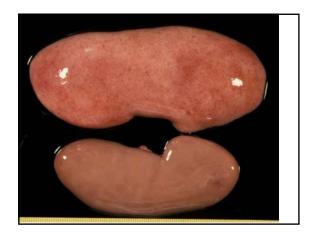




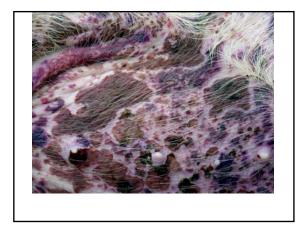




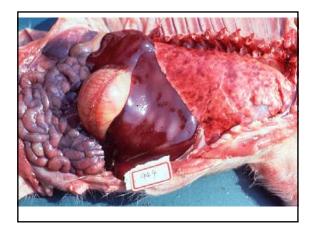




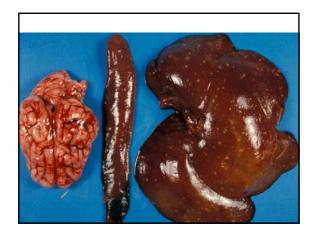


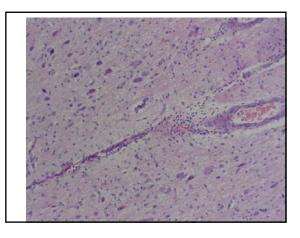


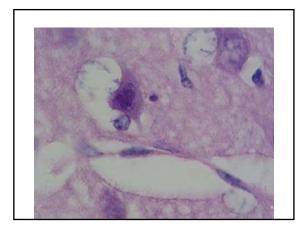


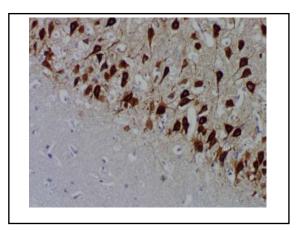


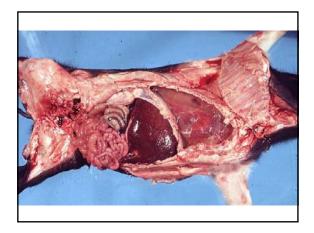








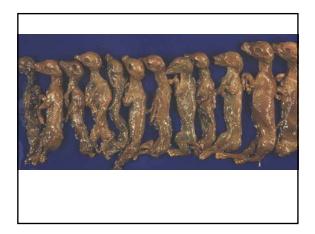




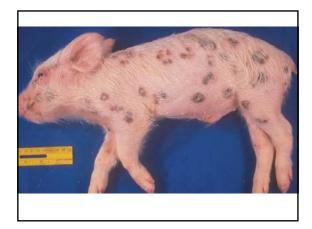










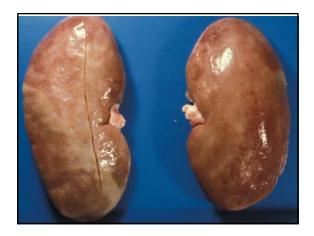


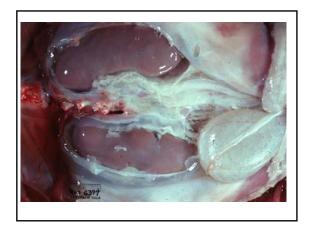


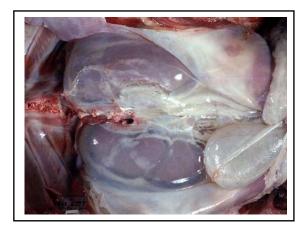
Toxins	





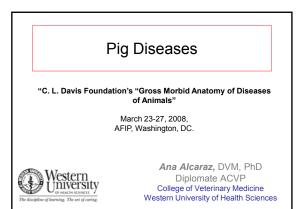




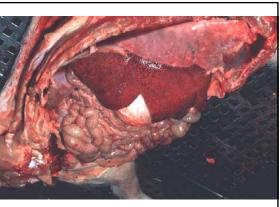


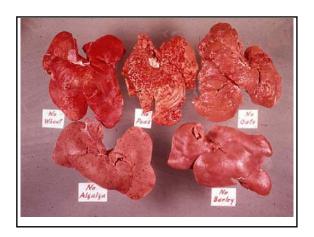
•Francisco Garcia Marin, University of Leon, Spain

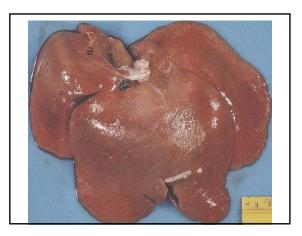
Ana Alcaraz, Western University
 Andrew Miller, Harvard Medical School
 John M. King, Cornell University.
 <u>http://w3.vet.cornell.edu/nst/
 Edward G (Ted) Clark , Centre Animal
 Diagnostic Laboratory, Calgary, Canada.
 Noha's Artchives University of Georgia
 Institute of Animal Pathology, Vetsuisse
 Faculty Bern
</u>

