

Animal Health Research Institute  
Assiut Regional Laboratory

**STUDIES ON PNEUMONIC LUNGS OF  
SLAUGHTERED BUFFALO-CALVE  
AT ASSIUT GOVERNORATE:-  
1-ATYPICAL BRONCHO-INTERSTITIAL PNEUMONIA  
(With 8 Figures)**

By

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دراسات على الإلتهاب الرئوي في عجول الجاموس المذبوحة في محافظة  
أسيوط الإلتهاب الشعبي - النسيج البيني الغير نموذجي

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أمكن تشخيص ثلاث حالات (١٢%) الإتهاب شعبي - نسيج بيني غير نموذجي في عدد خمسة وعشرين حالة التهاب في عجول الجاموس المذبوحة في مجزر محافظة أسيوط. وكانت التغيرات الباثولوجية على هيئة اجزاء صغيرة ومتعددة حمراء ارجوانية اللون في كل من الفص القلبي والفص الرئوي بجوار الحجاب الحاجز وقد اختلفت درجة الاصابة في الرئات الثلاث. وكانت أهم التغيرات الميكروسكوبية هي زيادة في عدد الخلايا المبطنه للحويصلات الهوائية والخلايا المبطنه للشعب والشعبيات الهوائية وكذلك الخلايا الموجودة في جدار الحويصلات الهوائية مع وجود خلايا عديدة الأنوية. بالاضافة إلى وجود أجسام ضمنية حمراء اللون في الخلايا المبطنه للحويصلات الهوائية والشعبيات الهوائية. كما لوحظ رشح خلوي في الحويصلات الهوائية. نوقشت النتائج واتضح أن هذه الصورة مقاربة للافات الباثولوجية الناتجة عن الاصابة بفيروس البارافلوتونزا.

**SUMMARY**

In a number of 25 pneumonic lungs, a typical broncho-interstitial pneumonia could be diagnosed in 3 cases. Gross findings revealed multiple scattered consolidated red purplish areas especially in both cardiac and diaphragmatic lobes. The degree of lung involvement varied in the three cases but reached to confluent consolidation in one case. The consistent microscopic lesions included proliferative hyperplastic changes of alveolar, septal and bronchiolar epithelium. In addition

multinucleated giant cells were prominent. Most characteristically was the presence of intracytoplasmic inclusion bodies in both the bronchiolar and alveolar epithelium. Cellular exudative changes were also seen. These microscopic lesions are basically similar to those induced by influenza viruses.

**Keywords:** *Para influenza group viruses-Lung-Buffalo-Broncho-Interstitial pneumonia.*

## INTRODUCTION

Respiratory diseases are a major source of economic losses to the cattle, buffalo and sheep industry in many parts of the world Babiuk *et al.* (1987), Wohlgemuth and Herrick (1987) and Soroor (1999).

The causes and forms of pneumonia in domestic animals are numerous and were classified into several categories. The infectious pneumonias have many causes, bacterial, viral, mycotic, parasitic or mixed infections, Darbyshire and Roberts, (1968), Gourlay *et al.* (1970), Jubb *et al.* (1985) and Mohamed *et al.* (1999). The authors added that the extrastresses of harsh climatic condition and husbandry practices and mycoplasmas probably activate respiratory viruses.

Many viruses were included in the aetiology of bronchointerstitial pneumonia in cattle, reovirus, adenovirus, infectious bovine rhinotracheitis, bovine respiratory syncytial virus, bovine virus diarrhoea, Herpesvirus, Rota virus, Parvovirus and parainfluenza, (Darbyshire, 1968 and Gourlay *et al.*, 1970, Morein and Dinter 1975, Vanden Ingh *et al.* (1982), Ultenthal *et al.*, 1996, Potgieter 1997 and Attia *et al.*, 1999).

Para influenza group of viruses play an important role in initiation of broncho-interstitial pneumonia in domestic animals. The para influenza group of viruses include type A influenza virus which causes swine influenza and equine influenza, Parainfluenza-2 which have been recovered from humans, monkeys and dogs and Parainfluenza type-3. Viral Pneumonia in Cattle.

The isolation of the parainfluenza-3 virus from cases of shipping fever, other forms of respiratory illness or even uncomplicated cases has been made repeatedly in many parts of the world. (Allan *et al.*, 1978, Bryson *et al.*, 1979, Marcato *et al.*, 1987 and Virakul *et al.*, 1997).

