

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: 09:54:08

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: Male

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_001

TRT#: 1

SEX: Male

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland

Heart

Kidney

Liver

Pituitary gland

Urinary bladder

Myocardium Nos

Bile Duct

Pheochromocytoma

Degeneration, Nos

Nephrosis, Nos

Hyperplasia, Nos

Metamorphosis, Fatty

Carcinoma, Nos

Obstruction, 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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_002

TRT#: 1

SEX: Male

DAY ON TEST:

DOSE: 50000 PPM

DISP: Moribund Sacrifice

HISTO:

OBSERVATIONS

Kidney

Nephrosis, Nos

Liver

Metamorphosis, Fatty

Lung

Inflammation, Chronic

Pituitary gland

Chromophobe Adenoma

Prostate

Inflammation, Chronic

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_003

TRT#: 1

SEX: Male

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Kidney

Liver

Testis

Bile Duct

Nephrosis, Nos

Hyperplasia, Nos

Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_004

TRT#: 1

SEX: Male

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland

Pheochromocytoma, Malignant

Heart Myocardium Nos Degeneration, Nos

Kidney Nephrosis, Nos

Liver Bile Duct Hyperplasia, Nos

Lung Pheochromocytoma, Metastatic

Pancreas Fibrosis, Focal

Pituitary gland Adenoma, Nos

Prostate Inflammation, Nos

Testis Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_005

TRT#: 1

SEX: Male

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland

Pheochromocytoma, Malignant

Heart

Myocardium Nos
Degeneration, Nos

Kidney

Nephrosis, Nos

Liver

Bile Duct
Hyperplasia, Nos

Pituitary gland

Cyst, Nos

Testis

Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_006

TRT#: 1

SEX: Male

DAY ON TEST:

DOSE: 50000 PPM

DISP: Moribund Sacrifice

HISTO:

OBSERVATIONS

Heart

Myocardium Nos

Degeneration, Nos

Intestine Large

Colon

Parasitism

Liver

Bile Duct

Hyperplasia, Nos

Testis

Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_007

TRT#: 1

SEX: Male

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland

Heart

Kidney

Liver

Testis

Unspecified

Myocardium Nos

Bile Duct

Multiple Organs Nos

Pheochromocytoma

Degeneration, Nos

Nephrosis, Nos

Hyperplasia, Nos

Interstitial-Cell Tumor

Fibrosis, 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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_008

TRT#: 1

SEX: Male

DAY ON TEST:

DOSE: 50000 PPM

DISP: Natural Death

HISTO:

OBSERVATIONS

Adrenal gland

Medulla

Hyperplasia, Focal

Brain

Astrocytoma

Heart

Myocardium Nos

Degeneration, Nos

Kidney

Nephrosis, Nos

Liver

Bile Duct

Hyperplasia, Nos

Testis

Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_009

TRT#: 1

SEX: Male

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Intestine Large

Colon

Adenocarcinoma, Nos

Colon

Parasitism

Kidney

Nephrosis, Nos

Liver

Bile Duct

Hyperplasia, Nos

Pancreas

Islets

Islet-Cell Adenoma

Pituitary gland

Adenoma, Nos

Testis

Interstitial-Cell Tumor

Unspecified

Lipoma

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_010

TRT#: 1

SEX: Male

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Kidney		Nephrosis, Nos
Liver	Bile Duct	Hyperplasia, Nos
Lymph node	Mandibular Lymph Node	Lymphangiectasis
Pancreas		Fibrosis, Focal
Pituitary gland		Adenoma, Nos
Testis		Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_011

TRT#: 1

SEX: Male

DAY ON TEST:

DOSE: 50000 PPM

DISP: Natural Death

HISTO:

OBSERVATIONS

Adrenal gland

Heart

Kidney

Liver

Pituitary gland

Testis

Unspecified

Myocardium Nos

Bile Duct

Multiple Organs Nos

Pheochromocytoma

Degeneration, Nos

Nephrosis, Nos

Hyperplasia, Nos

Infarct, Nos

Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_012

TRT#: 1

SEX: Male

DAY ON TEST:

DOSE: 50000 PPM

DISP: Natural Death

HISTO:

OBSERVATIONS

Brain

Astrocytoma

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_013

TRT#: 1

SEX: Male

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Heart	Myocardium Nos	Degeneration, Nos
Kidney		Nephrosis, Nos
Liver	Bile Duct	Hyperplasia, Nos
Pituitary gland		Hyperplasia, Focal
Testis		Interstitial-Cell Tumor
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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_014

TRT#: 1

SEX: Male

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Heart	Myocardium Nos	Degeneration, Nos
Kidney		Nephrosis, Cholemic
Liver	Bile Duct	Hyperplasia, Nos
Spleen		Hematopoiesis
Testis		Interstitial-Cell Tumor
Unspecified	Multiple Organs Nos	Mesothelioma, 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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_015

TRT#: 1

SEX: Male

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Heart	Myocardium Nos	Degeneration, Nos
Kidney		Nephrosis, Nos
Liver	Bile Duct	Hyperplasia, Nos
Testis		Interstitial-Cell Tumor
Unspecified		Fibroma
	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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_016

TRT#: 1

SEX: Male

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland

Heart

Kidney

Liver

Lung

Lymph node

Pituitary gland

Preputial gland

Testis

Myocardium Nos

Pelvis

Bile Duct

Mesenteric Lymph Node

Pheochromocytoma

Degeneration, Nos

Hyperplasia, Epithelial

Nephrosis, Nos

Hyperplasia, Nos

Alveolar/Bronchiolar Adenoma

Congestion, Nos

Adenoma, Nos

Carcinoma, Nos

Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_017

TRT#: 1

SEX: Male

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Kidney

Nephrosis, Nos

Pituitary gland

Adenoma, Nos

Testis

Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_018

TRT#: 1

SEX: Male

DAY ON TEST:

DOSE: 50000 PPM

DISP: Natural Death

HISTO:

OBSERVATIONS

Heart

Myocardium Nos

Degeneration, Nos

Myocardium Nos

Thrombus, Mural

Intestine Small

Mesentery Nos

Lipoma

Kidney

Nephrosis, Cholemic

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_019

TRT#: 1

SEX: Male

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland

Heart

Kidney

Liver

Pancreas

Pituitary gland

Stomach

Myocardium Nos

Bile Duct

Islets

Pheochromocytoma

Degeneration, Nos

Nephrosis, Nos

Hyperplasia, Nos

Islet-Cell Carcinoma

Adenoma, Nos

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_020

TRT#: 1

SEX: Male

DAY ON TEST:

DOSE: 50000 PPM

DISP: Moribund Sacrifice

HISTO:

OBSERVATIONS

Intestine Large

Colon

Parasitism

Lung

Inflammation, 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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_021