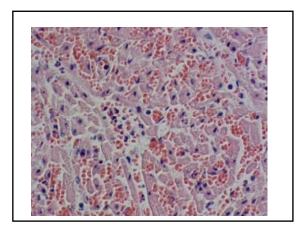




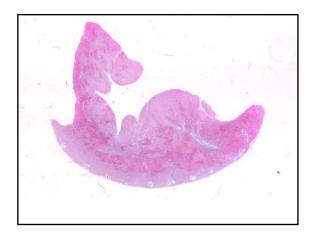


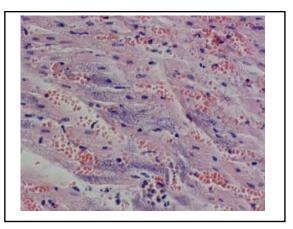




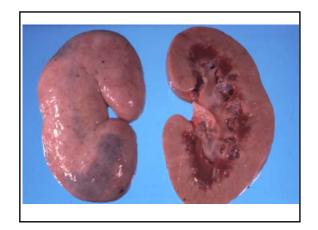






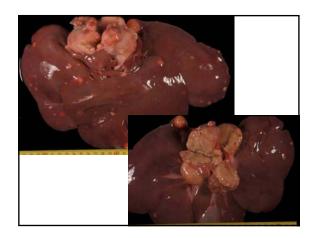


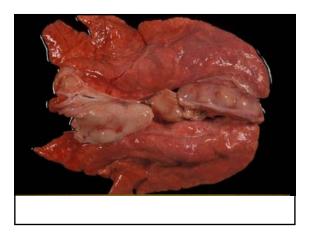










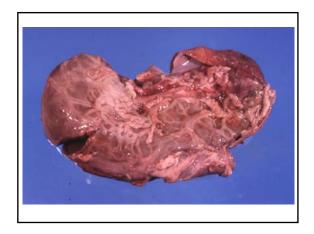


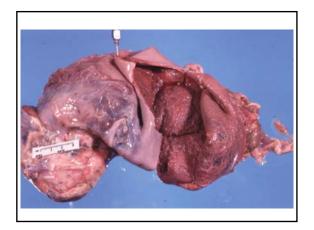




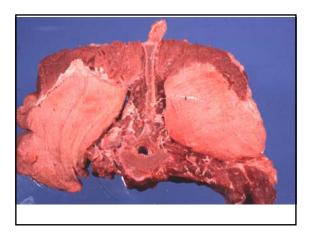






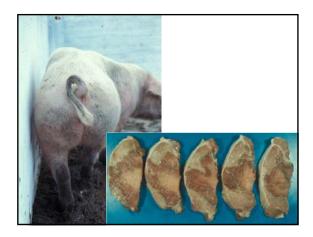


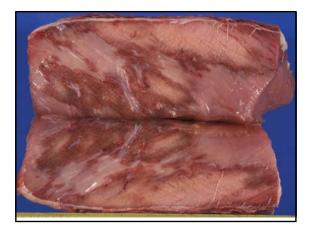












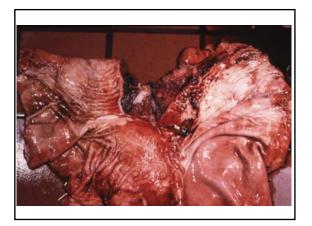


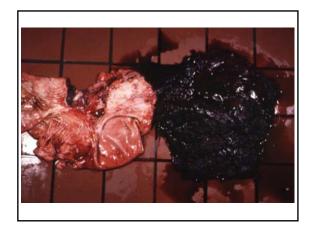


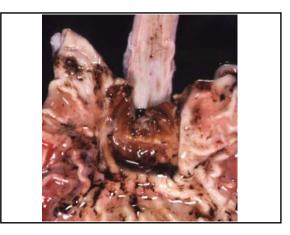


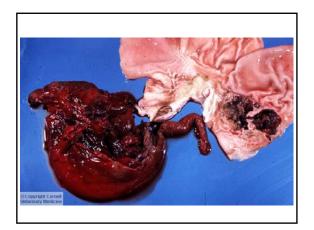


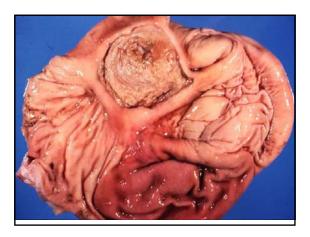


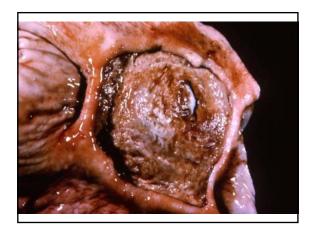


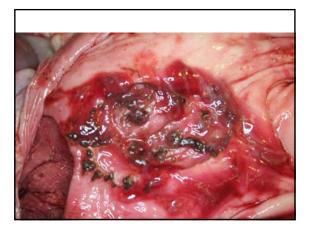


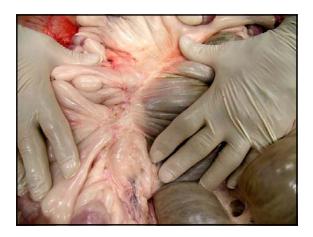






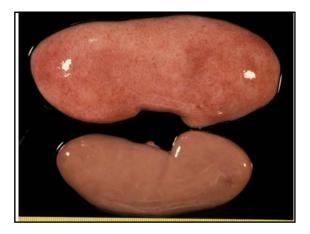






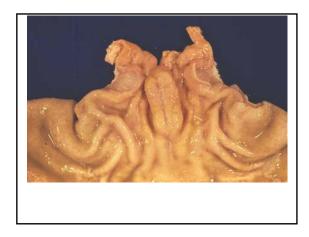








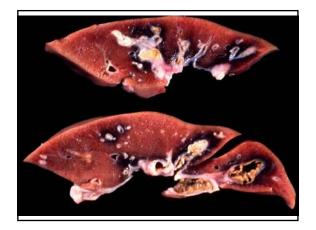




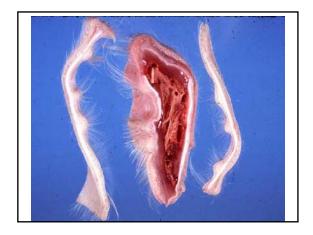


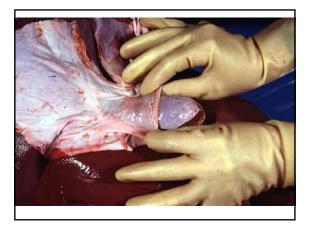
Diagnostic challenges

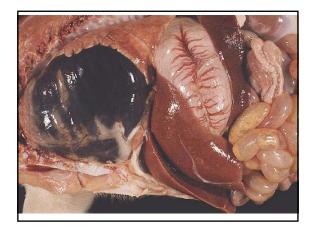


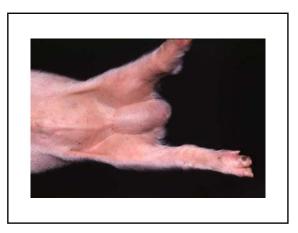


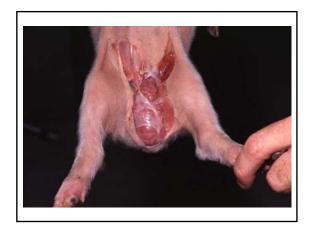




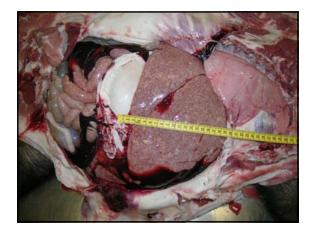












- •Francisco Garcia Marin, University of Leon, Spain
- •Andrew Miller, Harvard Medical School •John M. King, Cornell University. http://w3.vet.cornell.edu/nst/

•Edward G (Ted) Clark , Centre Animal Diagnostic Laboratory, Calgary, Canada. •Noha's Artchives University of Georgia •Institute of Animal Pathology, Vetsuisse Faculty Bern

Gross Morbid Pathology of Swine C. L. Davis Foundation's "Gross Morbid Anatomy of Diseases of Animals" March 23-27, 2008, AFIP, Washington, DC. Ana Alcaraz DVM, PhD, DACVP, Associate Professor College of Veterinary Medicine, Western University of Health Sciences Pomona Ca, 91766 Tel.: 909-706-3479; E-mail: <u>aalcaraz@westernu.edu</u>

Introduction

CONGENITAL LESIONS

Whole body	Congenital lesion- hereditary	Amelia	
Abdominal muscles	Congenital	Abdominal wall: Umbilical hernia with small intestinal infarction	sequel to omphalitis
