

<b>Histopathologic lesions</b>	<b>Pig No.</b>	<b>Pig No.</b>	<b>Pig No.</b>	<b>Pig No.</b>	<b>Observations/notes</b>
<b>Lung</b> (pulmonary lobe: )					
-Hyperaemia/angiectasia					
-Haemorrhages (perivascular/peribronchial/alveolar)					
-Vasculopathy*/microthrombosis					
-Interstitial oedema					
-Alveolar oedema					
-Thickening of alveolar septal					
-Cells in alveolar lumen					
-Cell debris/fibrin in alveolar lumen					
-Cell death/cellular fragmentation in BAL/TBMs					
-Bronchi and bronchioles with cell debris, fibrin and detached epithelium/inflammatory cells					
-Peribronchial/bronchiolar mononuclear infiltrates					
<b>Pleura</b>					
-Pleural thickening					
-Fibrinous pleuritis					

\*Vasculopathy: prominent diffuse endothelial activation (cellular hypertrophy, rounded nuclei) and variable smooth myocyte vacuolation of tunica media of small and medium vessels, with (vasculitis)/without intramural inflammatory infiltration.

(BALT): bronchus-associated lymphoid tissue; (TBMs): tingible body macrophages.

**Histopathological scoring system: (0)** No lesion; **(1)** Minimal lesion; **(2)** Mild lesion; **(3)** Moderate lesion; **(4)** Severe lesion.

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<b>Distal ileum</b>					
-Shortened/thickened mucosal villi					
-Mononuclear infiltrate in lamina propria					
-Hyperaemia/haemorrhages (submucosa/serosa)					
-Lymphoid depletion of Peyer's patches/ IFA					
-Cellular fragmentation/TBMs					
-Vasculopathy*					
<b>Ileocaecal valve</b>					
-Mononuclear infiltrate in lamina propria					
-Hyperaemia/haemorrhages (submucosa/serosa)					
-Lymphoid depletion of lymphoid follicles/IFA					
-Cellular fragmentation/TBMs					
-Vasculopathy*					
<b>Colon</b>					
-Hyperaemia/haemorrhages (epithelium)					
-Mononuclear infiltrate (lamina propria)					
-Hyperaemia/haemorrhages/ oedema (submucosa)					
-Lymphoid depletion of lymphoid follicles					
-Cellular fragmentation/TBMs					
-Vasculopathy*					

\*Vasculopathy: prominent diffuse endothelial (EC) activation (cellular hypertrophy, rounded nuclei) and variable smooth myocyte vacuolation of tunica media of small and medium vessels with (vasculitis)/without intramural inflammatory infiltration; (IFA): interfollicular area; (TBMs): tingible body macrophages.

**Histopathological scoring system: (0) No lesion; (1) Minimal lesion; (2) Mild lesion; (3) Moderate lesion; (4) Severe lesion.**

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<b>Kidney</b> -Congestion (cortex/medulla/renal pelvis)					
-Haemorrhages (cortex/medulla/renal pelvis)					
-Interstitial nephritis/cellular fragmentation					
-Membranoproliferative glomerulonephritis					
-Tubulonephrosis (intratubular hyaline droplets/casts)					
-Vasculopathy*/Microthrombosis					

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<b>Spleen</b>					
-Engorgement of red pulp sinuses					
-Follicular lymphoid depletion					
-Periarteriolar lymphoid sheaths (PLS) depletion					
Cellular fragmentation/TBMs in LF/PLS					
-Haemorrhages within white pulp structures					
-Vascular damage*/fibrin deposits					
-Ellipsoids increased in size/depletion					
<b>Thymus</b>					
-Congestion/haemorrhages (cortex/medulla)					
-Cortex atrophy (cortex)					
-Lymphoid depletion (medulla)					
Cellular fragmentation/TBMs in cortex/medulla					
-Vasculitis*/perivasculitis					
<b>Tonsil</b>					
-Hyperaemia / Haemorrhages					
-Mononuclear infiltrates (epithelium of the crypts)					
-Follicular lymphoid depletion					
-Depletion in interfollicular areas (IFA)					
Cellular fragmentation/TBMs in LF/IFA					
-Vasculopathy*					
-Connective tissue proliferation (IFA)					

\*Vasculopathy: prominent diffuse endothelial cell (EC) activation (cellular hypertrophy, rounded nuclei) and variable smooth myocyte vacuolation of tunica media of small and medium vessels with (vasculitis)/without intramural inflammatory infiltration; (LF): lymphoid follicles; (IFA) interfollicular areas; (PLS): periarterial lymphoid sheaths; (TBMs): tingible body macrophages.

**Histopathological scoring system: (0) No lesion; (1) Minimal lesion; (2) Mild lesion; (3) Moderate lesion; (4) Severe lesion.**

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<b>Lymph nodes</b>					
LN identification:					
-Hyperaemia/congestion					
-Haemorrhages					
-Follicular lymphoid depletion					
-Interfollicular area depletion					
-Cellular fragmentation/TBMs in LF/IFA.					
-Vascular damage*/fibrin deposits					
<b>Bone marrow</b>					
-Hypocellularity					
-Cell debris					
-Fibrin strands					
-Microhaemorrhages					
-MKs (relative number)					
-Presence of apoptotic MKs					
-Presence of cloud-nuclei MKs/Clusters					
-Emperipolesis					

\*(Vasculopathy): prominent diffuse endothelial cell (EC) activation (cellular hypertrophy, rounded nuclei) and variable smooth myocyte vacuolation of tunica media of small and medium vessels with (vasculitis)/without intramural inflammatory infiltrations.

(MK): megakaryocytes; (LF): lymphoid follicles; (IFA): interfollicular areas; (TBMs) tingible body macrophages.

(Cloud-nuclei MKs): megakaryocytes with elongated cytoplasm and a round, balloon-shaped nucleus located at one end of the cell.

(Apoptotic MKs): megakaryocytes with condensed, compact hyperchromatic nucleus; cytoplasm was either absent or formed a small perinuclear halo.

(Emperipolesis): morphological normal neutrophils, embedded in MK cytoplasm.

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<b>Skin</b>					
<b>Epidermis</b>					
-Subcorneal/intraepithelial pustules					
-Inflammatory mononuclear infiltrates					
-Necrotizing ulcerative dermatitis					
<b>Dermis</b>					
-Folliculitis					
-Intravascular monocytes/neutrophils					
-Perivascular mononuclear infiltrate/apoptosis					
-Perivascular oedema					
-Inflammatory interstitial infiltrates/apoptosis					
-Vasculitis*, necrosis, fibrin in blood vessels					
-Hyperemia					
-Microhaemorrhages					
<b>Liver</b>					
-Angiectasia (PT/CV)/hepatic sinusoids expanded					
-Haemorrhages.					
-Vasculopathy*/ Microthrombosis					
-Interstitial mononuclear infiltrates					
-Interstitial cellular fragmentation					
-Necrotic foci in lobules					
-Enlarged Kupffer cells in hepatic sinusoids					
Increase of circulating leukocytes (sinusoidal leucocytosis)					
-Hypertrophy/hyperplasia of bile ducts					

\*(Vasculopathy): prominent diffuse endothelial (EC) activation (cellular hypertrophy, rounded nuclei) and variable smooth myocyte vacuolation of tunica media of small and medium vessels with (vasculitis)/without intramural inflammatory infiltrations. (PT): portal triad; (CV): central vein

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