

Experiment Number: 88032-03

Test Type: 90-DAY

Route: GAVAGE

Species/Strain: Rat/F 344/N

P07: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Test Compound: Oxymetholone

CAS Number: 434-07-1

Date Report Requested: 10/19/2014

Time Report Requested: 04:57:39

First Dose M/F: NA / NA

Lab: BAT

C Number:	C88032B
Lock Date:	02/03/1993
Cage Range:	All
Date Range:	All
Reasons For Removal:	All
Removal Date Range:	All
Treatment Groups:	All
Study Gender:	Both
PWG Approval Date	NONE

Experiment Number: 88032-03

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Date Report Requested: 10/19/2014

Test Type: 90-DAY

Test Compound: Oxymetholone

Time Report Requested: 04:57:39

Route: GAVAGE

CAS Number: 434-07-1

First Dose M/F: NA / NA

Species/Strain: Rat/F 344/N

Lab: BAT

F 344/N Rat Male
0 MG/KG

DAY ON TEST	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0
	9	9	9	9	9	9	9	9	9	9
	3	3	3	3	3	3	3	3	3	3
ANIMAL ID	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	1
	1	2	3	4	5	6	7	8	9	0
	*TOTALS									

Alimentary System

Esophagus	+	+	+	+	+	+	+	+	+	+	10
Intestine Large, Cecum	+	+	+	+	+	+	+	+	+	+	10
Intestine Large, Colon	+	+	+	+	+	+	+	+	+	+	10
Intestine Large, Rectum	+	+	+	+	+	+	+	+	+	+	10
Intestine Small, Duodenum	+	+	+	+	+	+	+	+	+	+	10
Intestine Small, Ileum	+	+	+	+	+	+	+	+	+	+	10
Intestine Small, Jejunum	+	+	+	+	+	+	+	+	+	+	10
Liver	+	+	+	+	+	+	+	+	+	+	10
Pancreas	+	+	+	+	+	+	+	+	+	+	10
Salivary Glands	+	+	+	+	+	+	+	+	+	+	10
Stomach, Forestomach	+	+	+	+	+	+	+	+	+	+	10
Stomach, Glandular	+	+	+	+	+	+	+	+	+	+	10

Cardiovascular System

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

Endocrine System

Adrenal Cortex	+	+	+	+	+	+	+	+	+	+	10
Adrenal Medulla	+	+	+	+	+	+	+	+	+	+	10
Islets, Pancreatic	+	+	+	+	+	+	+	+	+	+	10
Parathyroid Gland	+	M	+	+	M	+	+	+	+	+	8

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

M ..Missing tissue

+ ..Tissue examined microscopically

A ..Autolysis precludes evaluation

X ..Lesion present

BLANK ..Not examined microscopically

I ..Insufficient tissue

Experiment Number: 88032-03

P07: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 10/19/2014

Test Type: 90-DAY

Test Compound: Oxymetholone

Time Report Requested: 04:57:39

Route: GAVAGE

CAS Number: 434-07-1

First Dose M/F: NA / NA

Species/Strain: Rat/F 344/N

Lab: BAT

F 344/N Rat Male
0 MG/KG

	DAY ON TEST										*TOTALS
	0	0	0	0	0	0	0	0	0	0	
	0	0	0	0	0	0	0	0	0	0	
	9	9	9	9	9	9	9	9	9	9	
	3	3	3	3	3	3	3	3	3	3	
ANIMAL ID	0	0	0	0	0	0	0	0	0	0	
	0	0	0	0	0	0	0	0	0	0	
	0	0	0	0	0	0	0	0	0	0	
	0	0	0	0	0	0	0	0	0	1	
	1	2	3	4	5	6	7	8	9	0	
Pituitary Gland	+	+	+	+	+	+	+	+	+	+	10
Thyroid Gland	+	+	+	+	+	+	+	+	+	+	10
General Body System											
NONE											
Genital System											
Epididymis	+	+	+	+	+	+	+	+	+	+	10
Preputial Gland	M	+	+	+	+	+	+	+	+	+	9
Prostate	+	+	+	+	+	+	+	+	+	+	10
Seminal Vesicle	+	+	+	+	+	+	+	+	+	+	10
Testes	+	+	+	+	+	+	+	+	+	+	10
Hematopoietic System											
Bone Marrow	+	+	+	+	+	+	+	+	+	+	10
Lymph Node, Mandibular	+	+	+	+	+	+	+	+	+	+	10
Lymph Node, Mesenteric	+	+	+	+	+	+	+	+	+	+	10
Spleen	+	+	+	+	+	+	+	+	+	+	10
Thymus	+	+	+	+	+	+	+	+	+	+	10
Integumentary System											
Mammary Gland	+	+	+	+	+	+	+	M	+	+	9
Skin	+	+	+	+	+	+	+	+	+	+	10
Musculoskeletal System											

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

M ..Missing tissue

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A ..Autolysis precludes evaluation

X ..Lesion present

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Date Report Requested: 10/19/2014

Test Type: 90-DAY

Test Compound: Oxymetholone

Time Report Requested: 04:57:39

Route: GAVAGE

CAS Number: 434-07-1

First Dose M/F: NA / NA

Species/Strain: Rat/F 344/N

Lab: BAT

F 344/N Rat Male
0 MG/KG

DAY ON TEST	0	0	0	0	0	0	0	0	0	0	*TOTALS
	0	0	0	0	0	0	0	0	0	0	
ANIMAL ID	9	9	9	9	9	9	9	9	9	9	
	3	3	3	3	3	3	3	3	3	3	
	0	0	0	0	0	0	0	0	0	0	
	0	0	0	0	0	0	0	0	0	0	
	0	0	0	0	0	0	0	0	0	1	
Bone	+	+	+	+	+	+	+	+	+	+	10
Nervous System											
Brain	+	+	+	+	+	+	+	+	+	+	10
Respiratory System											
Lung	+	+	+	+	+	+	+	+	+	+	10
Nose	+	+	+	+	+	+	+	+	+	+	10
Trachea	+	+	+	+	+	+	+	+	+	+	10
Special Senses System											
NONE											
Urinary System											
Kidney	+	+	+	+	+	+	+	+	+	+	10
Renal Tubule, Adenoma					X						1
Urinary Bladder	+	+	+	+	+	+	+	+	+	+	10
SYSTEMIC LESIONS											
Multiple Organ	+	+	+	+	+	+	+	+	+	+	10

