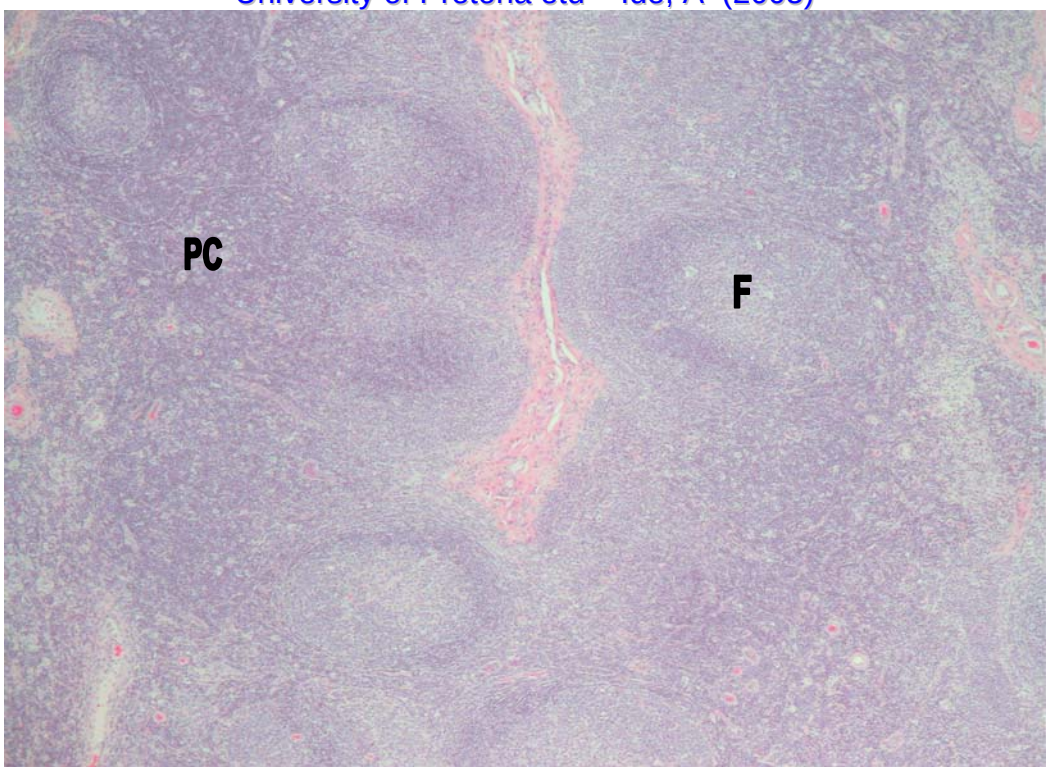

Figure 1: Lymph node – Follicular hyperplasia, with expansion of the follicular germinal centres (F) by large blast cells. Paracortical hyperplasia, with expansion of the paracortex (PC) by small lymphocytes. HE 40x

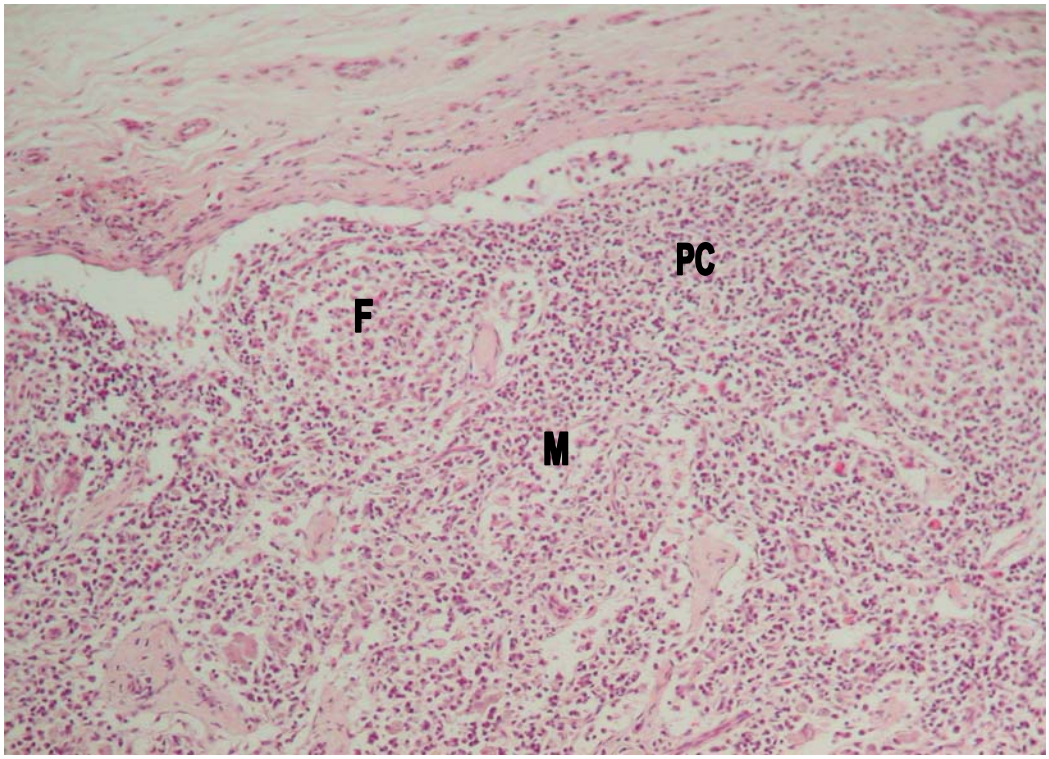

Figure 2: Lymph node – Cortical follicular (F) and paracortical (PC) atrophy, with narrowing of the cortex relative to the medulla (M). HE 100x

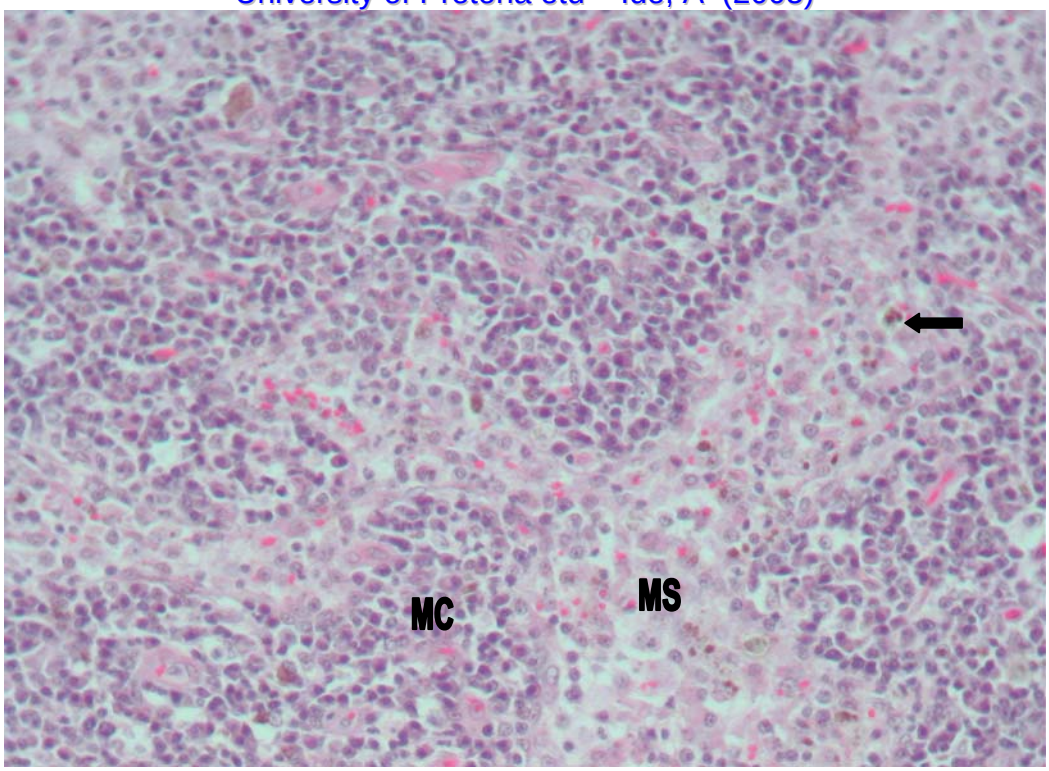

Figure 3: Lymph node – Plasmacytosis of the medullary cords (MC) and sinus histiocytosis of the medullary sinuses (MS). There is also intracytoplasmic haemosiderin accumulation (arrow). HE 200x

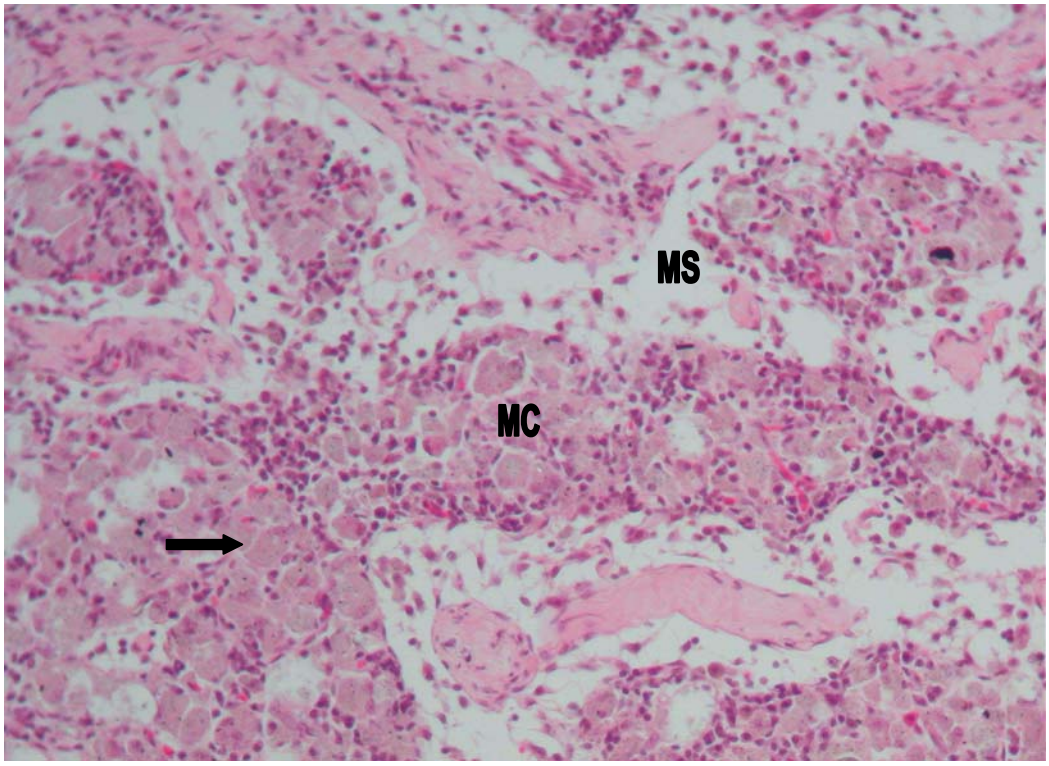

Figure 4: Lymph node – Mineral deposition (arrow) in macrophages within the medullary cords (MC). MS = Medullary sinuses. HE 200x

