Contagious Bovine Pleuropneumonia (CBPP)

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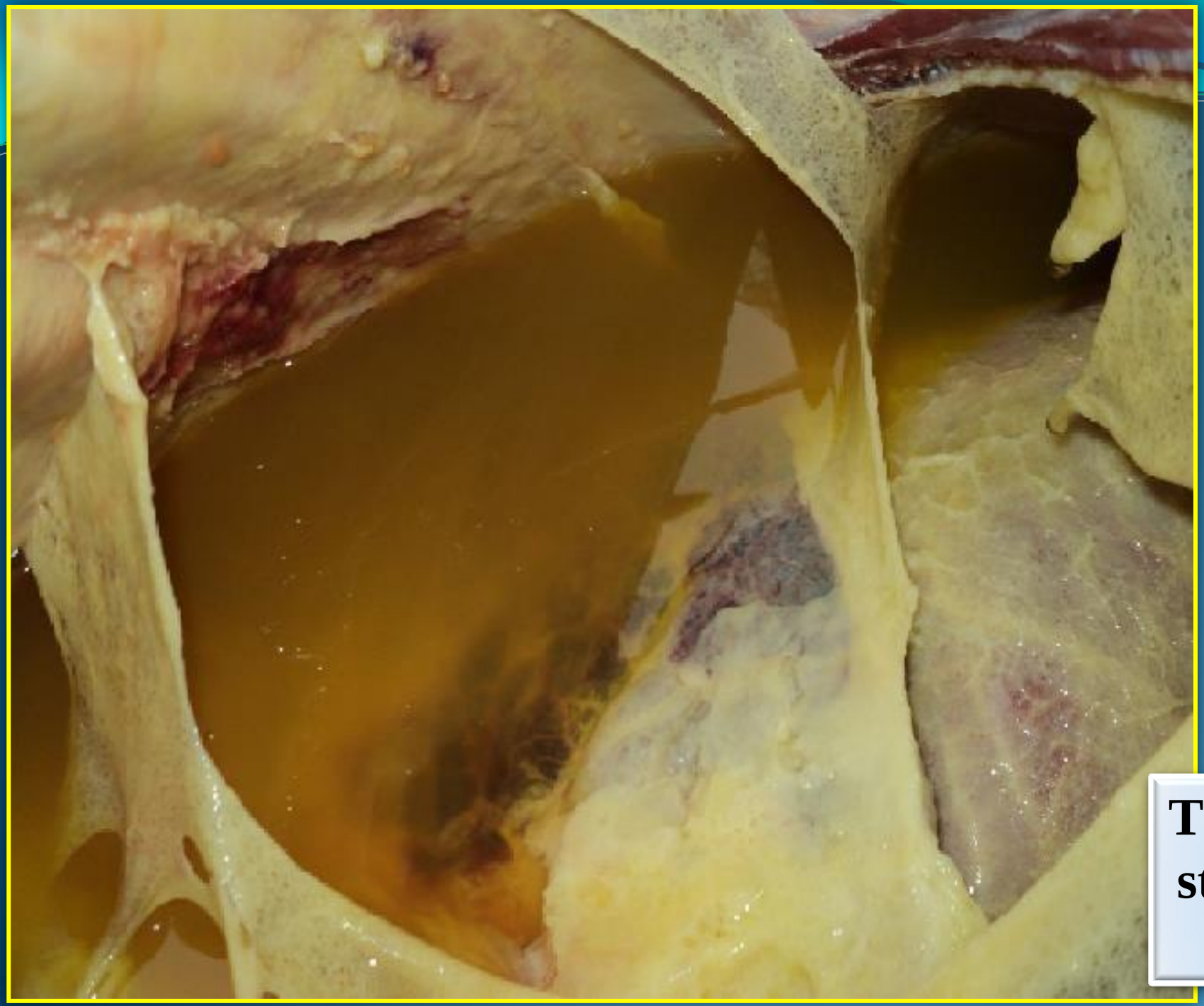
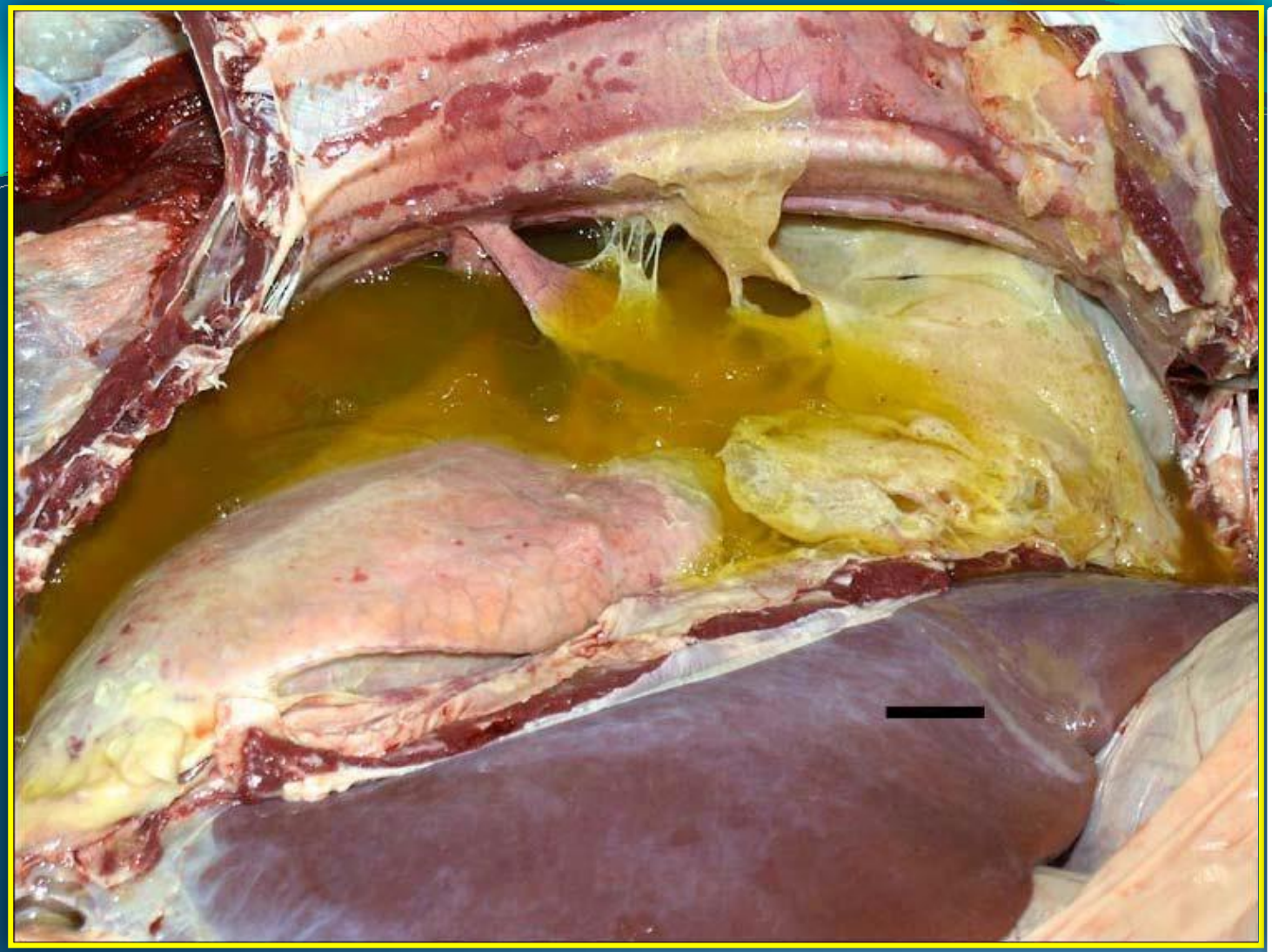
Acute (CBPP): note severe serofibrinous exudation in the thorex