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

+ ..Tissue examined microscopically

X ..Lesion present

I ..Insufficient tissue

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P07: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 10/19/2014

Test Type: 90-DAY

Test Compound: Oxymetholone

Time Report Requested: 04:57:39

Route: GAVAGE

CAS Number: 434-07-1

First Dose M/F: NA / NA

Species/Strain: Rat/F 344/N

Lab: BAT

F 344/N Rat Male
80 MG/KG

DAY ON TEST	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0
	9	9	9	9	9	9	9	9	9	9
	3	3	3	3	3	3	3	3	3	3
ANIMAL ID	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0
	1	1	1	1	1	1	1	1	1	2
	1	2	3	4	5	6	7	8	9	0
	*TOTALS									

Alimentary System

NONE

Cardiovascular System

Heart	+	+	+	+	+	+	+	+	+	+	10
-------	---	---	---	---	---	---	---	---	---	---	----

Endocrine System

Adrenal Cortex	+	+	+	+	+	+	+	+	+	+	10
----------------	---	---	---	---	---	---	---	---	---	---	----

General Body System

NONE

Genital System

NONE

Hematopoietic System

NONE

Integumentary System

Mammary Gland	+	+	+	+	+	+	+	M	+	+	9
---------------	---	---	---	---	---	---	---	---	---	---	---

Musculoskeletal System

NONE

Nervous System

NONE

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

M ..Missing tissue

+ ..Tissue examined microscopically

A ..Autolysis precludes evaluation

X ..Lesion present

BLANK ..Not examined microscopically

I ..Insufficient tissue

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Test Type: 90-DAY

Test Compound: Oxymetholone

Time Report Requested: 04:57:39

Route: GAVAGE

CAS Number: 434-07-1

First Dose M/F: NA / NA

Species/Strain: Rat/F 344/N

Lab: BAT

F 344/N Rat Male
80 MG/KG

DAY ON TEST	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0
	9	9	9	9	9	9	9	9	9	9
	3	3	3	3	3	3	3	3	3	3
ANIMAL ID	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0
	1	1	1	1	1	1	1	1	1	2
	1	2	3	4	5	6	7	8	9	0
	*TOTALS									

Respiratory System

NONE

Special Senses System

NONE

Urinary System

Kidney

+ + + + + + + + + + 10

SYSTEMIC LESIONS

Multiple Organ

+ + + + + + + + + + 10

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

+ ..Tissue examined microscopically

X ..Lesion present

I ..Insufficient tissue

M ..Missing tissue

A ..Autolysis precludes evaluation

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Date Report Requested: 10/19/2014

Test Type: 90-DAY

Test Compound: Oxymetholone

Time Report Requested: 04:57:39

Route: GAVAGE

CAS Number: 434-07-1

First Dose M/F: NA / NA

Species/Strain: Rat/F 344/N

Lab: BAT

F 344/N Rat Male
160 MG/KG

| | | | | | | | | | | |
|-------------|---------|---|---|---|---|---|---|---|---|---|
| DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
| | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| ANIMAL ID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |
| | *TOTALS | | | | | | | | | |

Alimentary System

NONE

Cardiovascular System

Heart + + + + + + + + + + 10

Endocrine System

Adrenal Cortex + + + + + + + + + + 10

General Body System

NONE

Genital System

NONE

Hematopoietic System

NONE

Integumentary System

Mammary Gland + M + M + + M + + + 7

Musculoskeletal System

NONE

Nervous System

NONE

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

+ ..Tissue examined microscopically

X ..Lesion present

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Test Compound: Oxymetholone

Time Report Requested: 04:57:39

Route: GAVAGE

CAS Number: 434-07-1

First Dose M/F: NA / NA

Species/Strain: Rat/F 344/N

Lab: BAT

F 344/N Rat Male
160 MG/KG

| | | | | | | | | | | |
|-------------|---------|---|---|---|---|---|---|---|---|---|
| DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
| | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| ANIMAL ID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |
| | *TOTALS | | | | | | | | | |

Respiratory System

NONE

Special Senses System

NONE

Urinary System

Kidney

+ + + + + + + + + + 10

SYSTEMIC LESIONS

Multiple Organ

+ + + + + + + + + + 10

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

+ ..Tissue examined microscopically

X ..Lesion present

I ..Insufficient tissue

M ..Missing tissue

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Experiment Number: 88032-03

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Date Report Requested: 10/19/2014

Test Type: 90-DAY

Test Compound: Oxymetholone

Time Report Requested: 04:57:39

Route: GAVAGE

CAS Number: 434-07-1

First Dose M/F: NA / NA

Species/Strain: Rat/F 344/N

Lab: BAT

F 344/N Rat Male
315 MG/KG

| | | | | | | | | | | |
|-------------|---------|---|---|---|---|---|---|---|---|---|
| DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
| | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| ANIMAL ID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 4 |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |
| | *TOTALS | | | | | | | | | |

Alimentary System

Liver + + 2

Cardiovascular System

Heart + + + + + + + + + + 10

Endocrine System

Adrenal Cortex + + + + + + + + + + 10

General Body System

NONE

Genital System

NONE

Hematopoietic System

NONE

Integumentary System

Mammary Gland + + + + + + + + M M 8

Musculoskeletal System

NONE

Nervous System

NONE

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

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X ..Lesion present

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Experiment Number: 88032-03

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Test Compound: Oxymetholone

Time Report Requested: 04:57:39

Route: GAVAGE

CAS Number: 434-07-1

First Dose M/F: NA / NA

Species/Strain: Rat/F 344/N

Lab: BAT

F 344/N Rat Male
315 MG/KG

| | | | | | | | | | | |
|-------------|---|---|---|---|---|---|---|---|---|---|
| DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
| | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| ANIMAL ID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 4 | 4 |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |

*TOTALS

Respiratory System

NONE

Special Senses System

NONE

Urinary System

Kidney

+ + + + + + + + + + 10

SYSTEMIC LESIONS

Multiple Organ

+ + + + + + + + + + 10

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

+ ..Tissue examined microscopically

X ..Lesion present

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Experiment Number: 88032-03

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Date Report Requested: 10/19/2014