Whole body – joints	Genetic autosomal recessive in Yorkshire pigs teratogens	Severe arthrogryposis	DDx- in utero vitamin A or Manganese def, Classical swine fever, wild black cherry (bark) or poison hemlock (Nipha virus?)
Leg -bones	Autosomal recessive	congenital hyperostosis	fatal in first few weeks o life
Tongue:	Genetic autosomal recessive	Epitheliogenesis imperfecta	Concurrent hydroureter and hydronephrosis. Multiplicity of defects.
Whole body		Conjoined twins, thoracopagus	
Body as a whole:	Polygenic inheritance in Landrace, males more susceptible	Diffuse myofibrillar hypoplasia (Splay leg)	Deltoids and semitendinosus most often involved
Head		Cyclops	
Brain:	Congenital	Cranioschisis and meningoencephalocoele	Neural tube defects. Insult: 2 weeks gestation
Heart:		focal ventricular septal defect	Male>females High incidence of foramen ovale observed in large white and landrace breeds

Т	issue	Etiology	Gross Diagnosis	Notes	
Heart			Ectopia cordis		
heart		etic defect prob somal recessive		tosis or of m not t Incio adul -pigs	e are hamartomas iyocardial muscle, true tumors - dental findings in ts s are of normal size health status
Whole bodies			Atresia Ani		
Kidneys			Bilateral renal a	agenesis	
	reces	ditary (autoson ssive) disease Irace pigs.		by crusting 2-3 neous coalesce to the body, es, and a	genital or develop a weeks of age.
	Auto	osomal domina	nt,	porp	r-production of phyrin pigments fror loglobin formation
Uterus	Cong	genital defects	Horn duplicatio Atresia Hypoplasia		
Heart	Conç	genital defect	Incomplete sub	-	t common defect in s, unknown in pigs
Hear	Conç	genital defect	Patent ductus a	arteriosus	
Kidney	Cong	genital	Common deve Polycystic and May be observ 27% of kidneys slaughter.	maly. Incident of the second s	cystic Kidney. dental finding in pigs other species s.a. nes
Scrotum	Cong	genital	Inguinal / Scrot umbilical hernia		e common in males
Skin, liver, lun	ng		Skin, liver, lung metastatic mel	anoma Sinc mini Duro	n incidence in clair strain of ature swine. pc- benig cutaneous anomas