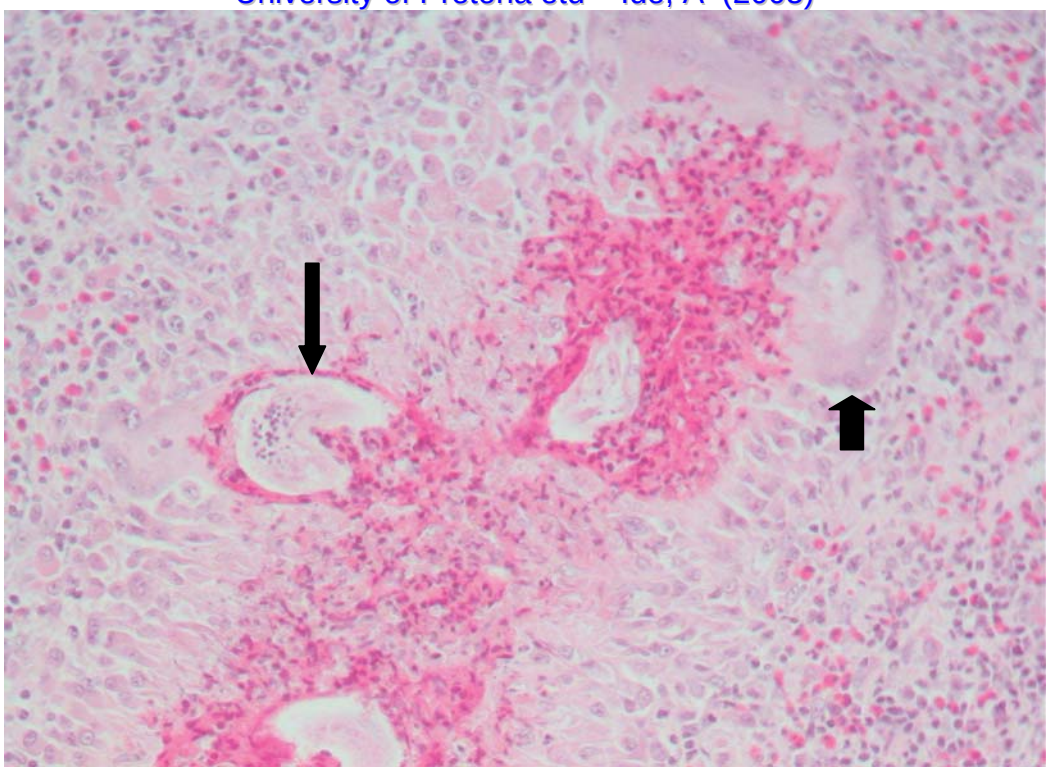

Figure 5: Lymph node – Eosinophilic granuloma with multinucleate giant cells (short arrow), associated with microfilaria larvae (long arrow). HE 100x

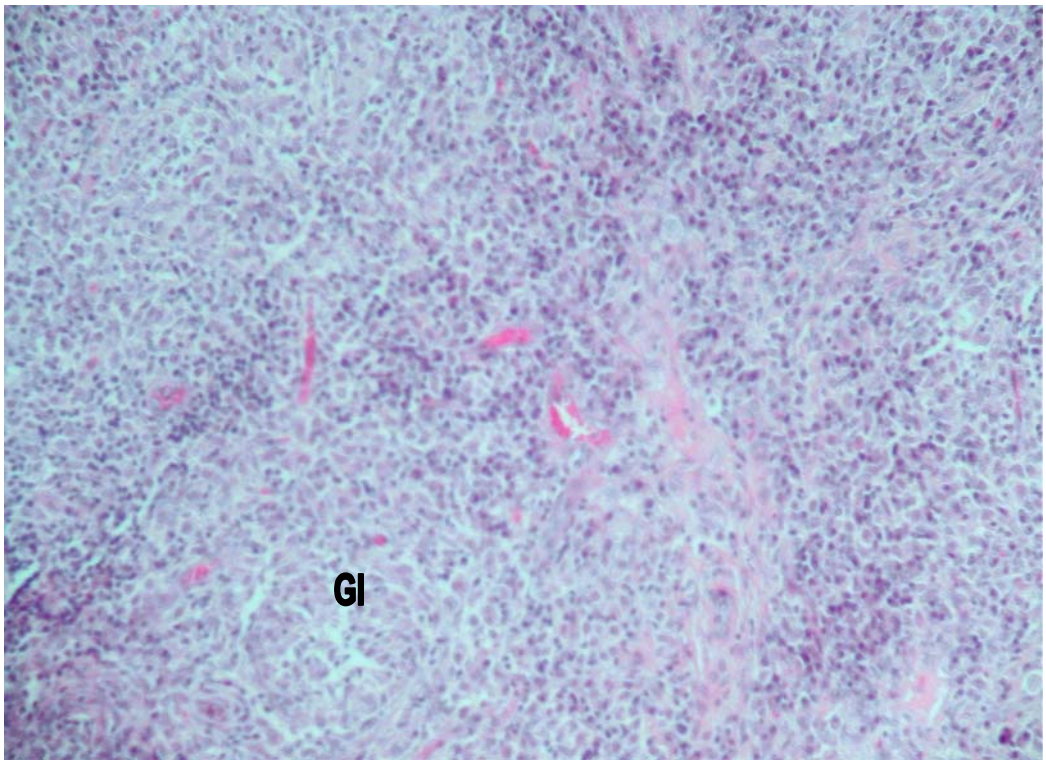

Figure 6: Lymph node – Effacement of the normal lymph node architecture by multifocal to confluent granulomatous inflammation (GI). HE 100x

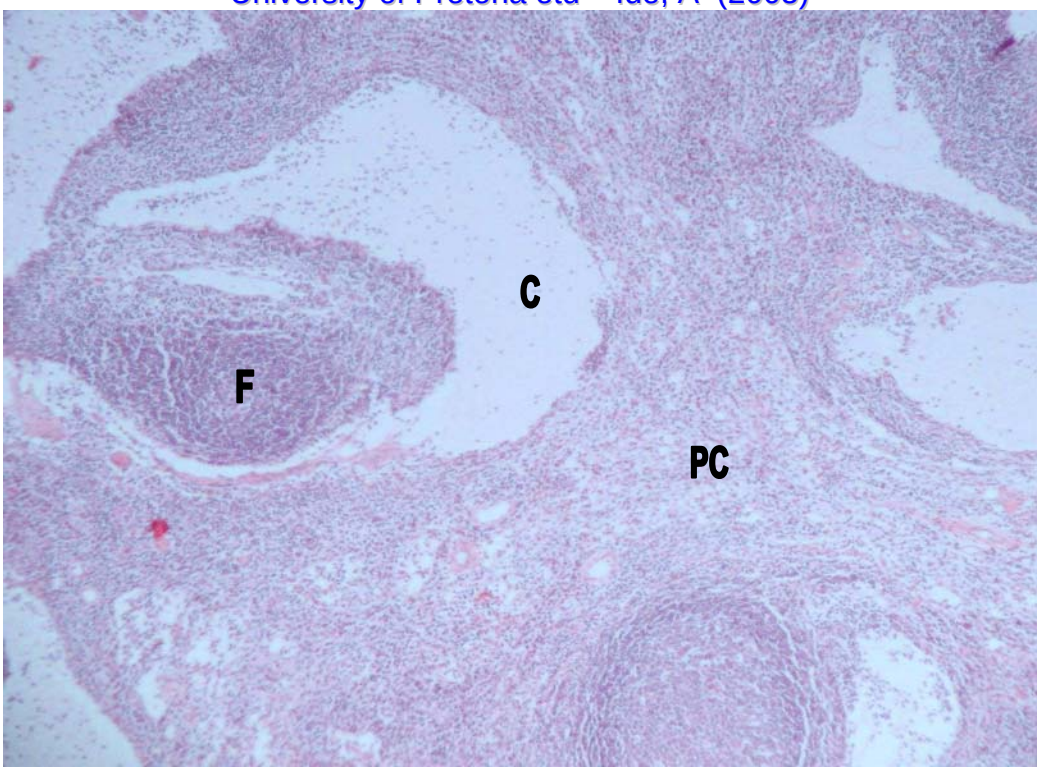

Figure 7: Lymph node – Multifocal cystic spaces (C) expanding the cortex and paracortex (PC) and incorporating lymphoid follicles (F). HE 40x

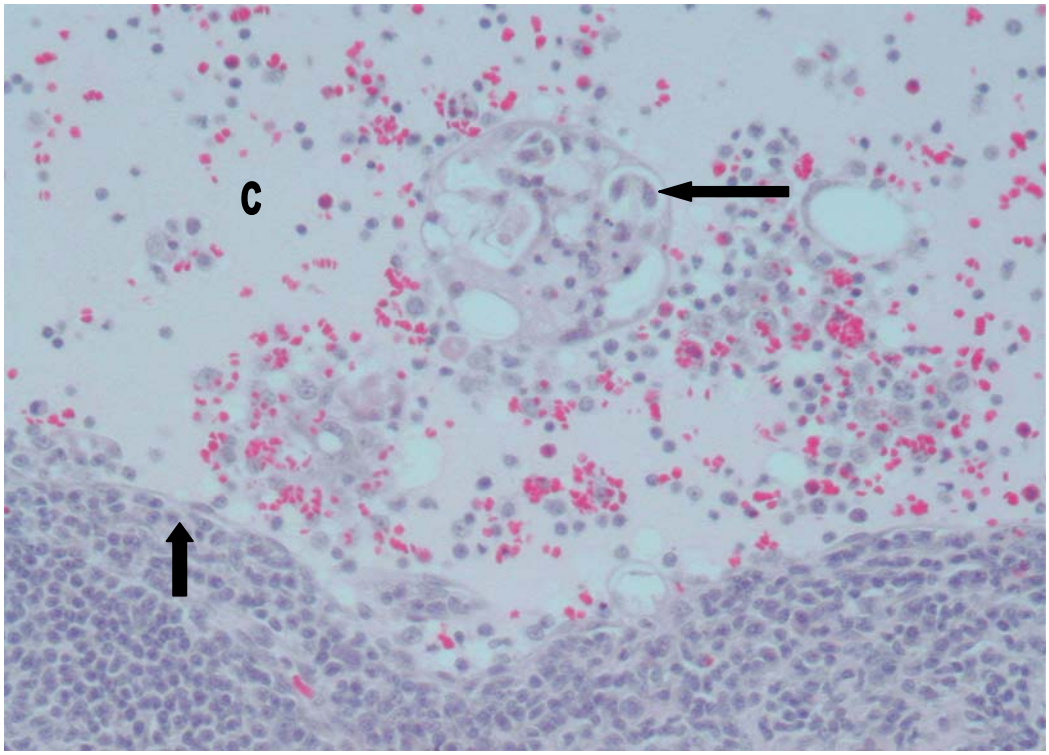

Figure 8: Lymph node – Higher magnification of a cystic space (C), demonstrating an epithelial lining (thick arrow) and content consisting of microfilaria (thin arrow), histiocytes, plasma cells, lymphocytes, eosinophils and histiocytes. HE 200x