Test Type: 90-DAY

Test Compound: Oxymetholone

Time Report Requested: 04:57:39

Route: GAVAGE

CAS Number: 434-07-1

First Dose M/F: NA / NA

Species/Strain: Rat/F 344/N

Lab: BAT

F 344/N Rat Male
625 MG/KG

| | | | | | | | | | | |
|-------------|---------|---|---|---|---|---|---|---|---|---|
| DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
| | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| ANIMAL ID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 5 |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |
| | *TOTALS | | | | | | | | | |

Alimentary System

| | | | | | | | | | | | | |
|---------------------------|--|--|--|--|--|--|--|--|--|--|---|---|
| Esophagus | | | | | | | | | | | + | 1 |
| Intestine Large, Cecum | | | | | | | | | | | M | 0 |
| Intestine Large, Colon | | | | | | | | | | | + | 1 |
| Intestine Large, Rectum | | | | | | | | | | | + | 1 |
| Intestine Small, Duodenum | | | | | | | | | | | M | 0 |
| Intestine Small, Ileum | | | | | | | | | | | M | 0 |
| Intestine Small, Jejunum | | | | | | | | | | | + | 1 |
| Liver | | | | | | | | | | | + | 1 |
| Pancreas | | | | | | | | | | | + | 1 |
| Salivary Glands | | | | | | | | | | | + | 1 |
| Stomach, Forestomach | | | | | | | | | | | + | 2 |
| Stomach, Glandular | | | | | | | | | | | + | 1 |

Cardiovascular System

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

Endocrine System

| | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------|--|--|--|--|--|--|--|--|--|--|--|---|---|---|---|---|---|---|---|---|---|----|---|
| Adrenal Cortex | | | | | | | | | | | | + | + | + | + | + | + | + | + | + | + | 10 | |
| Adrenal Medulla | | | | | | | | | | | | | | | | | | | | | | + | 1 |
| Islets, Pancreatic | | | | | | | | | | | | | | | | | | | | | | + | 1 |
| Parathyroid Gland | | | | | | | | | | | | | | | | | | | | | | + | 1 |

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

M ..Missing tissue

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A ..Autolysis precludes evaluation

X ..Lesion present

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Experiment Number: 88032-03

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Date Report Requested: 10/19/2014

Test Type: 90-DAY

Test Compound: Oxymetholone

Time Report Requested: 04:57:40

Route: GAVAGE

CAS Number: 434-07-1

First Dose M/F: NA / NA

Species/Strain: Rat/F 344/N

Lab: BAT

F 344/N Rat Male
625 MG/KG

| DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|-------------|---|---|---|---|---|---|---|---|---|---|
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
| | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| ANIMAL ID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 5 |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |

*TOTALS

| | | | | | | | | | | | | | | | | | | | | | | |
|-------------------------------|--|--|--|--|--|--|--|--|--|--|---|---|---|---|---|---|---|---|---|---|----|---|
| Pituitary Gland | | | | | | | | | | | + | 1 | | | | | | | | | | |
| Thyroid Gland | | | | | | | | | | | + | 1 | | | | | | | | | | |
| General Body System | | | | | | | | | | | | | | | | | | | | | | |
| NONE | | | | | | | | | | | | | | | | | | | | | | |
| Genital System | | | | | | | | | | | | | | | | | | | | | | |
| Epididymis | | | | | | | | | | | + | 1 | | | | | | | | | | |
| Preputial Gland | | | | | | | | | | | + | 1 | | | | | | | | | | |
| Prostate | | | | | | | | | | | + | 1 | | | | | | | | | | |
| Seminal Vesicle | | | | | | | | | | | + | 1 | | | | | | | | | | |
| Testes | | | | | | | | | | | + | 1 | | | | | | | | | | |
| Hematopoietic System | | | | | | | | | | | | | | | | | | | | | | |
| Bone Marrow | | | | | | | | | | | + | 1 | | | | | | | | | | |
| Lymph Node, Mandibular | | | | | | | | | | | M | 0 | | | | | | | | | | |
| Lymph Node, Mesenteric | | | | | | | | | | | + | 1 | | | | | | | | | | |
| Spleen | | | | | | | | | | | + | 1 | | | | | | | | | | |
| Thymus | | | | | | | | | | | + | 1 | | | | | | | | | | |
| Integumentary System | | | | | | | | | | | | | | | | | | | | | | |
| Mammary Gland | | | | | | | | | | | + | + | + | + | + | + | + | + | + | + | 10 | |
| Skin | | | | | | | | | | | | | | | | | | | | | + | 1 |
| Musculoskeletal System | | | | | | | | | | | | | | | | | | | | | | |

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

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

Experiment Number: 88032-03

P07: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 10/19/2014

Test Type: 90-DAY

Test Compound: Oxymetholone

Time Report Requested: 04:57:40

Route: GAVAGE

CAS Number: 434-07-1

First Dose M/F: NA / NA

Species/Strain: Rat/F 344/N

Lab: BAT

F 344/N Rat Male
625 MG/KG

| DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|-------------|---|---|---|---|---|---|---|---|---|---|
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
| | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| ANIMAL ID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 5 |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |

*TOTALS

| | | | | | | | | | | | | | | | | | | | | | | |
|------------------------------|--|--|--|--|--|--|--|--|--|--|---|---|---|---|---|---|---|---|---|---|----|---|
| Bone | | | | | | | | | | | + | 1 | | | | | | | | | | |
| Nervous System | | | | | | | | | | | | | | | | | | | | | | |
| Brain | | | | | | | | | | | + | 1 | | | | | | | | | | |
| Respiratory System | | | | | | | | | | | | | | | | | | | | | | |
| Lung | | | | | | | | | | | + | 1 | | | | | | | | | | |
| Nose | | | | | | | | | | | + | 1 | | | | | | | | | | |
| Trachea | | | | | | | | | | | + | 1 | | | | | | | | | | |
| Special Senses System | | | | | | | | | | | | | | | | | | | | | | |
| NONE | | | | | | | | | | | | | | | | | | | | | | |
| Urinary System | | | | | | | | | | | | | | | | | | | | | | |
| Kidney | | | | | | | | | | | + | + | + | + | + | + | + | + | + | + | 10 | |
| Urinary Bladder | | | | | | | | | | | | | | | | | | | | | + | 1 |
| SYSTEMIC LESIONS | | | | | | | | | | | | | | | | | | | | | | |
| Multiple Organ | | | | | | | | | | | + | + | + | + | + | + | + | + | + | + | 10 | |