Tissue

Etiology

PARASITIC DISEASES

Liver	<i>Ascaris suum</i> and <i>Stephanurus dentatus</i> larval migration	Chronic, coalescing hepatic fibrosis (fibrosis hepatitis)	(Milk Spots Liver) Associated lesion: eosinophilic pneumonia
Heart omentum	Metacestodes of <i>Taenia</i> solium	Myocardial cysticersosis Etdx: Skeletal muscular cestodiasis (metacestodiasis) or cestodal myositis	Cysticercosis
Intestine	Isospora suis	Necrotizing enteritis	DDX salmonellosis
Tongue	Gongylonema spp	No significant lesion Incidental finding	Nematode is in the superficial epithelium, similar to the bovine parasite found in esophagus
Intestine	Macracanthorhynchus hyrudinaceous	Multifocal intestinal granulomas associated with <i>Macracanthorhynchus</i> <i>hyrudinaceousl</i> (The Thorny-Headed Worm)	· · ·
Intestine	Oesophagostomum spp	nodular lesion large inteistine	
Lung	Metastrongylus spp	Round worm	What are the lung worms in other species
Intestinal Parasite	Roundworms (Ascaris suum) Whipworm (Trichuris suis) Oesophagostonum spp- Thorny-Headed Worm: Macracanthorhynchus hyrudinaceous	Intestinal Parasite Oesophagostonum spp- nodular lesion large inteistine MDx: Colon or cecum: Diffuse catarrhal typhlocolitis with many trichuris suis Cause: Trichuris suis	Roundworms (Ascaris suum) Whipworm (Trichuris suis) Thorny-Headed Worm: Macracanthorhynchus hyrudinaceous
Stomach	Hyostrongylus rubidus	MDx: Stomach: Multifocal hyperplastic and ulcerative gastritis	DDx for stomach ulcers in pigs): Idiopathic ulceration of pars esophagea; Salmonellosis; Aspergillosis This parasite is usually not pathogenic, but can induce hyperplasia and ulceration
Skin (ear)	Sarcoptic mange-S. scabei var suis		-occasional cause of skin disease in some

Tissue	Etiology	Gross Diagnosis	Notes
			herds and the ears of sows
	BACTEI	RIAL AND VIRAL DISEASE	S

	DAOTENIAL	AND VIRAL DISEASES	
Lung	Mycoplasma hyopneumoniae	Enzootic pneumonia (combination of M. hyo and an opportunistic bacteria). Mild, multifocal, anteroventral consolidation	IHC is good test to make a definitive DX.
Lung	Mycoplasma hyopneumoniae	HISTO: an extremely chronic case with BALT hyperplasia severe	Well-demarcated, tan- colored anteroventral consolidation. PCV-2 and Mycoplasma Vet Path 41: 599-711 2004
			lf it is not firm, it is not pneumonia
Lung	Pasteurella multocida	Purulent exudate is present in airways on the cut surfaces. IHC used in the diagnosis. Similar to pastuerellosis in rabbits	common cause of suppurative bronchopneumonia and is part of the PRDC -it is usually secondary to <i>M. hyopneumoniae</i> , PCV2 or PRRS virus infection -type D also causes atrophic rhinitis- See below
Lung	Actinobacillus pleuropneumoniae – "pleuropneumonia"	acute fibrinous and necrotizing pleuropneumonia	very similar to <i>Mannheimia haemolytica</i> in cattle -the distribution can be extremely variable from case to case with involvement of one lung only not uncommon
Lungs	Actinobacillus pleuropneumoniae	Bilateral FIBRINOHEMORRHAGIC pleuropneumonia and bronchopneumonia DDx for fibrinonecrotic pleuropneumonia in pigs: Actinobacillus pleuropneumoniae Actinobacillus suis Streptococcus suis Salmonella choleraesuis case report pleuropneumonia in a piglet DDx <i>Morganella morganii</i> [Ono, Vet Path 38: 336-339, 2001	

Lung	Actinobacillus pleuropneumoniae – "pleuropneumonia	Subacuteto chronic necrotizing pneumonia	necrotic tissue becomes pale -eventually the necrotic areas become walled of if the animal survives
Liver	Actinobacillus pleuropneumoniae – "pleuropneumonia	Multifocal granulomatous her 139: 61-66)	patitis (J. Comp Path 2008
	Mycobacterium avium	Multifocal hepatic granuloma	S
Lung and skin	Actinobacillus suis	septicemia/bacteremia -It is part of the normal upper it can result in a bacteremia of is a common sequel or after a Cutaneous pustules or foci of uncommon	or septicemia after stress another disease process.
Lung	Actinobacillus suis	acute septicemic case with multifocal white foci visible representing bacterial colonies, necrosis and neutrophils -these foci may be visible in multiple tissues, especial liver, skin, spleen and lung	
Lung	Swine influenza virus (SIV; orthomyxovirus)	MDx: Lung: Diffuse interstitial pneumonia with multifocal lobular atelectasis	M. hyopneumoniae doe not potentiate disease [Thacker, J Clin Microbiol 39: 7, 2525- 2530, 2001]
	Swine Influenza (SIV)	Mild, multifocal, anteroventral, lobular bronchopneumonia (or lobular atalectasis)	Signalment and Clinical Signs (Sudden onset, High morbidity, Barking cough). May exhibit a "checkerboard" appearance
		 Two subtypes of SIV: H1N1 and H3N2 [REF: Choi et al, 2 1220]. Korea gets H1N2 [REF 2005] Hallmark lesion of SIV is NE BRONCHIOLITIS causing CH PATTERN [Jung et al, Vet pa Gramer, 2005, J Swine Healt Whereas SIV can be potentia infection with PRRSV and po 	more common in USA, 2002, Arch Virol 147: 1209 F: Jung JVDI 17: 176-178 CROTIZING HECKERBOARD ath 39: 10-16, 2002; th Prod 13: 157-160] ated by concurrent
	Porcine Respiratory Coronavirus (PRCV)	Mild, multifocal, C	Gross and microscopic esions similar to SIV