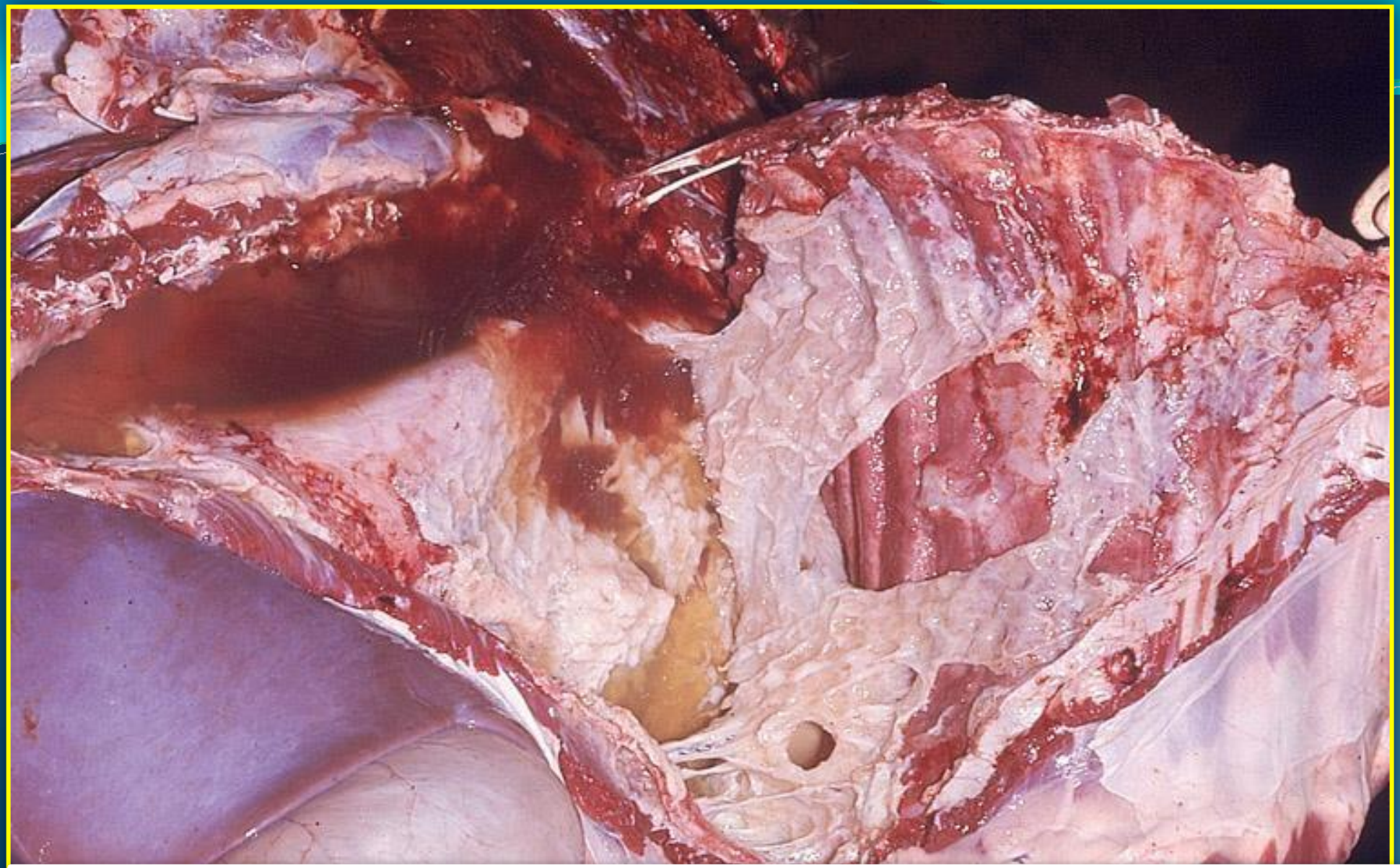
CBPP, Straw coloured fluid in the thorax and partial lung hepatization.



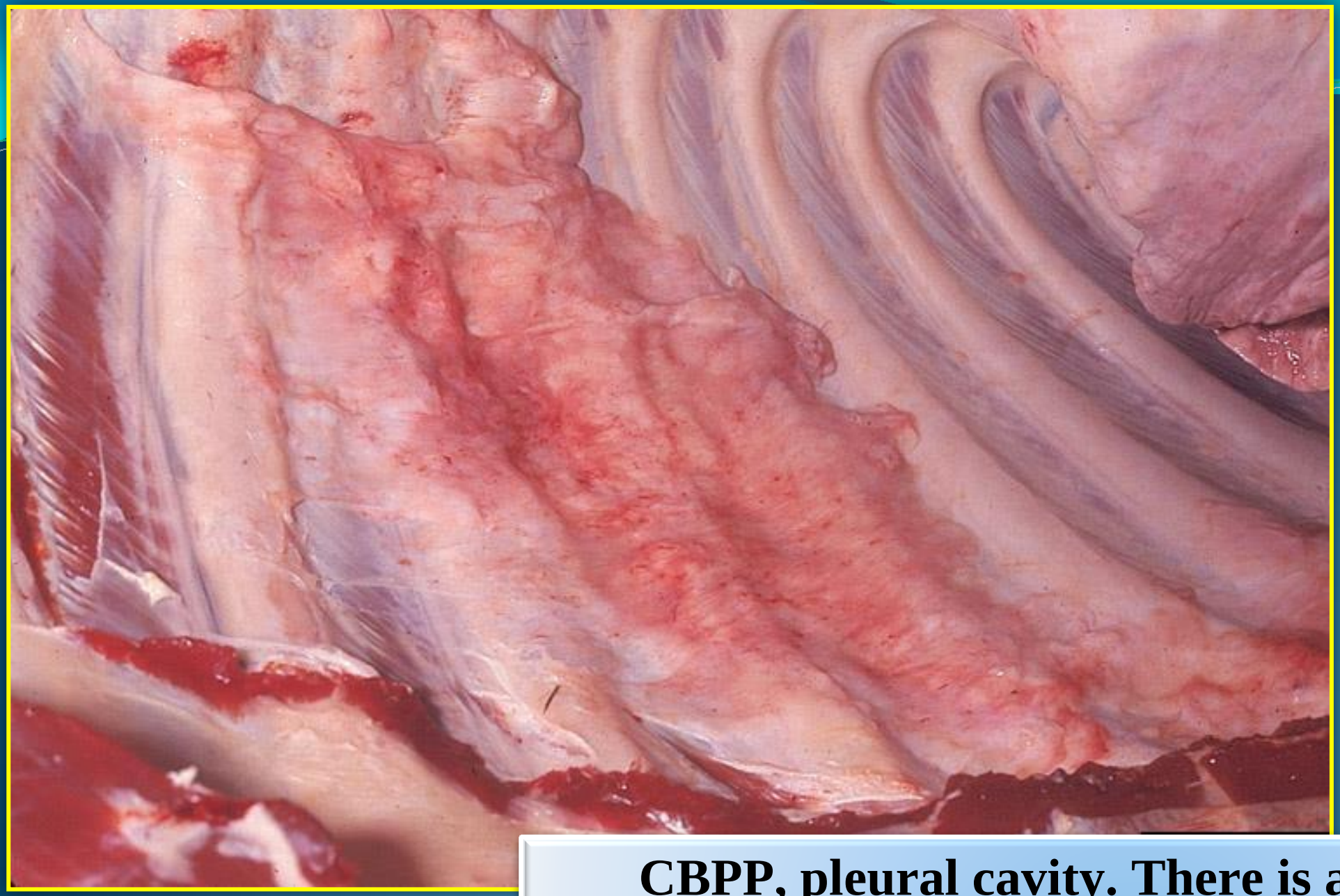
Thoracic cavity containing straw-coloured fluid in an acute case of CBPP.