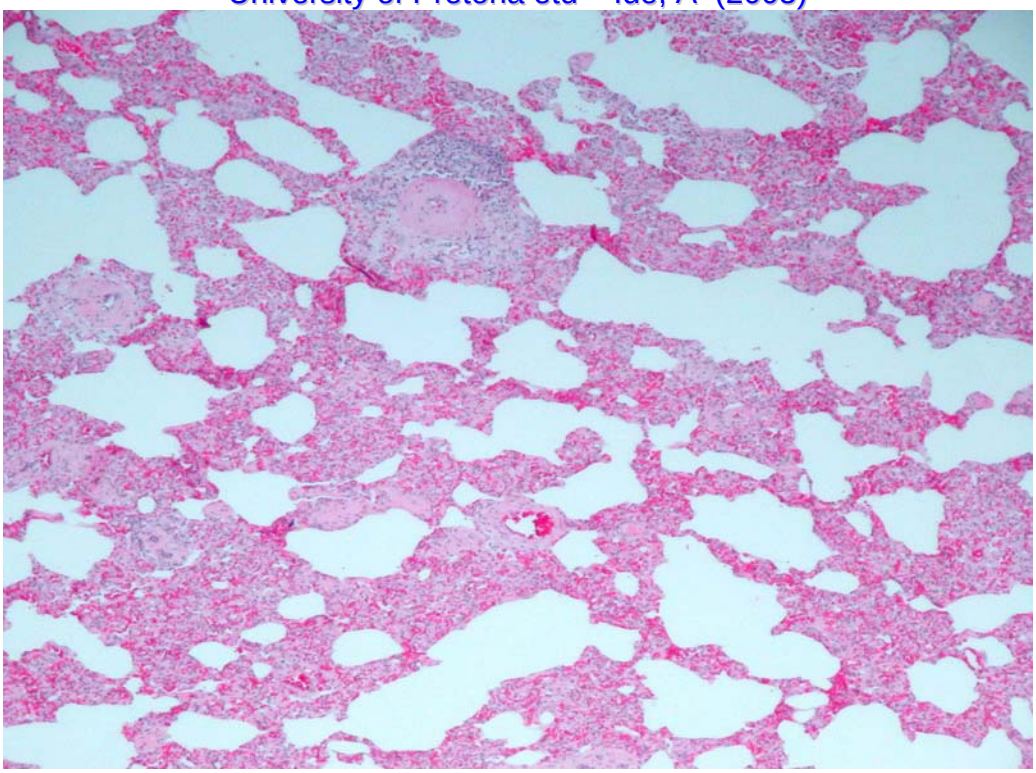

Figure 9: Lung – Chronic interstitial pneumonia with expansion of the alveolar walls by a mixed cell population. HE 40x

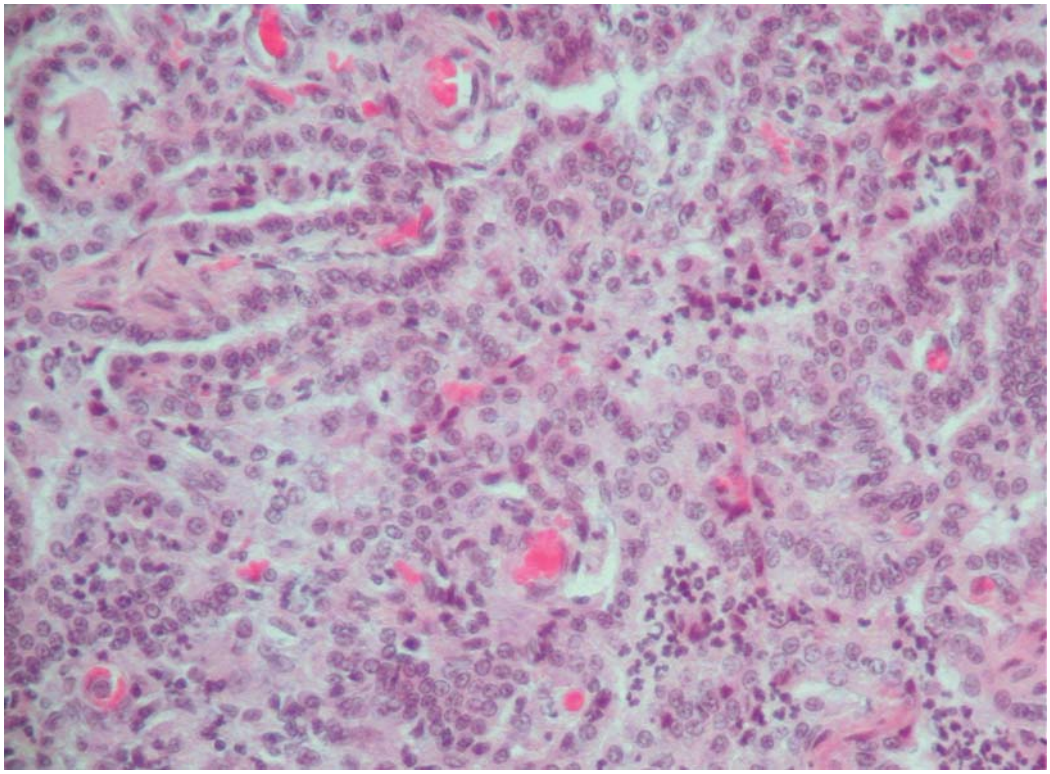

Figure 10: Lung – Chronic interstitial pneumonia with epithelialization as a result of proliferation of type II pneumocytes. There is associated neutrophil infiltration in the alveolar spaces. HE 200x

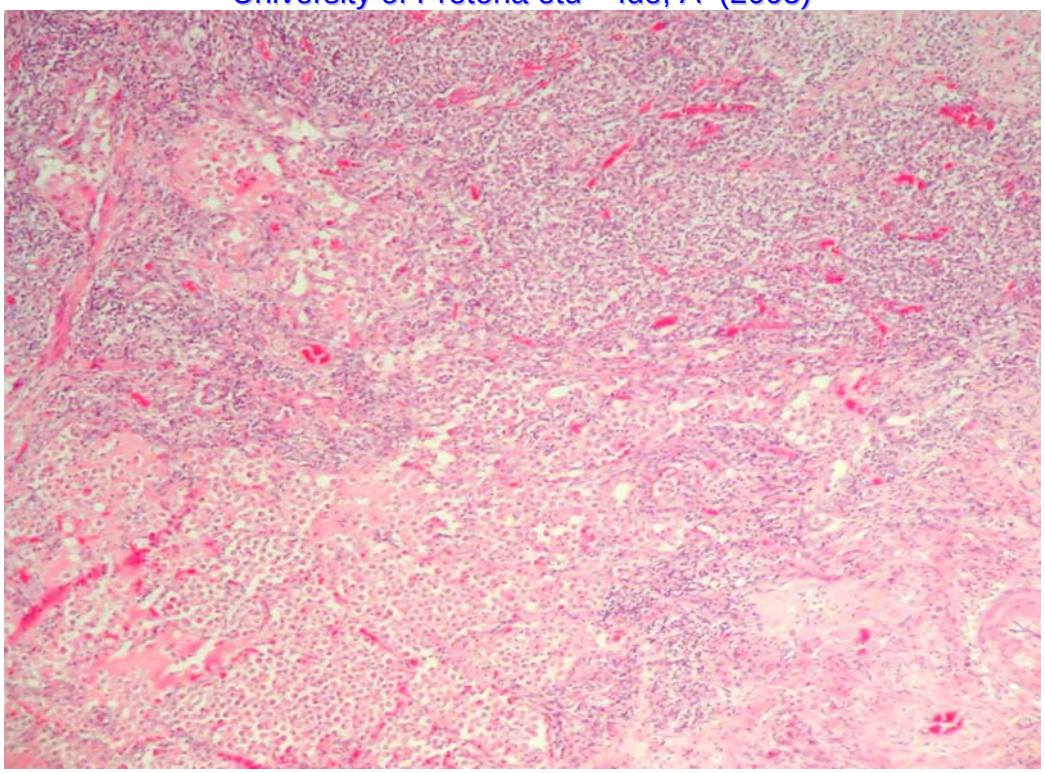

Figure 11: Lung – Granulomatous pneumonia, characterized by effacement of the normal pulmonary architecture by an infiltrate of reactive macrophages and admixed lymphocytes, plasma cells and neutrophils. HE 40x

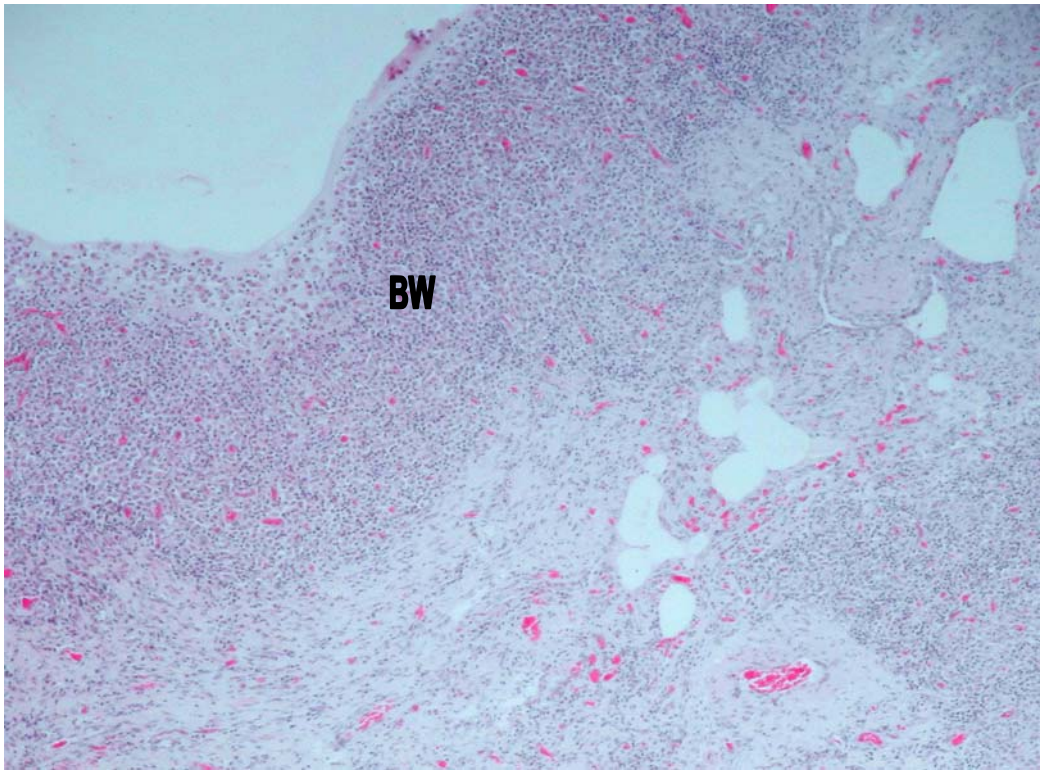

Figure 12: Lung – Granulomatous pneumonia and bronchiectasis, with granulomatous bronchiolitis. BW = Bronchiolar wall. HE 40x