Viral-bacterial synergism in respiratory diseases in cattle was reported by many authors, Jakab (1982), Yates (1982).

In the present investigation a gross and histopathological findings for three cases of proliferative broncho-interstitial pneumonia in calves was carried out. On the basis of the histomorphologic alterations, a trial to relate the alterations to their etiologic agent was carried out and discussed.

### **MATERIALS and METHODS**

The present investigation is conducted on twenty five pneumonic buffalo calf lungs. They were obtained from Assiut Governorate abattoir. Lungs were examined grossly and representative samples of lung tissues were fixed in 10% neutral buffered formalin. Paraffin sections were prepared and stained with haematoxylin and eosin, Bancroft (1982).

In the present paper the pathological findings in three calves with proliferative broncho-interstitial pneumonia were fully described, illustrated and discussed.

#### **Results**

##### **Gross findings:**

Although the pulmonary lesions in the three cases were basically the same, they differ only in the extent of lung involvement. The lesions involved both right and left lungs but consistently present in cardiac and diaphragmatic lobes especially in the cranioventral regions. Varying-sized, multiple and red purplish areas of consolidation were prominent. In one calf the areas of consolidation were coalesced and appeared confluent.

##### **Microscopic Findings:**

The grossly consolidated areas appeared microscopically as areas of proliferative pneumonia. The septal cells were hypertrophied and hyperplastic inducing varying degrees of septal thickening (Fig. 1). The alveolar air spaces appeared either atelectatic, compressed narrow slit like openings, or appeared as emphysematous over distended alveoli.

In many areas proliferative alveolitis was prominent. In the alveolar lumina, mononuclear macrophages were recognized. Some of these macrophages were binucleated and even multinucleated, (Fig.2). Some of these cells revealed rounded eosinophilic intracytoplasmic inclusions (Fig.3). The latter are mostly surrounded by a clear hallow zone. Most of the alveolar spaces are packed with cellular exudate. The cellular exudate consists of proliferated alveolar epithelium, mononuclear macrophages and few neutrophils (Fig. 4). Some alveoli

revealed fibrinous like exudate infiltrated with a less number of neutrophils. Some alveoli are partially or completely reepithelialized. Regarding the intrapulmonary air conducting system, the alterations are present in both bronchi and bronchioles but mostly prominent in the bronchioles. The epithelial lining showed proliferative hyperplasia with intraluminal papillary ingrowths (Fig. 5). Many of bronchiolar epithelial cells showed intracytoplasmic acidophilic inclusions (Fig 6). They are nearly of moderate size and each is surrounded by a hallow zone. Some bronchioles revealed intraluminal neutrophilic cellular exudate (Fig. 7). Sometimes the exudate contains necrotic and desquamated epithelial cells. In some bronchioles the inflammatory process involves the whole bronchiolar wall either acutely or chronically. Some areas show chronic bronchiolitis in which the bronchioles appeared with destructed wall and obliterated lumen, Fig. 8) Many bronchioles revealed peribronchiolar lymphoid hyperplastic changes. The peribronchial lymphoid hyperplasia appeared as peribronchial lymphoid nodules.

In one case, the pulmonary vascular ramifications showed features of vasculitis with proliferative and alterative changes in their intimal endothelium, medial cells. Adventitial inflammatory cell infiltrations was also noticed.

### DISCUSSION

Bronchointerstitial pneumonia is seen in many viral infections. Carlton and Mc Gavin (1995), mentioned that the principal lesions are air way epithelial damage and proliferation of pneumocyte type II. Marcato *et al.* (1987), and Rubin and Farber (1994) reported that viral infections of the pulmonary parenchyma produce interstitial, rather than alveolar pneumonia and diffuse alveolar damage.

In the present work septal thickening with cellular infiltrations is a prominent feature. In addition alveolar cell as well as bronchial epithelial damage were seen in all of the examined cases. The proliferative hyperplastic alterations in both of the alveolar and air way conducting system was noticed also by Bryson *et al.* (1983) and Viuff *et al.* (1996).

These proliferative changes could be related either directly to the insult or even partially to cover the epithelial cleft left by necrosis of the cells caused by the etiologic agent.

In our results many alveolar spaces were packed with cellular exudate which consists of proliferated alveolar epithelium, mononuclear,





macrophages, few neutrophils and desquamated epithelial cells. The alveolar exudate could be probably attributed to the damage of the alveolocytes which disrupted their tight junction and permitted the exudation from the interstitium into the alveolar spaces. In the present paper the presence of neutrophils in the alveolar exudate is either an expression for the acute process initiated by the necrotic debris or could be related to secondary bacterial infection. Although in most bacterial infections the intralveolar exudate predominates and the interstitium is incidentally involved.