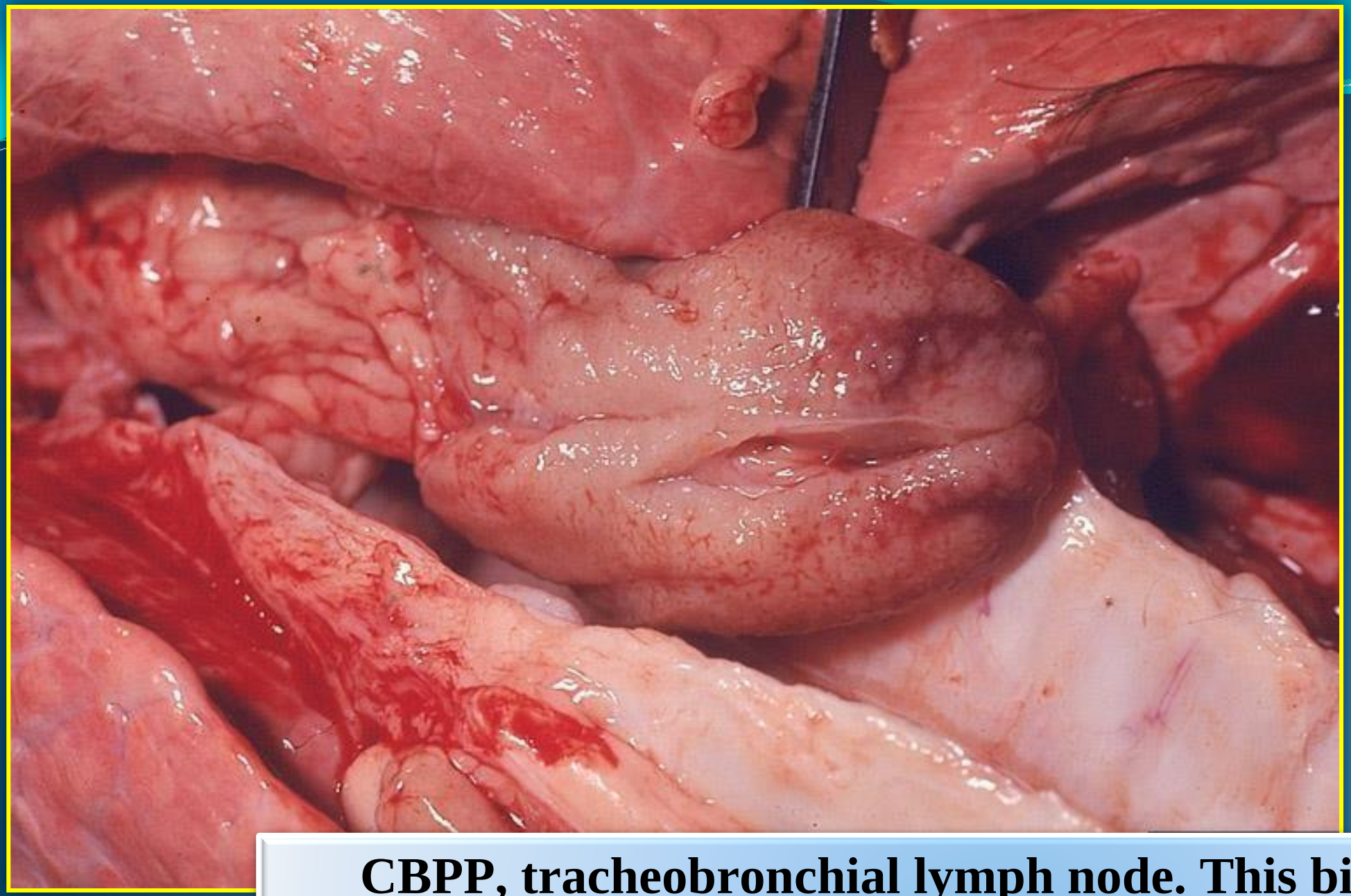
CBPP, 10 days post-infection, right thoracic cavity. Severe, unilateral, chronic, fibrinoeffusive pleuropneumonia. Dorsal is to the left, cranial is to the top of the photo. The thorax was filled with large quantities of a translucent yellow fluid containing strands and sheets of fibrin, the latter of which were adherent to the parietal and visceral pleura. In areas of the caudal dorsal lung, the lobes were adherent to the diaphragm, rib cage and adjacent lobes of the lung. The parietal pleura was multifocally covered by a velvet-like, hyperemic proliferative mesothelium.



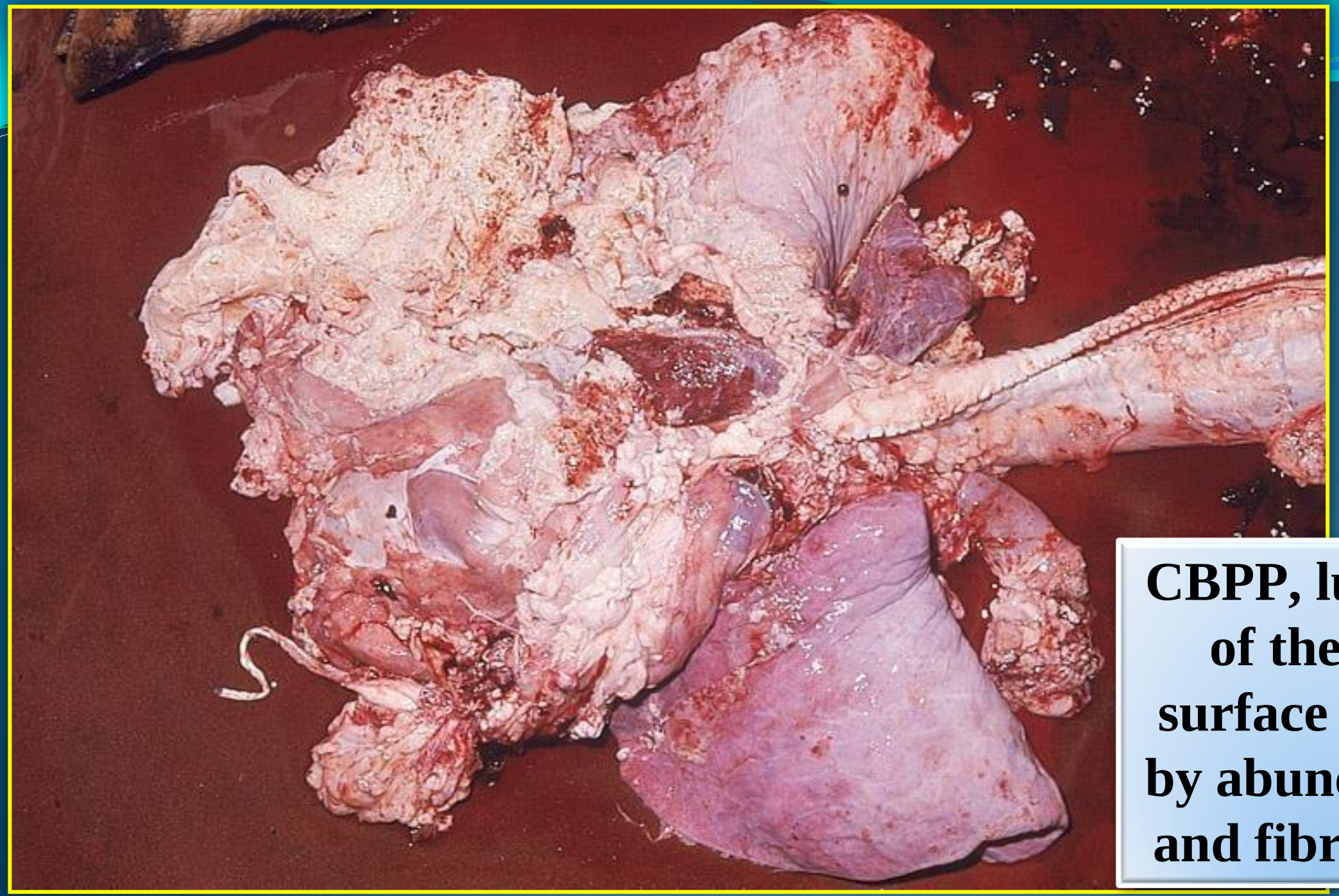
CBPP, pleural cavity. Large sheets of fibrin cover the costal and diaphragmatic pleura, and form pockets containing straw-colored fluid.



