

TDMS No. 99002 - 03

Test Type: 90-DAY

Route: DOSED WATER

Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

o-Chloropyridine

CAS Number: 109-09-1

Date Report Requested: 01/15/2009

Time Report Requested: 08:39:57

First Dose M/F: 07/28/03 / 07/29/03

Lab: MBA

F2_R2

C Number: C99002B

Lock Date: 12/16/2004

Cage Range: ALL

Date Range: ALL

Reasons For Removal: ALL

Removal Date Range: ALL

Treatment Groups: Include ALL

Study Gender: Both

TDMSE Version: 2.1.0

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DAY ON TEST	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0
	9	9	9	9	9	9	9	9	9	9
	2	2	2	2	2	2	2	2	2	2
FISCHER 344 RATS MALE	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	1
	1	2	3	4	5	6	7	8	9	0

*** TOTALS****ALIMENTARY SYSTEM**

Esophagus	+	+	+	+	+	+	+	+	+	+	10
Intestine Large, Cecum	+	+	+	+	+	+	+	+	+	+	10
Intestine Large, Colon	+	+	+	+	+	+	+	+	+	+	10
Intestine Large, Rectum	+	+	+	+	+	+	+	+	+	+	10
Intestine Small, Duodenum	+	+	+	+	+	+	+	+	+	+	10
Intestine Small, Ileum	+	+	+	+	+	+	+	+	+	+	10
Intestine Small, Jejunum	+	+	+	+	+	+	+	+	+	+	10
Liver Bile Duct, Hyperplasia	+	+	+	+	+	+	+	+	+	1	1 1.0
Pancreas	+	+	+	+	+	+	+	+	+	+	10
Salivary Glands Parotid Gland, Basophilic Focus	+	I	+	+	+	+	+	+	+	X	9 2
Stomach, Forestomach	+	+	+	+	+	+	+	+	+	+	10

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x .. Lesion present

I .. Insufficient tissue

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DAY ON TEST	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0
	9	9	9	9	9	9	9	9	9	9
	2	2	2	2	2	2	2	2	2	2
FISCHER 344 RATS MALE	0	0	0	0	0	0	0	0	0	0
ANIMAL ID	0	0	0	0	0	0	0	0	0	0
VEHICLE CONTROL	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0
	1	2	3	4	5	6	7	8	9	0
	* TOTALS									
Stomach, Glandular	+	+	+	+	+	+	+	+	+	+
										10

CARDIOVASCULAR SYSTEM

Blood Vessel	+	+	+	+	+	+	+	+	+	+
										10
Heart	+	+	+	+	+	+	+	+	+	+
Cardiomyopathy				2			1	1	1	10
Inflammation, Chronic						2				

ENDOCRINE SYSTEM

Adrenal Cortex	+	+	+	+	+	+	+	+	+	+
Zona Fasciculata, Vacuolization	1	1	1	1	1	1	1	1	1	1
Cytoplasmic										
Adrenal Medulla	+	+	+	+	+	+	+	+	+	+
										10
Islets, Pancreatic	+	+	+	+	+	+	+	+	+	+
										10
Parathyroid Gland	+	+	+	+	M	+	+	+	+	+
										9
Pituitary Gland	+	+	+	+	+	+	+	+	+	+
										10
Thyroid Gland	+	+	+	+	+	+	+	+	+	+
Cyst										10
										1

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	0	0	0	0	0	0	0	0	0	0
	9	9	9	9	9	9	9	9	9	9
	2	2	2	2	2	2	2	2	2	2
FISCHER 344 RATS MALE	0	0	0	0	0	0	0	0	0	0
ANIMAL ID	0	0	0	0	0	0	0	0	0	0
VEHICLE CONTROL	0	0	0	0	0	0	0	0	0	0
	1	2	3	4	5	6	7	8	9	0
	* TOTALS									
Ectopic Thymus	X									
	1									

GENERAL BODY SYSTEM

NONE

GENITAL SYSTEM

Epididymis	+	+	+	+	+	+	+	+	+	+	10
Preputial Gland	+	+	+	+	+	+	+	+	+	+	10
Prostate	+	+	+	+	+	+	+	+	+	+	10
Seminal Vesicle	+	+	+	+	+	+	+	+	+	+	10
Testes	+	+	+	+	+	+	+	+	+	+	10

HEMATOPOIETIC SYSTEM

Bone Marrow Hyperplasia	+	+	+	+	+	+	+	+	+	+	10
											1 1.0
Lymph Node, Mandibular	M	M	M	M	M	M	M	M	M	M	0

Lymph Node, Mesenteric	+	+	+	+	+	+	+	+	+	+	10
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	0	0	0	0	0	0	0	0	0	0
	9	9	9	9	9	9	9	9	9	9
	2	2	2	2	2	2	2	2	2	2
FISCHER 344 RATS MALE	0	0	0	0	0	0	0	0	0	
	0	0	0	0	0	0	0	0	0	
	0	0	0	0	0	0	0	0	0	
	0	0	0	0	0	0	0	0	0	
	1	2	3	4	5	6	7	8	9	0

*** TOTALS**

Spleen	+	+	+	+	+	+	+	+	+	+	10
Congestion						1	1	1	1		4 1.0
Hematopoietic Cell Proliferation						2	1	2	2		4 1.8
Pigmentation	1	1	1	1	1	1	1	1	1	1	10 1.0
Thymus	+	+	+	+	+	+	+	+	+	+	10

INTEGUMENTARY SYSTEM

Mammary Gland	+	M	+	+	+	M	+	+	+	+	8
Skin	+	+	+	+	+	+	+	+	+	+	10

MUSCULOSKELETAL SYSTEM

Bone	+	+	+	+	+	+	+	+	+	+	10
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NERVOUS SYSTEM

Brain	+	+	+	+	+	+	+	+	+	+	10
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RESPIRATORY SYSTEM

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	DAY ON TEST	0	0	0	0	0	0	0	0	0
		0	0	0	0	0	0	0	0	0
FISCHER 344 RATS MALE		9	9	9	9	9	9	9	9	9
VEHICLE CONTROL		2	2	2	2	2	2	2	2	2
		0	0	0	0	0	0	0	0	0
	ANIMAL ID	0	0	0	0	0	0	0	0	0
		0	0	0	0	0	0	0	0	0
		0	0	0	0	0	0	0	0	1
		1	2	3	4	5	6	7	8	9
										* TOTALS
Lung		+	+	+	+	+	+	+	+	10
Infiltration Cellular, Mononuclear Cell, Focal										1 1.0
Metaplasia, Osseous							1			2 1.0
Alveolus, Hemorrhage, Focal							1			1 1.0
Nose		+	+	+	+	+	+	+	+	10
Trachea		+	+	+	+	+	+	+	+	10