TRT#: 1

SEX: Male

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Kidney

Nephrosis, Nos

Liver

Bile Duct

Hyperplasia, Nos

Lymph node

Mesenteric Lymph Node

Lymphangiectasis

Pituitary gland

Adenoma, Nos

Testis

Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_022

TRT#: 1

SEX: Male

DAY ON TEST:

DOSE: 50000 PPM

DISP: Natural Death

HISTO:

OBSERVATIONS

Brain		Hemorrhage
Heart	Myocardium Nos	Degeneration, Nos
Kidney		Nephrosis, Nos
Liver		Metamorphosis, Fatty
Prostate		Atrophy, Nos
Seminal vesicle		Atrophy, Nos
Stomach		Ulcer, Nos
Testis		Interstitial-Cell Tumor
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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_023

TRT#: 1

SEX: Male

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Heart	Myocardium Nos	Degeneration, Nos
Kidney		Nephrosis, Nos
Liver	Bile Duct	Hyperplasia, Nos
Pituitary gland		Carcinoma, Nos
Testis		Interstitial-Cell Tumor
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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_024

TRT#: 1

SEX: Male

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland

Kidney

Liver

Pituitary gland

Preputial gland

Thyroid

Unspecified

Bile Duct

Multiple Organs Nos

Pheochromocytoma

Nephrosis, Nos

Cytoplasmic Change, Basophilic

Hyperplasia, Nos

Adenoma, Nos

Adenoma, Nos

Hyperplasia, C Cell

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_025

TRT#: 1

SEX: Male

DAY ON TEST:

DOSE: 50000 PPM

DISP: Natural Death

HISTO:

OBSERVATIONS

Heart	Atrium	Thrombus, Mural
Stomach	Submucosa	Fibrosis
Testis		Interstitial-Cell Tumor
Unspecified	Multiple Organs Nos	Lymphoma, Lymphocytic-Malignant Type

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_026

TRT#: 1

SEX: Male

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland

Medulla

Hyperplasia, Focal

Kidney

Nephrosis, Nos

Liver

Bile Duct

Hyperplasia, Nos

Testis

Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_027

TRT#: 1

SEX: Male

DAY ON TEST:

DOSE: 50000 PPM

DISP: Moribund Sacrifice

HISTO:

OBSERVATIONS

Heart	Atrium	Thrombus, Mural
Kidney		Nephrosis, Nos
Liver		Metamorphosis, Fatty
Stomach		Hyperplasia, Basal Cell
		Ulcer, Nos
Testis		Interstitial-Cell Tumor
	Tunica Vaginalis	Mesothelioma, Nos
Unspecified	Multiple Organs Nos	Leukemia, Nos
Urinary bladder		Calculus, Unknown Gross Or Micro

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_028

TRT#: 1

SEX: Male

DAY ON TEST:

DOSE: 50000 PPM

DISP: Moribund Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland

Necrosis, Focal

Preputial gland

Pheochromocytoma

Skin

Carcinoma, Nos

Testis

Abscess, Nos

Thyroid

Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_029

TRT#: 1

SEX: Male

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland

Heart

Kidney

Myocardium Nos

Pheochromocytoma

Degeneration, Nos

Calcification, Focal

Nephrosis, Nos

Liver

Bile Duct

Hyperplasia, Nos

Testis

Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_030

TRT#: 1

SEX: Male

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Heart	Myocardium Nos	Degeneration, Nos
Intestine Large	Colon	Parasitism
Kidney		Nephrosis, Nos
Liver	Bile Duct	Hyperplasia, Nos
Salivary gland		Inflammation, Chronic
Testis		Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_031

TRT#: 1

SEX: Male

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Heart	Myocardium Nos	Degeneration, Nos
Liver	Bile Duct	Hyperplasia, Nos
Lung		Alveolar/Bronchiolar Carcinoma
Pituitary gland		Adenoma, Nos
		Hyperplasia, Nos
Testis		Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_032

TRT#: 1

SEX: Male

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland

Heart

Intestine Small

Kidney

Pituitary gland

Testis

Myocardium Nos

Mesentery Nos

Pheochromocytoma

Degeneration, Nos

Necrosis, Fat

Nephrosis, Nos

Adenoma, Nos

Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_033

TRT#: 1

SEX: Male

DAY ON TEST:

DOSE: 50000 PPM

DISP: Natural Death

HISTO:

OBSERVATIONS

Kidney

Nephrosis, Nos

Liver

Bile Duct

Hyperplasia, Nos

Stomach

Hyperplasia, Basal Cell

Testis

Interstitial-Cell Tumor

Unspecified

Groin

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_034

TRT#: 1

SEX: Male

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Heart	Myocardium Nos	Degeneration, Nos
Kidney		Nephrosis, Nos
Pituitary gland		Adenoma, Nos
Stomach		Acanthosis
Testis		Interstitial-Cell Tumor
Unspecified	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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_035

TRT#: 1

SEX: Male

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Heart	Myocardium Nos	Degeneration, Nos
Kidney		Nephrosis, Nos
Liver	Bile Duct	Hyperplasia, Nos
Pituitary gland		Adenoma, Nos
Stomach		Inflammation, Chronic Focal
Testis		Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_036

TRT#: 1

SEX: Male

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Kidney

Lymph node

Pituitary gland

Testis

Mesenteric Lymph Node

Nephrosis, Nos

Lymphangiectasis

Adenoma, Nos

Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_037

TRT#: 1

SEX: Male

DAY ON TEST:

DOSE: 50000 PPM

DISP: Natural Death

HISTO:

OBSERVATIONS

Adrenal gland

Cortex Nos

Hyperplasia, Nodular

Kidney

Nephrosis, Nos

Liver

Metamorphosis, Fatty

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_039

TRT#: 1

SEX: Male

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Heart	Myocardium Nos	Degeneration, Nos
Kidney		Nephrosis, Nos
Liver	Bile Duct	Hyperplasia, Nos
Testis		Interstitial-Cell Tumor
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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_040

TRT#: 1

SEX: Male

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland

Medulla

Hyperplasia, Focal

Kidney

Nephrosis, Nos

Liver

Bile Duct

Hyperplasia, Nos

Pancreas

Islets

Hyperplasia, Nos

Testis

Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_041

TRT#: 1

SEX: Male

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland

Kidney

Liver

Pituitary gland

Testis

Unspecified

Bile Duct

Multiple Organs Nos

Pheochromocytoma

Nephrosis, Nos

Hyperplasia, Nos

Adenoma, Nos

Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_042

TRT#: 1

SEX: Male

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland
Heart
Intestine Large
Kidney
Liver
Pituitary gland
Testis