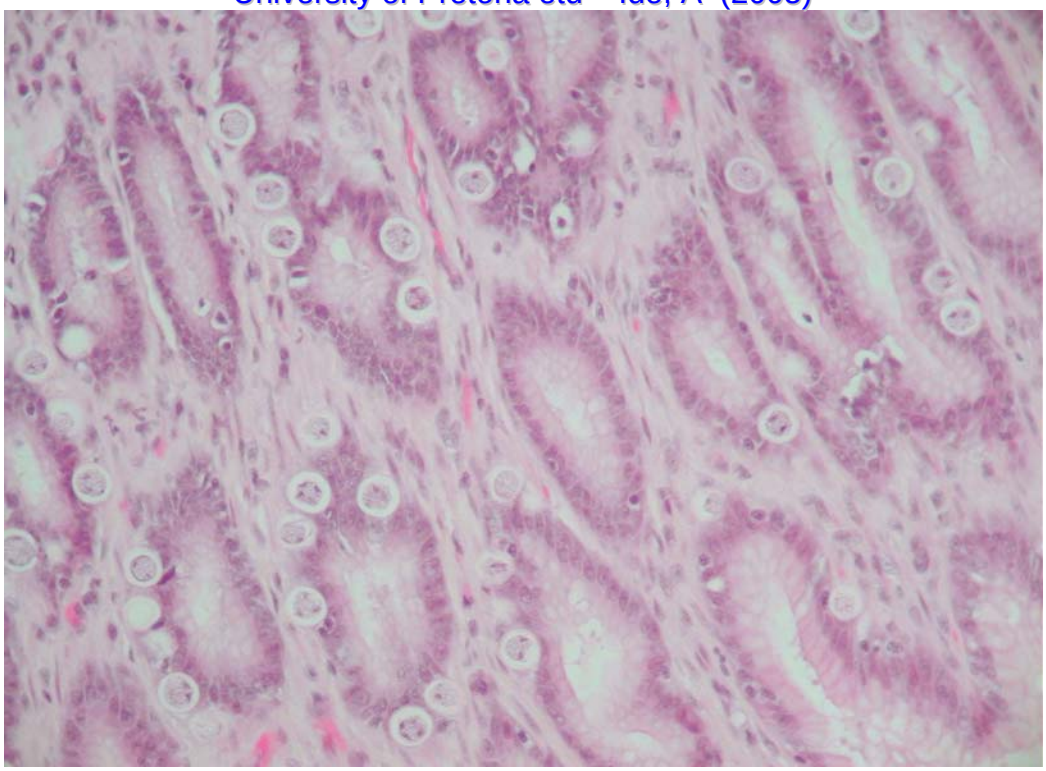

Figure 13: Stomach – Various stages of a protozoal parasite in the epithelial cells of the pyloric glands. HE 200x

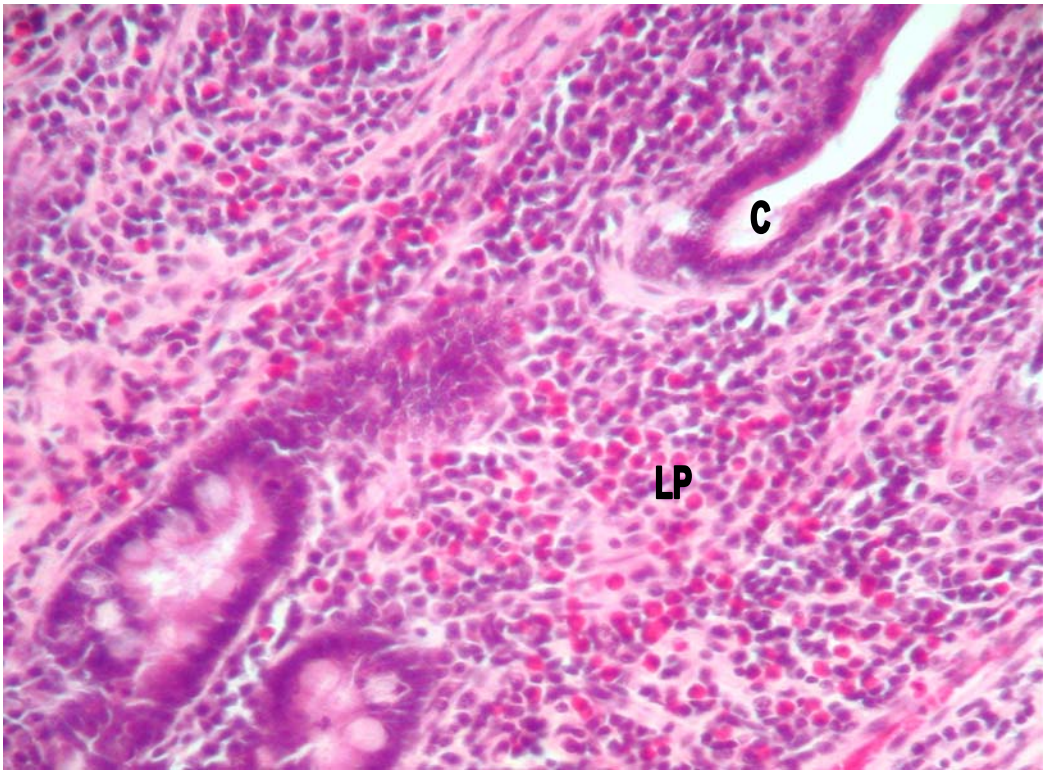

Figure 14: Small intestine – Lymphocytic plasmacytic enteritis, characterized by expansion of the lamina propria (LP) by increased numbers of plasma cells and lymphocytes, as well as numerous eosinophils. C = Crypts. HE 200x

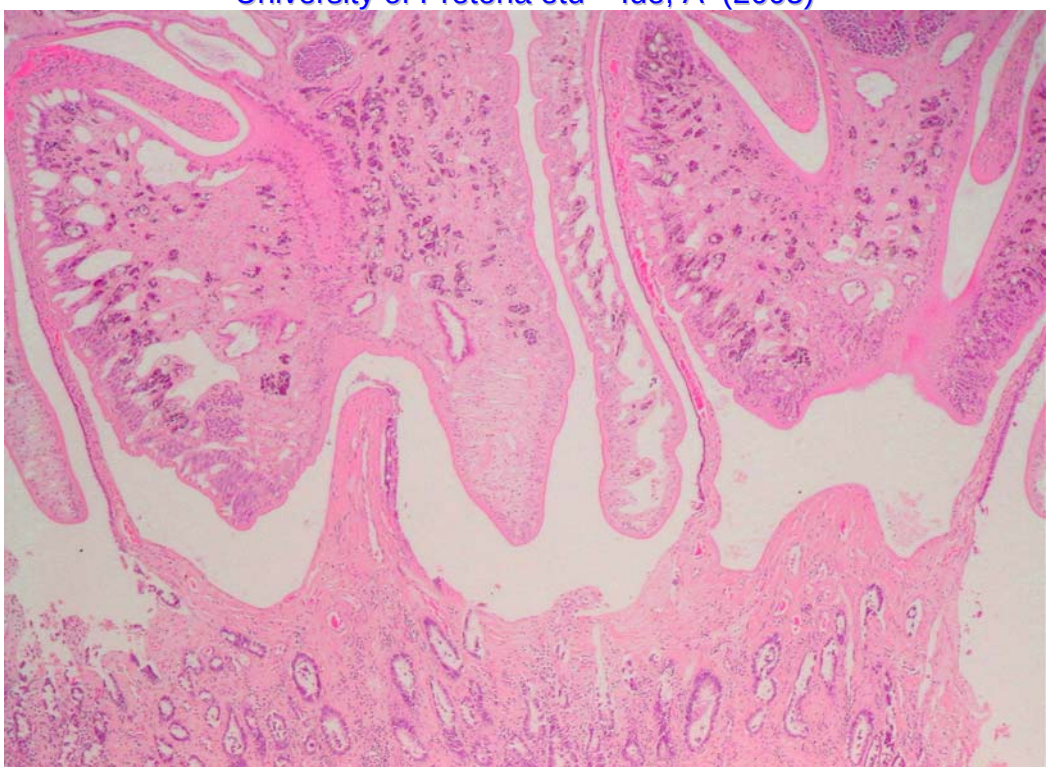

Figure 15: Small intestine – Two trematodes attached to the small intestinal mucosa surface. HE 40x

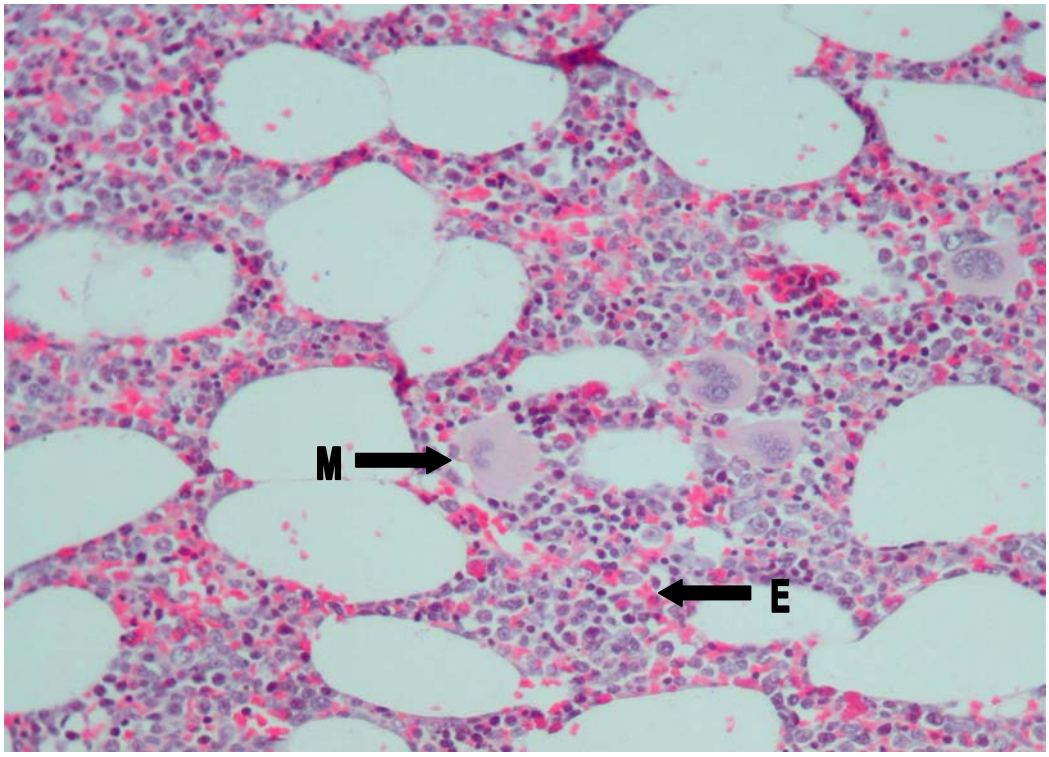

Figure 16: Bone marrow – The M:E ratio is 3:1 and there are increased numbers of eosinophils (E). Megakaryocyte (M) numbers in this fleck are within normal limits. HE 200x