In some alveoli partial or complete reepithelialization was noticed. This is also related to the regenerative hypertrophic proliferation of pneumocyte type II cells.

The most important viruses which cause bronchointerstitial pneumonia in cattle were infectious bovine rhinotracheitis, bovine respiratory syncytial virus, Herpes virus and par-influenza viruses, Marcato *et al.* (1987) Virakul *et al.* (1997) and Rusval and Fodor (1998). Necrotizing bronchiolitis necrosis of type I pneumocytes with hyperplasia of type II pneumocytes and mild interstitial reaction was also described by Carlton and McGavin (1995). In the present paper atelectasis and emphysematous alveoli were seen. Atelectasis could be related to the obstruction of the Conducting air ways by cellular proliferation and necrotic exudate. In addition pressure of the alveoli by the interstitial reaction can not be neglected. The overinflation of some alveoli is a compensatory mechanism. The prominent lesions in bovine Syncytial virus infection are acute bronchiolitis and syncytial giant cell formation, Kimman *et al.* (1989), Viuff *et al.* (1996). The proliferating bronchiolar epithelial cells may contain acidophilic intracytoplasmic inclusion bodies, (Jacobs and Edington, 1975; Thamas *et al.*, 1982, Trigo *et al.*, 1984, Baker *et al.*, 1986 and Redondo *et al.*, 1994 discussed the interaction between bovine respiratory syncytial virus and pasteurilla infection in the ovine lung. The authors described supportive bronchopneumonia, columnar, cuboidal, hemispheric or squamous, syncytial giant cells with intracytoplasmic inclusions. Syncytial giant cells could not be observed in our results.

In case of bovine rhinotracheitis virus infection the viral replication, the epithelial damage and the characteristic inclusions are mainly in the upper respiratory tract in natural infections (Jubb *et al.* 1985). Although we have dealt with the lung parenchyma, no history for other forms of rhinotracheitis viral infection was reported.

In the present paper, the histomorphological differences probably exclude this type of infection. In our investigation the alveolar and bronchiolar reactions as well as the interstitial pneumonia with the presence of the acidophilic intracytoplasmic inclusions give resemblance to the histomorphological picture described in parainfluenza virus (Dawson *et al.*, 1965, Bryson *et al.*, 1978, 1979; Allan *et al.*, 1978, Jubb *et al.*, 1985 and Carlton and McGavin 1995). Omar *et al.*, (1966) described also similar picture in colostrum-deprived calves. In the present investigation have seen that the exudations into the alveolar spaces are more copious and extensive. Darbyshire *et al.* (1966) Omar *et al.* (1966) and Coele (1971) stated that more alveolar exudation in parainfluenza viral pneumonia than in adeno-and Reo-viral pneumonia was present. The later authors reported also that the proliferative bronchiolitis is of greater exuberance than that in reoviral infection. The bronchio-alveolar and interstitial involvement and the presence of inclusion bodies in bronchiolar and alveolar epithelium in the present investigation may indicate parainfluenza type three infection.

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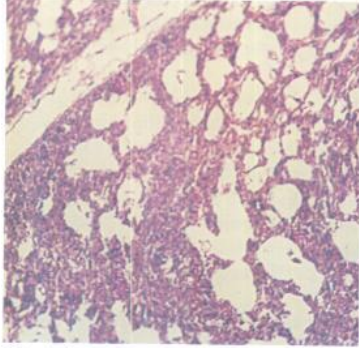


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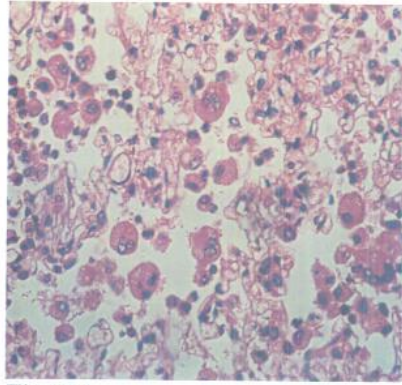
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#### LIST OF FIGURES