Myocardium Nos
Colon

Bile Duct

Pheochromocytoma
Degeneration, Nos
Parasitism
Nephrosis, Nos
Hyperplasia, Nos
Cyst, Nos
Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_043

TRT#: 1

SEX: Male

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Kidney

Liver

Spleen

Testis

Bile Duct

Nephrosis, Nos

Hyperplasia, Nos

Fibrosis, Focal

Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_044

TRT#: 1

SEX: Male

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland

Medulla

Hyperplasia, Focal

Kidney

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_045

TRT#: 1

SEX: Male

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland

Kidney

Liver

Preputial gland

Stomach

Testis

Unspecified

Bile Duct

Pheochromocytoma

Nephrosis, Nos

Hyperplasia, Nos

Carcinoma, Nos

Inflammation, Chronic Focal

Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_046

TRT#: 1

SEX: Male

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland
Intestine Large
Kidney
Liver
Spleen
Stomach

Testis
Thyroid
Unspecified

Colon

Bile Duct

Nose

Multiple Organs Nos

Pheochromocytoma
Parasitism
Nephrosis, Nos
Hyperplasia, Nos
Fibrosis, Focal
Acanthosis
Inflammation, Chronic Focal
Interstitial-Cell Tumor
Hyperplasia, C Cell
Basal-Cell Carcinoma
Periarteritis

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_047

TRT#: 1

SEX: Male

DAY ON TEST:

DOSE: 50000 PPM

DISP: Natural Death

HISTO:

OBSERVATIONS

Liver

Spleen

Thyroid

Unspecified

Multiple Organs Nos

Neoplastic Nodule

Infarct, Nos

C-Cell 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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_048

TRT#: 1

SEX: Male

DAY ON TEST:

DOSE: 50000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Kidney

Liver

Testis

Bile Duct

Nephrosis, Nos

Hyperplasia, Nos

Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_049

TRT#: 1

SEX: Male

DAY ON TEST:

DOSE: 50000 PPM

DISP: Natural Death

HISTO:

OBSERVATIONS

Heart	Myocardium Nos	Degeneration, Nos
Intestine Large	Colon	Edema, Nos
	Submucosa, Colon	Fibrosis
Kidney		Necrosis, Medullary
Liver		Congestion, Nos
Lung		Congestion, Nos
Prostate		Inflammation, Acute/Chronic
Seminal vesicle		Calculus, Unknown Gross Or Micro
		Inflammation, Chronic
Stomach		Calcification, Focal
Thymus		Atrophy, Nos
Urinary bladder		Inflammation, Acute

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 1_050

TRT#: 1

SEX: Male

DAY ON TEST:

DOSE: 50000 PPM

DISP: Natural Death

HISTO:

OBSERVATIONS

Adrenal gland

Cortex Nos

Hyperplasia, Nodular

Kidney

Nephrosis, Nos

Testis

Interstitial-Cell Tumor

Unspecified

Multiple Organs Nos

Lymphoma, Lymphocytic-Malignant Type

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_001

TRT#: 2

SEX: Male

DAY ON TEST:

DOSE: 25000 PPM

DISP: Natural Death

HISTO:

OBSERVATIONS

Heart	Myocardium Nos	Degeneration, Nos
Lung		Pneumonia, Chronic Murine
Testis		Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_002

TRT#: 2

SEX: Male

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland

Medulla

Hyperplasia, Focal

Heart

Myocardium Nos

Degeneration, Nos

Kidney

Nephrosis, Nos

Pituitary gland

Adenoma, Nos

Skin

Cyst, Epidermal Inclusion

Spleen

Fibrosis, 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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_003

TRT#: 2

SEX: Male

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland
Intestine Large
Kidney
Liver
Lymph node
Pancreas
Pituitary gland
Preputial gland
Skin
Testis

Colon

Bile Duct
Renal Lymph Node
Islets

Pheochromocytoma
Parasitism
Nephrosis, Nos
Hyperplasia, Nos
Inflammation, Chronic
Hyperplasia, Nos
Hyperplasia, Focal
Carcinoma, Nos
Basal-Cell Carcinoma
Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_004

TRT#: 2

SEX: Male

DAY ON TEST:

DOSE: 25000 PPM

DISP: Moribund Sacrifice

HISTO:

OBSERVATIONS

Kidney

Nephrosis, Nos

Mammary gland

Galactocele

Pituitary gland

Chromophobe Adenoma

Prostate

Atrophy, Nos

Seminal vesicle

Atrophy, Nos

Testis

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_005

TRT#: 2

SEX: Male

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Kidney
Liver
Mammary gland

Pituitary gland
Testis

Bile Duct

Nephrosis, Nos
Hyperplasia, Nos
Fibroadenoma
Galactocele
Adenoma, Nos
Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_006

TRT#: 2

SEX: Male

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland

Heart

Liver

Testis

Myocardium Nos

Bile Duct

Pheochromocytoma

Degeneration, Nos

Hyperplasia, Nos

Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_007

TRT#: 2

SEX: Male

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland

Heart

Intestine Large

Kidney

Testis

Unspecified

Myocardium Nos

Colon

Multiple Organs Nos

Pheochromocytoma

Degeneration, Nos

Parasitism

Nephrosis, Nos

Tubular-Cell Adenoma

Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_008

TRT#: 2

SEX: Male

DAY ON TEST:

DOSE: 25000 PPM

DISP: Natural Death

HISTO:

OBSERVATIONS

Testis

Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_009

TRT#: 2

SEX: Male

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland

Bone marrow

Heart

Kidney

Liver

Pituitary gland

Testis

Unspecified

Myocardium Nos

Bile Duct

Multiple Organs Nos

Pheochromocytoma

Fibrosis, Focal

Degeneration, Nos

Nephrosis, Nos

Hyperplasia, Nos

Adenoma, Nos

Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_010

TRT#: 2

SEX: Male

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Heart	Myocardium Nos	Degeneration, Nos
Kidney		Nephrosis, Nos
Liver	Bile Duct	Hyperplasia, Nos
Pituitary gland		Adenoma, Nos
Testis		Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_011

TRT#: 2

SEX: Male

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland

Heart

Kidney

Liver

Pituitary gland

Preputial gland

Spleen

Stomach

Testis

Unspecified

Myocardium Nos

Bile Duct

Multiple Organs Nos

Pheochromocytoma

Degeneration, Nos

Nephrosis, Nos

Hyperplasia, Nos

Adenoma, Nos

Adenoma, Nos

Accessory Spleen

Acanthosis

Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_012

TRT#: 2

SEX: Male

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Heart	Myocardium Nos	Degeneration, Nos
Intestine Small	Mesentery Nos	Periarteritis
Kidney		Nephrosis, Nos
Liver	Bile Duct	Hyperplasia, Nos
Salivary gland		Inflammation, Acute/Chronic
Testis		Interstitial-Cell Tumor
Unspecified		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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_013