Gross Diagnosis

Notes

Etiology

Tissue

Tissu	e Etiology	Gross Diagnosis	Notes
		bronchopneumonia (or lobular atalectasis)	
Lung	Porcine Respiratory Disease Complex (PRDC)	Severe, bronchointerstitial pnuemonia	Multi-agent pneumonia
	PRDC	Bacterial Bronchopneuimo DDx: Interstitial Pneumon speticemia, Larval migrati	ia: PRRSV, PCV2, Bacterial on nuemonia (all of the above) onsolidation (M. hyo, SIV,
Lung	Porcine Reproductive and Respiratory Syndrome (PRRSV)	Severe, diffuse interstitial Pneumonia	
Lymph nodes	PRRSV	Diffuse Lymph Node Enlargement (Moderate, lymph node hyperplasia)	PRRSV infection typically cases an interstitial pneumonia and diffuse lymph node enlargement.
	PRRSV	Mild diffuse, interstitial pneumonia (low virulent strain) Severe diffuse, interstitial pneumonia (high virulent strain)	Single stranded RNA virus with marked strain differences.
	Porcine Circovirus 2 (PCV2)	Signalment (8-20 weeks) Clinical Signs: Weight loss, Dyspnea, Pallor, Diarrhea, Jaundice	
Lung , lymph node	PCV2 Porcine Circovirus- associated disease	Gross Lesions: Diffuse interstitial Pnuemonia, Diffuse lymph node enlargement.	DDX: Gross Lesions are typically indistinguishable from PRRSV. Samonella cholerasuis
	Haemophilus parasuis	-acute fibrinous polyserositis	Lesion associated with <i>H. parasuis</i> is known as Glasser's disease
	Haemophilus parasuis (Glasser's Disease)	Severe, acute, diffuse fibrinopurulent pleuritis and pericarditis (Polyserositis)	DDx: Strep suis, Mycoplasma hyorhinis, Actinobacillus suis
	Differential diagnosis	in larger feeder pigs but u -H. parasuis very difficult antibiotics were given these pigs often have fibri as well -E. coli septicemia and St	

	Tissue	Etiology	Gross Diagnosis	Notes
	Н. р	arasuis		isolated in complicated bronchopneumonia cases Other etiologies that may contribute to cases of pneumonia include: <i>Mycoplasma</i> <i>hyopneumoniae</i> , PCV2 or PRRS virus and swine influenza virus
Systemic disease	– an	y age (grow/finish m	rsery <i>; Haemophilus parasuis ;</i> lost commonly) <i>; Salmonella c</i> niae – grow-finish, adults	– nursery <i>; Actinobacillus suis</i> <i>holeraesuis</i> – grow/finish <i>;</i>
		ptococcus suis	Acute deaths due to septicemia, Polyserositis, Arthritis, Meningitis bacterial opportunist in bronchopneumonias	Nursery pigs:
	•	<i>ipelas rhusiopathiae</i> icemia	•	Occasional Gross Lesions Gastric Infarction Enlarged Spleen Turkey-egg kidney
	-	<i>sipelas rhusiopathiae</i> icemia	 1. Multifocal rhomboid, to coalescing, cutaneous infarction (diamond skin lesions); 2. Multifocal rhomboid, cutaneous erythema (diamond skin lesions); 	DDX: Porcine Dermatitis and Nephropathy Syndrome (PDNS) (see below and <i>A. suis</i>
	•	<i>sipelas rhusiopathiae</i> icemia	· · · · · · · · · · · · · · · · · · ·	Chronic manifestations of Erysipelas
		<i>sipelas rhusiopathiae</i> icemia	 Multifocal renal cortical petechia (Turkey-egg kidney) 	DDx: 1. Bacterial Septicemia (Erysipelas, <i>Salmonella choleraesuis</i>) 2. Viral Infections (CSF, ASF, MCF) 3. PDNS
	dian -occ	urs mainly in large fe	<i>hiae</i> - Erysipelas due to cutaneous vasculitis a eeder and finisher pigs ears. Think about core tempe	