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

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

Experiment Number: 88032-03

P07: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 10/19/2014

Test Type: 90-DAY

Test Compound: Oxymetholone

Time Report Requested: 04:57:40

Route: GAVAGE

CAS Number: 434-07-1

First Dose M/F: NA / NA

Species/Strain: Rat/F 344/N

Lab: BAT

F 344/N Rat Male
1250 MG/KG

| DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|-------------|---------|---|---|---|---|---|---|---|---|---|
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 9 | 6 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
| | 3 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| ANIMAL ID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 6 |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |
| | *TOTALS | | | | | | | | | |

Alimentary System

| | | | | | | | | | | | |
|---------------------------|---|---|---|---|---|---|---|---|---|---|----|
| Esophagus | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Large, Cecum | + | M | + | + | + | + | + | + | + | + | 9 |
| Intestine Large, Colon | + | M | + | + | + | + | + | + | + | + | 9 |
| Intestine Large, Rectum | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Small, Duodenum | + | M | + | + | + | + | + | + | + | + | 9 |
| Intestine Small, Ileum | + | M | + | + | + | + | + | + | + | + | 9 |
| Intestine Small, Jejunum | + | M | + | + | + | + | + | + | + | + | 9 |
| Liver | + | M | + | + | + | + | + | + | + | + | 9 |
| Pancreas | + | M | + | + | + | + | + | + | + | + | 9 |
| Salivary Glands | + | + | + | + | + | + | + | M | + | + | 9 |
| Stomach, Forestomach | + | M | + | + | + | + | + | + | + | + | 9 |
| Stomach, Glandular | + | M | + | + | + | + | + | + | + | + | 9 |

Cardiovascular System

| | | | | | | | | | | | |
|--------------|---|---|---|---|---|---|---|---|---|---|---|
| Blood Vessel | + | M | + | + | + | + | + | + | + | + | 9 |
| Heart | + | M | + | + | + | + | + | + | + | + | 9 |

Endocrine System

| | | | | | | | | | | | |
|--------------------|---|---|---|---|---|---|---|---|---|---|---|
| Adrenal Cortex | + | M | + | + | + | + | + | + | + | + | 9 |
| Adrenal Medulla | + | M | + | + | + | + | + | + | + | + | 9 |
| Islets, Pancreatic | + | M | + | + | + | + | + | + | + | + | 9 |
| Parathyroid Gland | + | M | + | + | + | + | + | M | + | + | 8 |

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

M ..Missing tissue

+ ..Tissue examined microscopically

A ..Autolysis precludes evaluation

X ..Lesion present

BLANK ..Not examined microscopically

I ..Insufficient tissue

Experiment Number: 88032-03

P07: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 10/19/2014

Test Type: 90-DAY

Test Compound: Oxymetholone

Time Report Requested: 04:57:40

Route: GAVAGE

CAS Number: 434-07-1

First Dose M/F: NA / NA

Species/Strain: Rat/F 344/N

Lab: BAT

F 344/N Rat Male
1250 MG/KG

| DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|-------------|---|---|---|---|---|---|---|---|---|---|
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 9 | 6 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
| | 3 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| ANIMAL ID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 6 |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |

*TOTALS

| | | | | | | | | | | | |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|
| Pituitary Gland | + | + | + | + | + | + | + | I | + | + | 9 |
| Thyroid Gland | + | A | + | + | + | + | + | + | + | + | 9 |

General Body System

NONE

Genital System

| | | | | | | | | | | | |
|-----------------|---|---|---|---|---|---|---|---|---|---|----|
| Epididymis | + | + | + | + | + | + | + | + | + | + | 10 |
| Preputial Gland | + | + | + | M | + | + | + | + | + | + | 9 |
| Prostate | + | M | + | + | + | + | + | + | + | + | 9 |
| Seminal Vesicle | + | M | + | + | + | + | + | + | + | + | 9 |
| Testes | + | + | + | + | + | + | + | + | + | + | 10 |

Hematopoietic System

| | | | | | | | | | | | |
|------------------------|---|---|---|---|---|---|---|---|---|---|----|
| Bone Marrow | + | + | + | + | + | + | + | + | + | + | 10 |
| Lymph Node, Mandibular | + | + | + | + | + | + | M | M | + | + | 8 |
| Lymph Node, Mesenteric | + | M | + | + | + | + | + | + | + | + | 9 |
| Spleen | + | M | + | + | + | + | + | + | + | + | 9 |
| Thymus | + | M | + | + | + | + | + | + | + | + | 9 |

Integumentary System

| | | | | | | | | | | | |
|---------------|---|---|---|---|---|---|---|---|---|---|----|
| Mammary Gland | + | M | + | + | + | + | + | M | + | + | 8 |
| Skin | + | + | + | + | + | + | + | + | + | + | 10 |

Musculoskeletal System

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

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

Experiment Number: 88032-03

P07: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 10/19/2014

Test Type: 90-DAY

Test Compound: Oxymetholone

Time Report Requested: 04:57:40

Route: GAVAGE

CAS Number: 434-07-1

First Dose M/F: NA / NA

Species/Strain: Rat/F 344/N

Lab: BAT

F 344/N Rat Male
1250 MG/KG

| DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | *TOTALS |
|------------------------------|---|---|---|---|---|---|---|---|---|---|---------|
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | 9 | 6 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | |
| | 3 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | |
| ANIMAL ID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 6 | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | |
| Bone | + | + | + | + | + | + | + | + | + | + | 10 |
| Nervous System | | | | | | | | | | | |
| Brain | + | + | + | + | + | + | + | + | + | + | 10 |
| Respiratory System | | | | | | | | | | | |
| Lung | + | M | + | + | + | + | + | + | + | + | 9 |
| Nose | + | + | + | + | + | + | + | + | + | + | 10 |
| Trachea | + | + | + | + | + | + | + | + | + | + | 10 |
| Special Senses System | | | | | | | | | | | |
| NONE | | | | | | | | | | | |
| Urinary System | | | | | | | | | | | |
| Kidney | + | M | + | + | + | + | + | + | + | + | 9 |
| Urinary Bladder | + | M | + | + | + | + | + | + | + | + | 9 |
| SYSTEMIC LESIONS | | | | | | | | | | | |
| Multiple Organ | + | + | + | + | + | + | + | + | + | + | 10 |

