

Experiment Number: 92013-01
Test Type: 14-DAY
Route: DOSED FEED
Species/Strain: Rat/F 344/N

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Test Compound: 4-Methylimidazole
CAS Number: 822-36-6

Date Report Requested: 10/22/2014
Time Report Requested: 06:25:28
First Dose M/F: NA / NA
Lab: MBA

C Number: C92013
Lock Date: 01/12/1995
Cage Range: All
Date Range: All
Reasons For Removal: All
Removal Date Range: All
Treatment Groups: All
Study Gender: Both
PWG Approval Date: NONE

Experiment Number: 92013-01

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Date Report Requested: 10/22/2014

Test Type: 14-DAY

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Time Report Requested: 06:25:28

Route: DOSED FEED

CAS Number: 822-36-6

First Dose M/F: NA / NA

Species/Strain: Rat/F 344/N

Lab: MBA

F 344/N Rat Male
VEHICLE CONTROL

DAY ON TEST	0	0	0	0	0
	0	0	0	0	0
	1	1	1	1	1
	5	5	5	5	5
ANIMAL ID	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

*TOTALS

Alimentary System

Liver	+	+	+	+	+	5
Stomach, Forestomach	+	+	+	+	+	5
Stomach, Glandular	+	+	+	+	+	5

Cardiovascular System

Heart	+	+	+	+	+	5
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Endocrine System

Adrenal Cortex	+	+	+	+	+	5
Adrenal Medulla	+	+	+	+	+	5
Pituitary Gland	+	+	+	+	+	5
Thyroid Gland	+	+	+	+	+	5

General Body System

NONE

Genital System

Testes	+	+	+	+	+	5
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Hematopoietic System

Spleen	+	+	+	+	+	5
Thymus	+	+	+	+	+	5

Integumentary System

* ..Total animals with tissue examined microscopically; Total animals with tumor

+ ..Tissue examined microscopically

X ..Lesion present

I ..Insufficient tissue

M ..Missing tissue

A ..Autolysis precludes evaluation

BLANK ..Not examined microscopically

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Lab: MBA

F 344/N Rat Male
VEHICLE CONTROL

DAY ON TEST	0	0	0	0	0	
	0	0	0	0	0	
	1	1	1	1	1	
	5	5	5	5	5	
ANIMAL ID	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	*TOTALS

NONE						
Musculoskeletal System						
NONE						
Nervous System						
Brain	+	+	+	+	+	5
Respiratory System						
Lung	+	+	+	+	+	5
Special Senses System						
NONE						
Urinary System						
Kidney	+	+	+	+	+	5
SYSTEMIC LESIONS						
Multiple Organ	+	+	+	+	+	5

* ..Total animals with tissue examined microscopically; Total animals with tumor
+ ..Tissue examined microscopically
X ..Lesion present
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CAS Number: 822-36-6

Date Report Requested: 10/22/2014
Time Report Requested: 06:25:28
First Dose M/F: NA / NA
Lab: MBA

DAY ON TEST

F 344/N Rat Male
300 PPM

ANIMAL ID

*TOTALS

Alimentary System

NONE

Cardiovascular System

NONE

Endocrine System

NONE

General Body System

NONE

Genital System

NONE

Hematopoietic System

NONE

Integumentary System

NONE

Musculoskeletal System

NONE

Nervous System

NONE

* ..Total animals with tissue examined microscopically; Total animals with tumor
+ ..Tissue examined microscopically
X ..Lesion present
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First Dose M/F: NA / NA
Lab: MBA

DAY ON TEST

F 344/N Rat Male
300 PPM

ANIMAL ID

*TOTALS

Respiratory System

NONE

Special Senses System

NONE

Urinary System

NONE

SYSTEMIC LESIONS

Multiple Organ 0

* ..Total animals with tissue examined microscopically; Total animals with tumor
+ ..Tissue examined microscopically
X ..Lesion present
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CAS Number: 822-36-6

Date Report Requested: 10/22/2014
Time Report Requested: 06:25:28
First Dose M/F: NA / NA
Lab: MBA

DAY ON TEST

F 344/N Rat Male
800 PPM

ANIMAL ID

*TOTALS

Alimentary System

NONE

Cardiovascular System

NONE

Endocrine System

NONE

General Body System

NONE

Genital System

NONE

Hematopoietic System

NONE

Integumentary System

NONE

Musculoskeletal System

NONE

Nervous System

NONE

* ..Total animals with tissue examined microscopically; Total animals with tumor
+ ..Tissue examined microscopically
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Lab: MBA

DAY ON TEST

F 344/N Rat Male

800 PPM

ANIMAL ID

*TOTALS

Respiratory System

NONE

Special Senses System

NONE

Urinary System

NONE

SYSTEMIC LESIONS

Multiple Organ

0

* ..Total animals with tissue examined microscopically; Total animals with tumor

+ ..Tissue examined microscopically

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Test Compound: 4-Methylimidazole