TRT#: 2

SEX: Male

DAY ON TEST:

DOSE: 25000 PPM

DISP: Natural Death

HISTO:

OBSERVATIONS

Adrenal gland

Pheochromocytoma, Malignant

Heart

Myocardium Nos
Degeneration, Nos

Kidney

Nephrosis, Nos

Liver

Bile Duct
Hyperplasia, Nos

Stomach

Ulcer, Nos

Testis

Interstitial-Cell Tumor

Unspecified

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_014

TRT#: 2

SEX: Male

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland

Medulla

Hyperplasia, Focal

Kidney

Nephrosis, Nos

Spleen

Hemangioma

Testis

Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_015

TRT#: 2

SEX: Male

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland

Heart

Kidney

Skin

Testis

Myocardium Nos

Pheochromocytoma, Malignant

Degeneration, Nos

Nephrosis, Nos

Keratoacanthoma

Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_016

TRT#: 2

SEX: Male

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Heart	Myocardium Nos	Degeneration, Nos
Kidney		Nephrosis, Nos
Liver	Bile Duct	Hyperplasia, Nos
Testis		Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_017

TRT#: 2

SEX: Male

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland

Kidney

Liver

Testis

Thyroid

Bile Duct

Pheochromocytoma

Nephrosis, Nos

Hyperplasia, Nos

Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_018

TRT#: 2

SEX: Male

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Kidney

Lymph node

Pituitary gland

Spleen

Testis

Mesenteric Lymph Node

Nephrosis, Nos

Congestion, Nos

Adenoma, Nos

Hemangioma

Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_019

TRT#: 2

SEX: Male

DAY ON TEST:

DOSE: 25000 PPM

DISP: Moribund Sacrifice

HISTO:

OBSERVATIONS

Heart	Myocardium Nos	Degeneration, Nos
Kidney		Nephrosis, Nos
Lung	Bronchiole	Metaplasia, Nos
Pituitary gland		Hyperplasia, 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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_020

TRT#: 2

SEX: Male

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Heart	Myocardium Nos	Degeneration, Nos
Kidney		Nephrosis, Nos
Liver	Bile Duct	Hyperplasia, Nos
Testis		Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_021

TRT#: 2

SEX: Male

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Kidney

Nephrosis, Nos

Liver

Bile Duct

Hyperplasia, Nos

Pituitary gland

Metamorphosis, Fatty

Spleen

Adenoma, Nos

Testis

Hematopoiesis

Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_022

TRT#: 2

SEX: Male

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Heart	Myocardium Nos	Degeneration, Nos
Kidney		Nephrosis, Nos
Liver	Bile Duct	Hyperplasia, Nos
Pituitary gland		Adenoma, Nos
Skin	Foot And Toe Nos	Squamous Cell Papilloma
Testis		Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_023

TRT#: 2

SEX: Male

DAY ON TEST:

DOSE: 25000 PPM

DISP: Moribund Sacrifice

HISTO:

OBSERVATIONS

Kidney

Nephrosis, Nos

Lung

Bronchiole

Metaplasia, Nos

Lymph node

Mesenteric Lymph Node

Lymphangiectasis

Testis

Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_024

TRT#: 2

SEX: Male

DAY ON TEST:

DOSE: 25000 PPM

DISP: Natural Death

HISTO:

OBSERVATIONS

Adrenal gland

Pheochromocytoma, Malignant

Heart

Myocardium Nos
Degeneration, Nos

Kidney

Nephrosis, Nos

Lung

Congestion, Nos

Testis

Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_025

TRT#: 2

SEX: Male

DAY ON TEST:

DOSE: 25000 PPM

DISP: Moribund Sacrifice

HISTO:

OBSERVATIONS

Bone	Skull	Hyperostosis
Heart	Myocardium Nos	Degeneration, Nos
Kidney	Tubule	Regeneration, Nos
Unspecified		Squamous Cell Carcinoma
Urinary bladder		Calculus, Unknown Gross Or Micro

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_026

TRT#: 2

SEX: Male

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Heart	Myocardium Nos	Degeneration, Nos
Kidney		Nephrosis, Nos
Liver	Bile Duct	Hyperplasia, Nos
Spleen		Fibrosis, Focal
Testis		Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_027

TRT#: 2

SEX: Male

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland

Heart

Kidney

Liver

Pituitary gland

Testis

Myocardium Nos

Bile Duct

Pheochromocytoma

Degeneration, Nos

Nephrosis, Nos

Hyperplasia, Nos

Adenoma, Nos

Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_028

TRT#: 2

SEX: Male

DAY ON TEST:

DOSE: 25000 PPM

DISP: Natural Death

HISTO:

OBSERVATIONS

Adrenal gland
Kidney
Liver
Pituitary gland
Stomach

Medulla

Hyperplasia, Focal
Nephrosis, Nos
Metamorphosis, Fatty
Adenoma, Nos
Squamous Cell Papilloma

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_029

TRT#: 2

SEX: Male

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland

Heart

Kidney

Mammary gland

Pituitary gland

Myocardium Nos

Pheochromocytoma

Degeneration, Nos

Nephrosis, Nos

Fibroadenoma

Galactocele

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_030

TRT#: 2

SEX: Male

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland

Heart

Intestine Small

Kidney

Liver

Mammary gland

Myocardium Nos

Mesentery Nos

Bile Duct

Mammary Duct

Mammary Duct

Testis

Unspecified

Pheochromocytoma

Degeneration, Nos

Necrosis, Fat

Nephrosis, Nos

Hyperplasia, Nos

Cyst, Hemorrhagic

Dilatation, Ducts

Papilloma, Nos

Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_031

TRT#: 2

SEX: Male

DAY ON TEST:

DOSE: 25000 PPM

DISP: Moribund Sacrifice

HISTO:

OBSERVATIONS

Brain

Heart

Kidney

Pituitary gland

Stomach

Myocardium Nos

Hydrocephalus, Nos

Degeneration, Nos

Nephrosis, Nos

Adenoma, Nos

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_032

TRT#: 2

SEX: Male

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Heart	Myocardium Nos	Degeneration, Nos
Intestine Large	Colon	Parasitism
Kidney		Nephrosis, Nos
Liver	Bile Duct	Hyperplasia, Nos
Pituitary gland		Adenoma, Nos
Testis		Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_033

TRT#: 2

SEX: Male

DAY ON TEST:

DOSE: 25000 PPM

DISP: Natural Death

HISTO:

OBSERVATIONS

Adrenal gland

Heart

Kidney

Liver

Unspecified

Myocardium Nos

Myocardium Nos

Multiple Organs Nos

Pheochromocytoma

Degeneration, Nos

Thrombus, Mural

Nephrosis, Nos

Congestion, Chronic Passive

Congestion, 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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_034

