

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

C Number: C50395

Cage Range: All

Date Range: All

Reasons For Removal: All

Removal Date Range: All

Treatment Groups: All

Study Gender: Female

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_001

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland
Pituitary gland
Uterus

Cortex Nos

Hyperplasia, Nodular
Cyst, Nos
Endometrial Stromal Polyp
Hydrometra

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_002

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Intestine Large

Colon

Parasitism

Kidney

Calcification, Focal

Pituitary gland

Hemosiderosis

Uterus

Endometrial Stromal Polyp

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_003

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Kidney

Calcification, Focal

Lung

Sarcoma, Nos, Metastatic

Mammary gland

Sarcoma, Nos

Unspecified

Multiple Organs Nos

Leukemia, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_004

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Heart	Myocardium Nos	Degeneration, Nos
Pituitary gland		Hyperplasia, Focal
Thyroid		C-Cell Adenoma
Uterus		Endometrial Stromal Polyp

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_005

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Natural Death

HISTO:

OBSERVATIONS

Adrenal gland

Heart

Liver

Unspecified

Uterus

Myocardium Nos

Multiple Organs Nos

Pheochromocytoma

Degeneration, Nos

Metamorphosis, Fatty

Lymphoma, Nos-Malignant

Endometrial Stromal Polyp

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_006

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Heart

Myocardium Nos

Degeneration, Nos

Liver

Focal Cellular Change

Pituitary gland

Adenoma, Nos

Uterus

Hydrometra

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_007

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland

Cortex Nos

Hyperplasia, Focal

Kidney

Calcification, Focal

Liver

Focal Cellular Change

Lung

Bronchiole

Metaplasia, Nos

Pituitary gland

Hyperplasia, Focal

Uterus

Endometrial Stromal Polyp

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_008

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Natural Death

HISTO:

OBSERVATIONS

Kidney

Lung

Pituitary gland

Calcification, Focal

Congestion, Nos

Chromophobe Adenoma

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_009

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Natural Death

HISTO:

OBSERVATIONS

Liver

Mammary gland

Zymbal gland

Metamorphosis, Fatty

Lactation

Ceruminous Carcinoma

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_010

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Kidney

Liver

Mammary gland

Stomach

Uterus

Calcification, Focal

Focal Cellular Change

Fibroadenoma

Galactocele

Hyperplasia, Basal Cell

Endometrial Stromal Polyp

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_011

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Heart	Myocardium Nos	Degeneration, Nos
Liver		Cytoplasmic Change, Basophilic
		Neoplastic Nodule
Thyroid		C-Cell Carcinoma
Uterus		Endometrial Stromal Polyp

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_012

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland

Cortex Nos

Hyperplasia, Nodular

Pituitary gland

Cyst, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_013

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland

Heart

Liver

Pituitary gland

Uterus

Myocardium Nos

Pheochromocytoma

Degeneration, Nos

Cytoplasmic Change, Basophilic

Adenoma, Nos

Endometrial Stromal Polyp

Leiomyoma

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_014

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland
Intestine Small
Kidney

Mesentery Nos

Pheochromocytoma
Necrosis, Fat
Calcification, Focal
Scar

Mammary gland

Fibroadenoma
Galactocele

Pituitary gland
Unspecified

Multiple Organs Nos

Cyst, Multiple
Leukemia, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_015

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Heart

Myocardium Nos

Degeneration, Nos

Mammary gland

Fibroadenoma

Galactocele

Pituitary gland

Vascularization

Uterus

Leiomyoma

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_016

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland

Kidney

Mammary gland

Pituitary gland

Uterus

Pheochromocytoma

Calcification, Focal

Adenoma, Nos

Fibroadenoma

Hyperplasia, Focal

Endometrial Stromal Polyp

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_017

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Natural Death

HISTO:

OBSERVATIONS

Kidney

Nephrosis, Nos

Mammary gland

Galactocele

Pituitary gland

Adenoma, Nos

Unspecified

Multiple Organs Nos

Necrosis, Focal

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_018

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Liver
Pituitary gland
Uterus

Bile Duct

Hyperplasia, Nos
Cyst, Nos
Adenocarcinoma, Nos
Endometrial Stromal Polyp

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_019

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Ovary

Pituitary gland

Cyst, Nos

Adenoma, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_020

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Mammary gland

Pituitary gland

Uterus

Fibroadenoma

Adenoma, Nos

Endometrial Stromal Polyp

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_021

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Moribund Sacrifice

HISTO:

OBSERVATIONS

Liver
Pituitary gland
Unspecified
Uterus

Bile Duct

Multiple Organs Nos

Hyperplasia, Nos
Cyst, Nos
Leukemia, Lymphocytic
Endometrial Stromal Polyp
Endometrial Stromal Sarcoma
Squamous Cell Papilloma

Zymbal gland

PRIMARY CAUSE OF DEATH

-

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_022

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Liver	Bile Duct	Hyperplasia, Nos
Lung		Alveolar/Bronchiolar Carcinoma
Mammary gland		Fibroadenoma
Pituitary gland		Cyst, Nos
Unspecified		Fibrosarcoma
Uterus		Endometrial Stromal Polyp