SPECIAL SENSES SYSTEM										
Eye		+	+	+	+	+	+	+	+	10
Posterior Chamber, Developmental Malformation							X			1
Harderian Gland		+	+	+	+	+	+	+	+	10

URINARY SYSTEM										
Kidney		+	+	+	+	+	+	+	+	10
Nephropathy			1		1		1			3 1.0
Renal Tubule, Accumulation, Hyaline Droplet		1	2	2	2	2	2	3	2	10 2.1
Urinary Bladder		+	+	+	+	+	+	+	+	10

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	0	0	0	0	0	0	0	0	0	0
	9	9	9	9	9	9	9	9	9	9
	2	2	2	2	2	2	2	2	2	2
FISCHER 344 RATS MALE 10 PPM	0	0	0	0	0	0	0	0	0	*
	0	0	0	0	0	0	0	0	0	TOTALS
	0	0	0	0	0	0	0	0	0	
	1	1	1	1	1	1	1	1	1	2
	1	2	3	4	5	6	7	8	9	0

ALIMENTARY SYSTEM

Liver	+	+	+	+	+	+	+	+	+	+	10
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CARDIOVASCULAR SYSTEM

NONE

ENDOCRINE SYSTEM

NONE

GENERAL BODY SYSTEM

NONE

GENITAL SYSTEM

NONE

HEMATOPOIETIC SYSTEM

Bone Marrow	+	+	+	+	+	+	+	+	+	+	10
Spleen	+	+	+	+	+	+	+	+	+	+	10
Congestion										1	1.0
Hematopoietic Cell Proliferation	2	2		2	2	2	2	2	2		8 2.0
Pigmentation	1	1	1	1	1	1	1	1	1		10 1.0

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DAY ON TEST	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0
	9	9	9	9	9	9	9	9	9	9
	2	2	2	2	2	2	2	2	2	2
FISCHER 344 RATS MALE ANIMAL ID 10 PPM	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0
	1	1	1	1	1	1	1	1	1	2
	1	2	3	4	5	6	7	8	9	0
	* TOTALS									

INTEGUMENTARY SYSTEM

NONE

MUSCULOSKELETAL SYSTEM

NONE

NERVOUS SYSTEM

NONE

RESPIRATORY SYSTEM

NONE

SPECIAL SENSES SYSTEM

NONE

URINARY SYSTEM

Kidney	+	+	+	+	+	+	+	+	+	+	10
Mineralization						1					1 1.0
Nephropathy					1	1					2 1.0
Renal Tubule, Accumulation, Hyaline Droplet	3	2	1	1	2	3	3	3	3	3	10 2.4

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DAY ON TEST	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0
	9	9	9	9	9	9	9	9	9	9
	2	2	2	2	2	2	2	2	2	2
FISCHER 344 RATS MALE 30 PPM	0	0	0	0	0	0	0	0	0	*
	0	0	0	0	0	0	0	0	0	TOTALS
	0	0	0	0	0	0	0	0	0	
	2	2	2	2	2	2	2	2	3	
	1	2	3	4	5	6	7	8	9	0

ALIMENTARY SYSTEM

Liver	+	+	+	+	+	+	+	+	+	+	10
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CARDIOVASCULAR SYSTEM

NONE

ENDOCRINE SYSTEM

NONE

GENERAL BODY SYSTEM

NONE

GENITAL SYSTEM

NONE

HEMATOPOIETIC SYSTEM

Bone Marrow	+	+	+	+	+	+	+	+	+	+	10
Hyperplasia		1		1							2 1.0
Spleen	+	+	+	+	+	+	+	+	+	+	10
Congestion		1				1					2 1.0
Hematopoietic Cell Proliferation	2		2	1	2	2	2				6 1.8

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DAY ON TEST	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0
	9	9	9	9	9	9	9	9	9	9
	2	2	2	2	2	2	2	2	2	2
FISCHER 344 RATS MALE ANIMAL ID 30 PPM	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0
	2	2	2	2	2	2	2	2	2	3
	1	2	3	4	5	6	7	8	9	0
	* TOTALS									
Pigmentation	1	2	1	2	1	1	2	1	1	1
										10 1.3

INTEGUMENTARY SYSTEM

NONE

MUSCULOSKELETAL SYSTEM

NONE

NERVOUS SYSTEM

NONE

RESPIRATORY SYSTEM

NONE

SPECIAL SENSES SYSTEM

NONE

URINARY SYSTEM

Kidney	+	+	+	+	+	+	+	+	+	+	10
Nephropathy	1	1	1	1							5 1.0
Renal Tubule, Accumulation, Hyaline Droplet	3	2	1	2	2	3	3	2	3	2	10 2.3

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	0	0	0	0	0	0	0	0	0	0
	9	9	9	9	9	9	9	9	9	9
	2	2	2	2	2	2	2	2	2	2
FISCHER 344 RATS MALE 100 PPM	0	0	0	0	0	0	0	0	0	*
	0	0	0	0	0	0	0	0	0	TOTALS
	0	0	0	0	0	0	0	0	0	
	3	3	3	3	3	3	3	3	3	4
	1	2	3	4	5	6	7	8	9	0

ALIMENTARY SYSTEM

Liver	+	+	+	+	+	+	+	+	+	+	10
-------	---	---	---	---	---	---	---	---	---	---	----

CARDIOVASCULAR SYSTEM

NONE

ENDOCRINE SYSTEM

NONE

GENERAL BODY SYSTEM

NONE

GENITAL SYSTEM

NONE

HEMATOPOIETIC SYSTEM

Bone Marrow	+	+	+	+	+	+	+	+	+	+	10
Hyperplasia					1						1 1.0
Spleen	+	+	+	+	+	+	+	+	+	+	10
Hematopoietic Cell Proliferation	1	2	2				2	1	2		6 1.7
Pigmentation	1	1	1	1	1	1	1	1	1	1	10 1.0

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DAY ON TEST	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0
	9	9	9	9	9	9	9	9	9	9
	2	2	2	2	2	2	2	2	2	2
FISCHER 344 RATS MALE 100 PPM	0	0	0	0	0	0	0	0	0	*
	0	0	0	0	0	0	0	0	0	TOTALS
	0	0	0	0	0	0	0	0	0	
	3	3	3	3	3	3	3	3	3	4
	1	2	3	4	5	6	7	8	9	0

INTEGUMENTARY SYSTEM

NONE

MUSCULOSKELETAL SYSTEM

NONE

NERVOUS SYSTEM

NONE

RESPIRATORY SYSTEM

NONE

SPECIAL SENSES SYSTEM

NONE

URINARY SYSTEM

Kidney	+	+	+	+	+	+	+	+	+	10
Nephropathy	1			1	1	1	1	1		6
Renal Tubule, Accumulation, Hyaline Droplet	1	2	2	1		2	2	1	2	9

