

Quality assurance and histopathological lesions of laboratory animals

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The extent of a health monitoring program depends on scientific requirements, but for practical and economical reasons health screening procedures must be selective (Jonas 1976, Small 1984, National Research Council 1991). The use of histopathology or not is one of many decisions to be considered. Naturally, gross lesions found at necropsy should be diagnosed histologically, but detection of gross lesions may depend on various factors (Table 1). Whether macroscopically normal tissues should be inspected histologically, to reveal changes demonstrable only by microscopical examination is a matter of controversy. Some laboratory animal specialists are not in favour of the use of routine histology. For them, the minimal requirements for health quality assurance of breeding colonies are fulfilled by the gross examination of tissues at necropsy, coupled with different laboratory tests (serology, bacterial cultures, and parasitology) (FELASA Working Group on Animal Health 1992). For others, histopathology is an essential part of health surveillance programs (Small 1986). The usefulness of laboratory tests rests upon their specificity, while

by means of histopathology one may uncover the unexpected. Many lesions are not specific, other lesions are more characteristic, pointing at precise causes, such as diet, environmental pollutants, sanitary deficiencies, poor husbandry, etc. Thus, routine histological checks may be the only method available to alert breeders and scientists about unexpected variables and microorganisms, including microbes difficult to find by other tests. The histological changes observed are not always distinctive enough to diagnose an infection, but they will call for further examinations using more specific tests. If necessary, microorganisms may also be demonstrated in fixed tissues. Silver stains, immunohistochemical techniques, molecular hybridization, etc., have been used for the screening of microbes in tissues and animals (Brownstein & Barthold 1982, Kraft et al. 1982, Giddens et al. 1987, Sundberg et al. 1989, Uzal et al. 1990, Shoji-Darkye et al. 1991).

Natural infections of laboratory animals are an uncontrollable factor in experiments. Infections, however, are not the only determinant of the state of health. Animals may be defined free from numerous microorganisms, and yet be not healthy at all. Lesions may result from the expression of genetical and metabolic disturbances, ageing, numerous environmental variables, and unknown etiologies (Reznik & Reznik-Schüller 1980, Heine 1982, Lundgren et al. 1984, Kato & Onodera 1984, Van Winkle et al. 1988, Whittaker 1989, Rao-Rupanagudi et al. 1992). The impact of spontaneous pathology on research results should not be underestimated. Experiments may be disturbed in many ways. Lesions may modify the response to test agents, or may be wrongly

Table 1. Factors that may influence detection of gross lesions.

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- Experience and awareness of the examiner (open mind).
 - Clinical history: Disease signs, results of clinical studies, environmental assessment, etc.
 - Necropsy technique.
 - Type and appearance of lesions: Location, demarcation from surrounding tissues, size, colour, consistency, severity, fresh or fixed tissues, autolysis, freezing of the cadaver, etc.
 - Other factors: animal species, age, and size, nutritional state, method of euthanasia, etc.
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attributed to them. Experimental procedures may favour the progression of changes which would develop naturally, independent of the experimental treatments. Spontaneous pathology may mimic experimental changes, or both may develop in the same tissues interfering with the interpretation of results (Cotchin & Roe 1967, Kendrey & Roe 1969, Hinton 1981, Mohr & Richter-Reichelm 1982, Butler 1982, Morton *et al.* 1986, Whittaker 1989, Dodd 1991, Bucci 1991, Ritskes-Hoitinga 1992). Only a few examples will be briefly mentioned. In rats lesions of chronic progressive nephrosis (CPN) are ubiquitous, and may impair renal function to the extent of causing proteinuria, hypoalbuminemia, mineral imbalances, and secondary changes in various organs. Parathyroid chief cell hyperplasia and hyperparathyroidism, mineralization of different

tissues, and shortened life span are common effects of CPN in affected rats. Gross lesions of CPN, however, are not observed until the disease is advanced (Kohn & Barthold 1984, Gray 1986, Montgomery, Jr & Seely 1990). In long term studies decisions for using rats from one colony or other may not be based on microbial burden only but on renal lesions as well. Respiratory pathology is another ubiquitous problem of laboratory animals (Lamb 1975, Feinstein & Rehlinger 1988, National Research Council 1991). Since lung lesions caused by infections are prevented by excluding the etiological organisms, it is essential to test for these in screening programs. In addition, lung tissues should be controlled histologically (Fig. 1). Lesions may indicate the presence of A: Infections that escaped serological or cultural detection. B: Agents not usually included