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_023

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland	Medulla	Hyperplasia, Focal
Kidney		Nephrosis, Nos
Lung	Bronchiole	Metaplasia, Nos
Pituitary gland		Cyst, Nos
Thyroid		Hyperplasia, C Cell
Unspecified	Multiple Organs Nos	Leukemia, Nos
Uterus	Endometrium	Adenocarcinoma, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_024

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Thyroid

C-Cell Adenoma

Unspecified

Fibrosarcoma

Uterus

Endometrium

Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_025

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Kidney

Mammary gland

Pituitary gland

Thyroid

Uterus

Calcification, Focal

Fibroadenoma

Galactocele

Adenoma, Nos

C-Cell Adenoma

Endometrial Stromal Polyp

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_026

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland

Cortex Nos

Hyperplasia, Nodular

Pheochromocytoma

Heart

Myocardium Nos

Degeneration, Nos

Kidney

Nephrosis, Nos

Liver

Focal Cellular Change

Bile Duct

Hyperplasia, Nos

Pituitary gland

Adenoma, Nos

Unspecified

Multiple Organs Nos

Leukemia, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_027

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Heart
Pituitary gland
Uterus

Myocardium Nos

Degeneration, Nos
Hyperplasia, Focal
Endometrial Stromal Polyp

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_028

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Heart	Myocardium Nos	Degeneration, Nos
Liver	Bile Duct	Hyperplasia, Nos
Pituitary gland		Cyst, Nos
Uterus		Endometrial Stromal Polyp
		Leiomyoma

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_029

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Moribund Sacrifice

HISTO:

OBSERVATIONS

Liver		Metamorphosis, Fatty
Thyroid		Hyperplasia, C Cell
Unspecified	Multiple Organs Nos	Leukemia, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_030

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Clitoral gland

Heart

Kidney

Pituitary gland

Spleen

Uterus

Myocardium Nos

Carcinoma, Nos

Degeneration, Nos

Calcification, Focal

Cyst, Nos

Hematopoiesis

Endometrial Stromal Polyp

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_031

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Kidney

Liver

Mammary gland

Pituitary gland

Spleen

Thyroid

Unspecified

Bile Duct

Calcification, Focal

Hyperplasia, Nos

Fibroadenoma

Galactocele

Carcinoma, Nos

Hematopoiesis

Hyperplasia, C Cell

Fibrosarcoma

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_032

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Heart

Myocardium Nos

Degeneration, Nos

Intestine Large

Colon

Parasitism

Mammary gland

Galactocele

Pituitary gland

Carcinoma, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_033

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Kidney		Nephrosis, Nos
Liver	Bile Duct	Hyperplasia, Nos
Ovary		Granulosa-Cell Tumor
Pituitary gland		Adenoma, Nos
Unspecified	Multiple Organs Nos	Leukemia, Lymphocytic
Uterus		Thrombosis, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_034

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Natural Death

HISTO:

OBSERVATIONS

Intestine Large

Cecum, Colon

Parasitism

Spleen

Hematoma, Organized

Unspecified

Multiple Organs Nos

Leukemia, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_035

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland

Heart

Liver

Pituitary gland

Uterus

Myocardium Nos

Bile Duct

Pheochromocytoma

Degeneration, Nos

Hyperplasia, Nos

Adenoma, Nos

Endometrial Stromal Polyp

Endometrial Stromal Sarcoma

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_036

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Kidney

Nephrosis, Nos

Liver

Cytoplasmic Change, Basophilic

Mammary gland

Fibroadenoma

Pituitary gland

Adenoma, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_037

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland

Cortex Nos

Hyperplasia, Nodular

Heart

Myocardium Nos

Degeneration, Nos

Kidney

Nephrosis, Nos

Liver

Bile Duct

Hyperplasia, Nos

Pituitary gland

Adenoma, Nos

Uterus

Endometrium

Hyperplasia, Cystic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_038

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland

Cortex Nos

Hyperplasia, Nodular

Heart

Myocardium Nos

Degeneration, Nos

Pituitary gland

Cyst, Hemorrhagic

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_039

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Moribund Sacrifice

HISTO:

OBSERVATIONS

Brain	Hydrocephalus, Nos
Kidney	Nephrosis, Nos
Liver	Metamorphosis, Fatty
Mammary gland	Galactocele
Pituitary gland	Adenoma, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_040

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Moribund Sacrifice

HISTO:

OBSERVATIONS

Heart

Myocardium Nos

Degeneration, Nos

Lymph node

Mesenteric Lymph Node

Congestion, Nos

Mammary gland

Fibroadenoma

Thymus

Atrophy, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_041

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Natural Death

HISTO:

OBSERVATIONS

Liver

Cytoplasmic Change, Basophilic

Lung

Infarct, Nos

Unspecified

Multiple Organs Nos

Leukemia, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_042

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Liver

Mammary gland

Pituitary gland

Thyroid

Hemangioma

Fibroadenoma

Galactocele

Adenoma, Nos

C-Cell Adenoma

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_043

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Kidney

Liver

Pituitary gland

Bile Duct

Nephrosis, Nos

Hyperplasia, Nos

Vascularization

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_044

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Heart	Myocardium Nos	Degeneration, Nos
Kidney		Calcification, Focal
Lung	Bronchiole	Metaplasia, Nos
Mammary gland		Fibroadenoma
		Galactocele
Pancreas	Islets	Islet-Cell Adenoma
Pituitary gland		Cyst, Nos
Thyroid		C-Cell Adenoma
Unspecified	Multiple Organs Nos	Lymphoma, Nos-Malignant
Uterus		Endometrial Stromal Polyp