1.0
1.8

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	0	0	0	0	0	0	0	0	0	0
	9	9	9	9	9	9	9	9	9	9
	2	2	2	2	2	2	2	2	2	2
FISCHER 344 RATS MALE 300 PPM	0	0	0	0	0	0	0	0	0	*
	0	0	0	0	0	0	0	0	0	TOTALS
	0	0	0	0	0	0	0	0	0	
	4	4	4	4	4	4	4	4	5	
	1	2	3	4	5	6	7	8	9	0

ALIMENTARY SYSTEM

Liver	+	+	+	+	+	+	+	+	+	+	10
Hepatodiaphragmatic Nodule						X					1
Hepatocyte, Vacuolization Cytoplasmic	1	1	1	1			1	1			6 1.0

CARDIOVASCULAR SYSTEM

NONE

ENDOCRINE SYSTEM

NONE

GENERAL BODY SYSTEM

NONE

GENITAL SYSTEM

NONE

HEMATOPOIETIC SYSTEM

Bone Marrow
Hyperplasia

+	+	+	+	+	+	+	+	+	+	+	10
1	1	1	1	1	1	1	1	1	1	1	9 1.0

Spleen

+	+	+	+	+	+	+	+	+	+	+	10

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+ .. Tissue examined microscopically

x .. Lesion present

l .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

TDMS No. 99002 - 03

Test Type: 90-DAY

Route: DOSED WATER

Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

o-Chloropyridine

CAS Number: 109-09-1

Date Report Requested: 01/15/2009

Time Report Requested: 08:39:57

First Dose M/F: 07/28/03 / 07/29/03

Lab: MBA

DAY ON TEST	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0
	9	9	9	9	9	9	9	9	9	9
	2	2	2	2	2	2	2	2	2	2
FISCHER 344 RATS MALE ANIMAL ID 300 PPM	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0
	4	4	4	4	4	4	4	4	4	5
	1	2	3	4	5	6	7	8	9	0
	* TOTALS									
Congestion	1	1	1	1	1	1	1	1	1	7 1.0
Hematopoietic Cell Proliferation	2	2	2	2	2	2	2	2	2	10 2.0
Pigmentation	2	2	2	2	2	2	2	2	2	10 2.0

INTEGUMENTARY SYSTEM

NONE

MUSCULOSKELETAL SYSTEM

NONE

NERVOUS SYSTEM

NONE

RESPIRATORY SYSTEM

NONE

SPECIAL SENSES SYSTEM

NONE

URINARY SYSTEM

Kidney	+	+	+	+	+	+	+	+	+	10
Nephropathy		1		1				1		3 1.0
Renal Tubule, Accumulation, Hyaline Droplet	1	1	1	1	2					5 1.2

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TDMS No. 99002 - 03

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Species/Strain: RATS/F 344/N

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o-Chloropyridine

CAS Number: 109-09-1

Date Report Requested: 01/15/2009

Time Report Requested: 08:39:57

First Dose M/F: 07/28/03 / 07/29/03

Lab: MBA

DAY ON TEST	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0
	9	9	9	9	9	9	9	9	9	9
	2	2	2	2	2	2	2	2	2	2
.....										
FISCHER 344 RATS MALE	0	0	0	0	0	0	0	0	0	0
ANIMAL ID	0	0	0	0	0	0	0	0	0	0
300 PPM	0	0	0	0	0	0	0	0	0	0
	4	4	4	4	4	4	4	4	4	5
	1	2	3	4	5	6	7	8	9	0

* TOTALS

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+ .. Tissue examined microscopically

x .. Lesion present

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TDMS No. 99002 - 03

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Species/Strain: RATS/F 344/N

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o-Chloropyridine

CAS Number: 109-09-1

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Time Report Requested: 08:39:57

First Dose M/F: 07/28/03 / 07/29/03

Lab: MBA

DAY ON TEST	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0
	9	9	9	9	9	9	9	9	9	9
	2	2	2	2	2	2	2	2	2	2
FISCHER 344 RATS MALE 1000 PPM	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0
	5	5	5	5	5	5	5	5	5	6
	1	2	3	4	5	6	7	8	9	0
	* TOTALS									

ALIMENTARY SYSTEM

Esophagus	+	+	+	+	+	+	+	+	+	+	10
Intestine Large, Cecum	+	+	+	+	+	+	+	+	+	+	10
Intestine Large, Colon	+	+	+	+	+	+	+	+	+	+	10
Intestine Large, Rectum	+	+	+	+	+	+	+	+	+	+	10
Intestine Small, Duodenum	+	+	+	+	+	+	+	+	+	+	10
Intestine Small, Ileum	+	+	+	+	+	+	+	+	+	+	10
Intestine Small, Jejunum	+	+	+	+	+	+	+	+	+	+	10
Liver	+	+	+	+	+	+	+	+	+	+	10
Basophilic Focus	X						X				2
Clear Cell Focus	X	X	X	X		X			X		6
Eosinophilic Focus	X										1
Hepatocyte, Vacuolization Cytoplasmic	1	2	2	2		2	1	2	2	2	9 1.8
Pancreas	+	+	+	+	+	+	+	+	+	+	10
Salivary Glands	+	+	+	+	+	+	+	+	+	+	10
Parotid Gland, Basophilic Focus	X	X	X	X		X					5

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+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

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TDMS No. 99002 - 03

Test Type: 90-DAY

Route: DOSED WATER

Species/Strain: RATS/F 344/N

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First Dose M/F: 07/28/03 / 07/29/03

Lab: MBA

DAY ON TEST	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0
	9	9	9	9	9	9	9	9	9	9
	2	2	2	2	2	2	2	2	2	2
FISCHER 344 RATS MALE 1000 PPM	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0
	5	5	5	5	5	5	5	5	5	6
	1	2	3	4	5	6	7	8	9	0
	* TOTALS									

Stomach, Forestomach	+	+	+	+	+	+	+	+	+	+	10
Stomach, Glandular	+	+	+	+	+	+	+	+	+	+	10

CARDIOVASCULAR SYSTEM

Blood Vessel	+	+	+	+	+	+	+	+	+	+	10
Heart Cardiomyopathy	+	+	+	+	+	+	+	+	+	+	10

ENDOCRINE SYSTEM

Adrenal Cortex	+	+	+	+	+	+	+	+	+	+	10
Zona Fasciculata, Vacuolization	1	1	1	1	1	1	1	1	1	1	5 1.0
Cytoplasmic											
Zona Reticularis, Vacuolization	1	1									2 1.0
Cytoplasmic											
Adrenal Medulla	+	+	+	+	+	+	+	+	+	+	10
Islets, Pancreatic	+	+	+	+	+	+	+	+	+	+	10
Parathyroid Gland	+	+	+	M	+	+	M	+	+	M	7

