

CMHD Pathology Report



CMHD Pathology Core

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contact: Dr. Susan Newbigging email: newbigging@lunenfeld.ca ReportID: Report Date: Pathologist: Dr. H. Adissu

Mouse Genetics Project

Wellcome Trust Sanger Institute Wellcome Trust Genome Campus Hinxton, Cambridge CB10 1SA UK

CMHD LabID: N13-579

Relevant History:

Phenotype:

Homozygous viability at P14 Recessive Lethal Study

AnimalID: M00895238 (Male) Histopathology Findings:

brain (MA:0000168)

Histopath Description:

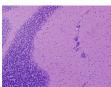
There are rare foci of aggregates of granular cells in the within the outer aspect of the molecular layer.

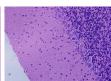
Morphological Diagnosis:

Distribution: multifocal; Severity: mild;

Definitive Diagnosis:

Cerebellar granular cell heterotopia





Cerebellum, Cerebellum, WT, heterotopic granular normal, 40x, HE cells, 40x, HE

retina (MA:0000276)

Histopath Description:

Involving one eye, there are clusters of external nuclear structures within the internal and outer plexiform layer.

Morphological Diagnosis:

Distribution: Focal; Severity: mild;

Definitive Diagnosis:

Retinal dysplasia

Histopathology Comments:

Retinal dysplasia is reported as a background lesion in C57BL/6N lines (Mattapallil et al., 2012).

liver (MA:0000358)

Histopath Description:

diffuse lipidosis

Morphological Diagnosis:

Distribution: diffuse; **Severity:** extreme; **MPATH Diagnosis:** steatosis MPATH:622

Definitive Diagnosis:

hepatic steatosis

salivary gland (MA:0000346)

Histopath Description:

There is focal perivascular mononuclear inflammatory cells.

Morphological Diagnosis:

Distribution: focal; **Severity:** mild; **MPATH Diagnosis:** inflammation MPATH:212

Definitive Diagnosis:

Perivascular inflammatory aggregate

Organ/Tissue Analyzed:

Histopathology examination included the following organs and tissues: brain, trigeminal ganglion, eyes, salivary glands, trachea, lungs, heart, thymus, thyroid gland, parathyroid gland, exocrine and endocrine pancreas, oesophagus, stomach, small intestine, large intestine, liver, gall bladder, spleen, kidneys, adrenal gland, lymph nodes, spinal cord, bone marrow, sternum, femur and tibia with associated skeletal muscles, brown fat, pinna, skin, testis, epididymis, seminal vesicle, and prostate.

AnimalID: M00895239 (Male)

Histopathology Findings:

testis (MA:0000411)

Histopath Description:

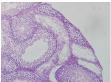
There is focally extensive vacuolar degeneration and atrophy of the seminiferous tubules.

Morphological Diagnosis:

Distribution: multifocal; Severity: mild;

Definitive Diagnosis:

Testicular degeneration and atrophy



Testis, degeneration and atrophy, multifocal, 20x, HE

liver (MA:0000358)

Histopath Description:

diffuse lipidosis

Morphological Diagnosis:

Distribution: diffuse; Severity: extreme; MPATH Diagnosis: steatosis MPATH:622

Definitive Diagnosis:

hepatic steatosis

retina (MA:0000276)

Histopath Description:

There is focally extensive retinal folding at the posterior aspect. There are also clusters of external nuclear structures within the internal and outer plexiform layer.

Morphological Diagnosis:

Distribution: Focal; Severity: mild;

Definitive Diagnosis:

Retinal dysplasia

Histopathology Comments:

Retinal dysplasia is reported as a background lesion in C57BL/6N lines (Mattapallil et al., 2012).

lymph node (MA:0000139)

Histopath Description:

The mesenteric lymph node is markedly enlarged (greater than five-fold). The medulla is expanded by chords and sheets of plasmatoid cells.

Morphological Diagnosis:

Distribution: Diffuse; Severity: severe; MPATH Diagnosis: hyperplasia MPATH:134

Definitive Diagnosis:

Lymphoid hyperplasia with medullary plasmacytosis.

Histopathology Comments:

The changes in the mesenteric lymph node are suggestive of draining of a regional inflammatory process. However, such a process was not observed in the tissues examined.