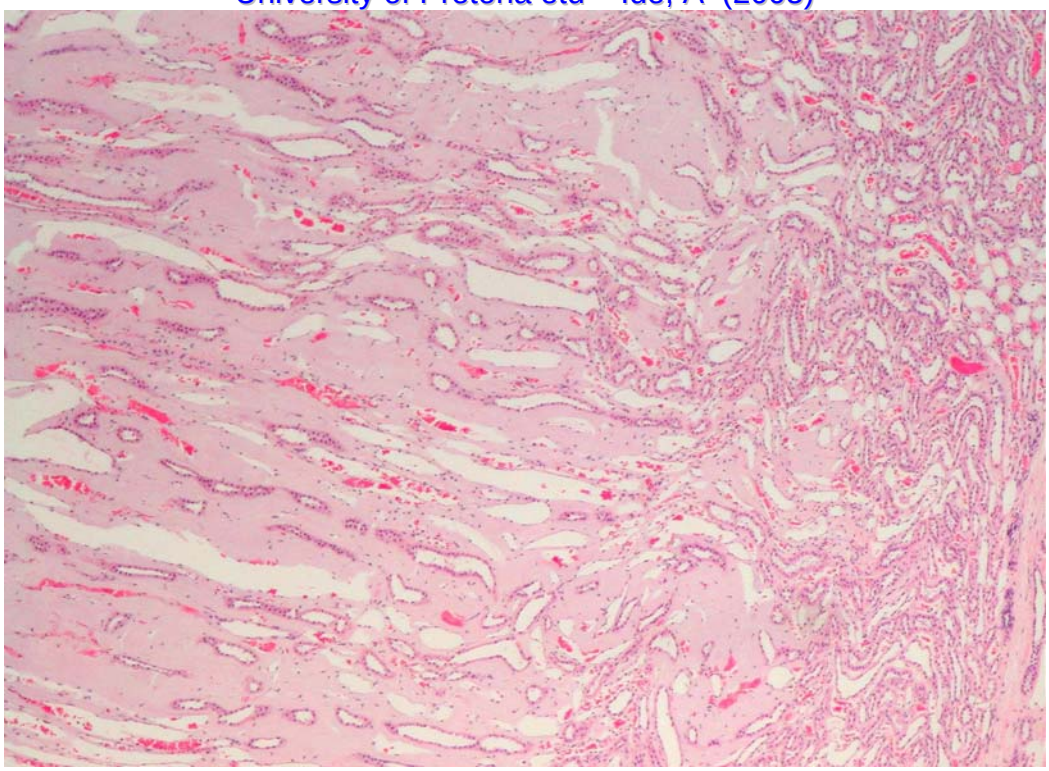

Figure 17: Kidney – Renal medullary amyloidosis with expansion of the medullary interstitium by homogenous intercellular eosinophilic material. HE 40x

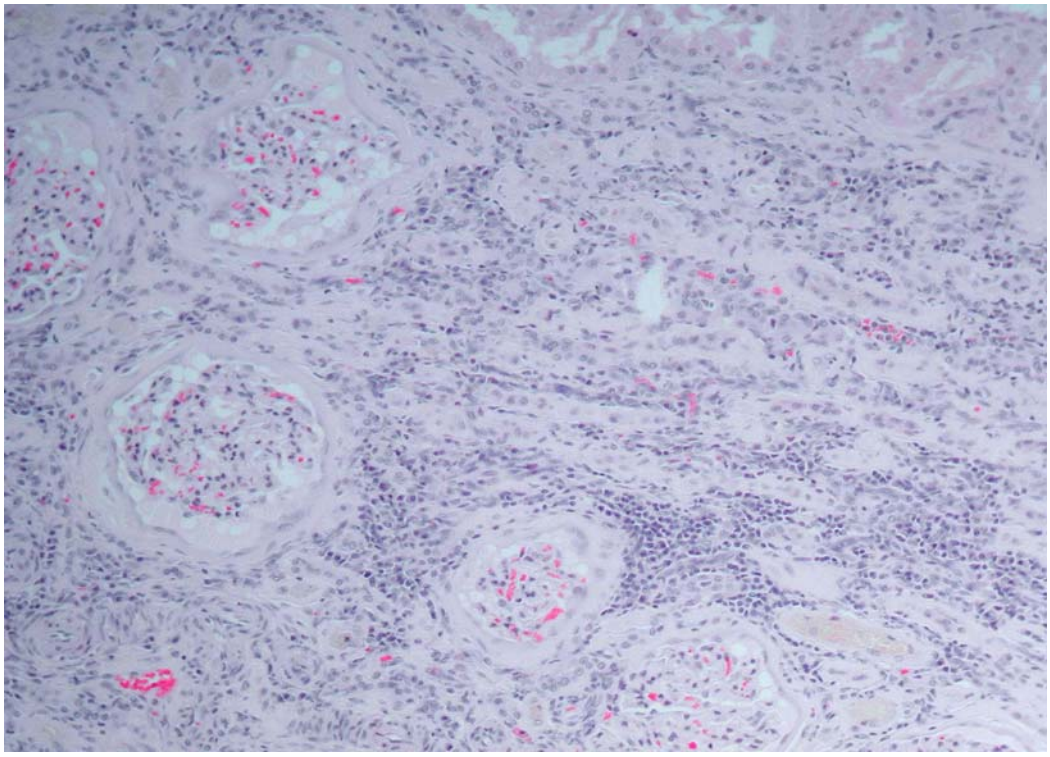

Figure 18: Kidney – Membranous glomerulonephritis, with thickening of the glomerular basement membranes and cellular proliferation in the glomerular tufts. Chronic interstitial nephritis, with interstitial fibrosis and infiltration of plasma cells and lymphocytes. HE 100x

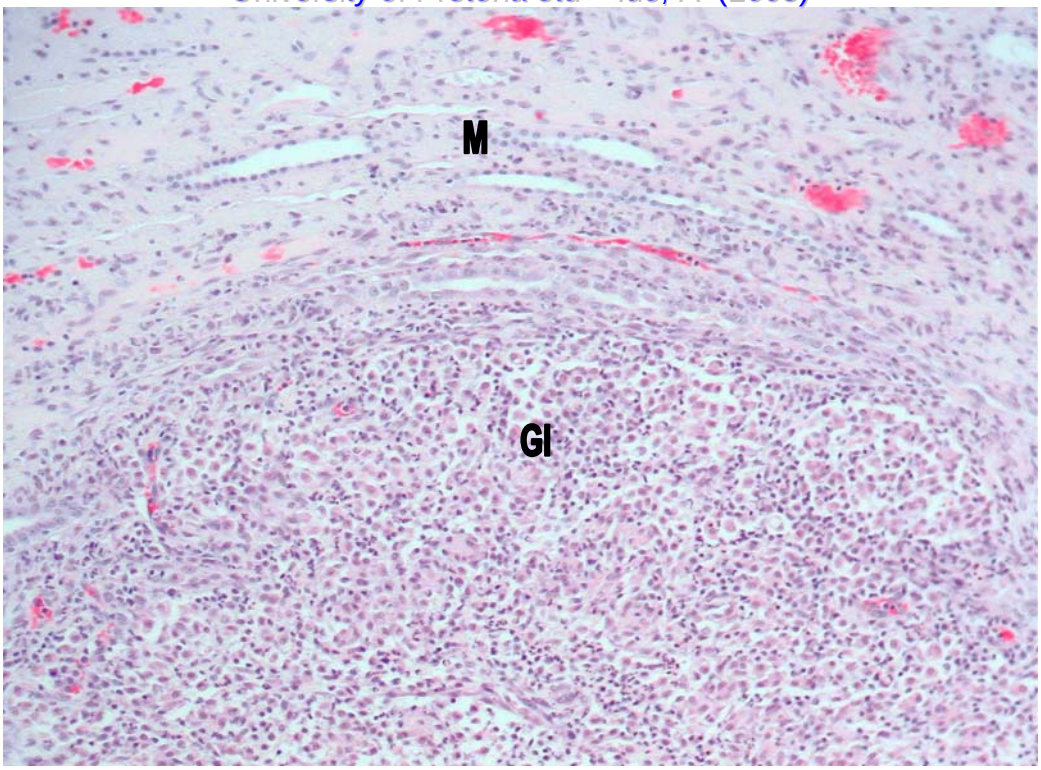

Figure 19: Kidney – Focally-extensive granulomatous nephritis (GI) within the medulla (M). The inflammatory response is characterized by macrophages with admixed plasma cells, lymphocytes and neutrophils. HE 100x

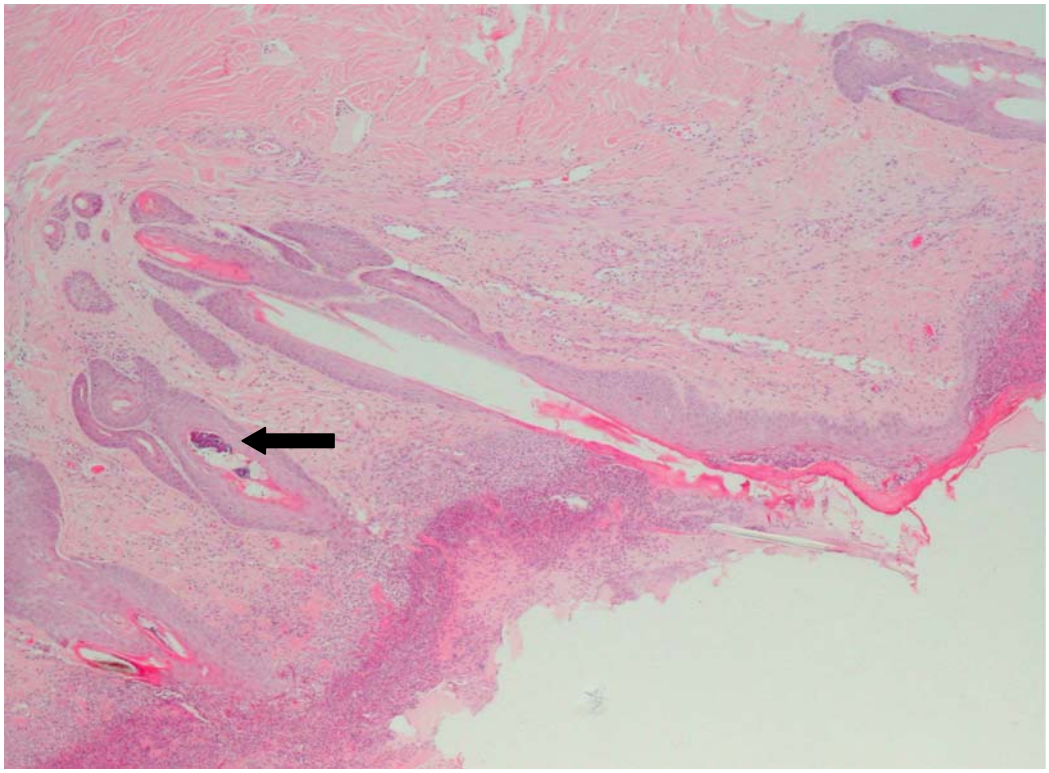

Figure 20: Skin – Ulcerative dermatitis, with multifocal bacterial folliculitis (arrow). HE 40x