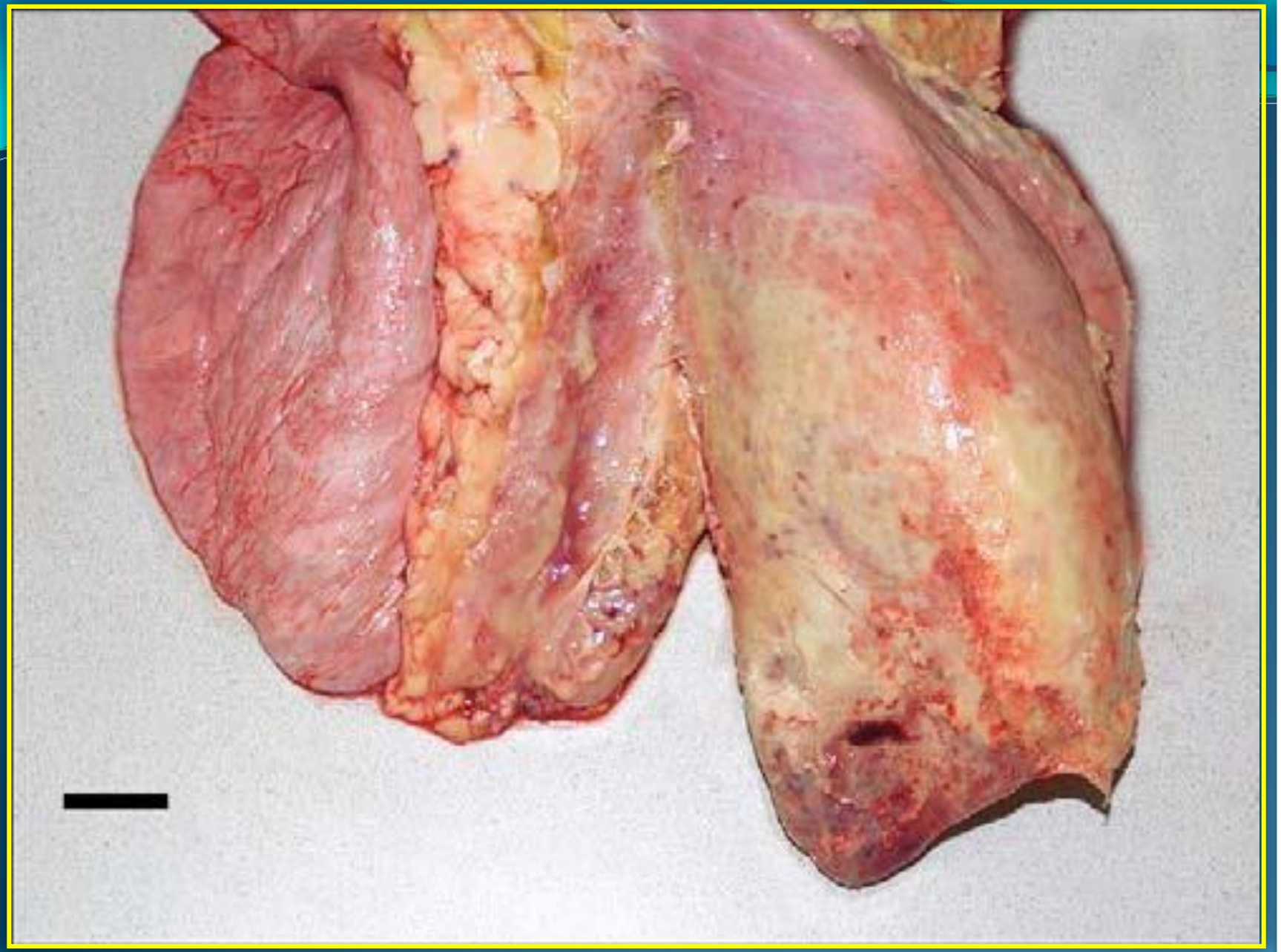
CBPP, pleural cavity. There is a thick plaque (adhesion) of fibrous tissue on the costal pleura.



CBPP, tracheobronchial lymph node. This bisected node is enlarged (hyperplasia) and contains a focal area of hemorrhage.



CBPP, lungs. Most of the pleural surface is covered by abundant fibrin and fibrous tissue.



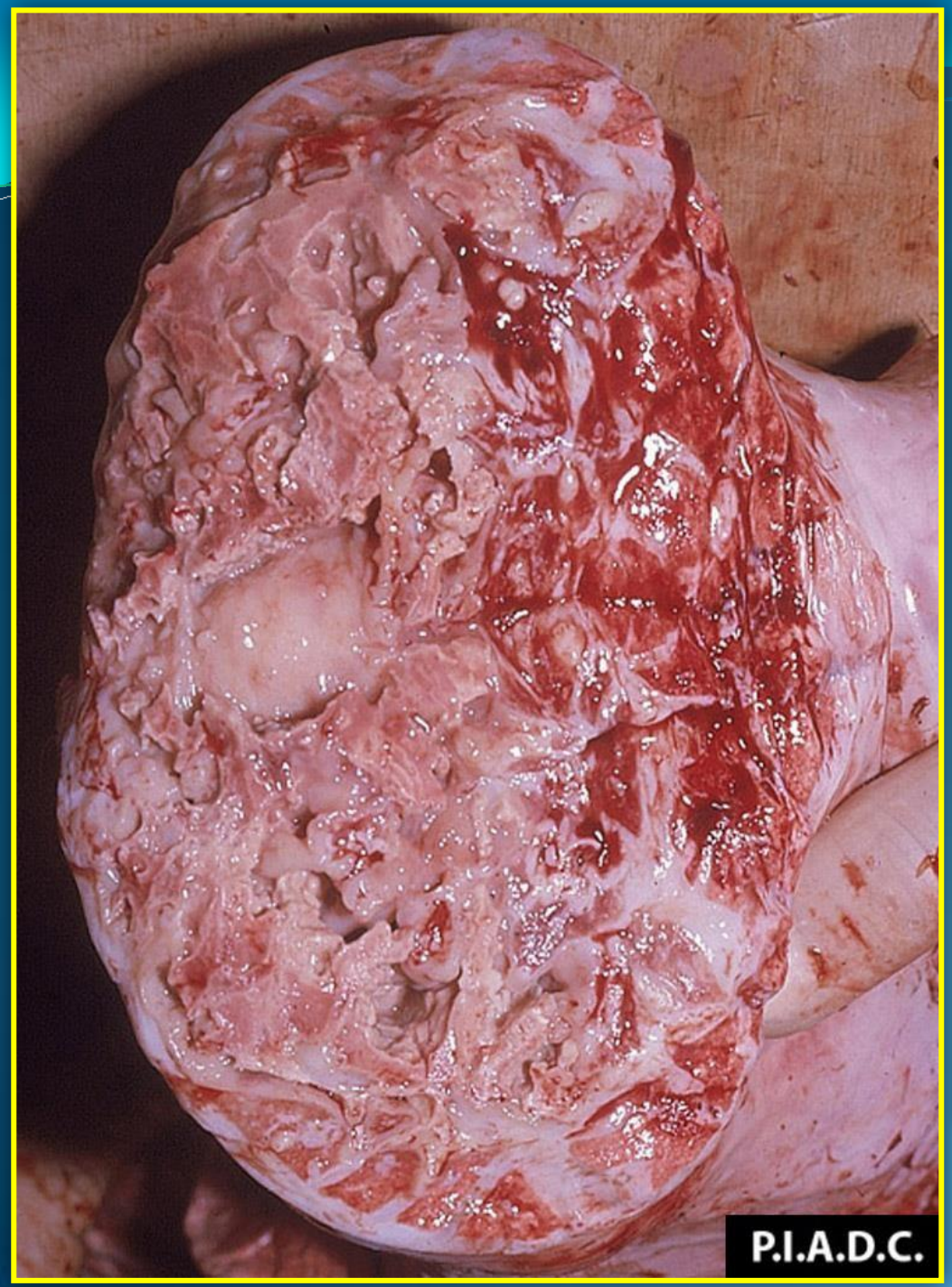
CBPP, 36 days post-infection, lungs and mediastinum. Severe, unilateral chronic fibrinous pleuropneumonia. The right caudal lung was enlarged, firm and covered by a sheet of fibrin. Further cranial in the right lung there is visible widening of the interlobular septae (edema). The left lung was unaffected. Note the widening of the mediastinum, which was due to edema and 5-10X enlargement of the mediastinal lymph nodes.