Nasal turbinates	Toxigenic <i>Pasteurella multocida</i> type D +/- Bordetella	Atrophic Rhinitis Absorbed → inhibits osteoblasts, inhibits chondrocyte proliferation, stimulates (indirectly) osteoclast → bony atrophy in nasal turbinates and physes of long bones	Progressive AR is caused by Bordetella + toxigenic <i>Pasteurella multocida</i> type D Progressive AR causes stunted growth and turbinate atrophy. Gross Lesions: a. Distortion of the snout (shortening, lateral deviation), b. Turbinate atrophy, c. Oculonasal discharge
Head Lung		Atrophic rhinitis Shortened snout (Progressive Atrophic Rhinit Bordetella spp results in a hemorrhagic, nec pneumonia is suckling piglets (not on the san with severe atrophic rhinitis, so there may be differences)	
	Porcine Cytomegalovirus Inclusion Body Rhinitis	Clinical signs: a. Generally observed in suckling pigs, b. Sneezing, c. Nasal discharge, d. Coughing, e. Decreased growth rate	Inclusion Body Rhinitis
	Inclusion Body Rhinitis (Porcine Cytomegalovirus)	Mucopurulent Rhinitis	Inclusion Body Rhinitis (Porcine Cytomegalovirus)
	Major Causes of diarrhea in Swine	<i>type C,</i> TGE, Rota, Coccid Nursery Pigs: Hemolytic E TGE, Rotavirus	<i>A, C. difficile, E. coli, C. pel</i> lia . coli, Salmonella, Coccidia, a, Salmonella, Brachyspira,
	Salmonella choleraesuis septicemia	Common Gross Lesions: a. Erythema / Cyanosis of abdomen, b. Splenomegal	y, c. Enlarged, hemorrhagic chointerstitial pneumonia, e.
	Salmonella cholerasuis- or S. Typhimurium enterocolitis	MDx: Severe necrotic enterocolitis MDx: Rectum: Locally extensive circumferential ischemic necrosis with rectal stricture or segmental atresia	Associated lesion: atresia coli. Becareful because Salmonella is not always isolated from these cases. MEGACOLON!

-these are subacute and antibiotic therapy will often allow them to recover

Tis	sue Etiology	Gross Diagnosis	Notes		
Intestine	S. typhi-suis, S. choleraesuis, S. typhimurium	ulcerative colitis (caused l this case) DDx for button ulcers in co	oleraesuis, S. typhimurium		
	<i>Brachyspira hyodysenteriae</i> 5 species of (Serpulina) Brachysphyra	Distal Small Intestine: Lawsonia, Salmonella typhimurium Colon: Brachyspira hyodysenteriae (Swine dysentery), Brachyspira pilosicoli (intestinal Spirochetosis), Salmonella typhimurium, Salmonella choleraesuis (uncommon), Lawsonia (uncommon)	Enteric Diseases of Grow/finish pigs. <i>S. pilosicoli</i> = Intestinal spirochetosis		
	Cause: Brachyspira hyo Name the disease: Swin ALWAYS large intestine Balantidium often secon	MDx: Colon: Catarrhal, hemorrhagic, and fibrinonecrotic colitis Cause: Brachyspira hyodysenteriae Name the disease: Swine dysentery ALWAYS large intestine, but otherwise looks like Lawsonia or Salmonella. Balantidium often secondary invader Salmonella typhimurium often secondary invader causing vascular lesions, whic don't app with puring dysentery.			
Skin	Staphilococcus hyicus	Name the disease: Greasy Pig Disease MDx: Severe Exudative Epidermitis	Focal to generalized, crusting and exudative skin lesions typically observed in suckling and nursery pigs		
Skin	Mange: Sarcoptes scabiei var suis	Clinical signs: a. Pruritis with scratching/rubbing, b. Crusting skin lesions, c. Cutaneous erythema.	Mange Sarcoptes scabiei var suis DDX for Severe Exudative Epidermitis		
Periocular subcutanous	<i>E. coli</i> Edema Disease	Eyelid edema	Marked edema of the gastric mucosa		
Stomach	<i>E. coli</i> Edema Disease	Edema Disease. The gross lesion is not always present. Histopathology lesion is microangiopathy.	Pathogenesis of Edema Disease: <i>E. coli</i> (usually hemolytic) attaches to enterocytes by pili (K88, F18) \rightarrow elaborates shiga- like toxin (Stx2e) \rightarrow toxin causes systemic increased capillary permeability.		
Gastrointestina	l <i>E. coli</i> Edema Disease	Gastric edema Mesocolinic edema	The typical gastric lesion is found in less than 10% of the cases		

Tissu	e Etiology	Gross Diagnosis	Notes
Skeletal muscle	Clostridial Myositis Clostridium perfringes o Clostridium septicum	Severe, acute, locally r extensive, necrohemorrhagic myositis	Wound infectious with Clostridia acting alone or in combination
	Clostridium perfringens type C	Small intestine: Segmental necrohemorrhagic enteritis with mild subserosal emphysema Clinical sign: Bloody dian	rhea
		May be transmural Causes subacute diseas protection from lactogeni	e in 1-2 wk old piglets; partial c immunity
	Lawsonia intracellularis	Porcine Proliferative Enteropathy	Forms: Acute hemorrhagic PE (Most often observed in pigs > 200 lbs) Porcine intestinal adenomatosis (PIA is the "proliferative" form) Necrotic enteritis (Rarely progresses to Regional lleitis ("hose pipe gut"), DDx enteric Salmonellosis
	Lawsonia	Proliferative and fibrinonecrotic enteritis	DDX: Salmonella typhimurium
	Lawsonia	Proliferative and Proliferative and necrotizing colitis due to Lawsonia	Proliferative lleitis does not just effect the ileum.
Intestine	PCV2 enterits		Gross Lesions: 1. lleum thickened, edematous (can be confused with lleitis (Lawsonia) on gross examination), 2. Diffuse Lymph Node Enlargement Histopath: 1. Granulomatous enteritis, 2. Lymphoid depletion, 3. Abundant PCV2 antigen by IHC
Intestine and lymph nodes	PCV2 enteritis		Granulomatous enteritis; moderate, mesenteric lymphadenopathy.
	Porcine Circovirus 2 (PCV2)	Preferred Terminology: Porcine Circovirus- Associated Disease (PCVAD)	Co-Infection with porcine parvovirus (PPV), PRRSV, <i>M. hyo.,</i> or the administration of certain, oil based vaccines, typically