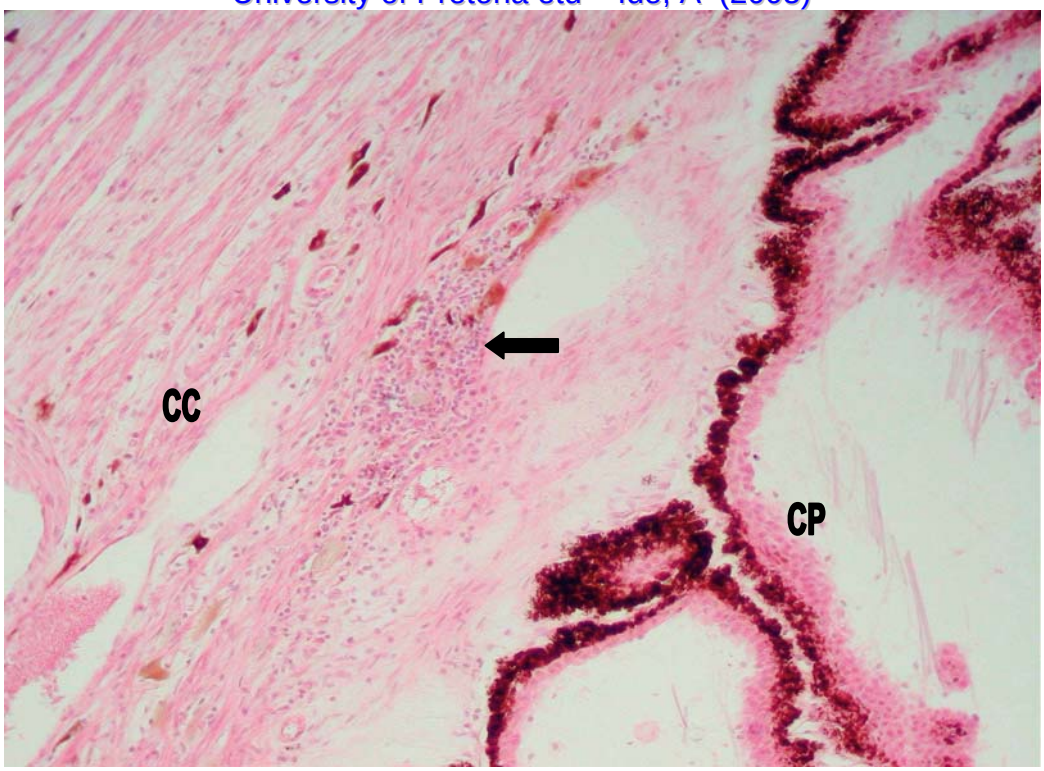

Figure 21: Eye – Anterior uveitis, characterized by mild lymphocytic infiltration (arrow) in the ciliary cleft (CC). CP = Ciliary processes. HE 40x

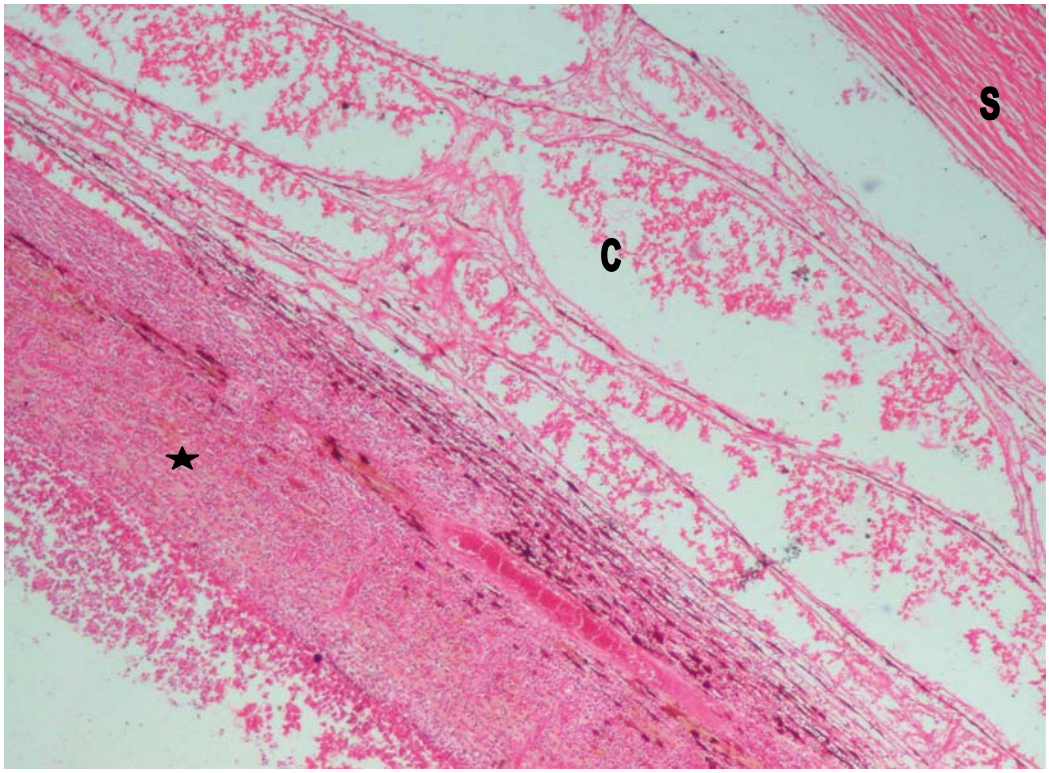

Figure 22: Eye – Granulomatous panophthalmitis, with infiltration of the choroid (C) by mixed inflammatory cells and an inflammatory exudate (star) adhering to and filling the posterior chamber. S = Sclera. HE 40x

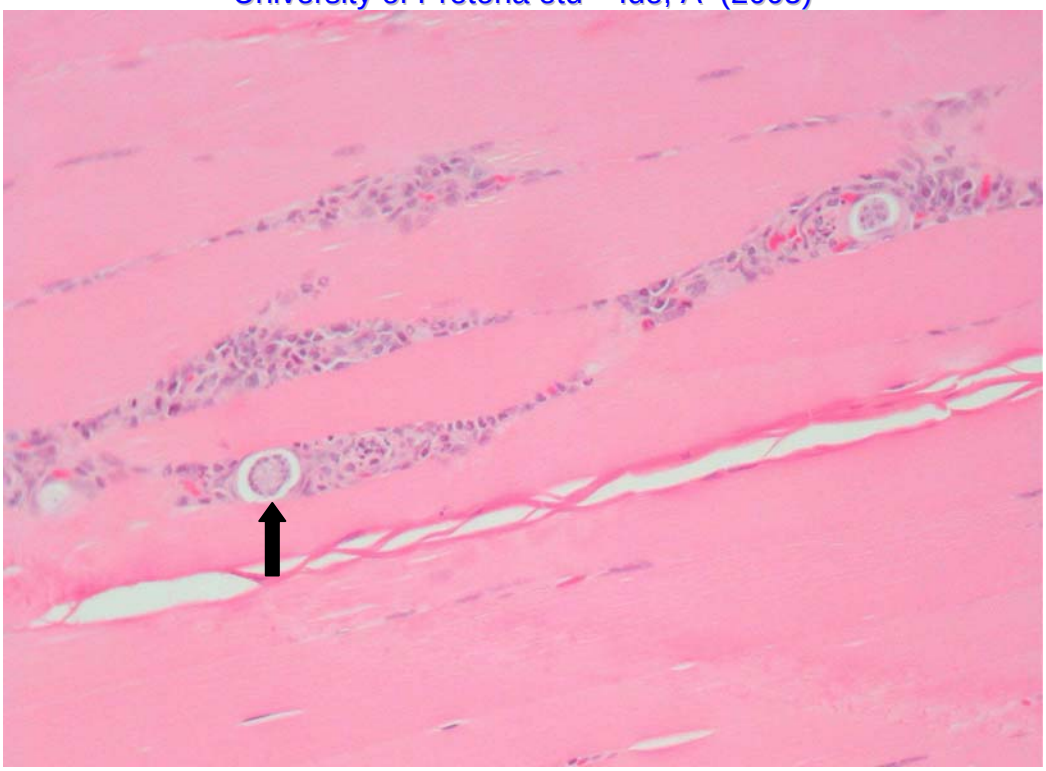

Figure 23: Skeletal muscle – Multifocal muscle fibre degeneration and inflammation associated with *Hepatozoon* spp. schizonts (arrow). HE 200x

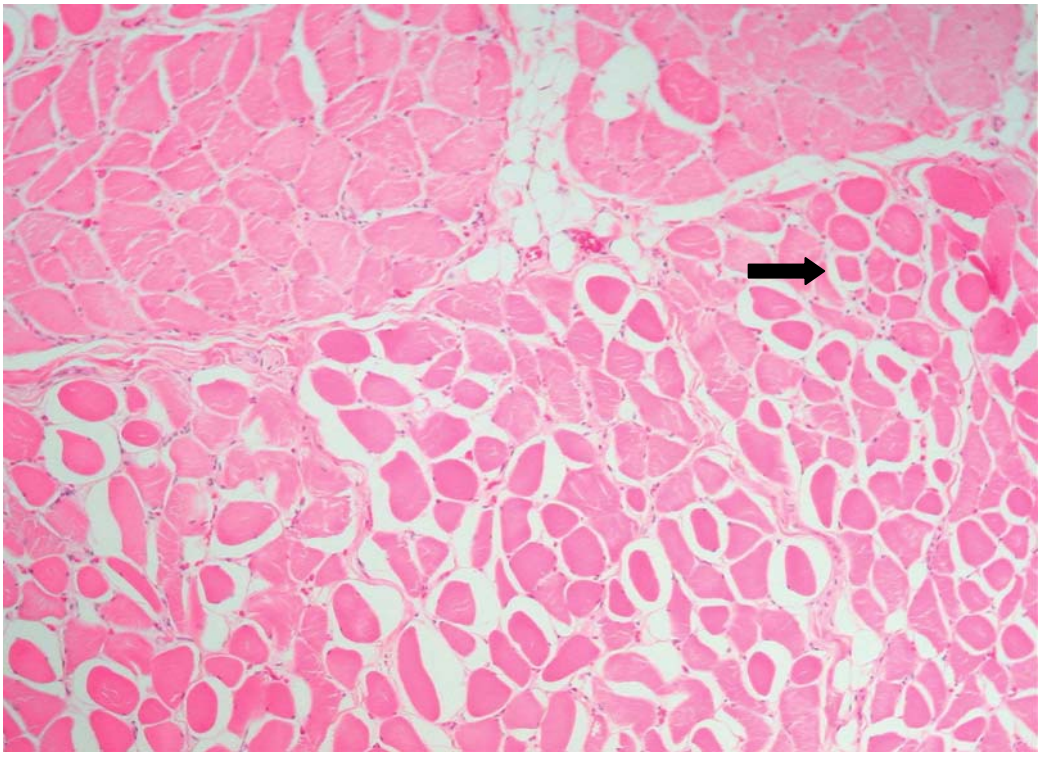

Figure 24: Skeletal muscle (glossal) – Mild muscle fibre atrophy with variation in muscle fibre diameter and angulation and increased eosinophilia of multifocal fibres (arrow). HE 100x