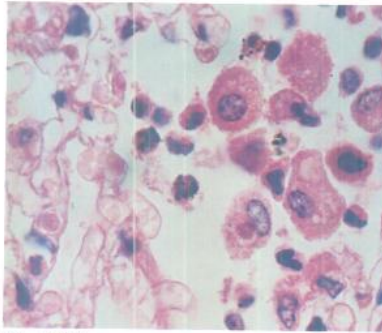
- Fig. 1:** Lung showing septal thickning. H&E. (x100).
- Fig. 2:** Lung showing mononucleated, binucleated and multinucleated alveolar macrophages. H&E. (x400).
- Fig. 3:** Lung showing eosinophilic intracytoplasmic inclusion in alveolar macrophages. H&E. (x1000).
- Fig. 4:** Lung showing cellular exudate in alveolar epithelium. The exudate consists of proliferative cells, macrophages and few neutrophils. H&E. (x250).
- Fig. 5:** Lung showing papillary hyperplasia of the bronchiolar epithelium. H&E. (x250).
- Fig. 6:** Lung showing acidophilic intracytoplasmic inclusions in bronchiolar epithelium. H&E. (x400).
- Fig. 7:** Lung showing neutrophilic exudate within the bronchiolar lung. H&E. (x250).
- Fig. 8:** Lung showing proliferative and necrotic bronchiolitis. H&E. (x250).



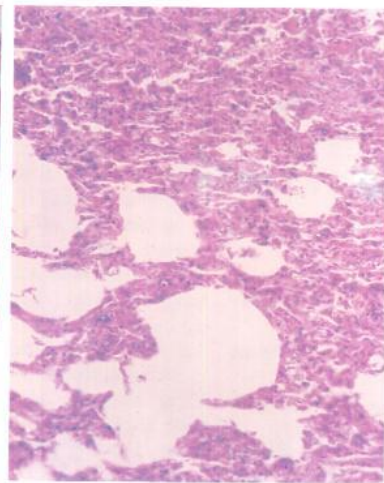
**Fig ( 1 )**



**Fig ( 2 )**

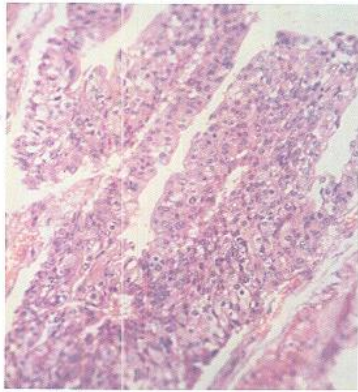


**Fig ( 3 )**

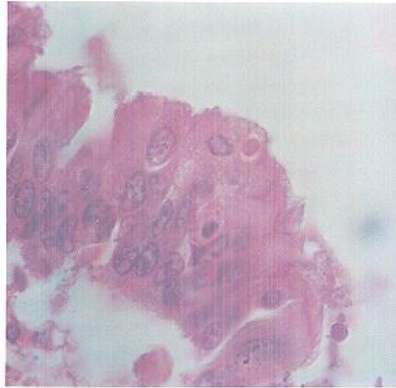


**Fig ( 4 )**

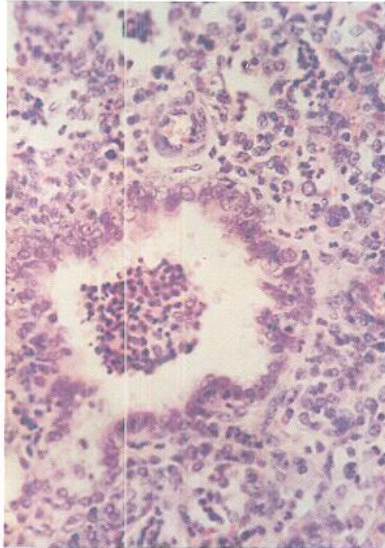




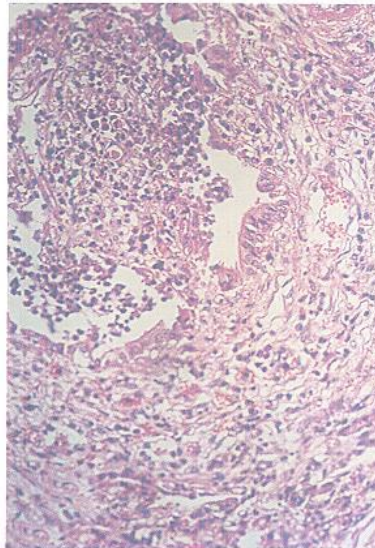
**Fig ( 5 )**



**Fig ( 6 )**



**Fig ( 7 )**



**Fig ( 8 )**