END OF MALE DATA

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

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

Experiment Number: 88032-03

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Test Compound: Oxymetholone

Time Report Requested: 04:57:40

Route: GAVAGE

CAS Number: 434-07-1

First Dose M/F: NA / NA

Species/Strain: Rat/F 344/N

Lab: BAT

F 344/N Rat Female
0 MG/KG

| DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|-------------|---------|---|---|---|---|---|---|---|---|---|
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
| | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| ANIMAL ID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |
| | *TOTALS | | | | | | | | | |

Alimentary System

| | | | | | | | | | | | |
|---------------------------|---|---|---|---|---|---|---|---|---|---|----|
| Esophagus | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Large, Cecum | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Large, Colon | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Large, Rectum | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Small, Duodenum | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Small, Ileum | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Small, Jejunum | + | + | + | + | + | + | + | + | + | + | 10 |
| Liver | + | + | + | + | + | + | + | + | + | + | 10 |
| Pancreas | + | + | + | + | + | + | + | + | + | + | 10 |
| Salivary Glands | + | + | + | + | + | + | + | + | + | + | 10 |
| Stomach, Forestomach | + | + | + | + | + | + | + | + | + | + | 10 |
| Stomach, Glandular | + | + | + | + | + | + | + | + | + | + | 10 |

Cardiovascular System

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

Endocrine System

| | | | | | | | | | | | |
|--------------------|---|---|---|---|---|---|---|---|---|---|----|
| Adrenal Cortex | + | + | + | + | + | + | + | + | + | + | 10 |
| Adrenal Medulla | + | + | + | + | + | + | + | + | + | + | 10 |
| Islets, Pancreatic | + | + | + | + | + | + | + | + | + | + | 10 |
| Parathyroid Gland | + | + | + | + | + | + | + | + | M | + | 9 |

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

M ..Missing tissue

+ ..Tissue examined microscopically

A ..Autolysis precludes evaluation

X ..Lesion present

BLANK ..Not examined microscopically

I ..Insufficient tissue

Experiment Number: 88032-03

P07: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 10/19/2014

Test Type: 90-DAY

Test Compound: Oxymetholone

Time Report Requested: 04:57:40

Route: GAVAGE

CAS Number: 434-07-1

First Dose M/F: NA / NA

Species/Strain: Rat/F 344/N

Lab: BAT

F 344/N Rat Female
0 MG/KG

| DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
|-------------------------------|---------|---|---|---|---|---|---|---|---|---|----|
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | |
| | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | |
| ANIMAL ID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | |
| | *TOTALS | | | | | | | | | | |
| Pituitary Gland | + | + | + | + | + | + | + | + | + | + | 10 |
| Thyroid Gland | + | + | + | + | + | + | + | + | + | + | 10 |
| General Body System | | | | | | | | | | | |
| NONE | | | | | | | | | | | |
| Genital System | | | | | | | | | | | |
| Clitoral Gland | + | + | + | + | M | + | + | + | M | + | 8 |
| Ovary | + | + | + | + | + | + | + | + | + | + | 10 |
| Uterus | + | + | + | + | + | + | + | + | + | + | 10 |
| Hematopoietic System | | | | | | | | | | | |
| Bone Marrow | + | + | + | + | + | + | + | + | + | + | 10 |
| Lymph Node, Mandibular | + | + | + | + | + | + | + | + | + | + | 10 |
| Lymph Node, Mesenteric | + | + | + | + | + | + | + | + | + | + | 10 |
| Spleen | + | + | + | + | + | + | + | + | + | + | 10 |
| Thymus | + | + | + | + | + | + | + | + | + | + | 10 |
| Integumentary System | | | | | | | | | | | |
| Mammary Gland | + | + | + | + | + | + | + | + | + | + | 10 |
| Skin | + | + | + | + | + | + | + | + | + | + | 10 |
| Musculoskeletal System | | | | | | | | | | | |
| Bone | + | + | + | + | + | + | + | + | + | + | 10 |

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

M ..Missing tissue

+ ..Tissue examined microscopically

A ..Autolysis precludes evaluation

X ..Lesion present

BLANK ..Not examined microscopically

I ..Insufficient tissue

Experiment Number: 88032-03

P07: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 10/19/2014

Test Type: 90-DAY

Test Compound: Oxymetholone

Time Report Requested: 04:57:40

Route: GAVAGE

CAS Number: 434-07-1

First Dose M/F: NA / NA

Species/Strain: Rat/F 344/N

Lab: BAT

F 344/N Rat Female
0 MG/KG

| DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|-------------|---------|---|---|---|---|---|---|---|---|---|
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
| | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| ANIMAL ID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |
| | *TOTALS | | | | | | | | | |

Nervous System

| | | | | | | | | | | | |
|-------|---|---|---|---|---|---|---|---|---|---|----|
| Brain | + | + | + | + | + | + | + | + | + | + | 10 |
|-------|---|---|---|---|---|---|---|---|---|---|----|

Respiratory System

| | | | | | | | | | | | |
|------|---|---|---|---|---|---|---|---|---|---|----|
| Lung | + | + | + | + | + | + | + | + | + | + | 10 |
|------|---|---|---|---|---|---|---|---|---|---|----|

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

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

Special Senses System

NONE

Urinary System

| | | | | | | | | | | | |
|--------|---|---|---|---|---|---|---|---|---|---|----|
| Kidney | + | + | + | + | + | + | + | + | + | + | 10 |
|--------|---|---|---|---|---|---|---|---|---|---|----|

| | | | | | | | | | | | |
|-----------------|---|---|---|---|---|---|---|---|---|---|----|
| Urinary Bladder | + | + | + | + | + | + | + | + | + | + | 10 |
|-----------------|---|---|---|---|---|---|---|---|---|---|----|