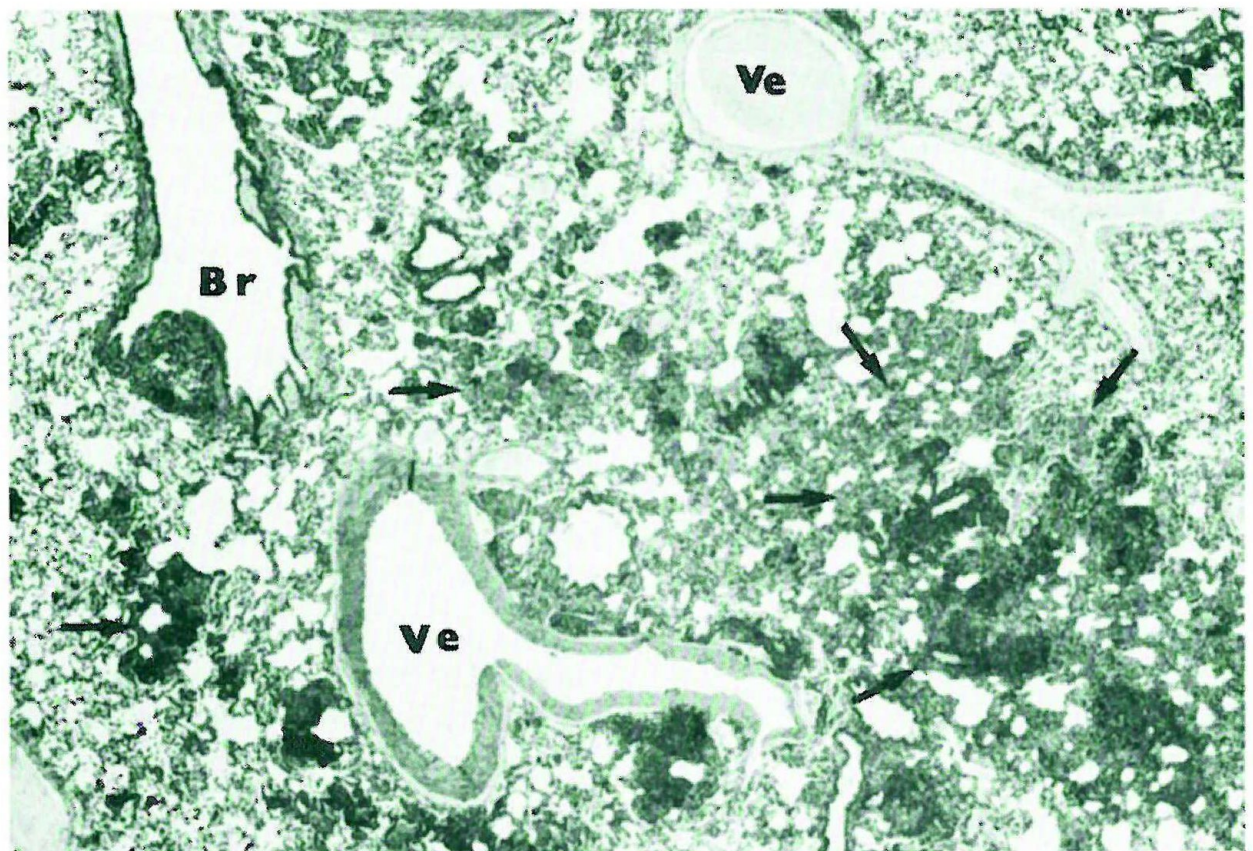


Fig. 1. Chronic pulmonary inflammation (arrows) in a seemingly healthy NZW rabbit with macroscopically normal lungs (Br: bronchus, Ve: blood vessels, Giemsa stain, $\times 36$, necropsy number 1857). Health monitoring without histology can be misleading. Lesions, such as shown above, should not be ignored in health quality assurance programs.

in health screening programs, such as parainfluenza virus infections of guinea pigs (Porter & Küdlacz 1992). C: Infections for which specific tests are not yet available, like rat poxviruses (National Research Council 1991), or necrotizing bronchopneumonia in guinea pigs (Feldman *et al.* 1990). D: No infectious factors, and changes due to obscure or unknown causes, such as alveolar lipoproteinosis in rats, and inflammatory reactions in rabbits (Weller 1985, Feinstein *et al.* 1989).

In summary, the health quality of laboratory animals depends on numerous variables. Lesions is one of them, but pathology is not just the morphological changes we call lesions, it is also physiology gone wrong (Boyd 1961), or the expression of homeostatic mechanisms that are overstrained, even if the animals are apparently healthy. At The National Veterinary Institute, Uppsala, the health monitoring programs comprise a battery of laboratory tests, but also routine histology of major organs. That histological changes have been found in many of the animals examined, and that animal lots defined free from numerous microorganisms had lesions is hardly surprising (Feinstein & Reh binder 1988, Feinstein & Nikkilä 1988, Feinstein *et al.* 1989), but it clearly tells that a battery of laboratory tests may not replace histology for health monitoring. Health screening programs must be selective, and histology is no exception. Decisions regarding which tissues should be inspected histologically will depend on various factors, such as scientific requirements, animal species, genetical background, sex, spontaneous pathology and natural infections of the animals examined. Additional factors, like fodder, sanitary conditions of the breeding colony or the housing, other laboratory tests included in the health screening profile, etc., should be also considered.

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