CBPP, Liver-like consistency (hepatisation) and frothy exudation from the cut surface of the lung.

CBPP, Lobar pneumonia with red hepatization and marbled appearnce of lung lobules.

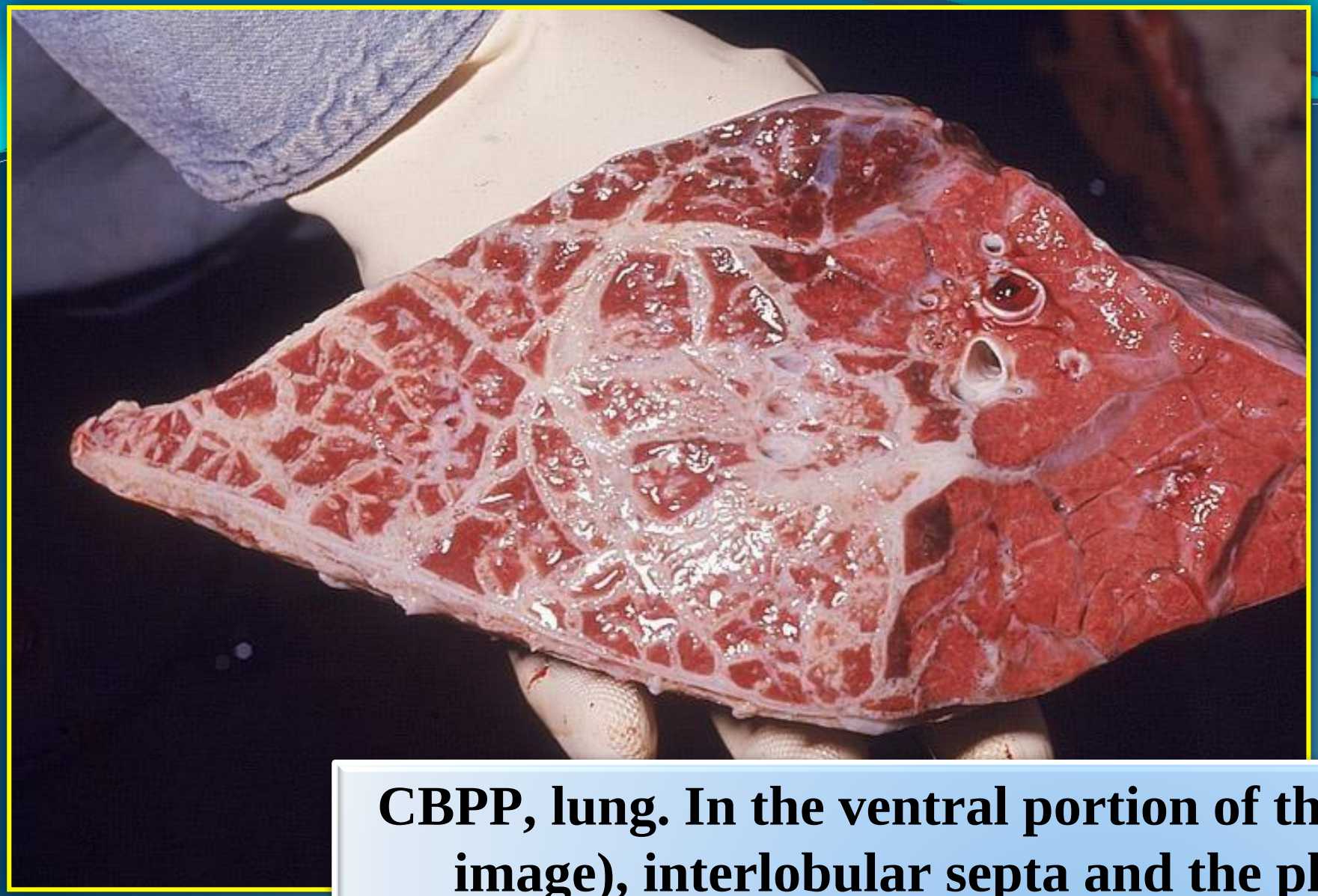
CBPP, Exudate in alveoli and interlobular septae, marbeling. Early stages.

CBPP, 36 days post-infection, sagittal section of right caudal lung. Severe, unilateral, chronic, pleuropneumonia with sequestrum formation. In the right caudal lung was a welldelineated focus of sequestered lung in which the lung parenchyma was dark red, firm and contained foci of necrosis. In the surrounding aerated lung there is marked widening of interlobular septae (edema) and proliferation of fibrous connective tissue (marbling).