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Route: DOSED FEED

CAS Number: 822-36-6

First Dose M/F: NA / NA

Species/Strain: Rat/F 344/N

Lab: MBA

F 344/N Rat Male
2500 PPM

DAY ON TEST	0	0	0	0	0	
	0	0	0	0	0	
	1	1	1	1	1	
	5	5	5	5	5	
ANIMAL ID	0	0	0	0	0	
	0	0	0	0	0	
	0	0	0	0	0	
	1	1	1	1	2	
	6	7	8	9	0	*TOTALS

Alimentary System

Liver	+	+	+	+	+	5
Stomach, Forestomach	+	+	+	+	+	5
Stomach, Glandular	+	+	+	+	+	5

Cardiovascular System

Heart	+	+	+	+	+	5
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Endocrine System

Adrenal Cortex	+	+	+	+	+	5
Adrenal Medulla	+	+	+	+	+	5
Pituitary Gland	+	+	+	+	+	5
Thyroid Gland	+	+	+	+	+	5

General Body System

NONE

Genital System

Testes	+	+	+	+	+	5
--------	---	---	---	---	---	---

Hematopoietic System

Spleen	+	+	+	+	+	5
Thymus	+	+	+	+	+	5

Integumentary System

* ..Total animals with tissue examined microscopically; Total animals with tumor
+ ..Tissue examined microscopically
X ..Lesion present
I ..Insufficient tissue

M ..Missing tissue
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First Dose M/F: NA / NA

Species/Strain: Rat/F 344/N

Lab: MBA

F 344/N Rat Male
2500 PPM

DAY ON TEST	0	0	0	0	0	
	0	0	0	0	0	
	1	1	1	1	1	
	5	5	5	5	5	
ANIMAL ID	0	0	0	0	0	
	0	0	0	0	0	
	0	0	0	0	0	
	1	1	1	1	2	
	6	7	8	9	0	*TOTALS

NONE

Musculoskeletal System

NONE

Nervous System

Brain + + + + + 5

Respiratory System

Lung + + + + + 5

Special Senses System

NONE

Urinary System

Kidney + + + + + 5

SYSTEMIC LESIONS

Multiple Organ + + + + + 5

END OF MALE DATA

* ..Total animals with tissue examined microscopically; Total animals with tumor

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CAS Number: 822-36-6

First Dose M/F: NA / NA

Species/Strain: Rat/F 344/N

Lab: MBA

F 344/N Rat Female
VEHICLE CONTROL

DAY ON TEST	0	0	0	0	0
	0	0	0	0	0
	1	1	1	1	1
	5	5	5	5	5
ANIMAL ID	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
	2	2	2	2	2
	1	2	3	4	5
	*TOTALS				

Alimentary System

Liver	+	+	+	+	+	5
Stomach, Forestomach	+	+	+	+	+	5
Stomach, Glandular	+	+	+	+	+	5

Cardiovascular System

Heart	+	+	+	+	+	5
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Endocrine System

Adrenal Cortex	+	+	+	+	+	5
Adrenal Medulla	+	+	+	+	+	5
Pituitary Gland	+	+	+	+	+	5
Thyroid Gland	+	+	+	+	+	5

General Body System

NONE

Genital System

Ovary	+	+	+	+	+	5
-------	---	---	---	---	---	---

Hematopoietic System

Spleen	+	+	+	+	+	5
Thymus	+	+	+	+	+	5

Integumentary System

* ..Total animals with tissue examined microscopically; Total animals with tumor

+ ..Tissue examined microscopically

X ..Lesion present

I ..Insufficient tissue

M ..Missing tissue

A ..Autolysis precludes evaluation

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CAS Number: 822-36-6

First Dose M/F: NA / NA

Species/Strain: Rat/F 344/N

Lab: MBA

F 344/N Rat Female
VEHICLE CONTROL

DAY ON TEST	0	0	0	0	0	
	0	0	0	0	0	
	1	1	1	1	1	
	5	5	5	5	5	
ANIMAL ID	0	0	0	0	0	
	0	0	0	0	0	
	0	0	0	0	0	
	2	2	2	2	2	
	1	2	3	4	5	*TOTALS

NONE						
Musculoskeletal System						
NONE						
Nervous System						
Brain	+	+	+	+	+	5
Respiratory System						
Lung	+	+	+	+	+	5
Special Senses System						
NONE						
Urinary System						
Kidney	+	+	+	+	+	5
SYSTEMIC LESIONS						
Multiple Organ	+	+	+	+	+	5

* ..Total animals with tissue examined microscopically; Total animals with tumor
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X ..Lesion present
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Route: DOSED FEED

CAS Number: 822-36-6

First Dose M/F: NA / NA

Species/Strain: Rat/F 344/N

Lab: MBA

F 344/N Rat Female
300 PPM

DAY ON TEST	0	0	0	0	0	
	0	0	0	0	0	
	1	1	1	1	1	
	5	5	5	5	5	
ANIMAL ID	0	0	0	0	0	
	0	0	0	0	0	
	0	0	0	0	0	
	2	2	2	2	3	
	6	7	8	9	0	
						*TOTALS