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_045

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Moribund Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland

Cortex Nos

Hyperplasia, Nodular

Heart

Myocardium Nos

Degeneration, Nos

Kidney

Nephrosis, Nos

Liver

Metamorphosis, Fatty

Lymph node

Mesenteric Lymph Node

Congestion, Nos

Pituitary gland

Adenoma, Nos

Stomach

Squamous Cell Papilloma

Ulcer, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_046

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland
Clitoral gland
Kidney
Pituitary gland
Thyroid
Uterus

Cortex Nos

Hyperplasia, Nodular
Adenoma, Nos
Nephrosis, Nos
Adenoma, Nos
C-Cell Adenoma
Endometrial Stromal Polyp

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_048

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Moribund Sacrifice

HISTO:

OBSERVATIONS

Intestine Large

Colon

Parasitism

Liver

Cytoplasmic Change, Basophilic

Lung

Pneumonia, Chronic Murine

Unspecified

Neurofibrosarcoma

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_049

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Kidney

Liver

Pituitary gland

Uterus

Bile Duct

Calcification, Focal

Hyperplasia, Nos

Adenoma, Nos

Endometrial Stromal Polyp

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_050

TRT#: 1

SEX: Female

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Kidney

Nephrosis, Nos

Pituitary gland

Carcinoma, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_001

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Pituitary gland

Unspecified

Uterus

Multiple Organs Nos

Adenoma, Nos

Leukemia, Nos

Endometrial Stromal Polyp

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_002

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Kidney
Lymph node
Pituitary gland

Mesenteric Lymph Node

Nephrosis, Nos
Congestion, Nos
Adenoma, Nos
Cyst, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_003

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Heart

Myocardium Nos

Degeneration, Nos

Kidney

Calcification, Focal

Nephrosis, Nos

Liver

Bile Duct

Hyperplasia, Nos

Pituitary gland

Adenoma, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_004

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Kidney

Calcification, Focal

Pituitary gland

Nephrosis, Nos

Adenoma, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_005

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Heart	Myocardium Nos	Degeneration, Nos
Liver		Metamorphosis, Fatty
Lymph node		Congestion, Nos
	Mediastinal Lymph Node	Hemosiderosis
Uterus		Endometrial Stromal Polyp

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_006

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Harderian gland

Hardarian Gland

Adenoma, Nos

Kidney

Calcification, Focal

Uterus

Endometrium

Adenocarcinoma, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_007

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Clitoral gland

Liver

Mammary gland

Bile Duct

Adenoma, Nos

Hyperplasia, Nos

Fibroadenoma

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_008

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Moribund Sacrifice

HISTO:

OBSERVATIONS

Kidney
Pituitary gland
Unspecified

Multiple Organs Nos

Nephrosis, Cholemic
Adenoma, Nos
Lymphoma, Nos-Malignant

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_009

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Liver
Mammary gland

Bile Duct

Hyperplasia, Nos
Fibroadenoma
Fibroma

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_010

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Heart

Myocardium Nos

Degeneration, Nos

Kidney

Nephrosis, Nos

Liver

Bile Duct

Hyperplasia, Nos

Unspecified

Ear

Neurofibrosarcoma

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_011

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Brain

Heart

Kidney

Pituitary gland

Myocardium Nos

Astrocytoma

Degeneration, Nos

Calcification, Focal

Cyst, Multiple

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_012

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Natural Death

HISTO:

OBSERVATIONS

Heart	Myocardium Nos	Degeneration, Nos
Liver		Metamorphosis, Fatty
Mammary gland		Fibroadenoma
		Galactocele
Unspecified		Edema, Nos
	Multiple Organs Nos	Lymphoma, Nos-Malignant

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_013

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Heart

Myocardium Nos

Degeneration, Nos

Intestine Small

Mesentery Nos

Necrosis, Fat

Kidney

Nephrosis, Nos

Mammary gland

Fibroadenoma

Pituitary gland

Cyst, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_014

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Pituitary gland

Adenoma, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_015

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland

Medulla

Hyperplasia, Focal

Brain

Glioma, Nos

Heart

Myocardium Nos

Degeneration, Nos

Kidney

Nephrosis, Nos

Pituitary gland

Adenoma, Nos

Uterus

Endometrial Stromal Polyp

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_016

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Heart
Mammary gland

Myocardium Nos

Degeneration, Nos

Fibroadenoma

Galactocele

Pituitary gland

Vascularization

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_017

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Mammary gland

Pituitary gland

Uterus

Fibroadenoma

Cyst, Nos

Thrombosis, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_018

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Kidney

Nephrosis, Nos

Pituitary gland

Hyperplasia, Focal

Unspecified

Multiple Organs Nos

Hematopoiesis

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_019

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Moribund Sacrifice

HISTO:

OBSERVATIONS

Kidney

Nephrosis, Nos

Ovary

Cyst, Nos

Pituitary gland

Adenoma, Nos

Unspecified

Multiple Organs Nos

Leukemia, Nos

Uterus

Endometrial Stromal Polyp

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_020

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Clitoral gland

Heart

Kidney

Ovary

Pituitary gland

Myocardium Nos

Squamous Cell Carcinoma

Degeneration, Nos

Calcification, Focal

Nephrosis, Nos

Granulosa-Cell Tumor

Adenoma, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_021

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Heart	Myocardium Nos	Degeneration, Nos
Intestine Large	Colon	Parasitism
Kidney		Nephrosis, Nos
Mammary gland		Fibroadenoma
Pituitary gland		Adenoma, Nos
Uterus		Endometrial Stromal Polyp
		Thrombosis, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_022