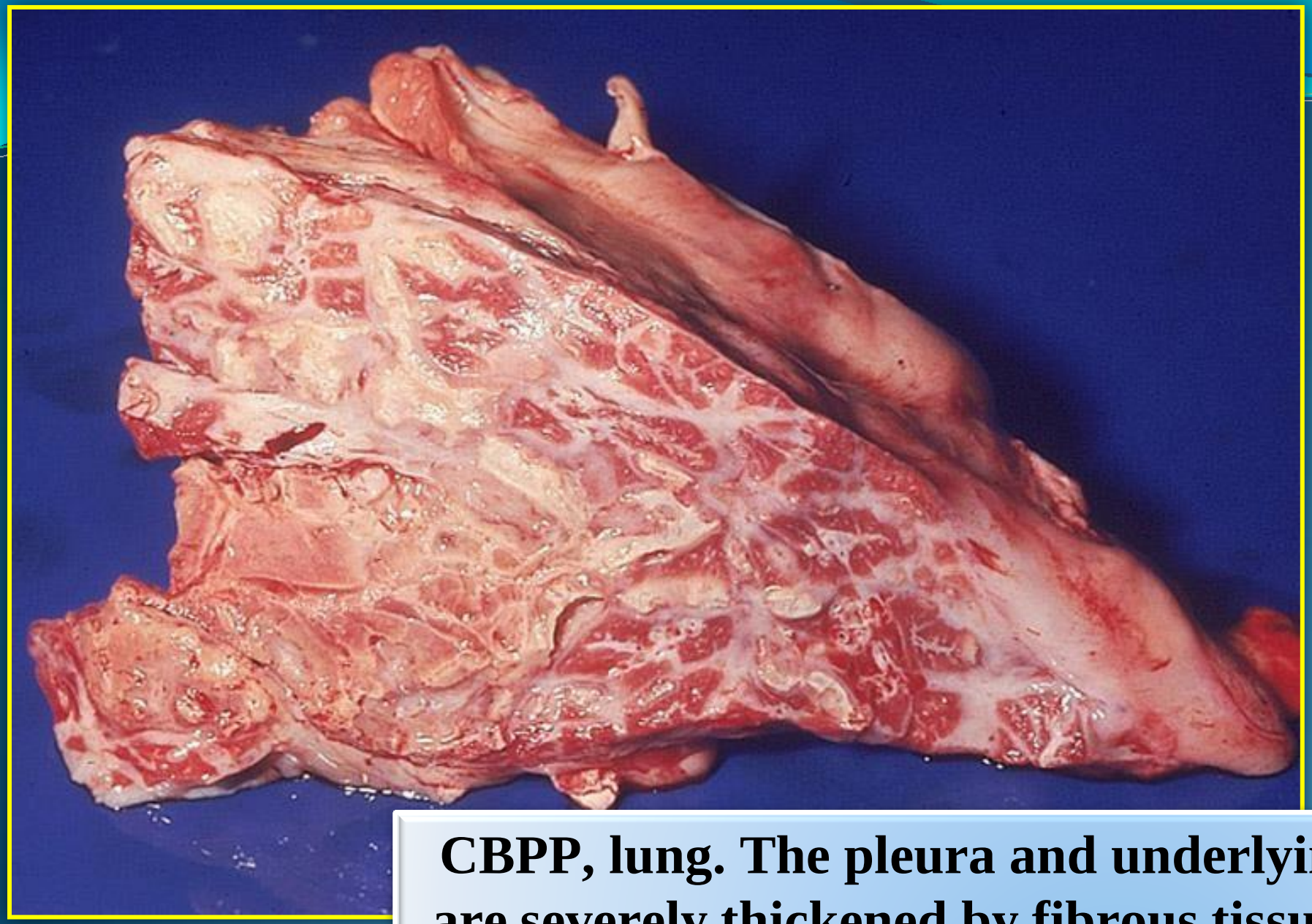


CBPP, lung. Most of the parenchyma is dull, tan, and contains multiple cavities (necrotic); since it is partially surrounded by a fibrous capsule, this necrotic zone is termed a sequestrum. In the viable tissue above and below the sequestrum, the interlobular septa are markedly thickened by fibrous tissue.

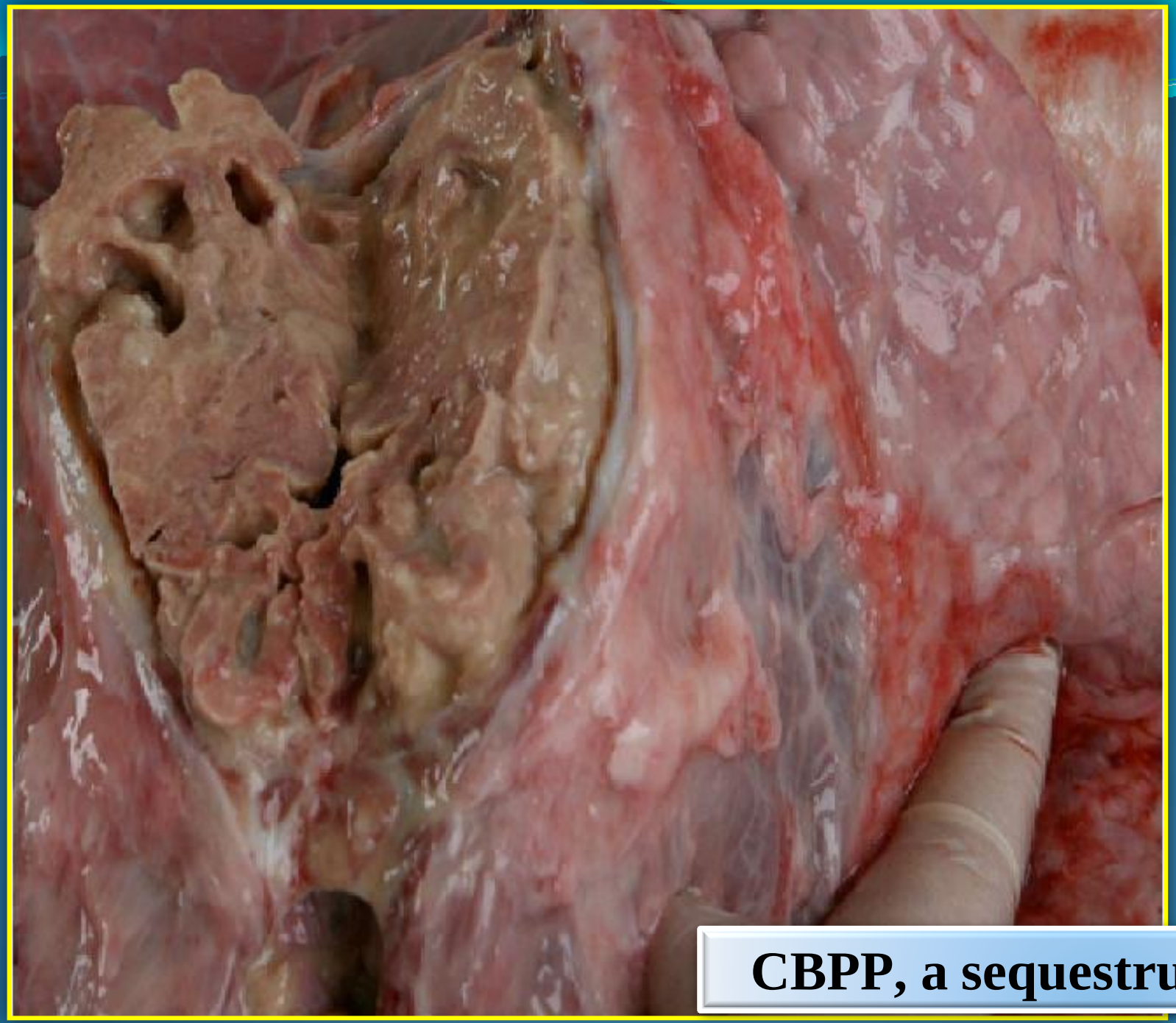
CBPP, lung. Interlobular septa are markedly thickened by fibrous tissue, and also contain small depressions (air pockets = emhysema). Lobules are reddened and wet (congestion and edema).



