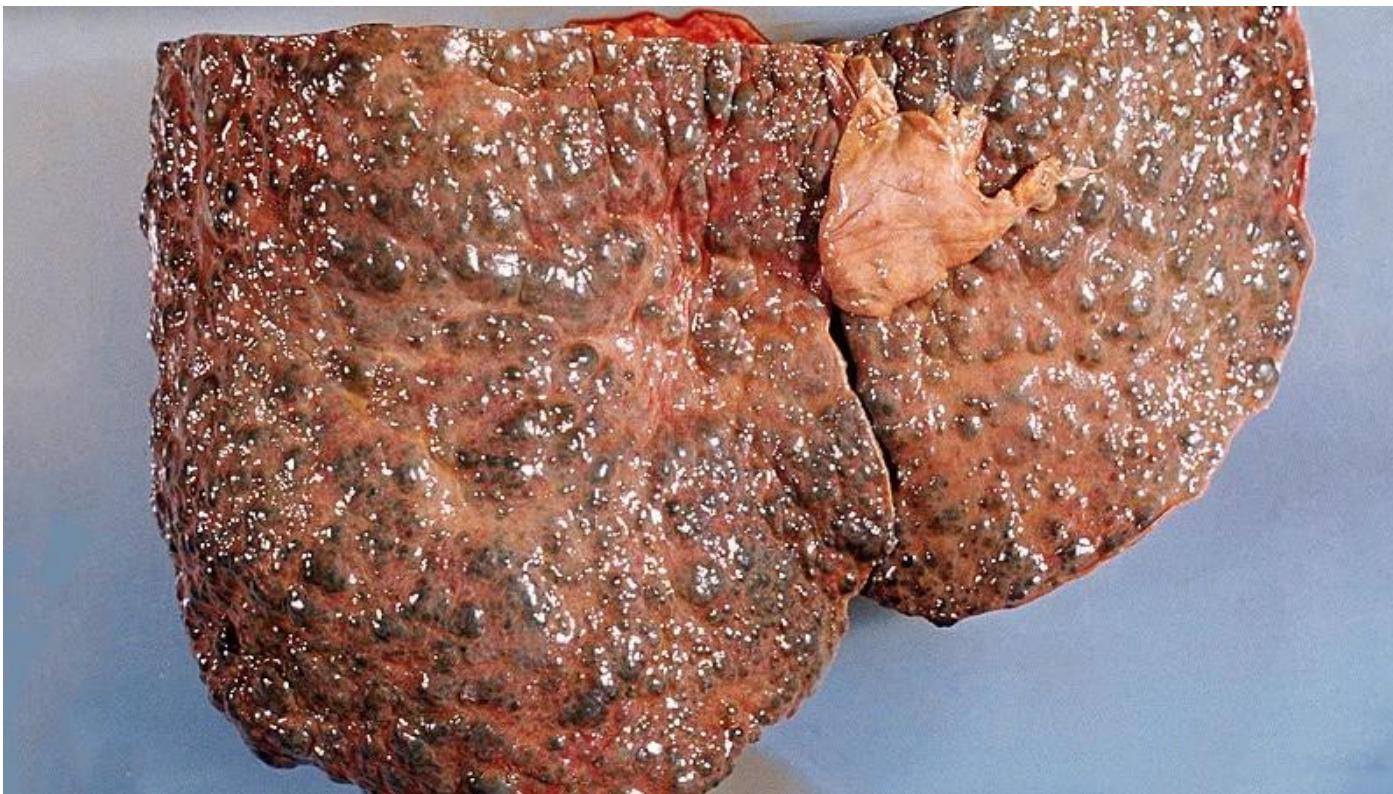
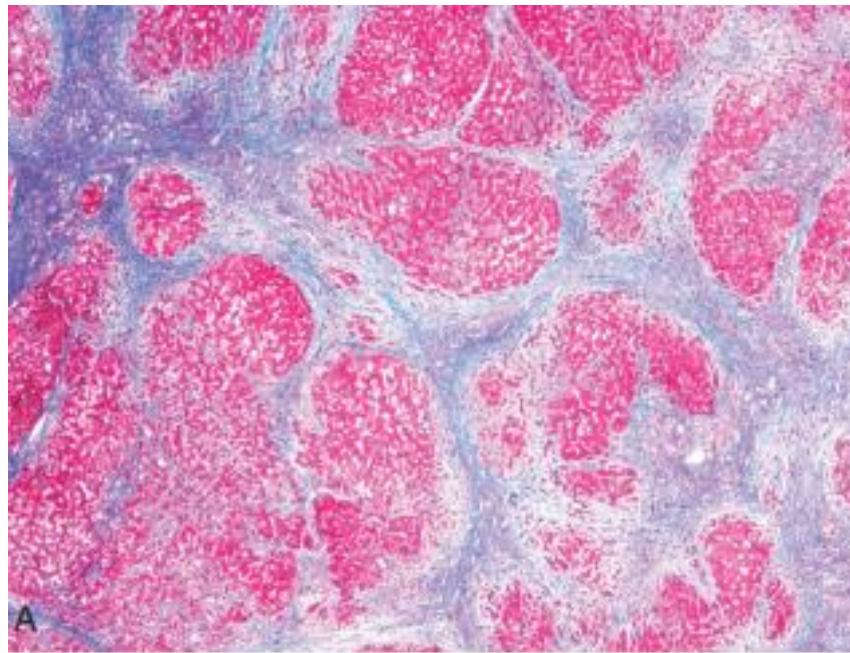
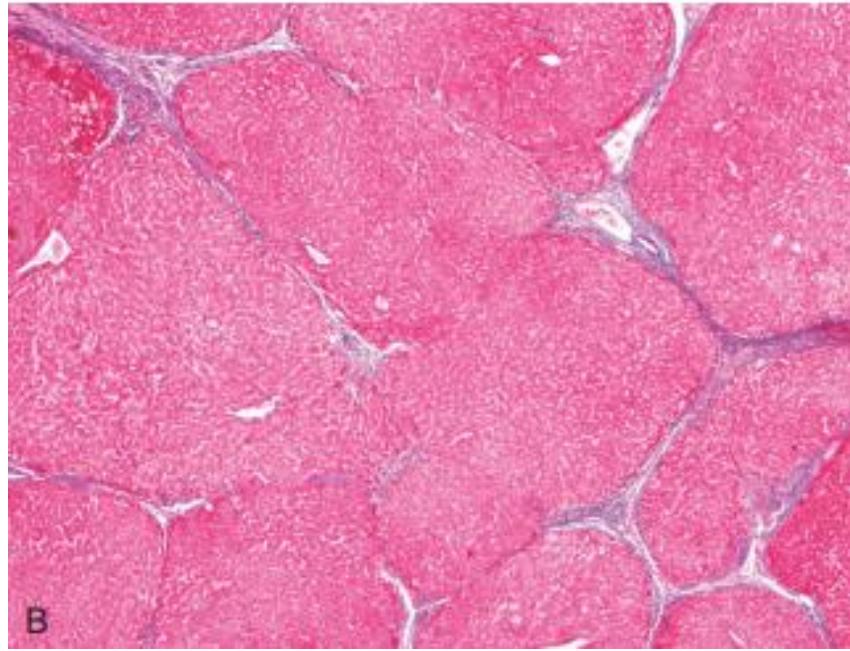