Alimentary System

NONE

Cardiovascular System

NONE

Endocrine System

NONE

General Body System

NONE

Genital System

Uterus

+ 1

Hematopoietic System

NONE

Integumentary System

NONE

Musculoskeletal System

NONE

Nervous System

NONE

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M ..Missing tissue

+ ..Tissue examined microscopically

A ..Autolysis precludes evaluation

X ..Lesion present

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I ..Insufficient tissue

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Route: DOSED FEED

CAS Number: 822-36-6

First Dose M/F: NA / NA

Species/Strain: Rat/F 344/N

Lab: MBA

F 344/N Rat Female
300 PPM

DAY ON TEST	0	0	0	0	0	
	0	0	0	0	0	
	1	1	1	1	1	
	5	5	5	5	5	
ANIMAL ID	0	0	0	0	0	
	0	0	0	0	0	
	0	0	0	0	0	
	2	2	2	2	3	
	6	7	8	9	0	*TOTALS

Respiratory System

NONE

Special Senses System

NONE

Urinary System

Kidney + 1

SYSTEMIC LESIONS

Multiple Organ + 1

* ..Total animals with tissue examined microscopically; Total animals with tumor

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Route: DOSED FEED

CAS Number: 822-36-6

First Dose M/F: NA / NA

Species/Strain: Rat/F 344/N

Lab: MBA

F 344/N Rat Female
800 PPM

DAY ON TEST	0	0	0	0	0	
	0	0	0	0	0	
	1	1	1	1	1	
	5	5	5	5	5	
ANIMAL ID	0	0	0	0	0	
	0	0	0	0	0	
	0	0	0	0	0	
	3	3	3	3	3	
	1	2	3	4	5	*TOTALS

Alimentary System

Liver + + 2

Cardiovascular System

NONE

Endocrine System

NONE

General Body System

NONE

Genital System

NONE

Hematopoietic System

NONE

Integumentary System

NONE

Musculoskeletal System

NONE

Nervous System

NONE

* ..Total animals with tissue examined microscopically; Total animals with tumor

M ..Missing tissue

+ ..Tissue examined microscopically

A ..Autolysis precludes evaluation

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First Dose M/F: NA / NA

Species/Strain: Rat/F 344/N

Lab: MBA

F 344/N Rat Female
800 PPM

DAY ON TEST	0	0	0	0	0	
	0	0	0	0	0	
	1	1	1	1	1	
	5	5	5	5	5	
ANIMAL ID	0	0	0	0	0	
	0	0	0	0	0	
	0	0	0	0	0	
	3	3	3	3	3	
	1	2	3	4	5	*TOTALS

Respiratory System

NONE

Special Senses System

NONE

Urinary System

NONE

SYSTEMIC LESIONS

Multiple Organ		+		+		2
----------------	--	---	--	---	--	---

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Route: DOSED FEED

CAS Number: 822-36-6

First Dose M/F: NA / NA

Species/Strain: Rat/F 344/N

Lab: MBA

F 344/N Rat Female
2500 PPM

DAY ON TEST	0	0	0	0	0
	0	0	0	0	0
	1	1	1	1	1
	5	5	5	5	5
ANIMAL ID	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
	3	3	3	3	4
	6	7	8	9	0
	*TOTALS				

Alimentary System

Liver	+	+	+	+	+	5
Stomach, Forestomach	+	+	+	+	+	5
Stomach, Glandular	+	+	+	+	+	5

Cardiovascular System

Heart	+	+	+	+	+	5
-------	---	---	---	---	---	---

Endocrine System

Adrenal Cortex	+	+	+	+	+	5
Adrenal Medulla	+	+	+	+	M	4
Pituitary Gland	+	+	+	+	+	5
Thyroid Gland	+	+	+	+	+	5

General Body System

NONE

Genital System

Ovary	+	+	+	+	+	5
-------	---	---	---	---	---	---

Hematopoietic System

Spleen	+	+	+	+	+	5
Thymus	+	+	+	+	+	5

Integumentary System

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Lab: MBA

F 344/N Rat Female
2500 PPM

DAY ON TEST	0	0	0	0	0	
	0	0	0	0	0	
	1	1	1	1	1	
	5	5	5	5	5	
ANIMAL ID	0	0	0	0	0	
	0	0	0	0	0	
	0	0	0	0	0	
	3	3	3	3	4	
	6	7	8	9	0	
						*TOTALS

NONE						
Musculoskeletal System						
NONE						
Nervous System						
Brain	+	+	+	+	+	5
Respiratory System						
Lung	+	+	+	+	+	5
Special Senses System						
NONE						
Urinary System						
Kidney	+	+	+	+	+	5
SYSTEMIC LESIONS						
Multiple Organ	+	+	+	+	+	5

** END OF REPORT **

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+ ..Tissue examined microscopically
X ..Lesion present
I ..Insufficient tissue

M ..Missing tissue
A ..Autolysis precludes evaluation
BLANK ..Not examined microscopically