SYSTEMIC LESIONS

| | | | | | | | | | | | |
|----------------|---|---|---|---|---|---|---|---|---|---|----|
| Multiple Organ | + | + | + | + | + | + | + | + | + | + | 10 |
|----------------|---|---|---|---|---|---|---|---|---|---|----|

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

+ ..Tissue examined microscopically

X ..Lesion present

I ..Insufficient tissue

M ..Missing tissue

A ..Autolysis precludes evaluation

BLANK ..Not examined microscopically

Experiment Number: 88032-03

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Time Report Requested: 04:57:40

Route: GAVAGE

CAS Number: 434-07-1

First Dose M/F: NA / NA

Species/Strain: Rat/F 344/N

Lab: BAT

F 344/N Rat Female
80 MG/KG

| | | | | | | | | | | |
|-------------|---------|---|---|---|---|---|---|---|---|---|
| DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
| | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| ANIMAL ID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 8 | 8 |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |
| | *TOTALS | | | | | | | | | |

Alimentary System

Liver + 2

Cardiovascular System

Heart + + + + + + + + + + 10

Endocrine System

Adrenal Cortex + + + + + + + + + + 10

General Body System

NONE

Genital System

Ovary + + + + + + + + + + 10

Uterus + + + + + + + + + + 10

Hematopoietic System

NONE

Integumentary System

Mammary Gland + + + + I + + + + M 8

Musculoskeletal System

NONE

Nervous System

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

M ..Missing tissue

+ ..Tissue examined microscopically

A ..Autolysis precludes evaluation

X ..Lesion present

BLANK ..Not examined microscopically

I ..Insufficient tissue

Experiment Number: 88032-03

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Test Compound: Oxymetholone

Time Report Requested: 04:57:40

Route: GAVAGE

CAS Number: 434-07-1

First Dose M/F: NA / NA

Species/Strain: Rat/F 344/N

Lab: BAT

F 344/N Rat Female
80 MG/KG

| | | | | | | | | | | | |
|-------------|---|---|---|---|---|---|---|---|---|---|---------|
| DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | |
| | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | |
| ANIMAL ID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 8 | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | *TOTALS |

NONE
Respiratory System

NONE
Special Senses System

NONE
Urinary System

| | | | | | | | | | | | |
|--------|---|---|---|---|---|---|---|---|---|---|----|
| Kidney | + | + | + | + | + | + | + | + | + | + | 10 |
|--------|---|---|---|---|---|---|---|---|---|---|----|

SYSTEMIC LESIONS

| | | | | | | | | | | | |
|----------------|---|---|---|---|---|---|---|---|---|---|----|
| Multiple Organ | + | + | + | + | + | + | + | + | + | + | 10 |
|----------------|---|---|---|---|---|---|---|---|---|---|----|

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

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

Experiment Number: 88032-03

P07: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 10/19/2014

Test Type: 90-DAY

Test Compound: Oxymetholone

Time Report Requested: 04:57:40

Route: GAVAGE

CAS Number: 434-07-1

First Dose M/F: NA / NA

Species/Strain: Rat/F 344/N

Lab: BAT

F 344/N Rat Female
160 MG/KG

| | | | | | | | | | | |
|-------------|---------|---|---|---|---|---|---|---|---|---|
| DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
| | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| ANIMAL ID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 9 |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |
| | *TOTALS | | | | | | | | | |

Alimentary System

NONE

Cardiovascular System

| | | | | | | | | | | | |
|-------|---|---|---|---|---|---|---|---|---|---|----|
| Heart | + | + | + | + | + | + | + | + | + | + | 10 |
|-------|---|---|---|---|---|---|---|---|---|---|----|

Endocrine System

| | | | | | | | | | | | |
|----------------|---|---|---|---|---|---|---|---|---|---|----|
| Adrenal Cortex | + | + | + | + | + | + | + | + | + | + | 10 |
|----------------|---|---|---|---|---|---|---|---|---|---|----|

General Body System

NONE

Genital System

| | | | | | | | | | | | |
|-------|---|---|---|---|---|---|---|---|---|---|----|
| Ovary | + | + | + | + | + | + | + | + | + | + | 10 |
|-------|---|---|---|---|---|---|---|---|---|---|----|

| | | | | | | | | | | | |
|--------|---|---|---|---|---|---|---|---|---|---|----|
| Uterus | + | + | + | + | + | + | + | + | + | + | 10 |
|--------|---|---|---|---|---|---|---|---|---|---|----|

Hematopoietic System

NONE

Integumentary System

| | | | | | | | | | | | |
|---------------|---|---|---|---|---|---|---|---|---|---|---|
| Mammary Gland | + | I | + | M | + | + | + | + | + | + | 8 |
|---------------|---|---|---|---|---|---|---|---|---|---|---|

Musculoskeletal System

NONE

Nervous System

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

+ ..Tissue examined microscopically

X ..Lesion present

I ..Insufficient tissue

M ..Missing tissue

A ..Autolysis precludes evaluation

BLANK ..Not examined microscopically

Experiment Number: 88032-03

P07: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 10/19/2014

Test Type: 90-DAY

Test Compound: Oxymetholone

Time Report Requested: 04:57:40

Route: GAVAGE

CAS Number: 434-07-1

First Dose M/F: NA / NA

Species/Strain: Rat/F 344/N

Lab: BAT

F 344/N Rat Female
160 MG/KG

| | | | | | | | | | | |
|-------------|---------|---|---|---|---|---|---|---|---|---|
| DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
| | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| ANIMAL ID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 9 | 9 |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 8 | 0 |
| | *TOTALS | | | | | | | | | |

NONE

Respiratory System

NONE

Special Senses System

NONE

Urinary System

| | | | | | | | | | | | |
|--------|---|---|---|---|---|---|---|---|---|---|----|
| Kidney | + | + | + | + | + | + | + | + | + | + | 10 |
|--------|---|---|---|---|---|---|---|---|---|---|----|

SYSTEMIC LESIONS

| | | | | | | | | | | | |
|----------------|---|---|---|---|---|---|---|---|---|---|----|
| Multiple Organ | + | + | + | + | + | + | + | + | + | + | 10 |
|----------------|---|---|---|---|---|---|---|---|---|---|----|