Organ/Tissue Analyzed:

Histopathology examination included the following organs and tissues: brain, trigeminal ganglion, eyes, salivary glands, trachea, lungs, heart, thymus, thyroid gland, parathyroid gland, exocrine and endocrine pancreas, oesophagus, stomach, small intestine, large intestine, liver, gall bladder, spleen, kidneys, adrenal gland, lymph nodes, spinal cord, bone marrow, sternum, femur and tibia with associated skeletal muscles, brown fat, pinna, skin, testis, epididymis, seminal vesicle, and prostate.

AnimalID: M00895235 (Female)

Histopathology Findings:

liver (MA:0000358)

Histopath Description:

diffuse lipidosis

Morphological Diagnosis:

Distribution: diffuse; Severity: extreme; MPATH Diagnosis: steatosis MPATH:622

Definitive Diagnosis:

hepatic steatosis

ovary (MA:0000384)

Histopath Description:

There ovarian stroma is markedly expanded.

Definitive Diagnosis:

Ovarian stromal hyperplasia

pancreas (MA:0000120)

Histopath Description:

There is a focal glandular necrosis and chronic active inflammation centered on the necrotic focus.

Morphological Diagnosis:

Distribution: focal; Severity: mild;

Definitive Diagnosis:

Focal necrotic pancreatitis

Histopathology Comments:

The lesion is considered incidental

spleen (MA:0000141)

Histopath Description:

Mild erythropoiesis

Morphological Diagnosis:

Distribution: multifocal to coalescing; **Severity:** mild; **MPATH Diagnosis:** extramedullary hemopoiesis MPATH:595

Definitive Diagnosis:

Mild erythropoiesis

Organ/Tissue Analyzed:

Histopathology examination included the following organs and tissues: brain, trigeminal ganglion, eyes, salivary glands, trachea, lungs, heart, thymus, thyroid gland, parathyroid gland, exocrine and endocrine pancreas, oesophagus, stomach, small intestine, large intestine, liver, gall bladder, spleen, kidneys, adrenal gland, lymph nodes, spinal cord, bone marrow, sternum, femur and tibia with associated skeletal muscles, brown fat, pinna, skin, uterus, oviduct, and ovary, and mammary gland.

AnimalID: M00895236 (Female) Histopathology Findings:

liver (MA:0000358)

Histopath Description:

diffuse lipidosis

Morphological Diagnosis:

Distribution: diffuse; Severity: extreme; MPATH Diagnosis: steatosis MPATH:622

Definitive Diagnosis:

hepatic steatosis

lymph node (MA:0000139)

Histopath Description:

The mesenteric lymph node is markedly enlarged (greater than five-fold). The medulla is expanded by chords and sheets of plasmatoid cells.

Morphological Diagnosis:

Distribution: Diffuse; Severity: severe; MPATH Diagnosis: hyperplasia MPATH:134

Definitive Diagnosis:

Lymphoid hyperplasia with medullary plasmacytosis.

Histopathology Comments:

The changes in the mesenteric lymph node are suggestive of draining of a regional inflammatory process. However, such a process was not observed in the tissues examined.

Organ/Tissue Analyzed:

Histopathology examination included the following organs and tissues: brain, trigeminal ganglion, eyes, salivary glands, trachea, lungs, heart, thymus, thyroid gland, parathyroid gland, exocrine and endocrine pancreas, oesophagus, stomach, small intestine, large intestine, liver, gall bladder, spleen, kidneys, adrenal gland, lymph nodes, spinal cord, bone marrow, sternum, femur and tibia with associated skeletal muscles, brown fat, pinna, skin, uterus, oviduct, and ovary, and mammary gland.

Report Summary and Recommendation:

Focally extensive testicular degeneration and atrophy is observed in one male mouse. Heterotopia of granular cells of the cerebellum is observed in one mouse. Lesions in this line are incidental or attributable to diet or strain background. There are no lesions predictive of homozygous lethality at P14. Analysis of preweaning homozygous animals is required to determine cause of mortality.

Recessive mutation in ESCO2 gene in humans is associated with Roberts syndrome & SC Phocomelia Syndrome (#268300). Roberts syndrome (RBS) is characterized by pre- and postnatal growth retardation, severe symmetric limb reduction defects, craniofacial anomalies and severe intellectual deficit. SC phocomelia is a milder form of RBS. Examination of homozygous animals may reveal skeletal abnormalities described in this condition.

Summary:

Testis: Testicular degeneration and atrophy (1/2 males); Brain, Cerebellum: Granular cell heterotopia (1/4)