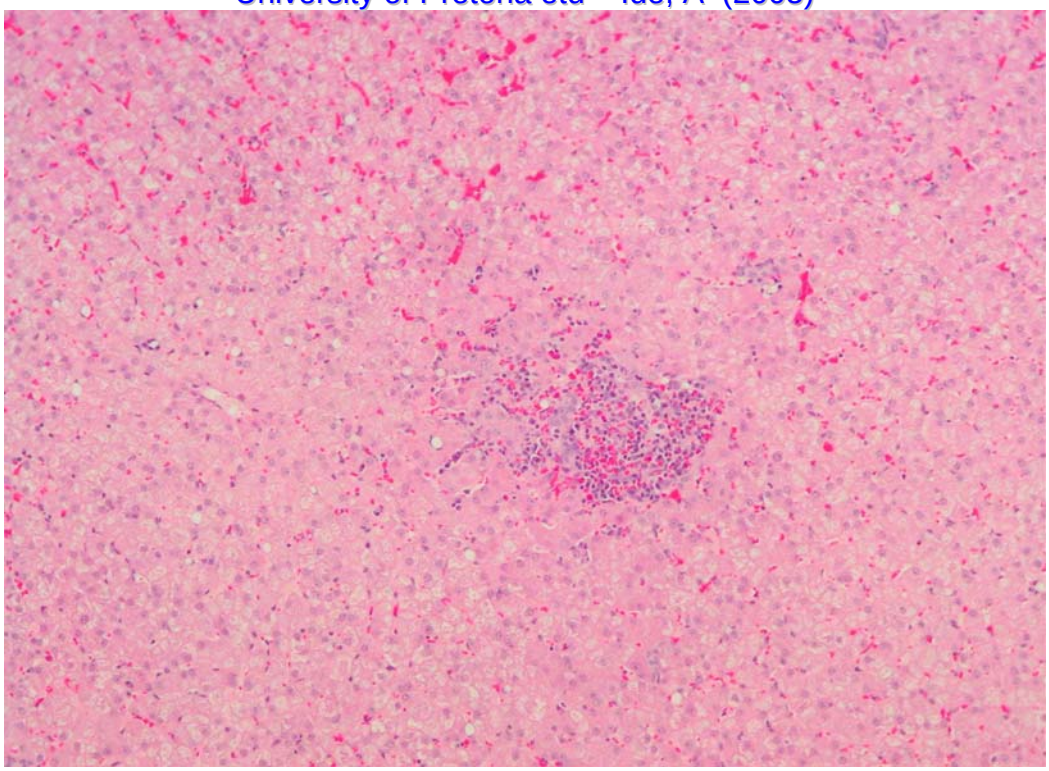

Figure 25: Liver – Focal granulomatous inflammation, comprizing macrophages, lymphocytes, plasma cells and eosinophils. HE 100x

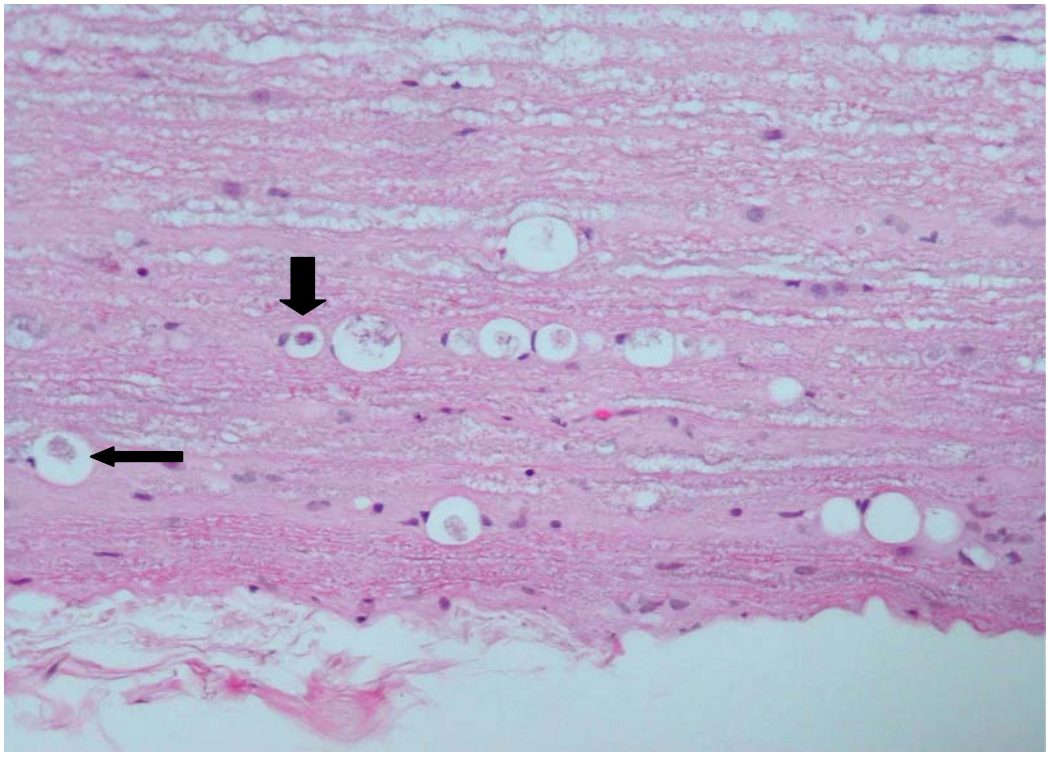

Figure 26: Spinal cord – Wallerian degeneration, with multifocal digestion chambers containing swollen axons (long arrow) and myelinophages (short arrow). HE 200x

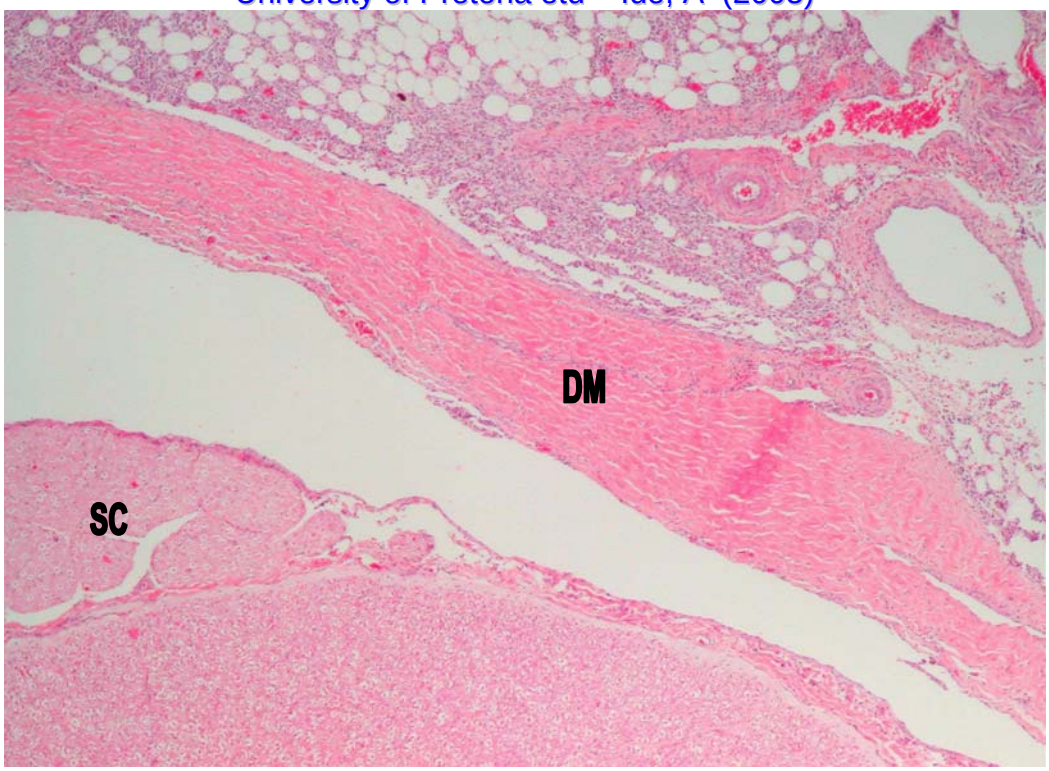

Figure 27: Spinal cord – Meningitis, with infiltration of the dura mater (DM) and adjacent adipose tissue by mixed inflammatory cells. SC – Spinal cord. HE 40x

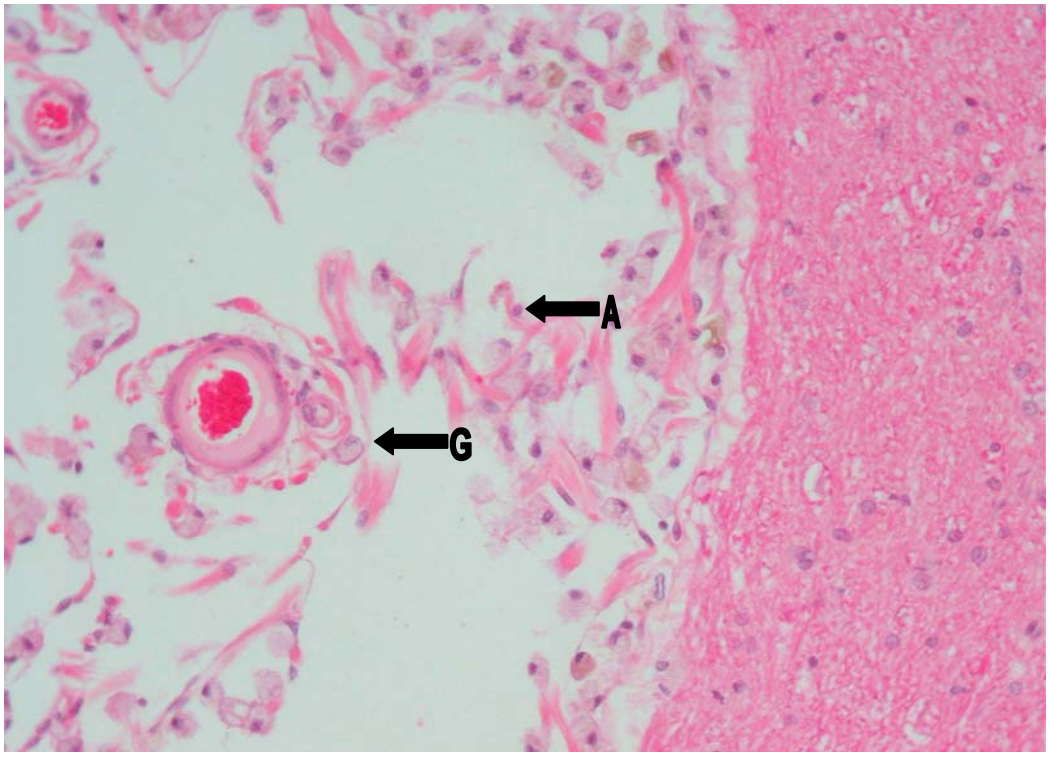

Figure 28: Cerebrum – Focal encephalomalacia, characterized by an irregular space containing "gitter cells" (G) and proliferating astrocytes (A). HE 200x