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

+ ..Tissue examined microscopically

X ..Lesion present

I ..Insufficient tissue

M ..Missing tissue

A ..Autolysis precludes evaluation

BLANK ..Not examined microscopically

Experiment Number: 88032-03

P07: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 10/19/2014

Test Type: 90-DAY

Test Compound: Oxymetholone

Time Report Requested: 04:57:40

Route: GAVAGE

CAS Number: 434-07-1

First Dose M/F: NA / NA

Species/Strain: Rat/F 344/N

Lab: BAT

F 344/N Rat Female
315 MG/KG

| DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|-------------|---------|---|---|---|---|---|---|---|---|---|
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
| | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| ANIMAL ID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 0 |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |
| | *TOTALS | | | | | | | | | |

Alimentary System

Liver + 1

Cardiovascular System

Heart + + + + + + + + + + 10

Endocrine System

Adrenal Cortex + + + + + + + + + + 10

General Body System

NONE

Genital System

Ovary + + + + + + + + + + 10

Uterus + + + + + + + + + + 10

Hematopoietic System

NONE

Integumentary System

Mammary Gland + + + + + + M + + + 9

Musculoskeletal System

NONE

Nervous System

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

M ..Missing tissue

+ ..Tissue examined microscopically

A ..Autolysis precludes evaluation

X ..Lesion present

BLANK ..Not examined microscopically

I ..Insufficient tissue

Experiment Number: 88032-03

P07: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 10/19/2014

Test Type: 90-DAY

Test Compound: Oxymetholone

Time Report Requested: 04:57:40

Route: GAVAGE

CAS Number: 434-07-1

First Dose M/F: NA / NA

Species/Strain: Rat/F 344/N

Lab: BAT

F 344/N Rat Female
315 MG/KG

| | | | | | | | | | | |
|-------------|---|---|---|---|---|---|---|---|---|---|
| DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
| | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| ANIMAL ID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 0 |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |

*TOTALS

NONE

Respiratory System

NONE

Special Senses System

NONE

Urinary System

| | | | | | | | | | | |
|--------|---|---|---|---|---|---|---|---|---|---|
| Kidney | + | + | + | + | + | + | + | + | + | + |
|--------|---|---|---|---|---|---|---|---|---|---|

10

SYSTEMIC LESIONS

| | | | | | | | | | | |
|----------------|---|---|---|---|---|---|---|---|---|---|
| Multiple Organ | + | + | + | + | + | + | + | + | + | + |
|----------------|---|---|---|---|---|---|---|---|---|---|

10

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

+ ..Tissue examined microscopically

X ..Lesion present

I ..Insufficient tissue

M ..Missing tissue

A ..Autolysis precludes evaluation

BLANK ..Not examined microscopically

Experiment Number: 88032-03

P07: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 10/19/2014

Test Type: 90-DAY

Test Compound: Oxymetholone

Time Report Requested: 04:57:40

Route: GAVAGE

CAS Number: 434-07-1

First Dose M/F: NA / NA

Species/Strain: Rat/F 344/N

Lab: BAT

F 344/N Rat Female
625 MG/KG

| | | | | | | | | | | |
|-------------|---------|---|---|---|---|---|---|---|---|---|
| DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
| | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| ANIMAL ID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |
| | *TOTALS | | | | | | | | | |

Alimentary System

NONE

Cardiovascular System

| | | | | | | | | | | | |
|-------|---|---|---|---|---|---|---|---|---|---|----|
| Heart | + | + | + | + | + | + | + | + | + | + | 10 |
|-------|---|---|---|---|---|---|---|---|---|---|----|

Endocrine System

| | | | | | | | | | | | |
|----------------|---|---|---|---|---|---|---|---|---|---|----|
| Adrenal Cortex | + | + | + | + | + | + | + | + | + | + | 10 |
|----------------|---|---|---|---|---|---|---|---|---|---|----|

General Body System

NONE

Genital System

| | | | | | | | | | | | |
|-------|---|---|---|---|---|---|---|---|---|---|----|
| Ovary | + | + | + | + | + | + | + | + | + | + | 10 |
|-------|---|---|---|---|---|---|---|---|---|---|----|

| | | | | | | | | | | | |
|--------|---|---|---|---|---|---|---|---|---|---|----|
| Uterus | + | + | + | + | + | + | + | + | + | + | 10 |
|--------|---|---|---|---|---|---|---|---|---|---|----|

Hematopoietic System

NONE

Integumentary System

| | | | | | | | | | | | |
|---------------|---|---|---|---|---|---|---|---|---|---|---|
| Mammary Gland | M | I | + | + | + | + | + | + | + | + | 8 |
|---------------|---|---|---|---|---|---|---|---|---|---|---|

Musculoskeletal System

NONE

Nervous System

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

M ..Missing tissue

+ ..Tissue examined microscopically

A ..Autolysis precludes evaluation

X ..Lesion present

BLANK ..Not examined microscopically

I ..Insufficient tissue

Experiment Number: 88032-03

P07: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 10/19/2014

Test Type: 90-DAY

Test Compound: Oxymetholone

Time Report Requested: 04:57:40

Route: GAVAGE

CAS Number: 434-07-1

First Dose M/F: NA / NA

Species/Strain: Rat/F 344/N

Lab: BAT

F 344/N Rat Female
625 MG/KG

| | | | | | | | | | | |
|-------------|---|---|---|---|---|---|---|---|---|---|
| DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
| | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| ANIMAL ID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |

*TOTALS

NONE
Respiratory System

NONE
Special Senses System

NONE
Urinary System

| | | | | | | | | | | | |
|--------|---|---|---|---|---|---|---|---|---|---|----|
| Kidney | + | + | + | + | + | + | + | + | + | + | 10 |
|--------|---|---|---|---|---|---|---|---|---|---|----|

SYSTEMIC LESIONS

| | | | | | | | | | | | |
|----------------|---|---|---|---|---|---|---|---|---|---|----|
| Multiple Organ | + | + | + | + | + | + | + | + | + | + | 10 |
|----------------|---|---|---|---|---|---|---|---|---|---|----|