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Heart	Myocardium Nos	Degeneration, Nos
Liver	Bile Duct	Hyperplasia, Nos
Lung		Alveolar/Bronchiolar Adenoma
Pituitary gland		Carcinoma, Nos
Uterus	Endometrium	Adenocarcinoma, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_023

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Natural Death

HISTO:

OBSERVATIONS

Adrenal gland

Kidney

Mammary gland

Ganglioneuroma

Calcification, Focal

Fibroadenoma

Galactocele

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_024

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland

Kidney

Liver

Bile Duct

Ovary

Unspecified

Multiple Organs Nos

Pheochromocytoma, Malignant

Nephrosis, Nos

Hyperplasia, Nos

Neoplastic Nodule

Granulosa-Cell Carcinoma

Leukemia, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_025

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Unspecified

Multiple Organs Nos

Leukemia, Nos

Uterus

Endometrial Stromal Polyp

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_026

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Heart	Myocardium Nos	Degeneration, Nos
Mammary gland		Fibroadenoma
		Galactocele
Pituitary gland		Adenoma, Nos
Uterus		Endometrial Stromal Polyp

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_027

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland

Kidney

Pituitary gland

Pheochromocytoma

Calcification, Focal

Adenoma, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_028

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Heart

Myocardium Nos

Degeneration, Nos

Intestine Large

Colon

Parasitism

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_029

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Liver
Pituitary gland

Bile Duct

Hyperplasia, Nos
Adenoma, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_030

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Heart

Myocardium Nos

Degeneration, Nos

Mammary gland

Fibroadenoma

Pituitary gland

Carcinoma, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_031

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland
Kidney

Cortex Nos

Hyperplasia, Nodular
Hamartoma

Liver
Pituitary gland
Unspecified
Uterus

Bile Duct

Nephrosis, Nos
Hyperplasia, Nos
Adenoma, Nos

Tail

Cyst, Epidermal Inclusion
Endometrial Stromal Polyp

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_032

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Natural Death

HISTO:

OBSERVATIONS

Liver	Metamorphosis, Fatty
Pituitary gland	Cyst, Nos
Unspecified	Fibrosarcoma

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_033

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland

Kidney

Lymph node

Mammary gland

Mesenteric Lymph Node

Hyperplasia, Focal

Calcification, Focal

Congestion, Nos

Fibroadenoma

Galactocele

Pituitary gland

Adenoma, Nos

Stomach

Cyst, Epidermal Inclusion

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_034

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland	Cortex Nos	Hyperplasia, Nodular
Clitoral gland		Carcinoma, Nos
Heart	Myocardium Nos	Degeneration, Nos
Kidney		Calcification, Focal
Mammary gland		Adenocarcinoma, Nos
		Fibroadenoma
Nasal cavity	Turbinate Nos	Inflammation, Chronic
Ovary		Granulosa-Cell Tumor
Pituitary gland		Carcinoma, Nos
Uterus		Endometrial Stromal Polyp

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_035

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Nasal cavity

Turbinate Nos

Inflammation, Chronic Focal

Pituitary gland

Adenoma, Nos

Stomach

Hyperplasia, Basal Cell

Thyroid

C-Cell Carcinoma

Uterus

Endometrial Stromal Polyp

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_036

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Clitoral gland

Heart

Intestine Large

Intestine Small

Mammary gland

Pituitary gland

Myocardium Nos

Colon

Mesentery Nos

Inflammation, Chronic

Degeneration, Nos

Parasitism

Necrosis, Fat

Fibroadenoma

Cyst, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_037

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland

Cortical Carcinoma

Intestine Large

Colon

Pheochromocytoma

Kidney

Parasitism

Mammary gland

Nephrosis, Nos

Pituitary gland

Fibroadenoma

Uterus

Galactocele

Adenoma, Nos

Endometrial Stromal Polyp

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_038

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Clitoral gland

Heart

Kidney

Spleen

Uterus

Myocardium Nos

Carcinoma, Nos

Degeneration, Nos

Nephrosis, Nos

Fibrosis, Focal

Hydrometra

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_039

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Intestine Small
Mammary gland

Mesentery Nos

Necrosis, Fat
Fibroadenoma
Galactocele

Pituitary gland
Unspecified
Uterus

Multiple Organs Nos

Cyst, Nos
Leukemia, Nos
Endometrial Stromal Polyp

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_040

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland

Clitoral gland

Heart

Mammary gland

Pituitary gland

Thymus

Uterus

Myocardium Nos

Cortical Adenoma

Carcinoma, Nos

Degeneration, Nos

Fibroadenoma

Cyst, Hemorrhagic

Lymphangiectasis

Endometrial Stromal Polyp

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_041

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Natural Death

HISTO:

OBSERVATIONS

Heart	Myocardium Nos	Degeneration, Nos
Liver		Metamorphosis, Fatty
		Necrosis, Nos
Pituitary gland		Vascularization
Uterus		Endometrial Stromal Polyp