Tissue	Etiology	Gross Diagnosis	Notes
			result in higher levels of viremia, of longer duration, and can lead to the development of clinical PCVAD
	PCVAD	Wasting Pig	
	PCVAD	Moderate, Diffuse Interstitial Pnuemonia	
	PCVAD	Diffuse Lymphadenopathy (Lymph Node Enlargement)	
	PCVAD	Jaundiced pigs with a Yellow-orange Liver	Jaundice is an uncommon manifestation of PCVAD
	African Swine Fever (ASF) Asfarvirus African Swine Fever	Gross Lesions: a. Splenomegaly <u>+</u> splenic infarction, b. Enlarged hemorrhagic lymph nodes, c. Gallbladder edema, d. Pulmonary Edema, e. Serosal petechia, f. Multifocal renal cortical petechia (Turkey egg kidney) Spleen: Diffuse	Lesions can be indistinguishable from other systemic diseases of swine, such as: a. CSF (Hog Cholera), b. Bacterial septicemia (<i>Salmonella</i> <i>choleraesuis</i> , <i>Erysipelas</i>), c. PDNS (Porcine Dermatitis Nephropathy Syndrome) DDx- Mycoplasma
	(Asfarvirus)	splenomegaly, hemorrhage and necrosis	haemosuis (Eperythrozoon suis with extramedullary hemolysis) J comp Path 2006 133:294-297)
	Classic Swine Fever (CSF) Flavivirus, pestivirus Same family as BVDv	Gross Lesions: a. Purple discoloration of abdominal skin, or necrosis of the tips of extremities, b. Lymph node hemorrhage, c. Splenic Infarction, d. Tonsil Necrosis, e. Turkey Egg Kidney	Can produce mummified, stillborn and weakborn pigs.
	Classic Swine Fever (CSF)	Multifocal tonsil necrosis Multifocal renal cortical petechia (Turkey egg kidney)	Not currently in the United States Pigs are cyanotic , sshow conjunctivitis with diarrhea.
	Porcine pestivirus Buguwannah virus	Multifocal Myocarditis Histological: Non- suppurative myocarditis	Stillirths, abortions Virus Research 2007. 129: 34-36

Tis	sue Etiology	Gross Diagnosis	Notes
	Transmissible Gastroenteritis (TGE) Porcine coronavirus	Thin walled, fluid-filled intestine lacking chyle in the lacteals. (Moderate, diffuse, atrophic enteritis)	Severe villous atrophy, lack of chyle absorption, thin wall, maldigestion DDx: E. coli
	Foot & Mouth Disease (FMD) Picornavirus	Causes vesicles on the mouth, teats and soft tissues of the feet.	DDx: a. vesicular stomatitis, b. vesicular exanthema of swine, c. swine vesicular disease.
	Foot & Mouth Disease (FMD)	Multifocal vesicular glossitis and dermatitis) Multifocal vesicles on snout and tongue	
	Foot & Mouth Disease (FMD)	Ruptured vescicles on feet and teats	
	by DDx: FMD (Picornaviridae-Ap Vesicular stomatitis (R): Primarily infects horse Vesicular exanthema (habdoviridae-Vesiculovirus s, cattle, mules, and swine Calicivirus): Occurs in swine s. Associated with feeding e (Picornaviridae, y in swine, and is also	
	Maliganat Catarrhal Fever (MCF) Herpes virus	Corneal edema and conjunctivits	Systemic disease with vasculitis. Mutifocal hemorrahges in different organs.
	Porcine Dermatitis / Nephropathy Syndrome (PDNS)	Multifocal cutaneous macules (Irregular to coalescing foci of cutaneous erythema, typically surrounding a central black focus of necrosis)	Immune complex vasculitis linked to PCV2 infection
	Pseudorabies (PRV) Herpesvirus (Alpha subfamily) Porcine herpes virus 1	Multifocal, random hepatic necrosis, intranuclear inclusion bodies	Observed in aborted fetuses and neonates. In scukling pigs mortality is very high with CNS disease
	Pseudorabies (PRV) Herpesvirus (Alpha subfamily)		Encephalitis. Aujeszky's disease is a zonnosis