TRT#: 2

SEX: Male

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Heart	Myocardium Nos	Degeneration, Nos
Intestine Large	Colon	Parasitism
Kidney		Nephrosis, Nos
Liver	Bile Duct	Hyperplasia, Nos
Spleen		Hematopoiesis
Testis		Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_035

TRT#: 2

SEX: Male

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland

Pheochromocytoma, Malignant

Heart

Myocardium Nos
Degeneration, Nos

Intestine Small

Mesentery Nos
Necrosis, Fat

Kidney

Nephrosis, Nos

Liver

Bile Duct
Hyperplasia, Nos

Pituitary gland

Hyperplasia, Focal

Testis

Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_036

TRT#: 2

SEX: Male

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Heart	Myocardium Nos	Degeneration, Nos
Kidney		Nephrosis, Nos
Liver	Bile Duct	Hyperplasia, Nos
Lymph node	Mesenteric Lymph Node	Lymphangiectasis
Pituitary gland		Hyperplasia, Focal
Testis		Interstitial-Cell Tumor
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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_037

TRT#: 2

SEX: Male

DAY ON TEST:

DOSE: 25000 PPM

DISP: Natural Death

HISTO:

OBSERVATIONS

Liver

Bile Duct

Hyperplasia, Nos

Testis

Hyperplasia, Interstitial 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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_038

TRT#: 2

SEX: Male

DAY ON TEST:

DOSE: 25000 PPM

DISP: Natural Death

HISTO:

OBSERVATIONS

Brain		Hemorrhage
Heart	Myocardium Nos	Degeneration, Nos
Kidney		Nephrosis, Nos
Liver	Bile Duct	Hyperplasia, Nos
Spleen		Necrosis, Focal
Testis		Interstitial-Cell Tumor
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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_039

TRT#: 2

SEX: Male

DAY ON TEST:

DOSE: 25000 PPM

DISP: Natural Death

HISTO:

OBSERVATIONS

Heart

Myocardium Nos

Degeneration, Nos

Intestine Large

Colon

Parasitism

Preputial gland

Carcinoma, Nos

Testis

Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_040

TRT#: 2

SEX: Male

DAY ON TEST:

DOSE: 25000 PPM

DISP: Natural Death

HISTO:

OBSERVATIONS

Kidney
Pituitary gland
Unspecified

Multiple Organs Nos

Cyst, Nos
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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_041

TRT#: 2

SEX: Male

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Intestine Large

Colon

Parasitism

Kidney

Nephrosis, Nos

Stomach

Hyperplasia, Basal Cell

Testis

Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_042

TRT#: 2

SEX: Male

DAY ON TEST:

DOSE: 25000 PPM

DISP: Natural Death

HISTO:

OBSERVATIONS

Adrenal gland

Heart

Kidney

Liver

Pituitary gland

Testis

Unspecified

Myocardium Nos

Bile Duct

Multiple Organs Nos

Pheochromocytoma

Degeneration, Nos

Nephrosis, Nos

Hyperplasia, Nos

Metamorphosis, Fatty

Adenoma, Nos

Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_043

TRT#: 2

SEX: Male

DAY ON TEST:

DOSE: 25000 PPM

DISP: Moribund Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland

Kidney

Liver

Spleen

Testis

Centrilobular

Pheochromocytoma

Nephrosis, Nos

Necrosis, Nos

Hematopoiesis

Hyperplasia, Interstitial 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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_044

TRT#: 2

SEX: Male

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland

Heart

Kidney

Lymph node

Pituitary gland

Preputial gland

Myocardium Nos

Mesenteric Lymph Node

Pheochromocytoma

Degeneration, Nos

Nephrosis, Nos

Lymphangiectasis

Adenoma, Nos

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_045

TRT#: 2

SEX: Male

DAY ON TEST:

DOSE: 25000 PPM

DISP: Natural Death

HISTO:

OBSERVATIONS

Heart	Myocardium Nos	Degeneration, Nos
	Myocardium Nos	Thrombus, Mural
Kidney		Nephrosis, Nos
Liver	Bile Duct	Hyperplasia, Nos
		Metamorphosis, Fatty
Testis		Interstitial-Cell Tumor
Unspecified	Multiple Organs Nos	Leukemia, Nos

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_046

TRT#: 2

SEX: Male

DAY ON TEST:

DOSE: 25000 PPM

DISP: Natural Death

HISTO:

OBSERVATIONS

Bone marrow

Heart

Kidney

Liver

Stomach

Testis

Unspecified

Myocardium Nos

Bile Duct

Multiple Organs Nos

Fibrosis, Focal

Degeneration, Nos

Nephrosis, Nos

Hyperplasia, Nos

Metamorphosis, Fatty

Hyperplasia, Basal Cell

Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_047

TRT#: 2

SEX: Male

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland

Heart

Myocardium Nos

Pheochromocytoma

Degeneration, Nos

Thrombus, Mural

Intestine Large

Preputial gland

Testis

Unspecified

Urinary bladder

Colon

Multiple Organs Nos

Parasitism

Carcinoma, Nos

Interstitial-Cell Tumor

Leukemia, Nos

Transitional-Cell Papilloma

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_048

TRT#: 2

SEX: Male

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Heart	Myocardium Nos	Degeneration, Nos
Testis		Interstitial-Cell Tumor
Unspecified	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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_049

TRT#: 2

SEX: Male

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland

Pheochromocytoma, Malignant

Heart

Myocardium Nos
Degeneration, Nos

Kidney

Nephrosis, Nos

Liver

Bile Duct
Hyperplasia, Nos

Testis

Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 2_050

TRT#: 2

SEX: Male

DAY ON TEST:

DOSE: 25000 PPM

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland

Medulla

Hyperplasia, Focal

Kidney

Nephrosis, Nos

Liver

Bile Duct

Hyperplasia, Nos

Pituitary gland

Vascularization

Testis

Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_001

TRT#: 3

SEX: Male

DAY ON TEST:

DOSE: 0

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland

Medulla

Hyperplasia, Focal

Kidney

Nephrosis, Nos

Pituitary gland

Adenoma, Nos

Stomach

Hyperplasia, Basal Cell

Testis

Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_002

TRT#: 3

DOSE: 0

SEX: Male

DISP: Moribund Sacrifice

DAY ON TEST:

HISTO:

OBSERVATIONS

Kidney
Prostate
Seminal vesicle

Nephropathy
Inflammation, Chronic
Calculus, Unknown Gross Or Micro
Hemorrhage
Inflammation, Acute

Urinary bladder

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_003

TRT#: 3

DOSE: 0

SEX: Male

DISP: Natural Death

DAY ON TEST:

HISTO:

OBSERVATIONS

Adrenal gland

Liver

Pituitary gland

Preputial gland

Seminal vesicle

Testis

Infarct, Hemorrhagic

Necrosis, Focal

Chromophobe Adenoma

Carcinoma, Nos

Atrophy, Nos

Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_004

TRT#: 3

SEX: Male

DAY ON TEST:

DOSE: 0

DISP: Moribund Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland

Medulla

Hyperplasia, Focal

Heart

Myocardium Nos

Degeneration, Nos

Myocardium Nos

Thrombus, Mural

Intestine Small

Mesentery Nos

Necrosis, Fat

Kidney

Calcification, Focal

Liver

Bile Duct

Nephrosis, Nos

Pituitary gland

Hyperplasia, Nos

Preputial gland

Cyst, Nos

Spleen

Carcinoma, Nos

Stomach

Hematopoiesis

Testis

Ulcer, Nos

Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_005

TRT#: 3

SEX: Male

DAY ON TEST:

DOSE: 0

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland

Bone marrow

Heart

Kidney

Liver

Preputial gland

Prostate

Stomach

Testis

Unspecified

Myocardium Nos

Bile Duct

Multiple Organs Nos

Pheochromocytoma

Hyperplasia, Nos

Degeneration, Nos

Nephrosis, Nos

Hyperplasia, Nos

Neoplastic Nodule

Carcinoma, Nos

Inflammation, Chronic

Hyperplasia, Basal Cell

Ulcer, Nos

Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_006

TRT#: 3

SEX: Male

DAY ON TEST:

DOSE: 0

DISP: Natural Death

HISTO:

OBSERVATIONS

Heart		Alveolar/Bronchiolar Carcinoma, Invasive
Kidney		Alveolar/Bronchiolar Carcinoma, Metastatic
Liver		Congestion, Chronic Passive
Lung		Alveolar/Bronchiolar Carcinoma
Pancreas	Islets	Islet-Cell Carcinoma
Preputial gland		Adenoma, Nos
Unspecified	Diaphragm Nos	Alveolar/Bronchiolar Carcinoma, Invasive

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_007

TRT#: 3

DOSE: 0

SEX: Male

DISP: Natural Death

DAY ON TEST:

HISTO:

OBSERVATIONS

Kidney

Liver

Pituitary gland

Salivary gland

Testis

Nephrosis, Nos

Metamorphosis, Fatty

Neoplastic Nodule

Cyst, Nos

Atrophy, Nos

Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_008

TRT#: 3

DOSE: 0

SEX: Male

DISP: Moribund Sacrifice

DAY ON TEST:

HISTO:

OBSERVATIONS

Kidney

Liver

Prostate

Seminal vesicle

Testis

Nephrosis, Nos

Metamorphosis, Fatty

Inflammation, Acute/Chronic

Atrophy, Nos

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_009

TRT#: 3

DOSE: 0

SEX: Male

DISP: Scheduled Sacrifice

DAY ON TEST:

HISTO:

OBSERVATIONS

Adrenal gland

Heart

Kidney

Liver

Stomach

Testis

Myocardium Nos

Bile Duct

Pheochromocytoma

Degeneration, Nos

Nephrosis, Nos

Hyperplasia, Nos

Inflammation, Chronic

Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_010

TRT#: 3

SEX: Male

DAY ON TEST:

DOSE: 0

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland

Medulla

Hyperplasia, Focal

Kidney

Nephrosis, Nos

Liver

Bile Duct

Hyperplasia, Nos

Pancreas

Acinus

Atrophy, Nos

Islets

Islet-Cell Carcinoma

Pituitary gland

Carcinoma, Nos

Testis

Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_011

TRT#: 3

SEX: Male

DAY ON TEST:

DOSE: 0

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland

Kidney

Cortex

Pheochromocytoma

Cyst, Nos

Nephrosis, Nos

Liver

Bile Duct

Hyperplasia, Nos

Testis

Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_012

TRT#: 3

SEX: Male

DAY ON TEST:

DOSE: 0

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Heart

Myocardium Nos

Degeneration, Nos

Intestine Large

Colon

Parasitism

Kidney

Nephrosis, Nos

Prostate

Inflammation, Chronic

Testis

Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_013

TRT#: 3

DOSE: 0

SEX: Male

DISP: Natural Death

DAY ON TEST:

HISTO:

OBSERVATIONS

Unspecified

Sarcoma, 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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_014

TRT#: 3

SEX: Male

DAY ON TEST:

DOSE: 0

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland

Bone marrow

Kidney

Liver

Pituitary gland

Unspecified

Bile Duct

Multiple Organs Nos

Pheochromocytoma

Fibrosis

Nephrosis, Nos

Hyperplasia, Nos

Carcinoma, 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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_015

TRT#: 3

SEX: Male

DAY ON TEST:

DOSE: 0

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland

Medulla

Hyperplasia, Focal

Heart

Myocardium Nos

Degeneration, Nos

Kidney

Nephrosis, Nos

Liver

Bile Duct

Hyperplasia, Nos

Mammary gland

Fibroadenoma

Pituitary gland

Hyperplasia, Focal

Prostate

Inflammation, Chronic

Testis

Interstitial-Cell Tumor

Unspecified

Lipoma

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_016

TRT#: 3

SEX: Male

DAY ON TEST:

DOSE: 0

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Heart	Myocardium Nos	Degeneration, Nos
Kidney		Calcification, Focal
		Nephrosis, Nos
Liver	Bile Duct	Hyperplasia, Nos
Testis		Interstitial-Cell Tumor
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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_017

TRT#: 3

SEX: Male

DAY ON TEST:

DOSE: 0

DISP: Moribund Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland

Medulla

Hyperplasia, Focal

Heart

Myocardium Nos

Degeneration, Nos

Kidney

Nephrosis, Nos

Liver

Metamorphosis, Fatty

Pituitary gland

Adenoma, Nos

Prostate

Inflammation, Nos

Stomach

Hyperplasia, Basal Cell

Testis

Interstitial-Cell Tumor

Unspecified

Multiple Organs Nos

Hyperplasia, Epithelial

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_018

TRT#: 3

SEX: Male

DAY ON TEST:

DOSE: 0

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland		Pheochromocytoma
Heart	Myocardium Nos	Degeneration, Nos
Kidney		Nephrosis, Nos
Liver	Bile Duct	Hyperplasia, Nos
Pancreas	Islets	Islet-Cell Adenoma
Pituitary gland		Hyperplasia, Focal
Prostate		Inflammation, Chronic
Salivary gland		Fibrosis, Focal
Spleen		Hemangiosarcoma
Testis		Interstitial-Cell Tumor
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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_019

TRT#: 3

SEX: Male

DAY ON TEST:

DOSE: 0

DISP: Natural Death

HISTO:

OBSERVATIONS

Heart	Myocardium Nos	Degeneration, Nos
Kidney		Nephrosis, Nos
Liver		Metamorphosis, Fatty
Seminal vesicle		Atrophy, Nos
Testis		Interstitial-Cell Tumor
Unspecified	Abdominal Cavity	Sarcoma, 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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_020

TRT#: 3

SEX: Male

DAY ON TEST:

DOSE: 0

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland

Medulla

Hyperplasia, Focal

Heart

Myocardium Nos

Degeneration, Nos

Kidney

Nephrosis, Nos

Liver

Bile Duct

Hyperplasia, Nos

Preputial gland

Carcinoma, Nos

Testis

Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_021

TRT#: 3

SEX: Male

DAY ON TEST:

DOSE: 0

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland

Heart

Kidney

Liver

Nasal cavity

Prostate

Stomach

Testis

Unspecified

Myocardium Nos

Bile Duct

Turbinate Nos

Multiple Organs Nos

Pheochromocytoma

Degeneration, Nos

Nephrosis, Nos

Hyperplasia, Nos

Inflammation, Chronic Focal

Inflammation, Chronic

Acanthosis

Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_022

TRT#: 3

SEX: Male

DAY ON TEST:

DOSE: 0

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Kidney		Calcification, Focal
		Nephrosis, Nos
Liver	Bile Duct	Hyperplasia, Nos
Mammary gland		Fibroadenoma
Nasal cavity	Turbinate Nos	Inflammation, Chronic
Pituitary gland		Cyst, Hemorrhagic
Testis		Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_023

TRT#: 3

SEX: Male

DAY ON TEST:

DOSE: 0

DISP: Moribund Sacrifice

HISTO:

OBSERVATIONS

Brain		Hemorrhage
Liver		Focal Cellular Change
	Bile Duct	Hyperplasia, Nos
Unspecified	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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_024

TRT#: 3

SEX: Male

DAY ON TEST:

DOSE: 0

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland

Medulla

Hyperplasia, Focal

Heart

Myocardium Nos

Degeneration, Nos

Kidney

Nephrosis, Nos

Liver

Bile Duct

Hyperplasia, Nos

Pituitary gland

Carcinoma, Nos

Prostate

Inflammation, Acute/Chronic

Testis

Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_025

TRT#: 3

SEX: Male

DAY ON TEST:

DOSE: 0

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Bone marrow

Heart

Kidney

Liver

Testis

Unspecified

Myocardium Nos

Bile Duct

Multiple Organs Nos

Fibrosis

Degeneration, Nos

Nephrosis, Nos

Hyperplasia, Nos

Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_026

TRT#: 3

SEX: Male

DAY ON TEST:

DOSE: 0

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland
Intestine Large
Kidney

Colon
Pelvis

Liver
Lymph node
Pituitary gland
Stomach
Testis
Unspecified

Mesenteric Lymph Node

Multiple Organs Nos

Pheochromocytoma
Parasitism
Hyperplasia, Epithelial
Nephrosis, Nos
Hepatocellular Carcinoma
Lymphangiectasis
Cyst, Hemorrhagic
Hyperplasia, Basal Cell
Interstitial-Cell Tumor
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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_027

TRT#: 3

DOSE: 0

SEX: Male

DISP: Scheduled Sacrifice

DAY ON TEST:

HISTO:

OBSERVATIONS

Adrenal gland

Medulla

Hyperplasia, Focal

Heart

Myocardium Nos

Degeneration, Nos

Kidney

Nephrosis, Nos

Liver

Bile Duct

Hyperplasia, Nos

Testis

Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_028

TRT#: 3

SEX: Male

DAY ON TEST:

DOSE: 0

DISP: Moribund Sacrifice

HISTO:

OBSERVATIONS

Heart	Myocardium Nos	Degeneration, Nos
Kidney		Nephrosis, Cholemic
Liver		Metamorphosis, Fatty
Prostate		Inflammation, Acute
Unspecified	Multiple Organs Nos	Leukemia, Nos
		Necrosis, Fat

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_029

TRT#: 3

SEX: Male

DAY ON TEST:

DOSE: 0

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland

Heart

Kidney

Liver

Pancreas

Testis

Myocardium Nos

Bile Duct

Pheochromocytoma

Degeneration, Nos

Nephrosis, Nos

Hyperplasia, Nos

Fibrosis, Focal

Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_030

TRT#: 3

SEX: Male

DAY ON TEST:

DOSE: 0

DISP: Natural Death

HISTO:

OBSERVATIONS

Heart	Myocardium Nos	Degeneration, Nos
	Atrium	Dilatation, Nos
Kidney		Congestion, Nos
Liver		Congestion, Chronic Passive

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_031

TRT#: 3

SEX: Male

DAY ON TEST:

DOSE: 0

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland
Heart
Intestine Large
Kidney
Liver
Pituitary gland
Testis
Thyroid
Unspecified

Myocardium Nos
Colon

Bile Duct

Multiple Organs Nos

Pheochromocytoma
Degeneration, Nos
Parasitism
Nephrosis, Nos
Hyperplasia, Nos
Adenoma, Nos
Interstitial-Cell Tumor
C-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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_032

TRT#: 3

DOSE: 0

SEX: Male

DISP: Scheduled Sacrifice

DAY ON TEST:

HISTO:

OBSERVATIONS

Adrenal gland

Heart

Intestine Large

Kidney

Liver

Spleen

Testis

Myocardium Nos

Colon

Bile Duct

Pheochromocytoma

Degeneration, Nos

Parasitism

Nephrosis, Nos

Clear-Cell Change

Hyperplasia, Nos

Fibrosis, Focal

Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_033

TRT#: 3

SEX: Male

DAY ON TEST:

DOSE: 0

DISP: Moribund Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland

Heart

Kidney

Liver

Pituitary gland

Salivary gland

Spleen

Stomach

Testis

Myocardium Nos

Pheochromocytoma

Degeneration, Nos

Nephrosis, Cholemic

Bile Duct Carcinoma

Adenoma, Nos

Inflammation, Nos

Necrosis, Focal

Fibrosis

Ulcer, Nos

Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_034

TRT#: 3

DOSE: 0

SEX: Male

DISP: Scheduled Sacrifice

DAY ON TEST:

HISTO:

OBSERVATIONS

Adrenal gland

Kidney

Liver

Prostate

Testis

Bile Duct

Pheochromocytoma

Nephrosis, Nos

Hyperplasia, Nos

Inflammation, Acute/Chronic

Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_035

TRT#: 3

SEX: Male

DAY ON TEST:

DOSE: 0

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland

Cortical Adenoma

Heart

Myocardium Nos

Pheochromocytoma

Kidney

Degeneration, Nos

Liver

Nephrosis, Nos

Pancreas

Bile Duct

Hyperplasia, Nos

Testis

Fibrosis, Focal

Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_036

TRT#: 3

SEX: Male

DAY ON TEST:

DOSE: 0

DISP: Natural Death

HISTO:

OBSERVATIONS

Heart	Myocardium Nos	Degeneration, Nos
Kidney		Nephrosis, Nos
Liver		Metamorphosis, Fatty
Pituitary gland		Chromophobe Adenoma
Stomach		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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_037

TRT#: 3

SEX: Male

DAY ON TEST:

DOSE: 0

DISP: Natural Death

HISTO:

OBSERVATIONS

Adrenal gland

Brain

Heart

Liver

Spleen

Testis

Myocardium Nos

Myocardium Nos

Centrilobular

Pheochromocytoma

Glioma, Nos

Degeneration, Nos

Thrombus, Mural

Metamorphosis, Fatty

Necrosis, Nos

Hematopoiesis

Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_038

TRT#: 3

SEX: Male

DAY ON TEST:

DOSE: 0

DISP: Moribund Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland

Medulla

Hyperplasia, Focal

Pheochromocytoma, Malignant

Heart

Myocardium Nos

Degeneration, Nos

Kidney

Nephrosis, Nos

Liver

Bile Duct

Hyperplasia, Nos

Pituitary gland

Adenoma, Nos

Salivary gland

Fibrosis

Zymbal gland

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_039

TRT#: 3

SEX: Male

DAY ON TEST:

DOSE: 0

DISP: Natural Death

HISTO:

OBSERVATIONS

Heart	Myocardium Nos	Degeneration, Nos
Kidney		Nephrosis, Nos
Liver	Bile Duct	Hyperplasia, Nos
		Metamorphosis, Fatty
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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_040

TRT#: 3

DOSE: 0

SEX: Male

DISP: Moribund Sacrifice

DAY ON TEST:

HISTO:

OBSERVATIONS

Kidney

Liver

Lung

Unspecified

Nephrosis, Nos

Metamorphosis, Fatty

Fibrosarcoma, Metastatic

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_041

TRT#: 3

DOSE: 0

SEX: Male

DISP: Scheduled Sacrifice

DAY ON TEST:

HISTO:

OBSERVATIONS

Adrenal gland

Heart

Intestine Small

Kidney

Liver

Pituitary gland

Preputial gland

Prostate

Urinary bladder

Myocardium Nos

Mesentery Nos

Bile Duct

Pheochromocytoma

Degeneration, Nos

Necrosis, Fat

Nephrosis, Nos

Hyperplasia, Nos

Carcinoma, Nos

Adenoma, Nos

Inflammation, Acute/Chronic

Transitional-Cell Papilloma

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_042

TRT#: 3

DOSE: 0

SEX: Male

DISP: Natural Death

DAY ON TEST:

HISTO:

OBSERVATIONS

Heart	Thrombus, Mural
Liver	Congestion, Chronic Passive
Preputial 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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_043

TRT#: 3

SEX: Male

DAY ON TEST:

DOSE: 0

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Heart	Myocardium Nos	Degeneration, Nos
Kidney	Pelvis	Hyperplasia, Epithelial Nephrosis, Nos
Liver	Bile Duct	Hyperplasia, Nos
Pituitary gland		Hyperplasia, Focal
Prostate		Inflammation, Acute/Chronic
Spleen		Congestion, Nos
Testis		Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_044

TRT#: 3

DOSE: 0

SEX: Male

DISP: Scheduled Sacrifice

DAY ON TEST:

HISTO:

OBSERVATIONS

Kidney

Liver

Lymph node

Pituitary gland

Testis

Bile Duct

Mesenteric Lymph Node

Nephrosis, Nos

Hyperplasia, Nos

Lymphangiectasis

Vascularization

Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_045

TRT#: 3

SEX: Male

DAY ON TEST:

DOSE: 0

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Heart	Myocardium Nos	Degeneration, Nos
Kidney		Nephrosis, Nos
Liver	Bile Duct	Hyperplasia, Nos
Testis		Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_046

TRT#: 3

SEX: Male

DAY ON TEST:

DOSE: 0

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Intestine Large

Colon

Parasitism

Kidney

Nephrosis, Nos

Liver

Bile Duct

Hyperplasia, Nos

Lymph node

Mandibular Lymph Node

Lymphangiectasis

Pituitary gland

Cyst, Nos

Prostate

Inflammation, Chronic

Testis

Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_047

TRT#: 3

DOSE: 0

SEX: Male

DISP: Scheduled Sacrifice

DAY ON TEST:

HISTO:

OBSERVATIONS

Adrenal gland
Heart
Intestine Large
Kidney
Liver
Lymph node
Pituitary gland
Prostate
Testis

Myocardium Nos
Cecum, Colon

Bile Duct
Mesenteric Lymph Node

Pheochromocytoma
Degeneration, Nos
Ulcer, Nos
Nephrosis, Nos
Hyperplasia, Nos
Lymphangiectasis
Adenoma, Nos
Inflammation, Acute/Chronic
Calcification, Nos
Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_048

TRT#: 3

SEX: Male

DAY ON TEST:

DOSE: 0

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland

Heart

Intestine Small

Kidney

Liver

Pituitary gland

Testis

Unspecified

Myocardium Nos

Mesentery Nos

Bile Duct

Multiple Organs Nos

Pheochromocytoma

Degeneration, Nos

Necrosis, Fat

Nephrosis, Nos

Hyperplasia, Nos

Carcinoma, Nos

Interstitial-Cell Tumor

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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_049

TRT#: 3

SEX: Male

DAY ON TEST:

DOSE: 0

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland

Bone

Brain

Kidney

Liver

Testis

Unspecified

Skull

Bile Duct

Multiple Organs Nos

Pheochromocytoma

Hyperostosis

Calcification, Focal

Nephrosis, Nos

Hyperplasia, Nos

Interstitial-Cell Tumor

Leukemia, Nos

PRIMARY CAUSE OF DEATH

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* 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: 09:54:08

First Dose M/F: NA / NA

Lab: NA

ANIMAL ID: 3_050

TRT#: 3

SEX: Male

DAY ON TEST:

DOSE: 0

DISP: Scheduled Sacrifice

HISTO:

OBSERVATIONS

Adrenal gland

Medulla

Hyperplasia, Focal

Heart

Myocardium Nos

Degeneration, Nos

Kidney

Nephrosis, Nos

Liver

Bile Duct

Hyperplasia, Nos

Pituitary gland

Cyst, Nos

Spleen

Accessory Spleen

Testis

Interstitial-Cell Tumor

PRIMARY CAUSE OF DEATH

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**** END OF REPORT ****