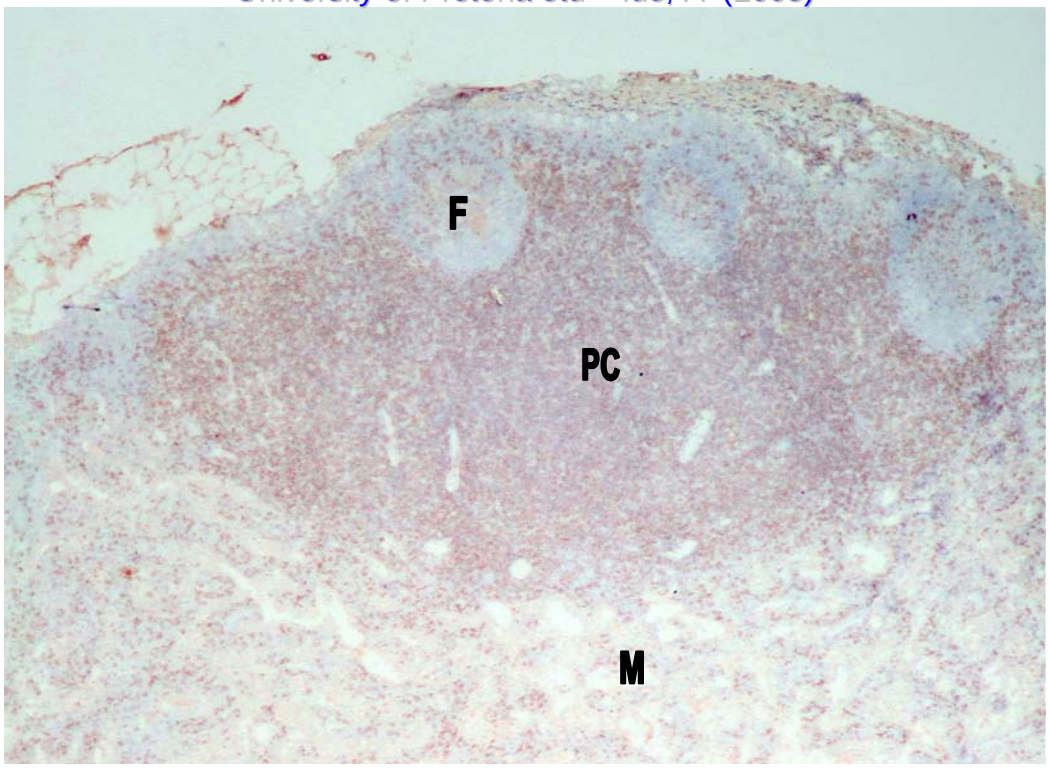

Figure 29: Lymph node – Immunohistochemical staining of a frozen section for T lymphocytes. There is moderate staining in the paracortex (PC), with scattered cells staining in the follicles (F) and medulla (M). 40x

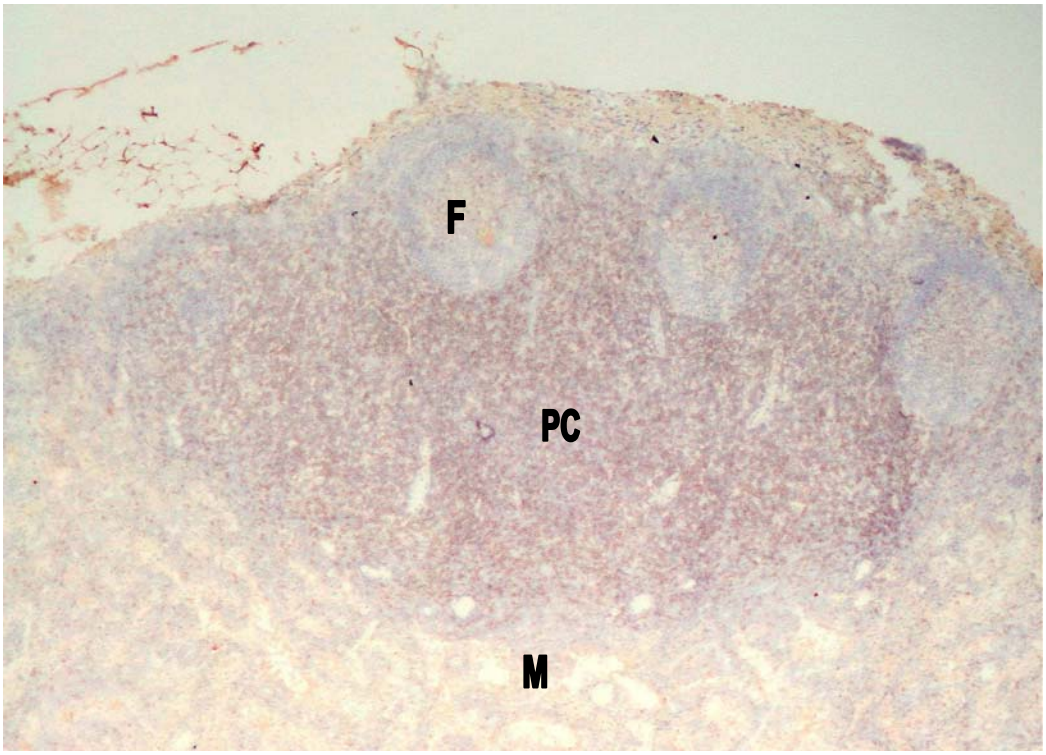

Figure 30: Lymph node – Immunohistochemical staining of a frozen section for CD4 T lymphocytes. There is again moderate staining in the paracortex (PC), with fewer cells staining in the follicles (F) and medulla (M). 40x

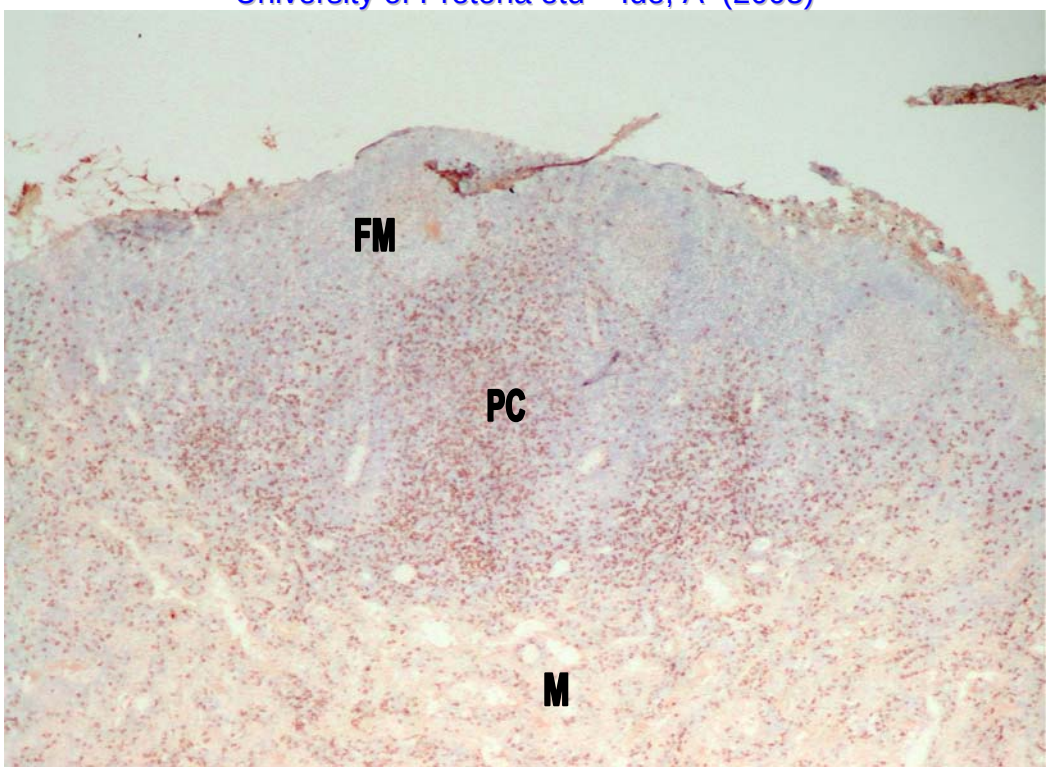

Figure 31: Lymph node – Immunohistochemical staining of a frozen section for CD8 T lymphocytes. There is scattered staining in the paracortex (PC), as well as some staining in the follicular mantle (FM) zone and medulla (M). 40x

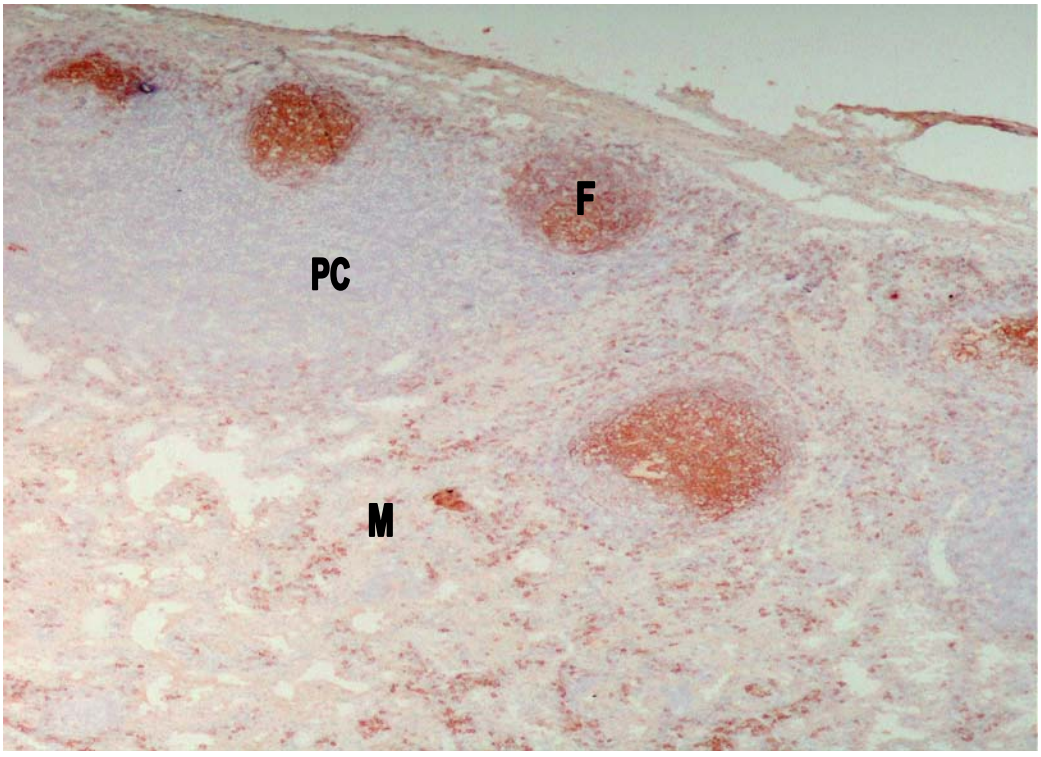

Figure 32: Lymph node – Immunohistochemical staining of a frozen section for B lymphocytes. There is intense staining of the follicles (F) and scattered cells within the medulla (M) are staining, as well as a few cells in the paracortex (PC). 40x