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TDMS No. 99002 - 03

Test Type: 90-DAY

Route: DOSED WATER

Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

o-Chloropyridine

CAS Number: 109-09-1

Date Report Requested: 01/15/2009

Time Report Requested: 08:39:57

First Dose M/F: 07/28/03 / 07/29/03

Lab: MBA

DAY ON TEST	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0
FISCHER 344 RATS MALE 1000 PPM	9	9	9	9	9	9	9	9	9	9
	2	2	2	2	2	2	2	2	2	2
ANIMAL ID	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0
	5	5	5	5	5	5	5	5	5	6
	1	2	3	4	5	6	7	8	9	0
* TOTALS										
Pituitary Gland	+	M	+	I	+	+	+	+	+	8
Thyroid Gland Ectopic Thymus	+	+	+	+	+	+	+	+	+	10
	X									1

GENERAL BODY SYSTEM

NONE

GENITAL SYSTEM

Epididymis

+ + + + + + + + + + 10

Preputial Gland

+ + + + + + + + + + 10

Prostate

+ + + + + + + + + + 10

Seminal Vesicle

+ + + + + + + + + + 10

Testes

+ + + + + + + + + + 10

HEMATOPOIETIC SYSTEMBone Marrow
Hyperplasia+ + + + + + + + + + 10
2 2 2 2 2 2 2 2 1 2 10 10 1.9

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x .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

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1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

TDMS No. 99002 - 03

Test Type: 90-DAY

Route: DOSED WATER

Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

o-Chloropyridine

CAS Number: 109-09-1

Date Report Requested: 01/15/2009

Time Report Requested: 08:39:57

First Dose M/F: 07/28/03 / 07/29/03

Lab: MBA

| FISCHER 344 RATS MALE
1000 PPM | ANIMAL ID | DAY ON TEST | | | | | | | | | | * TOTALS |
|-----------------------------------|-----------|-------------|---|---|---|---|---|---|---|---|---|----------|
| | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | |
| | | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | |
| Lymph Node, Mandibular | | M | M | M | + | M | M | M | M | M | M | 1 |
| Lymph Node, Mesenteric | | + | + | + | + | + | + | + | + | + | + | 10 |
| Sinus, Histiocytosis | | | | | 1 | | 1 | | | | | 2 1.0 |
| Spleen | | + | + | + | + | + | + | + | + | + | + | 10 |
| Congestion | | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 10 1.0 |
| Hematopoietic Cell Proliferation | | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 10 2.0 |
| Pigmentation | | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 10 2.0 |
| Thymus | | + | + | + | + | + | + | + | + | + | + | 10 |
| INTEGUMENTARY SYSTEM | | | | | | | | | | | | |
| Mammary Gland | | + | + | + | + | + | + | M | + | + | + | 9 |
| Skin | | + | + | + | + | + | + | + | + | + | + | 10 |
| MUSCULOSKELETAL SYSTEM | | | | | | | | | | | | |
| Bone | | + | + | + | + | + | + | + | + | + | + | 10 |
| NERVOUS SYSTEM | | | | | | | | | | | | |
| Brain | | + | + | + | + | + | + | + | + | + | + | 10 |

* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

x .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

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1-4 .. Lesion qualified as:

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TDMS No. 99002 - 03

Test Type: 90-DAY

Route: DOSED WATER

Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

o-Chloropyridine

CAS Number: 109-09-1

Date Report Requested: 01/15/2009

Time Report Requested: 08:39:57

First Dose M/F: 07/28/03 / 07/29/03

Lab: MBA

| DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|----------|---|---|---|---|---|---|---|---|---|
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
| | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| FISCHER 344 RATS MALE
1000 PPM | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 6 |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |
| | * TOTALS | | | | | | | | | |

RESPIRATORY SYSTEM

| | | | | | | | | | | |
|-------------------------------------|---|---|---|---|---|---|---|---|---|---|
| Lung
Alveolus, Hemorrhage, Focal | + | + | + | + | + | + | + | + | + | + |
| | | | | | | | | | | 1 |
| Nose | + | + | + | + | + | + | + | + | + | + |
| Trachea | + | + | + | + | + | + | + | + | + | + |

SPECIAL SENSES SYSTEM

| | | | | | | | | | | |
|-----------------|---|---|---|---|---|---|---|---|---|---|
| Eye | + | + | + | + | + | + | + | + | + | + |
| Harderian Gland | + | + | + | + | + | + | + | + | + | + |

URINARY SYSTEM

| | | | | | | | | | | |
|-----------------------|---|---|---|---|---|---|---|---|---|---|
| Kidney
Nephropathy | + | + | + | + | + | + | + | + | + | + |
| | 1 | 1 | | | | 1 | 1 | | | |
| Urinary Bladder | + | + | + | + | + | + | + | + | + | + |

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2) Mild 4) Marked

TDMS No. 99002 - 03

Test Type: 90-DAY

Route: DOSED WATER

Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

o-Chloropyridine

CAS Number: 109-09-1

Date Report Requested: 01/15/2009

Time Report Requested: 08:39:57

First Dose M/F: 07/28/03 / 07/29/03

Lab: MBA

| DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|-----------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
| | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| | | | | | | | | | | |
| FISCHER 344 RATS MALE
1000 PPM | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ANIMAL ID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 6 |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |

* TOTALS

*** END OF MALE DATA ***

* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

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l .. Insufficient tissue

M .. Missing tissue

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1-4 .. Lesion qualified as:

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TDMS No. 99002 - 03

Test Type: 90-DAY

Route: DOSED WATER

Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

o-Chloropyridine

CAS Number: 109-09-1

Date Report Requested: 01/15/2009

Time Report Requested: 08:39:57

First Dose M/F: 07/28/03 / 07/29/03

Lab: MBA

| DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|--|---|---|---|---|---|---|---|---|---|---|
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
| | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| FISCHER 344 RATS FEMALE
VEHICLE CONTROL | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |

*** TOTALS****ALIMENTARY SYSTEM**

| | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|---|-------|
| Esophagus | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Large, Cecum | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Large, Colon | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Large, Rectum | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Small, Duodenum | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Small, Ileum | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Small, Jejunum | + | + | + | + | + | + | + | + | + | + | 10 |
| Liver | + | + | + | + | + | + | + | + | + | + | 10 |
| Pancreas
Duct, Hyperplasia | + | + | + | + | + | + | + | + | + | + | 10 |
| | 1 | | | | | | | | | | 1 1.0 |
| Salivary Glands
Parotid Gland, Basophilic Focus | + | + | + | + | + | + | + | + | + | + | 10 |
| | X | X | X | | | | | | | | 3 |
| Stomach, Forestomach | + | + | + | + | + | + | + | + | + | + | 10 |

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l .. Insufficient tissue

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BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