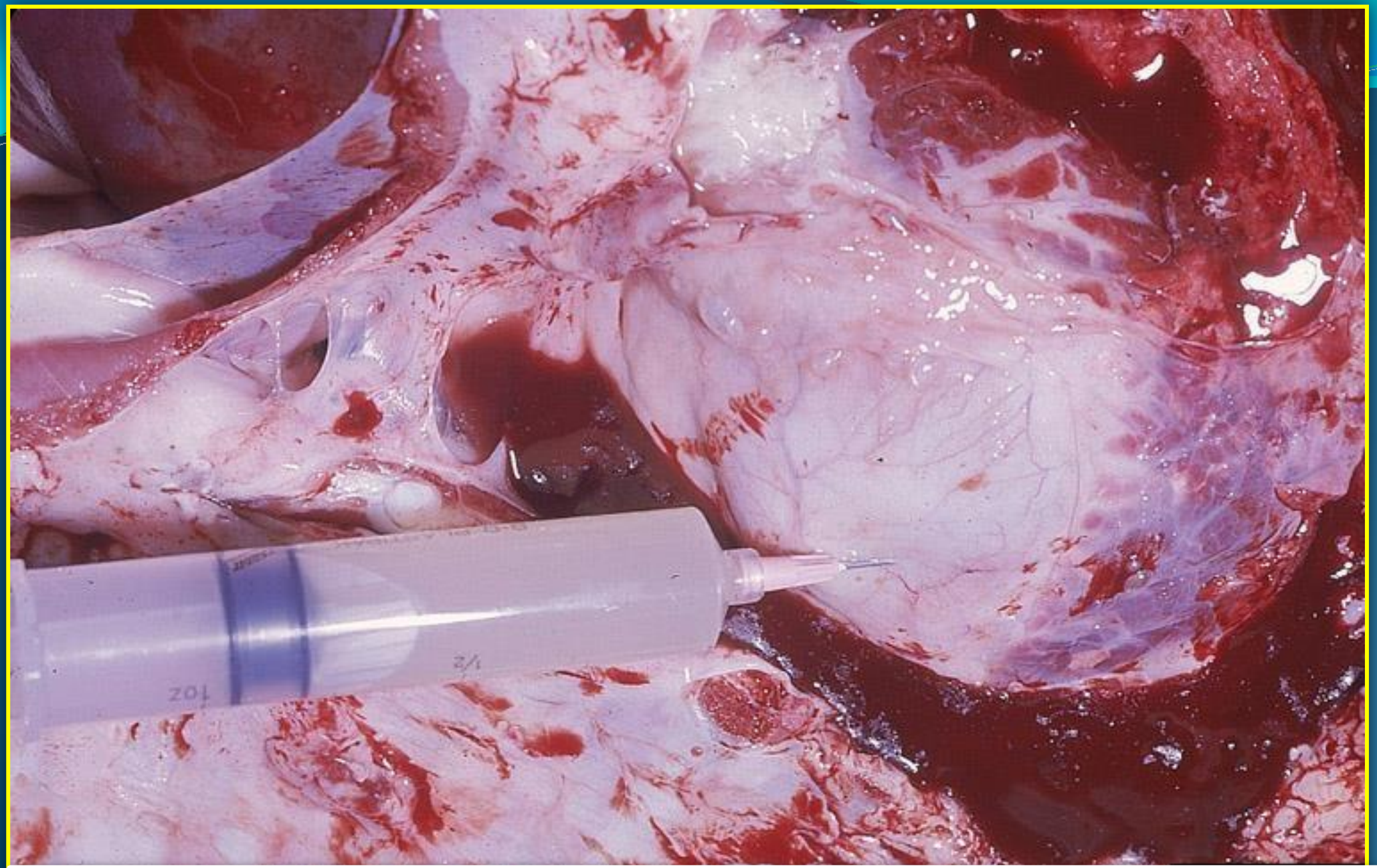
CBPP, lung. In the ventral portion of this lung (left side of the image), interlobular septa and the pleura are markedly thickened with fibrous tissue; this pneumonic lung is sharply demarcated from the relatively normal dorsal portion tissue.



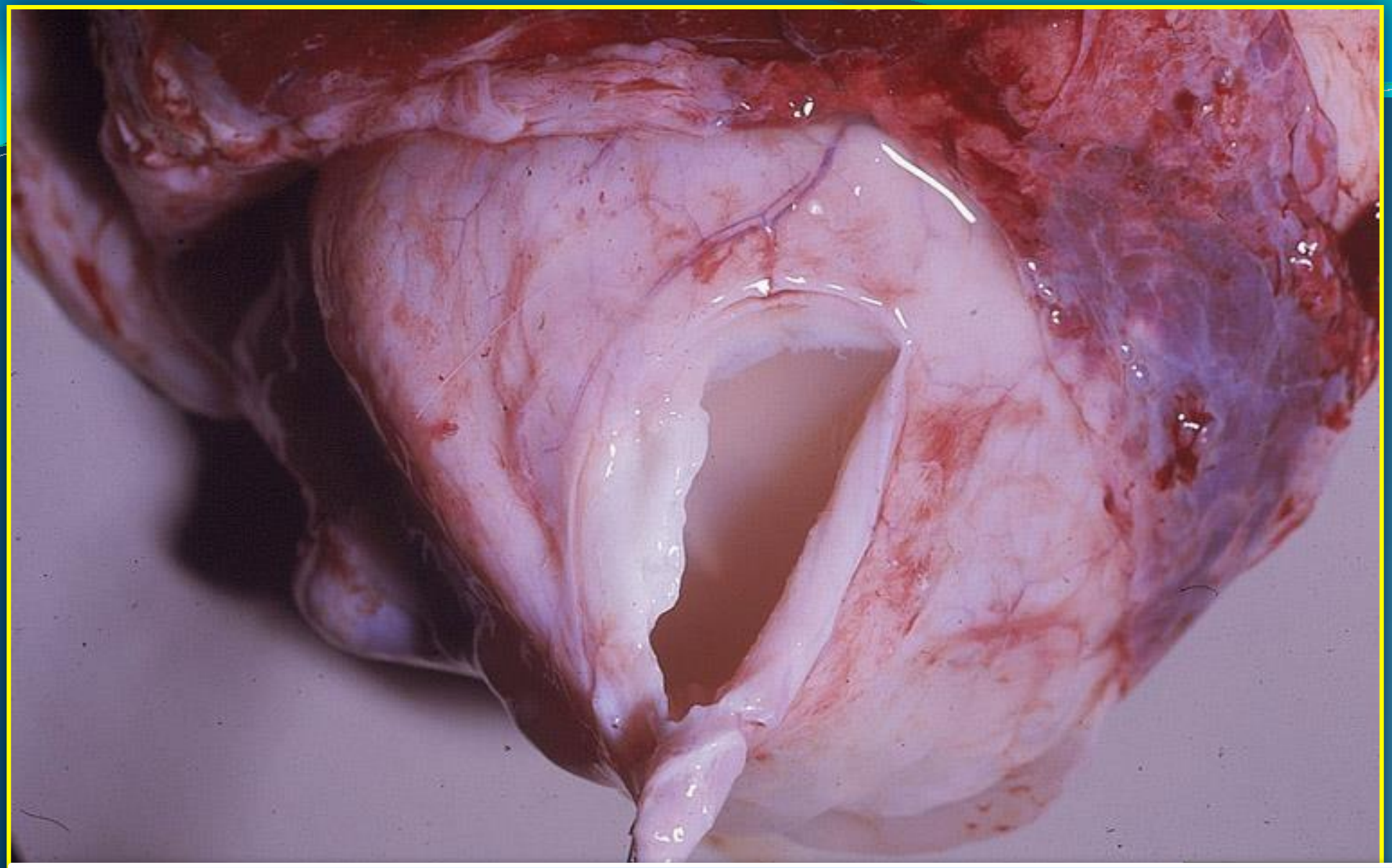
CBPP, lung. The pleura and underlying interlobular septa are severely thickened by fibrous tissue. Lung parenchyma at the lower left is dull and tan (sequestrum).