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_042

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland
Clitoral gland
Intestine Large
Kidney
Pituitary gland
Spleen

Colon

Pheochromocytoma
Squamous Cell Carcinoma
Parasitism
Calcification, Focal
Cyst, Nos
Hematopoiesis

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_043

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Moribund Sacrifice

HISTO:

OBSERVATIONS

Lung

Pneumonia, Chronic Murine

Mammary gland

Fibroadenoma

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_044

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland

Heart

Kidney

Pituitary gland

Unspecified

Myocardium Nos

Multiple Organs Nos

Cortical Adenoma

Degeneration, Nos

Nephrosis, Nos

Adenoma, Nos

Leukemia, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_045

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Moribund Sacrifice

HISTO:

OBSERVATIONS

Intestine Large

Colon

Parasitism

Kidney

Tubular-Cell Adenoma

Mammary gland

Fibroadenoma

Pituitary gland

Cyst, Nos

Unspecified

Fibroma

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_046

TRT#: 2

DOSE: 25000 PPM

SEX: Female

DISP: Scheduled Sacrifice

DAY ON TEST:

HISTO:

OBSERVATIONS

Adrenal gland

Clitoral gland

Pituitary gland

Spleen

Uterus

Pheochromocytoma

Carcinoma, Nos

Carcinoma, Nos

Hematopoiesis

Adenocarcinoma, Nos

Endometrial Stromal Polyp

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_047

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland

Kidney

Liver

Pituitary gland

Stomach

Uterus

Bile Duct

Pheochromocytoma

Calcification, Focal

Nephrosis, Nos

Hyperplasia, Nos

Cyst, Nos

Leiomyoma

Endometrial Stromal Polyp

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_048

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Moribund Sacrifice

HISTO:

OBSERVATIONS

Brain	Astrocytoma
Lung	Pneumonia, Chronic Murine
Mammary gland	Fibroadenoma
Pituitary gland	Angiectasis
Unspecified	Fibroma

PRIMARY CAUSE OF DEATH

-

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_049

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Heart		Thrombus, Mural
Intestine Large	Colon	Parasitism
Kidney		Nephrosis, Nos
Liver		Focal Cellular Change
Nasal cavity	Turbinate Nos	Inflammation, Chronic
Pituitary gland		Adenoma, Nos
Uterus		Endometrial Stromal Polyp

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_050

TRT#: 2

SEX: Female

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Intestine Large

Colon

Parasitism

Ovary

Cyst, Nos

Pituitary gland

Cyst, Nos

Stomach

Hyperplasia, Basal Cell

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_001

TRT#: 3

SEX: Female

DAY ON TEST:

DOSE: 0

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Intestine Large

Colon

Parasitism

Intestine Small

Mesentery Nos

Necrosis, Fat

Kidney

Pelvis

Hyperplasia, Epithelial

Mammary gland

Nephrosis, Nos

Adenocarcinoma, Nos

Pituitary gland

Fibroadenoma

Galactocele

Vascularization

PRIMARY CAUSE OF DEATH

-

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_002

TRT#: 3

SEX: Female

DAY ON TEST:

DOSE: 0

DISP: Moribund Sacrifice

HISTO:

OBSERVATIONS

Brain

Neoplasm, Nos

Uterus

Endometrial Stromal Polyp

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_003

TRT#: 3

SEX: Female

DAY ON TEST:

DOSE: 0

DISP: Moribund Sacrifice

HISTO:

OBSERVATIONS

Unspecified

Multiple Organs Nos

Leukemia, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_004

TRT#: 3

DOSE: 0

SEX: Female

DISP: Scheduled Sacrifice

DAY ON TEST:

HISTO:

OBSERVATIONS

Clitoral gland
Intestine Large
Kidney
Pituitary gland

Colon

Carcinoma, Nos
Parasitism
Nephrosis, Nos
Cyst, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_005

TRT#: 3

SEX: Female

DAY ON TEST:

DOSE: 0

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Liver
Mammary gland
Pituitary gland
Unspecified

Bile Duct

Multiple Organs Nos

Hyperplasia, Nos
Galactocele
Vascularization
Leukemia, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_006

TRT#: 3

SEX: Female

DAY ON TEST:

DOSE: 0

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland

Cortex Nos

Hyperplasia, Nodular

Kidney

Calcification, Focal

Mammary gland

Fibroadenoma

Galactocele

Pituitary gland

Cyst, Nos

Stomach

Hyperplasia, Basal Cell

Unspecified

Neurilemoma, Malignant

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_007

TRT#: 3

SEX: Female

DAY ON TEST:

DOSE: 0

DISP: Natural Death

HISTO:

OBSERVATIONS

Adrenal gland

Cortex Nos

Hyperplasia, Nodular

Liver

Metamorphosis, Fatty

Pituitary gland

Cyst, Nos

Unspecified

Multiple Organs Nos

Leukemia, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_008

TRT#: 3

DOSE: 0

SEX: Female

DISP: Natural Death

DAY ON TEST:

HISTO:

OBSERVATIONS

Kidney

Liver

Mammary gland

Pituitary gland

Calcification, Focal

Cytoplasmic Change, Basophilic

Fibroadenoma

Chromophobe Adenoma

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_009

TRT#: 3

SEX: Female

DAY ON TEST:

DOSE: 0

DISP: Moribund Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland

Medulla

Hyperplasia, Focal

Cortex Nos

Hyperplasia, Nodular

Kidney

Nephrosis, Nos

Liver

Bile Duct

Hyperplasia, Nos

Pituitary gland

Adenoma, Nos

Stomach

Inflammation, Chronic Focal

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_010

TRT#: 3

SEX: Female

DAY ON TEST:

DOSE: 0

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Heart	Myocardium Nos	Degeneration, Nos
Kidney		Nephrosis, Nos
Liver	Bile Duct	Hyperplasia, Nos
Pituitary gland		Cyst, Hemorrhagic
Stomach		Hyperplasia, Basal Cell

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_011

TRT#: 3

SEX: Female

DAY ON TEST:

DOSE: 0

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Heart	Myocardium Nos	Degeneration, Nos
Kidney		Calcification, Focal
Liver		Metamorphosis, Fatty
Mammary gland		Fibroadenoma
		Galactocele
Pituitary gland		Adenoma, Nos
Stomach		Hyperplasia, Basal Cell
Unspecified	Multiple Organs Nos	Leukemia, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_012

TRT#: 3

SEX: Female

DAY ON TEST:

DOSE: 0

DISP: Natural Death

HISTO:

OBSERVATIONS

Heart

Myocardium Nos

Degeneration, Nos

Lung

Calcification, Focal

Unspecified

Multiple Organs Nos

Leukemia, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_013

TRT#: 3

SEX: Female

DAY ON TEST:

DOSE: 0

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Kidney

Liver

Mammary gland

Pancreas

Pituitary gland

Uterus

Bile Duct

Islets

Calcification, Focal

Hyperplasia, Nos

Fibroadenoma

Galactocele

Hyperplasia, Atypical

Adenoma, Nos

Endometrial Stromal Polyp

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_014

TRT#: 3

DOSE: 0

SEX: Female

DISP: Scheduled Sacrifice

DAY ON TEST:

HISTO:

OBSERVATIONS

Heart	Myocardium Nos	Degeneration, Nos
Kidney		Nephrosis, Nos
Mammary gland		Fibroadenoma
		Galactocele
Pituitary gland		Cyst, Nos
Uterus		Endometrial Stromal Polyp

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_015

TRT#: 3

SEX: Female

DAY ON TEST:

DOSE: 0

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Lymph node

Mesenteric Lymph Node

Congestion, Nos

Uterus

Endometrial Stromal Polyp

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_016

TRT#: 3

DOSE: 0

SEX: Female

DISP: Natural Death

DAY ON TEST:

HISTO:

OBSERVATIONS

Brain		Hemorrhage
Liver		Metamorphosis, Fatty
Pituitary gland		Cyst, Nos
Stomach		Squamous Cell Papilloma
Unspecified	Multiple Organs Nos	Leukemia, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_017

TRT#: 3

SEX: Female

DAY ON TEST:

DOSE: 0

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland

Cortex Nos

Hyperplasia, Nodular

Kidney

Calcification, Focal

Mammary gland

Fibroadenoma

Galactocele

Pituitary gland

Cyst, Nos

Thymus

Cyst, Nos

Uterus

Endometrial Stromal Polyp

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_018

TRT#: 3

DOSE: 0

SEX: Female

DISP: Scheduled Sacrifice

DAY ON TEST:

HISTO:

OBSERVATIONS

Kidney

Pituitary gland

Nephrosis, Nos

Adenoma, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_019

TRT#: 3

SEX: Female

DAY ON TEST:

DOSE: 0

DISP: Moribund Sacrifice

HISTO:

OBSERVATIONS

Kidney

Nephrosis, Nos

Liver

Bile Duct

Hyperplasia, Nos

Pituitary gland

Metamorphosis, Fatty

Stomach

Adenoma, Nos

Acanthosis

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_020

TRT#: 3

DOSE: 0

SEX: Female

DISP: Scheduled Sacrifice

DAY ON TEST:

HISTO:

OBSERVATIONS

Heart

Myocardium Nos

Degeneration, Nos

Liver

Bile Duct

Hyperplasia, Nos

Mammary gland

Fibroadenoma

Ovary

Galactocele

Cyst, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_021

TRT#: 3

DOSE: 0

SEX: Female

DISP: Natural Death

DAY ON TEST:

HISTO:

OBSERVATIONS

Pituitary gland

Unspecified

Multiple Organs Nos

Vascularization

Leukemia, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_022

TRT#: 3

SEX: Female

DAY ON TEST:

DOSE: 0

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Heart	Myocardium Nos	Degeneration, Nos
Intestine Large	Colon	Parasitism
Liver	Bile Duct	Hyperplasia, Nos
Mammary gland		Galactocele
Pituitary gland		Adenoma, Nos
Stomach		Acanthosis
Unspecified	Multiple Organs Nos	Leukemia, Nos
Uterus		Endometrial Stromal Polyp
		Hydrometra

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_023

TRT#: 3

SEX: Female

DAY ON TEST:

DOSE: 0

DISP: Natural Death

HISTO:

OBSERVATIONS

Pituitary gland

Unspecified

Multiple Organs Nos

Multiple Organs Nos

Hyperplasia, Focal

Abscess, Nos

Lymphoma, Nos-Malignant

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_024

TRT#: 3

DOSE: 0

SEX: Female

DISP: Scheduled Sacrifice

DAY ON TEST:

HISTO:

OBSERVATIONS

Heart

Myocardium Nos

Degeneration, Nos

Kidney

Calcification, Focal

Liver

Bile Duct

Hyperplasia, Nos

Mammary gland

Mammary Lobule

Hyperplasia, Nos

Pituitary gland

Cyst, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_025

TRT#: 3

DOSE: 0

SEX: Female

DISP: Scheduled Sacrifice

DAY ON TEST:

HISTO:

OBSERVATIONS

Kidney

Liver

Pituitary gland

Calcification, Focal

Focal Cellular Change

Adenoma, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_026

TRT#: 3

SEX: Female

DAY ON TEST:

DOSE: 0

DISP: Natural Death

HISTO:

OBSERVATIONS

Adrenal gland

Kidney

Liver

Spleen

Unspecified

Multiple Organs Nos

Cortical Adenoma

Nephrosis, Cholemic

Neoplastic Nodule

Infarct, Focal

Leukemia, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_027

TRT#: 3

DOSE: 0

SEX: Female

DISP: Scheduled Sacrifice

DAY ON TEST:

HISTO:

OBSERVATIONS

Adrenal gland

Medulla

Hyperplasia, Focal

Clitoral gland

Adenoma, Nos

Heart

Myocardium Nos

Degeneration, Nos

Kidney

Calcification, Focal

Liver

Bile Duct

Hyperplasia, Nos

Mammary gland

Fibroadenoma

Galactocele

Pituitary gland

Adenoma, Nos

Stomach

Hyperplasia, Basal Cell

Thyroid

C-Cell Carcinoma

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_028

TRT#: 3

SEX: Female

DAY ON TEST:

DOSE: 0

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland

Cortex Nos

Hyperplasia, Nodular

Kidney

Calcification, Focal

Pituitary gland

Cyst, Nos

Thyroid

C-Cell Adenoma

Unspecified

Neurilemoma, Malignant

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_029

TRT#: 3

DOSE: 0

SEX: Female

DISP: Scheduled Sacrifice

DAY ON TEST:

HISTO:

OBSERVATIONS

Kidney

Pituitary gland

Thyroid

Uterus

Nephrosis, Nos

Adenoma, Nos

Hyperplasia, C Cell

Endometrial Stromal Polyp

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_030

TRT#: 3

DOSE: 0

SEX: Female

DISP: Natural Death

DAY ON TEST:

HISTO:

OBSERVATIONS

Kidney

Liver

Pituitary gland

Uterus

Calcification, Focal

Congestion, Chronic Passive

Adenoma, Nos

Endometrial Stromal Polyp

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_031

TRT#: 3

DOSE: 0

SEX: Female

DISP: Scheduled Sacrifice

DAY ON TEST:

HISTO:

OBSERVATIONS

Heart	Myocardium Nos	Degeneration, Nos
Intestine Large	Colon	Parasitism
Liver		Focal Cellular Change
		Metamorphosis, Fatty
Mammary gland		Fibroadenoma
		Galactocele
Uterus		Endometrial Stromal Polyp

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_032

TRT#: 3

DOSE: 0

SEX: Female

DISP: Moribund Sacrifice

DAY ON TEST:

HISTO:

OBSERVATIONS

Clitoral gland
Liver
Mammary gland

Pituitary gland

Carcinoma, Nos
Neoplastic Nodule
Fibroadenoma
Galactocele
Chromophobe Adenoma

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_033

TRT#: 3

DOSE: 0

SEX: Female

DISP: Natural Death

DAY ON TEST:

HISTO:

OBSERVATIONS

Adrenal gland

Kidney

Mammary gland

Pituitary gland

Spleen

Stomach

Cortical Adenoma

Calcification, Focal

Adenocarcinoma, Nos

Fibroadenoma

Cyst, Nos

Hematopoiesis

Ulcer, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_034

TRT#: 3

SEX: Female

DAY ON TEST:

DOSE: 0

DISP: Natural Death

HISTO:

OBSERVATIONS

Brain		Hemorrhage
Liver	Bile Duct	Hyperplasia, Nos
Mammary gland		Fibroadenoma
		Galactocele
Pituitary gland		Adenoma, Nos
Unspecified	Multiple Organs Nos	Leukemia, Nos
Uterus		Endometrial Stromal Polyp

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_035

TRT#: 3

SEX: Female

DAY ON TEST:

DOSE: 0

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Intestine Small

Submucosa, Ileum

Abscess, Nos

Kidney

Calcification, Focal

Liver

Focal Cellular Change

Mammary gland

Fibroadenoma

Pituitary gland

Adenoma, Nos

Uterus

Endometrial Stromal Polyp

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_036

TRT#: 3

DOSE: 0

SEX: Female

DISP: Natural Death

DAY ON TEST:

HISTO:

OBSERVATIONS

Brain	Carcinoma, Nos
Liver	Metamorphosis, Fatty
Uterus	Endometrial Stromal Polyp

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_037

TRT#: 3

SEX: Female

DAY ON TEST:

DOSE: 0

DISP: Natural Death

HISTO:

OBSERVATIONS

Adrenal gland
Intestine Small
Liver

Cortex Nos
Mesentery Nos
Bile Duct

Hyperplasia, Nodular
Necrosis, Fat
Hyperplasia, Nos
Metamorphosis, Fatty
Ulcer, Nos
Lymphoma, Nos-Malignant