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TDMS No. 99002 - 03

Test Type: 90-DAY

Route: DOSED WATER

Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

o-Chloropyridine

CAS Number: 109-09-1

Date Report Requested: 01/15/2009

Time Report Requested: 08:39:57

First Dose M/F: 07/28/03 / 07/29/03

Lab: MBA

| DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|--|-----------------|---|---|---|---|---|---|---|---|----|
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
| | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| FISCHER 344 RATS FEMALE
VEHICLE CONTROL | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |
| | * TOTALS | | | | | | | | | |
| Stomach, Glandular | + | + | + | + | + | + | + | + | + | 10 |

CARDIOVASCULAR SYSTEM

| | | | | | | | | | | |
|----------------|---|---|---|---|---|---|---|---|---|-------|
| Blood Vessel | + | + | + | + | + | + | + | + | + | + |
| | | | | | | | | | | 10 |
| Heart | + | + | + | + | + | + | + | + | + | + |
| Cardiomyopathy | | | | | | 1 | | | | 10 |
| | | | | | | | | | | 1 1.0 |

ENDOCRINE SYSTEM

| | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|-------|
| Adrenal Cortex | + | + | + | + | + | + | + | + | + | + |
| | | | | | | | | | | 10 |
| Adrenal Medulla | + | + | + | + | + | + | + | + | + | + |
| | | | | | | | | | | 10 |
| Islets, Pancreatic | + | + | + | + | + | + | + | + | + | + |
| | | | | | | | | | | 10 |
| Parathyroid Gland | + | + | M | + | + | + | + | + | + | + |
| | | | | | | | | | | 9 |
| Pituitary Gland
Pars Distalis, Cyst | + | + | + | + | + | + | | + | + | + |
| | | | | X | | | | | | 9 |
| Thyroid Gland
Cyst | + | + | + | + | + | + | + | + | + | + |
| Ectopic Thymus | X | | | | X | | | | | 2 |
| | | | | | 1 | | | | | 1 1.0 |

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+ .. Tissue examined microscopically

x .. Lesion present

| .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

TDMS No. 99002 - 03

Test Type: 90-DAY

Route: DOSED WATER

Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

o-Chloropyridine

CAS Number: 109-09-1

Date Report Requested: 01/15/2009

Time Report Requested: 08:39:57

First Dose M/F: 07/28/03 / 07/29/03

Lab: MBA

| DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|--|---|---|---|---|---|---|---|---|---|---|
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
| | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| FISCHER 344 RATS FEMALE
VEHICLE CONTROL | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |

*** TOTALS****GENERAL BODY SYSTEM**

NONE

GENITAL SYSTEM

| | | | | | | | | | | | |
|----------------|---|---|---|---|---|---|---|---|---|---|-------|
| Clitoral Gland | + | + | + | + | + | + | + | + | + | + | 10 |
| Ovary | + | + | + | + | + | + | + | + | + | + | 10 |
| Uterus | + | + | + | + | + | + | + | + | + | + | 10 |
| Dilatation | | | | | | | 2 | | | | 1 2.0 |
| Hydrometra | | | | | | | 2 | | | | 1 2.0 |

HEMATOPOIETIC SYSTEM

| | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|---|-------|
| Bone Marrow | + | + | + | + | + | + | + | + | + | + | 10 |
| Lymph Node, Mandibular | M | M | M | M | M | M | M | M | M | M | 0 |
| Lymph Node, Mesenteric
Sinus, Histiocytosis | + | + | + | + | + | + | + | + | + | + | 10 |
| | 1 | | 1 | 1 | | 1 | 1 | 1 | | | 6 1.0 |
| Spleen | + | + | + | + | + | + | + | + | + | + | 10 |
| Congestion | | | 2 | | | | | | | | 1 2.0 |
| Hematopoietic Cell Proliferation | 2 | 2 | 2 | | | | | | | | 3 2.0 |

* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

x .. Lesion present

l .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

TDMS No. 99002 - 03

Test Type: 90-DAY

Route: DOSED WATER

Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

o-Chloropyridine

CAS Number: 109-09-1

Date Report Requested: 01/15/2009

Time Report Requested: 08:39:57

First Dose M/F: 07/28/03 / 07/29/03

Lab: MBA

| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|--|-----------------|--------------|---|---|---|---|---|---|---|---|
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
| | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| FISCHER 344 RATS FEMALE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ANIMAL ID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| VEHICLE CONTROL | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |
| | * TOTALS | | | | | | | | | |
| Pigmentation | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| Thymus | + | + | + | + | + | + | + | + | + | + |
| Thymocyte, Atrophy | | | | | 1 | | | | | |
| | 10 | 2.0 | | | | | | | | |
| | 10 | 1 1.0 | | | | | | | | |
| INTEGUMENTARY SYSTEM | | | | | | | | | | |
| Mammary Gland | + | + | + | + | + | + | + | | + | + |
| Skin | + | + | + | + | + | + | + | + | + | + |
| | 9 | | | | | | | | | |
| | 10 | | | | | | | | | |
| MUSCULOSKELETAL SYSTEM | | | | | | | | | | |
| Bone | + | + | + | + | + | + | + | + | + | + |
| | 10 | | | | | | | | | |
| NERVOUS SYSTEM | | | | | | | | | | |
| Brain | + | + | + | + | + | + | + | + | + | + |
| | 10 | | | | | | | | | |
| RESPIRATORY SYSTEM | | | | | | | | | | |
| Lung | + | + | + | + | + | + | + | + | + | + |
| Infiltration Cellular, Mononuclear Cell, | | | | | | | | | | |
| Focal | 1 | 1 | 1 | | | | | | | |
| Alveolus, Hemorrhage, Focal | | | | | | | | | | |
| | 10 | 4 1.0 | | | | | | | | |
| | 1 | 1.0 | | | | | | | | |

* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

x .. Lesion present

| .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

TDMS No. 99002 - 03

Test Type: 90-DAY

Route: DOSED WATER

Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

o-Chloropyridine

CAS Number: 109-09-1

Date Report Requested: 01/15/2009

Time Report Requested: 08:39:57

First Dose M/F: 07/28/03 / 07/29/03

Lab: MBA

| DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|-------------------------|---|---|---|---|---|---|---|---|---|---|
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
| | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| FISCHER 344 RATS FEMALE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ANIMAL ID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| VEHICLE CONTROL | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |

* TOTALS

| | | | | | | | | | | | |
|---------|---|---|---|---|---|---|---|---|---|---|----|
| Nose | + | + | + | + | + | + | + | + | + | + | 10 |
| Trachea | + | + | + | + | + | + | + | + | + | + | 10 |

SPECIAL SENSES SYSTEM

| | | | | | | | | | | | |
|-----------------|---|---|---|---|---|---|---|---|---|---|----|
| Eye | + | + | + | + | + | + | + | + | + | + | 10 |
| Harderian Gland | + | + | + | + | + | + | + | + | + | + | 10 |