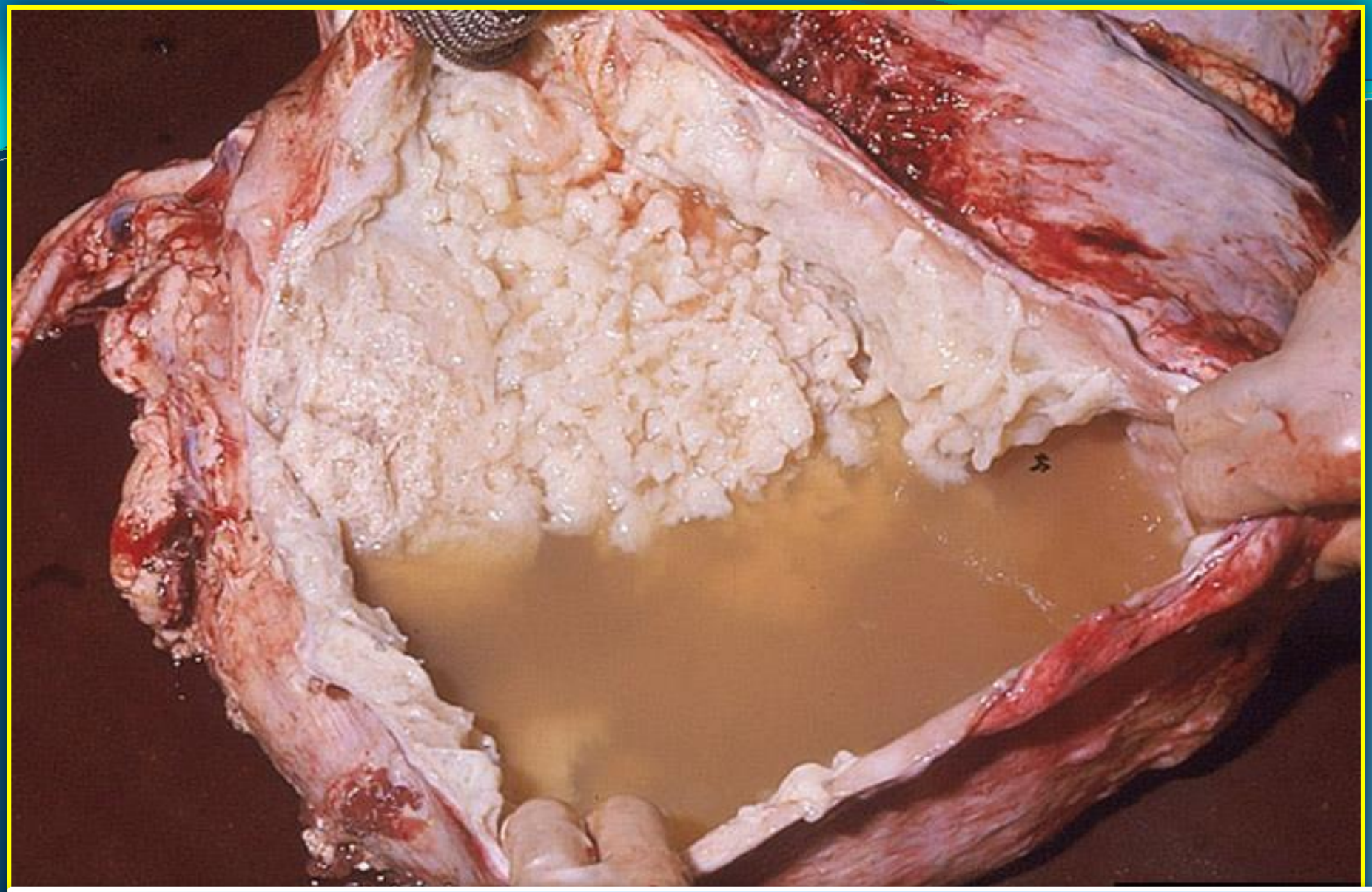
CBPP, a sequestrum in a lung.



CBPP, heart. The pericardial sac contains abundant pale turbid fluid.

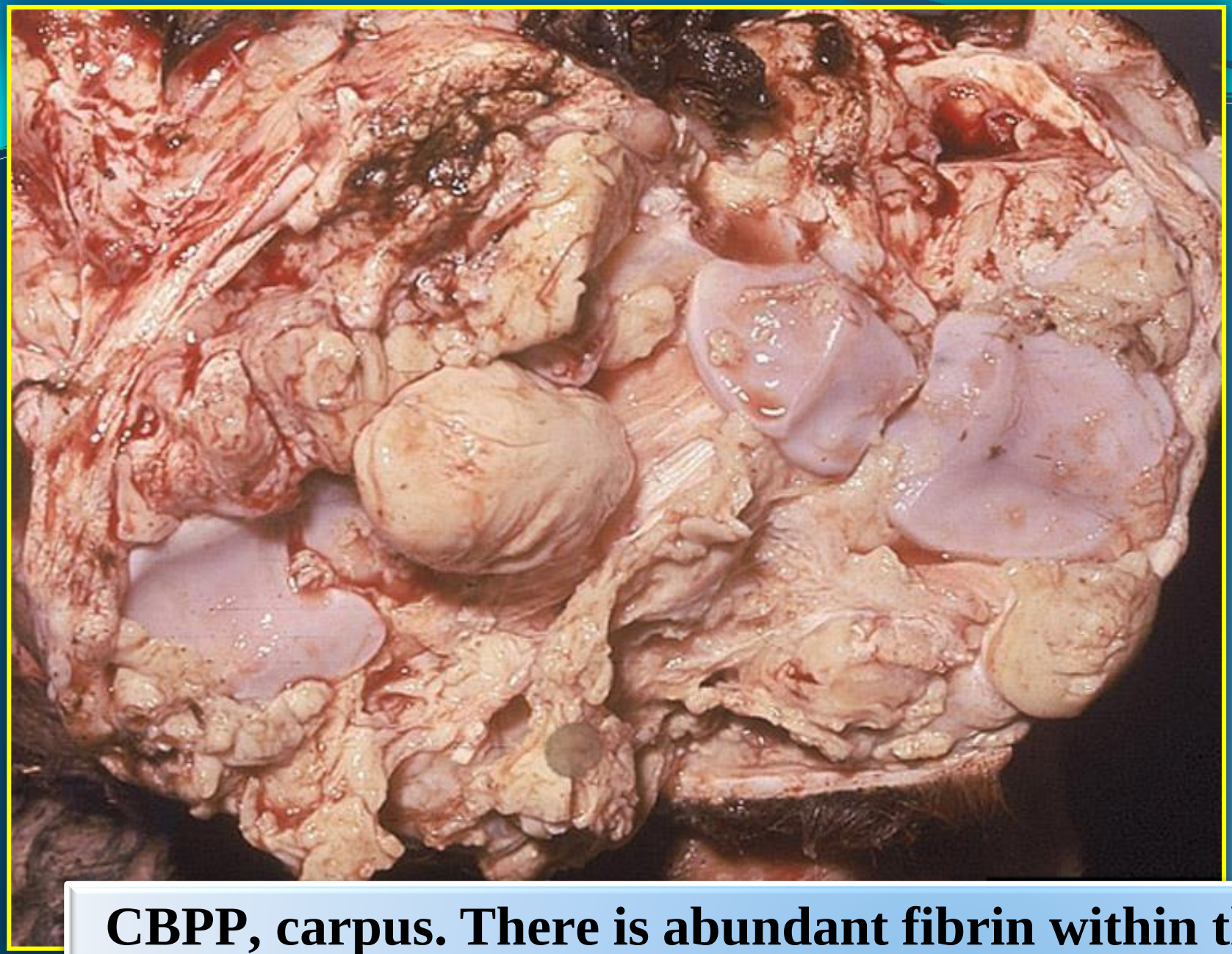


CBPP, heart. The pericardial wall is markedly thickened, and the pericardial sac contains abundant pale tan, turbid fluid.



CBPP, incised pericardium. The sac is distended with abundant turbid, tan fluid, and abundant fibrin coats the pericardial surfaces.

CBPP, carpus. The joint capsule and adjacent extensor tendon sheath are markedly thickened and contain excessive fluid. The tendon sheath synovium is congested and covered by small flecks of fibrin.



CBPP, carpus. There is abundant fibrin within the synovial space and on the synovium, and articular cartilages contain a few small erosions.

Differential Diagnosis: The differential diagnosis include *Mannheimia haemolytica* and *Mycoplasma bovis*.