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

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

Experiment Number: 88032-03

P07: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 10/19/2014

Test Type: 90-DAY

Test Compound: Oxymetholone

Time Report Requested: 04:57:40

Route: GAVAGE

CAS Number: 434-07-1

First Dose M/F: NA / NA

Species/Strain: Rat/F 344/N

Lab: BAT

F 344/N Rat Female
1250 MG/KG

| DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|-------------|---------|---|---|---|---|---|---|---|---|---|
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 0 |
| | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 2 |
| ANIMAL ID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |
| | *TOTALS | | | | | | | | | |

Alimentary System

| | | | | | | | | | | | |
|---------------------------|---|---|---|---|---|---|---|---|---|---|----|
| Esophagus | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Large, Cecum | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Large, Colon | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Large, Rectum | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Small, Duodenum | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Small, Ileum | + | + | + | + | + | + | + | + | + | + | 10 |
| Intestine Small, Jejunum | + | + | + | + | + | + | + | + | + | + | 10 |
| Liver | + | + | + | + | + | + | + | + | + | + | 10 |
| Pancreas | + | + | + | + | + | + | + | + | + | + | 10 |
| Salivary Glands | + | + | + | + | + | + | + | + | + | + | 10 |
| Stomach, Forestomach | + | + | + | + | + | + | + | + | + | + | 10 |
| Stomach, Glandular | + | + | + | + | + | + | + | + | + | + | 10 |

Cardiovascular System

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

Endocrine System

| | | | | | | | | | | | |
|--------------------|---|---|---|---|---|---|---|---|---|---|----|
| Adrenal Cortex | + | + | + | + | + | + | + | + | + | + | 10 |
| Adrenal Medulla | + | + | + | + | + | + | + | + | + | + | 10 |
| Islets, Pancreatic | + | + | + | + | + | + | + | + | + | + | 10 |
| Parathyroid Gland | + | M | + | + | + | M | M | + | + | M | 6 |

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

M ..Missing tissue

+ ..Tissue examined microscopically

A ..Autolysis precludes evaluation

X ..Lesion present

BLANK ..Not examined microscopically

I ..Insufficient tissue

Experiment Number: 88032-03

P07: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 10/19/2014

Test Type: 90-DAY

Test Compound: Oxymetholone

Time Report Requested: 04:57:41

Route: GAVAGE

CAS Number: 434-07-1

First Dose M/F: NA / NA

Species/Strain: Rat/F 344/N

Lab: BAT

F 344/N Rat Female
1250 MG/KG

| DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
|-------------------------------|---|---|---|---|---|---|---|---|---|---|---|----------------|
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 0 | |
| | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 2 | |
| ANIMAL ID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | |
| | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | | *TOTALS |
| Pituitary Gland | + | I | + | + | + | + | M | + | + | + | | 8 |
| Thyroid Gland | + | + | + | + | + | + | + | + | + | + | | 10 |
| General Body System | | | | | | | | | | | | |
| NONE | | | | | | | | | | | | |
| Genital System | | | | | | | | | | | | |
| Clitoral Gland | + | + | + | + | + | + | + | + | + | + | | 10 |
| Ovary | + | + | + | + | + | + | + | + | + | + | | 10 |
| Uterus | + | + | + | + | + | + | + | + | + | + | | 10 |
| Hematopoietic System | | | | | | | | | | | | |
| Bone Marrow | + | + | + | + | + | + | + | + | + | + | | 10 |
| Lymph Node, Mandibular | + | + | + | + | + | + | + | + | + | + | | 10 |
| Lymph Node, Mesenteric | + | + | + | + | + | + | + | + | + | + | | 10 |
| Spleen | + | + | + | + | + | + | + | + | + | + | | 10 |
| Thymus | + | + | + | + | + | + | + | + | + | + | | 10 |
| Integumentary System | | | | | | | | | | | | |
| Mammary Gland | + | + | + | + | + | + | + | + | + | + | | 10 |
| Skin | + | + | + | + | + | + | + | + | + | + | | 10 |
| Musculoskeletal System | | | | | | | | | | | | |
| Bone | + | + | + | + | + | + | + | + | + | + | | 10 |

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

M ..Missing tissue

+ ..Tissue examined microscopically

A ..Autolysis precludes evaluation

X ..Lesion present

BLANK ..Not examined microscopically

I ..Insufficient tissue

Experiment Number: 88032-03

P07: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 10/19/2014

Test Type: 90-DAY

Test Compound: Oxymetholone

Time Report Requested: 04:57:41

Route: GAVAGE

CAS Number: 434-07-1

First Dose M/F: NA / NA

Species/Strain: Rat/F 344/N

Lab: BAT

F 344/N Rat Female
1250 MG/KG

| DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|-------------|---------|---|---|---|---|---|---|---|---|---|
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 0 |
| | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 2 |
| ANIMAL ID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |
| | *TOTALS | | | | | | | | | |

Nervous System

| | | | | | | | | | | | |
|-------|---|---|---|---|---|---|---|---|---|---|----|
| Brain | + | + | + | + | + | + | + | + | + | + | 10 |
|-------|---|---|---|---|---|---|---|---|---|---|----|

Respiratory System

| | | | | | | | | | | | |
|------|---|---|---|---|---|---|---|---|---|---|----|
| Lung | + | + | + | + | + | + | + | + | + | + | 10 |
|------|---|---|---|---|---|---|---|---|---|---|----|

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

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

Special Senses System

NONE

Urinary System

| | | | | | | | | | | | |
|--------|---|---|---|---|---|---|---|---|---|---|----|
| Kidney | + | + | + | + | + | + | + | + | + | + | 10 |
|--------|---|---|---|---|---|---|---|---|---|---|----|

| | | | | | | | | | | | |
|-----------------|---|---|---|---|---|---|---|---|---|---|----|
| Urinary Bladder | + | + | + | + | + | + | + | + | + | + | 10 |
|-----------------|---|---|---|---|---|---|---|---|---|---|----|

SYSTEMIC LESIONS

| | | | | | | | | | | | |
|----------------|---|---|---|---|---|---|---|---|---|---|----|
| Multiple Organ | + | + | + | + | + | + | + | + | + | + | 10 |
|----------------|---|---|---|---|---|---|---|---|---|---|----|

** END OF REPORT **

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

M ..Missing tissue

+ ..Tissue examined microscopically

A ..Autolysis precludes evaluation

X ..Lesion present

BLANK ..Not examined microscopically

I ..Insufficient tissue