URINARY SYSTEM

| | | | | | | | | | | | |
|-----------------|---|---|---|---|---|---|---|---|---|---|-------|
| Kidney | + | + | + | + | + | + | + | + | + | + | 10 |
| Nephropathy | 1 | 1 | | | | | | | | | 2 1.0 |
| Urinary Bladder | + | + | + | + | + | + | + | + | + | M | 9 |

* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

x .. Lesion present

l .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

TDMS No. 99002 - 03

Test Type: 90-DAY

Route: DOSED WATER

Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

o-Chloropyridine

CAS Number: 109-09-1

Date Report Requested: 01/15/2009

Time Report Requested: 08:39:57

First Dose M/F: 07/28/03 / 07/29/03

Lab: MBA

| DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|--------------------------------|-----------------|---|---|---|---|---|---|---|---|---|
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
| | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| | | | | | | | | | | |
| FISCHER 344 RATS FEMALE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ANIMAL ID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10 PPM | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 8 |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |
| | * TOTALS | | | | | | | | | |

ALIMENTARY SYSTEM

| | | | | | | | | | | | |
|-------|---|---|---|---|---|---|---|---|---|---|----|
| Liver | + | + | + | + | + | + | + | + | + | + | 10 |
|-------|---|---|---|---|---|---|---|---|---|---|----|

CARDIOVASCULAR SYSTEM

| | |
|------|-------|
| NONE | |
|------|-------|

ENDOCRINE SYSTEM

| | |
|------|-------|
| NONE | |
|------|-------|

GENERAL BODY SYSTEM

| | |
|------|-------|
| NONE | |
|------|-------|

GENITAL SYSTEM

| | |
|------|-------|
| NONE | |
|------|-------|

HEMATOPOIETIC SYSTEM

| | | | | | | | | | | | |
|----------------------------------|---|---|---|---|---|---|---|---|---|---|--------|
| Bone Marrow | + | + | + | + | + | + | + | + | + | + | 10 |
| Spleen | + | + | + | + | + | + | + | + | + | + | 10 |
| Congestion | 1 | 1 | | 1 | 1 | | 2 | 1 | 2 | | 7 1.3 |
| Hematopoietic Cell Proliferation | 1 | | | | | 1 | | 2 | | | 3 1.3 |
| Pigmentation | 2 | 2 | 2 | 3 | 2 | 2 | 3 | 2 | 2 | 2 | 10 2.2 |

* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

x .. Lesion present

l .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

TDMS No. 99002 - 03

Test Type: 90-DAY

Route: DOSED WATER

Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

o-Chloropyridine

CAS Number: 109-09-1

Date Report Requested: 01/15/2009

Time Report Requested: 08:39:57

First Dose M/F: 07/28/03 / 07/29/03

Lab: MBA

| DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|--|----------|---|---|---|---|---|---|---|---|---|
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
| | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| FISCHER 344 RATS FEMALE
ANIMAL ID
10 PPM | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 8 |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |
| | * TOTALS | | | | | | | | | |

INTEGUMENTARY SYSTEM

NONE

MUSCULOSKELETAL SYSTEM

NONE

NERVOUS SYSTEM

NONE

RESPIRATORY SYSTEM

NONE

SPECIAL SENSES SYSTEM

NONE

URINARY SYSTEM

Kidney

++ + + + + + + + +

10

* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

x .. Lesion present

l .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

TDMS No. 99002 - 03

Test Type: 90-DAY

Route: DOSED WATER

Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

o-Chloropyridine

CAS Number: 109-09-1

Date Report Requested: 01/15/2009

Time Report Requested: 08:39:57

First Dose M/F: 07/28/03 / 07/29/03

Lab: MBA

| DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|--|---|---|---|---|---|---|---|---|---|---|
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
| | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| FISCHER 344 RATS FEMALE
ANIMAL ID
30 PPM | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 9 |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |

* TOTALS

ALIMENTARY SYSTEM

| | | | | | | | | | | | |
|-------|---|---|---|---|---|---|---|---|---|---|----|
| Liver | + | + | + | + | + | + | + | + | + | + | 10 |
|-------|---|---|---|---|---|---|---|---|---|---|----|

CARDIOVASCULAR SYSTEM

NONE

ENDOCRINE SYSTEM

NONE

GENERAL BODY SYSTEM

NONE

GENITAL SYSTEM

NONE

HEMATOPOIETIC SYSTEM

| | | | | | | | | | | | |
|----------------------------------|---|---|---|---|---|---|---|---|---|---|--------|
| Bone Marrow | + | + | + | + | + | + | + | + | + | + | 10 |
| Spleen | + | + | + | + | + | + | + | + | + | + | 10 |
| Congestion | 2 | 1 | | | 2 | 2 | | | 1 | | 5 1.6 |
| Hematopoietic Cell Proliferation | 2 | | 2 | 2 | | | 1 | 1 | 1 | | 6 1.5 |
| Pigmentation | 2 | 2 | 3 | 3 | 2 | 2 | 2 | 2 | 2 | 3 | 10 2.3 |

* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

x .. Lesion present

l .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

TDMS No. 99002 - 03

Test Type: 90-DAY

Route: DOSED WATER

Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

o-Chloropyridine

CAS Number: 109-09-1

Date Report Requested: 01/15/2009

Time Report Requested: 08:39:57

First Dose M/F: 07/28/03 / 07/29/03

Lab: MBA

| DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|--|---|---|---|---|---|---|---|---|---|---|
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
| | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| FISCHER 344 RATS FEMALE
ANIMAL ID
30 PPM | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 9 |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |
| * TOTALS | | | | | | | | | | |

INTEGUMENTARY SYSTEM

NONE

MUSCULOSKELETAL SYSTEM

NONE

NERVOUS SYSTEM

NONE

RESPIRATORY SYSTEM

NONE

SPECIAL SENSES SYSTEM

NONE

URINARY SYSTEM

Kidney
Mineralization
Nephropathy

+ + + + + + + + +
1
1

10
1 1.0
1 1.0

* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

x .. Lesion present

l .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

TDMS No. 99002 - 03

Test Type: 90-DAY

Route: DOSED WATER

Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

o-Chloropyridine

CAS Number: 109-09-1

Date Report Requested: 01/15/2009

Time Report Requested: 08:39:57

First Dose M/F: 07/28/03 / 07/29/03

Lab: MBA

| DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|---|
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
| | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| FISCHER 344 RATS FEMALE
ANIMAL ID
100 PPM | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 0 |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |

* TOTALS

ALIMENTARY SYSTEM

| | | | | | | | | | | | |
|-------|---|---|---|---|---|---|---|---|---|---|----|
| Liver | + | + | + | + | + | + | + | + | + | + | 10 |
|-------|---|---|---|---|---|---|---|---|---|---|----|