Stomach
Unspecified

Multiple Organs Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_038

TRT#: 3

DOSE: 0

SEX: Female

DISP: Natural Death

DAY ON TEST:

HISTO:

OBSERVATIONS

Liver
Mammary gland

Pituitary gland
Unspecified

Multiple Organs Nos

Metamorphosis, Fatty
Fibroadenoma
Galactocele
Chromophobe Adenoma
Leukemia, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_039

TRT#: 3

SEX: Female

DAY ON TEST:

DOSE: 0

DISP: Natural Death

HISTO:

OBSERVATIONS

Adrenal gland
Heart
Liver
Mammary gland

Cortex Nos
Myocardium Nos

Hyperplasia, Nodular
Degeneration, Nos
Metamorphosis, Fatty
Fibroadenoma
Galactocele
Islet-Cell Adenoma
Adenoma, Nos
Endometrial Stromal Polyp

Pancreas
Pituitary gland
Uterus

Islets

PRIMARY CAUSE OF DEATH

-

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_040

TRT#: 3

SEX: Female

DAY ON TEST:

DOSE: 0

DISP: Natural Death

HISTO:

OBSERVATIONS

Pituitary gland

Adenoma, Nos

Stomach

Mucosa

Calcification, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_041

TRT#: 3

SEX: Female

DAY ON TEST:

DOSE: 0

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Kidney

Calcification, Focal

Liver

Cytoplasmic Change, Basophilic

Bile Duct

Hyperplasia, Nos

Pituitary gland

Cyst, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_042

TRT#: 3

SEX: Female

DAY ON TEST:

DOSE: 0

DISP: Natural Death

HISTO:

OBSERVATIONS

Unspecified

Multiple Organs Nos

Leukemia, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_043

TRT#: 3

SEX: Female

DAY ON TEST:

DOSE: 0

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Heart	Myocardium Nos	Degeneration, Nos
Kidney		Calcification, Focal
		Nephrosis, Nos
Mammary gland		Fibroadenoma
		Galactocele
Pituitary gland		Adenoma, Nos
Uterus		Endometrial Stromal Polyp

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_044

TRT#: 3

DOSE: 0

SEX: Female

DISP: Scheduled Sacrifice

DAY ON TEST:

HISTO:

OBSERVATIONS

Kidney

Calcification, Focal

Nephrosis, Nos

Pituitary gland

Carcinoma, Nos

Thyroid

Hyperplasia, C Cell

Uterus

Endometrial Stromal Polyp

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_045

TRT#: 3

DOSE: 0

SEX: Female

DISP: Scheduled Sacrifice

DAY ON TEST:

HISTO:

OBSERVATIONS

Heart

Kidney

Pituitary gland

Thyroid

Uterus

Periarteritis

Nephrosis, Nos

Adenoma, Nos

C-Cell Adenoma

Hydrometra

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_046

TRT#: 3

DOSE: 0

SEX: Female

DISP: Natural Death

DAY ON TEST:

HISTO:

OBSERVATIONS

Adrenal gland

Clitoral gland

Heart

Pituitary gland

Uterus

Myocardium Nos

Cervix Uteri

Pheochromocytoma, Malignant

Carcinoma, Nos

Degeneration, Nos

Hyperplasia, Focal

Endometrial Stromal Polyp

Ulcer, Nos

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_047

TRT#: 3

SEX: Female

DAY ON TEST:

DOSE: 0

DISP: Natural Death

HISTO:

OBSERVATIONS

Unspecified

Multiple Organs Nos

Congestion, Nos

Multiple Organs Nos

Hemorrhage

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_048

TRT#: 3

SEX: Female

DAY ON TEST:

DOSE: 0

DISP: Moribund Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland

Medulla

Hyperplasia, Focal

Heart

Myocardium Nos

Degeneration, Nos

Kidney

Calcification, Focal

Mammary gland

Fibroadenoma

Pituitary gland

Adenoma, Nos

Thyroid

Hyperplasia, C Cell

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_049

TRT#: 3

SEX: Female

DAY ON TEST:

DOSE: 0

DISP: Moribund Sacrifice

HISTO:

OBSERVATIONS

Mammary gland

Fibroadenoma

Pituitary gland

Galactocele

Uterus

Adenoma, Nos

Endometrial Stromal Polyp

PRIMARY CAUSE OF DEATH

-

* PROTOCOL REQUIRED TISSUE

Experiment Number: C50395

Test Type: Long-Term

Route: Dosed-Feed

Species/Strain: Rat/F344

P14: INDIVIDUAL ANIMAL PATHOLOGY DATA

Test Compound: Guar gum

CAS Number: 9000-30-0

Date Report Requested: 10/26/2014

Time Report Requested: 09:53:52

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_050

TRT#: 3

SEX: Female

DAY ON TEST:

DOSE: 0

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland
Intestine Small
Kidney

Cortex Nos
Duodenum

Hyperplasia, Nodular
Hypertrophy, Nos
Calcification, Focal
Nephrosis, Nos
Fibroadenoma
Galactocele
Cyst, Nos
Cyst, Nos
Hyperplasia, C Cell

Mammary gland

Ovary
Pituitary gland
Thyroid

PRIMARY CAUSE OF DEATH

-

**** END OF REPORT ****