Tissue	Etiology	Gross Diagnosis	Notes
	Porcine Parvovirus (PPV)	Fetal mummification	Follows fetal infection from day 30-70 (mummies are 1-6 inches in crown rump length)
	PCV2 – abortion	Fetal mummification Autolyzed, fetuses with fluid distended abdomens	Heart is the target organ for PCV2 in the fetus. Infection leads to gross lesions of fetal heart failure
	SwinePox	Congenital infection – piglets born with disseminated cutaneous and oral pox lesions. In older animals Lice (Haematopinus suis) may facilitate transmission.	Characteristic intracytoplasmic inclusion bodies
	SwinePox	Multifocal, random erythematous and papular dermatitis	Lice may mechanically transmit the virus and cause cutaneous trauma which facilitates infection. Pig lice = <i>Haematopinus</i> <i>suis</i>
Whole body	SwinePox	Multifocal, random erythematous and papular dermatitis	
Kidney	Ochratoxin or Citrinin toxicity	Severe diffuse renal fibrosis	Ochratoxin – Aspergillus ochraceus, (Stoev et al., Exp Tox Path, 52: 287- 296, 2000) Citrinin – Penicillium citrinin
Kidney	Pigweed toxicity- (Amaranthus retroflexus	Severe perirenal edema	Severe perirenal edema Pigweed (Amaranthus retroflexus) à severe perirenal edema. Pathogenesis: Ingestion à acute tubular necrosis (the nephrotoxic principle is unknown) tubular epithelium is leaking lymphatic drainage and leakage of fluid into perirenal connective tissues à perirenal edema (> death due to hyperkalemic heart failure)

Tissue

Etiology

Liver		Nutritional: Hepatosis dietetica,	Multifocal lobular necrotic hepatitis Occasional Jaundice
Liver	Nutritional Vit E deficiency	Submassive hepatic necrosis and hemorrhage Name the disease: Hepatosis Dietetica	Deficiency of Vit E, selenium and sulfur containing amino acids DDx: PCV2, hepatotoxins
Heart	Mulberry Heart Disease Cause: Vitamin E responsive disease (a deficiency is only identified in 25% of the cases	Gross Lesions: a. Clear to straw-colored fluid in thorax and abdomen which clots on exposure to air, b. Pulmonary Edema, c. Increased Pericardial fluid, d. Hepatic Congestion, e. Myocardial Hemorrhage	Age Affected: Nursery Pigs Clinical Signs: Good doing pigs found dead Name the disease: Mulberry Heart Disease
	Mulberry Heart Disease (MHD)	Severe, acute, focally extensive & coalescing epicardial hemorrhage. Severe, diffuse interlobular edema	
	Juvenile Pustular Psoriasiform Dermatitis. Porcine juvenile pustular psoriasiform dermatitis Pityriasis Rosea	Self limiting inhereted condition observed in 3- 14 week old pigs Skin Lesions: Raised red periphery with central scaling crater on the ventral abdomen and inner thighs	Pityriasis Rosea (Juvenile Pustular Psoriaform Dermatitis)
Prep	Lymphoma	Renal lymphoma, Liver lymphoma	Diffuselly in the organs or multifocal neoplastic foci with lymphadenomegaly. DDx: severe lymphadenitit <i>Rhodococcus equi</i>
	Preputial mycotic plaques	Multifocal hyperkeratinized raised areas with intralesional fungal hyphi probable <i>Aspergilus spp</i>	Common lesin in pig. Not significant
	Spleen	Splenic torsion with infarction	Common finding in pigs due to the loosley attachment to the stomach
	Porcine stress syndrome. Homozygous	Histologic appearance – Zenkers necrosis in	Pathogenesis: halothane genotype (HalNN)>

essive gene. tebral Osteomyelitis nal abscess) stric Ulceration	skeletal myofibersAbcesses are most of the time located at the level of the heart and kidneys.Gross Findings: Pig found dead, extremely pale, Mild to moderate pneumoniaSevere, Gastric ulceration with hemorrhage and melena. The gastric hemorrhage smells like apple cider.	exposure to halothane> hyperthermia> myocyte necrosis> acute death Spinal abscesses are the most common cause of hindlimb paralysis Contributing Factors: a. Feed: (Small feed particle size, pelleting feeds, diets with high levels of unsaturated fats, low fiber, high energy diets), b. Issues that lead to irregular feeding patterns, c. Pneumonia: Pigs with severe gastric ulceration
nal abscess)	time located at the level of the heart and kidneys. Gross Findings: Pig found dead, extremely pale, Mild to moderate pneumonia Severe, Gastric ulceration with hemorrhage and melena. The gastric hemorrhage	most common cause of hindlimb paralysis Contributing Factors: a. Feed: (Small feed particle size, pelleting feeds, diets with high levels of unsaturated fats, low fiber, high energy diets), b. Issues that lead to irregular feeding patterns, c. Pneumonia: Pigs with
	found dead, extremely pale, Mild to moderate pneumonia Severe, Gastric ulceration with hemorrhage and melena. The gastric hemorrhage	Feed: (Small feed particle size, pelleting feeds, diets with high levels of unsaturated fats, low fiber, high energy diets), b. Issues that lead to irregular feeding patterns, c. Pneumonia: Pigs with
stric Ulceration	ulceration with hemorrhage and melena. The gastric hemorrhage	high energy diets), b. Issues that lead to irregular feeding patterns, c. Pneumonia: Pigs with
		are 9 to 12 times more likely to have lung disease (Pneumonia may lead to irregular feeding patterns, Stress of intercurrent disease, In response to infection, the body releases histamine), d. Stress (transportation, overstocking)
senteric bone aplasia	Hard irregular bony proliferation on the mesentery	Common finding in adult animals. No sihnificant lesion.
		aplasia proliferation on the