CARDIOVASCULAR SYSTEM

NONE

ENDOCRINE SYSTEM

NONE

GENERAL BODY SYSTEM

NONE

GENITAL SYSTEM

NONE

HEMATOPOIETIC SYSTEM

| | | | | | | | | | | | |
|----------------------------------|---|---|---|---|---|---|---|---|---|---|--------|
| Bone Marrow | + | + | + | + | + | + | + | + | + | + | 10 |
| Spleen | + | + | + | + | + | + | + | + | + | + | 10 |
| Congestion | 1 | 2 | | 1 | 1 | 2 | 1 | | | | 6 1.3 |
| Hematopoietic Cell Proliferation | | 2 | | 1 | | | 2 | | | | 3 1.7 |
| Pigmentation | 2 | 3 | 2 | 2 | 2 | 3 | 3 | 2 | 2 | 3 | 10 2.4 |

* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

x .. Lesion present

l .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

TDMS No. 99002 - 03

Test Type: 90-DAY

Route: DOSED WATER

Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

o-Chloropyridine

CAS Number: 109-09-1

Date Report Requested: 01/15/2009

Time Report Requested: 08:39:57

First Dose M/F: 07/28/03 / 07/29/03

Lab: MBA

| DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|----------|---|---|---|---|---|---|---|---|---|
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
| | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| FISCHER 344 RATS FEMALE
ANIMAL ID
100 PPM | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 0 |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |
| | * TOTALS | | | | | | | | | |

INTEGUMENTARY SYSTEM

NONE

MUSCULOSKELETAL SYSTEM

NONE

NERVOUS SYSTEM

NONE

RESPIRATORY SYSTEM

NONE

SPECIAL SENSES SYSTEM

NONE

URINARY SYSTEM

Kidney
Nephropathy

+ + + + + + + + + +

10
1 1.0

* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

x .. Lesion present

l .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

TDMS No. 99002 - 03

Test Type: 90-DAY

Route: DOSED WATER

Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

o-Chloropyridine

CAS Number: 109-09-1

Date Report Requested: 01/15/2009

Time Report Requested: 08:39:57

First Dose M/F: 07/28/03 / 07/29/03

Lab: MBA

| DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|--------------------------------|-------|---|---|---|---|---|---|---|---|---|
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
| | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| | | | | | | | | | | |
| FISCHER 344 RATS FEMALE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ANIMAL ID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 300 PPM | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |

*** TOTALS****ALIMENTARY SYSTEM**

| | | | | | | | | | | | |
|-------|---|---|---|---|---|---|---|---|---|---|----|
| Liver | + | + | + | + | + | + | + | + | + | + | 10 |
|-------|---|---|---|---|---|---|---|---|---|---|----|

CARDIOVASCULAR SYSTEM

NONE

ENDOCRINE SYSTEM

NONE

GENERAL BODY SYSTEM

NONE

GENITAL SYSTEM

NONE

HEMATOPOIETIC SYSTEM

| | | | | | | | | | | | |
|----------------------------------|---|---|---|---|---|---|---|---|---|---|-------|
| Bone Marrow | + | + | + | + | + | + | + | + | + | + | 10 |
| Hyperplasia | 1 | | | 1 | | | | | | 1 | 3 1.0 |
| | | | | | | | | | | | |
| Spleen | + | + | + | + | + | + | + | + | + | + | 10 |
| Congestion | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 6 1.0 |
| Hematopoietic Cell Proliferation | 2 | | 2 | 2 | 2 | 1 | 1 | | 2 | | 7 1.7 |

* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

x .. Lesion present

l .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

TDMS No. 99002 - 03

Test Type: 90-DAY

Route: DOSED WATER

Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

o-Chloropyridine

CAS Number: 109-09-1

Date Report Requested: 01/15/2009

Time Report Requested: 08:39:57

First Dose M/F: 07/28/03 / 07/29/03

Lab: MBA

| DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|--|---|---|---|---|---|---|---|---|---|--------|
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
| | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| FISCHER 344 RATS FEMALE
300 PPM | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | * |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | TOTALS |
| | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |
| Pigmentation | 3 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 |
| | | | | | | | | | | 10 2.2 |

INTEGUMENTARY SYSTEM

NONE

MUSCULOSKELETAL SYSTEM

NONE

NERVOUS SYSTEM

NONE

RESPIRATORY SYSTEM

NONE

SPECIAL SENSES SYSTEM

NONE

URINARY SYSTEMKidney
Nephropathy+ + + + + + + + + +
1 110
2 1.0

* .. Total animals with tissue examined microscopically; Total animals with lesion and mean severity grade

+ .. Tissue examined microscopically

x .. Lesion present

l .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

1-4 .. Lesion qualified as:

1) Minimal 3) Moderate

2) Mild 4) Marked

TDMS No. 99002 - 03

Test Type: 90-DAY

Route: DOSED WATER

Species/Strain: RATS/F 344/N

P09: NON-NEOPLASTIC LESIONS BY INDIVIDUAL ANIMAL

o-Chloropyridine

CAS Number: 109-09-1

Date Report Requested: 01/15/2009

Time Report Requested: 08:39:57

First Dose M/F: 07/28/03 / 07/29/03

Lab: MBA

| DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|--|---|---|---|---|---|---|---|---|---|---|
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
| | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| FISCHER 344 RATS FEMALE
ANIMAL ID
1000 PPM | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |

* TOTALS

ALIMENTARY SYSTEM

| | | | | | | | | | | | |
|---------------------------------------|---|---|---|---|---|---|---|---|---|---|-------|
| Esophagus | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Large, Cecum | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Large, Colon | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Large, Rectum | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Small, Duodenum | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Small, Ileum | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Small, Jejunum | + | + | + | + | + | + | + | + | + | + | 10 |
| Liver | + | + | + | + | + | + | + | + | + | + | 10 |
| Clear Cell Focus | | | | | | | X | | X | | 2 |
| Hepatocyte, Vacuolization Cytoplasmic | 2 | 2 | 1 | 1 | 2 | 1 | 1 | 1 | 1 | 1 | 9 1.3 |
| Pancreas | + | + | + | + | + | + | + | + | + | + | 10 |
| Salivary Glands | + | + | + | + | + | + | + | + | + | + | 10 |
| Parotid Gland, Basophilic Focus | | X | | | | | | X | | | 2 |
| Stomach, Forestomach | + | + | + | + | + | + | + | + | + | + | 10 |

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|-------------------------------------|---|---|---|---|---|---|---|---|---|---|
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
| | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| FISCHER 344 RATS FEMALE
1000 PPM | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ANIMAL ID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |

* TOTALS

| | | | | | | | | | | | |
|--------------------|---|---|---|---|---|---|---|---|---|---|----|
| Stomach, Glandular | + | + | + | + | + | + | + | + | + | + | 10 |
|--------------------|---|---|---|---|---|---|---|---|---|---|----|

CARDIOVASCULAR SYSTEM

| | | | | | | | | | | | |
|--------------|---|---|---|---|---|---|---|---|---|---|----|
| Blood Vessel | + | + | + | + | + | + | + | + | + | + | 10 |
|--------------|---|---|---|---|---|---|---|---|---|---|----|

| | | | | | | | | | | | |
|-----------------------------------|---|---|---|---|---|---|---|---|---|---|-------|
| Heart
Epicardium, Inflammation | + | + | + | + | + | + | + | + | + | + | 10 |
| | | | | | | 1 | | | | | 1 1.0 |

ENDOCRINE SYSTEM

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|-------|
| Adrenal Cortex
Infiltration Cellular, Mononuclear Cell,
Focal | + | + | + | + | + | + | + | + | + | + | 10 |
| | | | | | | 1 | | | | | 1 1.0 |

| | | | | | | | | | | | |
|-----------------|---|---|---|---|---|---|---|---|---|---|----|
| Adrenal Medulla | + | + | + | + | + | + | + | + | + | + | 10 |
|-----------------|---|---|---|---|---|---|---|---|---|---|----|

| | | | | | | | | | | | |
|--------------------|---|---|---|---|---|---|---|---|---|---|----|
| Islets, Pancreatic | + | + | + | + | + | + | + | + | + | + | 10 |
|--------------------|---|---|---|---|---|---|---|---|---|---|----|

| | | | | | | | | | | | |
|-------------------|---|---|---|---|---|---|---|---|---|---|---|
| Parathyroid Gland | M | I | + | + | + | + | + | + | + | + | 8 |
|-------------------|---|---|---|---|---|---|---|---|---|---|---|

| | | | | | | | | | | | |
|-----------------|---|---|---|---|---|---|---|---|---|---|----|
| Pituitary Gland | + | + | + | + | + | + | + | + | + | + | 10 |
|-----------------|---|---|---|---|---|---|---|---|---|---|----|

| | | | | | | | | | | | |
|-----------------------|---|---|---|---|---|---|---|---|---|---|----|
| Thyroid Gland
Cyst | + | + | + | + | + | + | + | + | + | + | 10 |
| | | | | | X | | | | | | 1 |

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| DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|--|----------|---|---|---|---|---|---|---|---|---|
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
| | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| FISCHER 344 RATS FEMALE
ANIMAL ID
1000 PPM | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |
| | * TOTALS | | | | | | | | | |

GENERAL BODY SYSTEM

NONE

GENITAL SYSTEM

| | | | | | | | | | | | |
|----------------|---|---|---|---|---|---|---|---|---|---|-------|
| Clitoral Gland | + | + | + | + | + | + | + | + | + | + | 10 |
| Ovary | + | + | + | + | + | + | + | + | + | + | 10 |
| Uterus | + | + | + | + | + | + | + | + | + | + | 10 |
| Dilatation | 1 | | 3 | 3 | | | | | | | 3 2.3 |
| Hydrometra | 2 | | | | | | | | | | 2 1.5 |

HEMATOPOIETIC SYSTEM

| | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|---|-------|
| Bone Marrow
Hyperplasia | + | + | + | + | + | + | + | + | + | + | 10 |
| | 1 | 2 | 1 | 1 | 1 | | 1 | 1 | 1 | 1 | 9 1.1 |
| Lymph Node, Mandibular | M | M | M | M | M | M | M | M | M | M | 0 |
| Lymph Node, Mesenteric
Sinus, Histiocytosis | + | + | + | + | + | + | + | + | + | + | 10 |
| | 1 | 1 | | | | | | | | | 4 1.0 |
| Spleen | + | + | + | + | + | + | + | + | + | + | 10 |

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|---|----------|---|---|---|---|---|---|---|---|-------|
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
| | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| FISCHER 344 RATS FEMALE
1000 PPM | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ANIMAL ID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |
| | * TOTALS | | | | | | | | | |
| Congestion | 2 | 2 | 2 | 2 | 2 | 1 | 1 | 2 | 2 | 2 |
| Hematopoietic Cell Proliferation | 2 | 2 | 2 | 2 | 1 | 2 | 2 | 2 | 2 | 2 |
| Pigmentation | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| Thymus | + | + | + | + | + | + | + | + | + | + |
| | | | | | | | | | | 10 |
| INTEGUMENTARY SYSTEM | | | | | | | | | | |
| Mammary Gland | + | + | + | + | + | + | + | + | + | + |
| Skin | + | + | + | + | + | + | + | + | + | + |
| MUSCULOSKELETAL SYSTEM | | | | | | | | | | |
| Bone | + | + | + | + | + | + | + | + | + | + |
| | | | | | | | | | | 10 |
| NERVOUS SYSTEM | | | | | | | | | | |
| Brain | + | + | + | + | + | + | + | + | + | + |
| | | | | | | | | | | 10 |
| RESPIRATORY SYSTEM | | | | | | | | | | |
| Lung | + | + | + | + | + | + | + | + | + | + |
| Infiltration Cellular, Mononuclear Cell,
Focal | 1 | 1 | | | | 1 | | | | |
| | | | | | | | | | | 10 |
| | | | | | | | | | | 3 1.0 |

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|-------------------------------------|---|---|---|---|---|---|---|---|---|---|
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| | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
| | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| FISCHER 344 RATS FEMALE
1000 PPM | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ANIMAL ID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |

* TOTALS

| | | | | | | | | | | | |
|---------|---|---|---|---|---|---|---|---|---|---|----|
| Nose | + | + | + | + | + | + | + | + | + | + | 10 |
| Trachea | + | + | + | + | + | + | + | + | + | + | 10 |

SPECIAL SENSES SYSTEM

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|-------|
| Eye | + | + | + | + | + | + | + | + | + | + | 10 |
| Cornea, Inflammation | | | | | | 1 | | | | | 1 1.0 |
| Sclera, Inflammation | | | | | 1 | | | | | | 2 1.0 |
| Harderian Gland | + | + | + | + | + | + | + | + | + | + | 10 |
| Infiltration Cellular, Mononuclear Cell,
Focal | | | | | | | | | | 3 | 1 3.0 |

URINARY SYSTEM

| | | | | | | | | | | | |
|-----------------|---|---|---|---|---|---|---|---|---|---|-------|
| Kidney | + | + | + | + | + | + | + | + | + | + | 10 |
| Nephropathy | | | | 1 | | 1 | 1 | 1 | 1 | | 5 1.0 |
| Urinary Bladder | + | + | + | + | + | + | + | + | + | + | 10 |

*** END OF REPORT ***

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