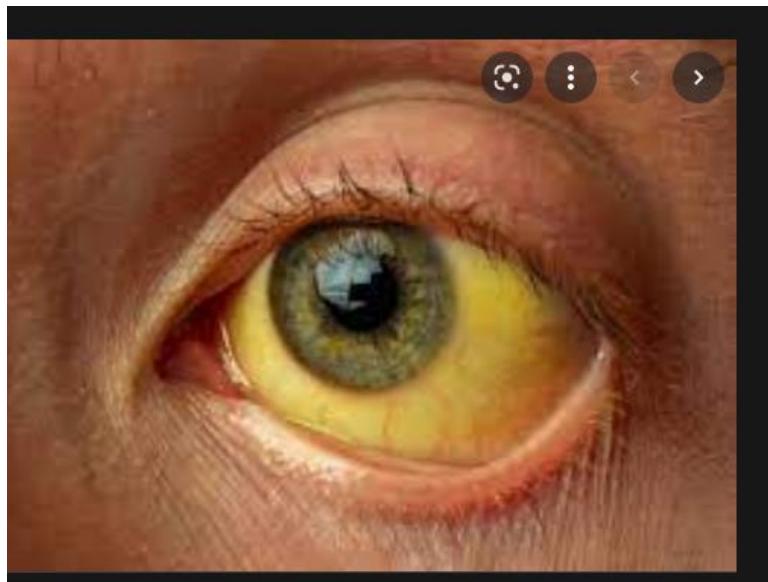


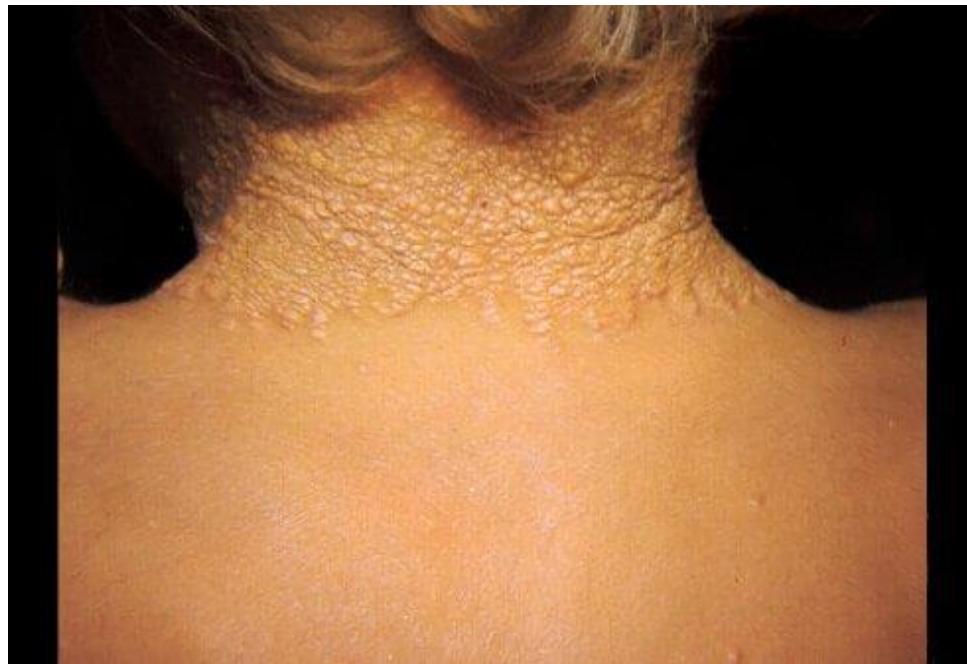
# GIT LAB-3

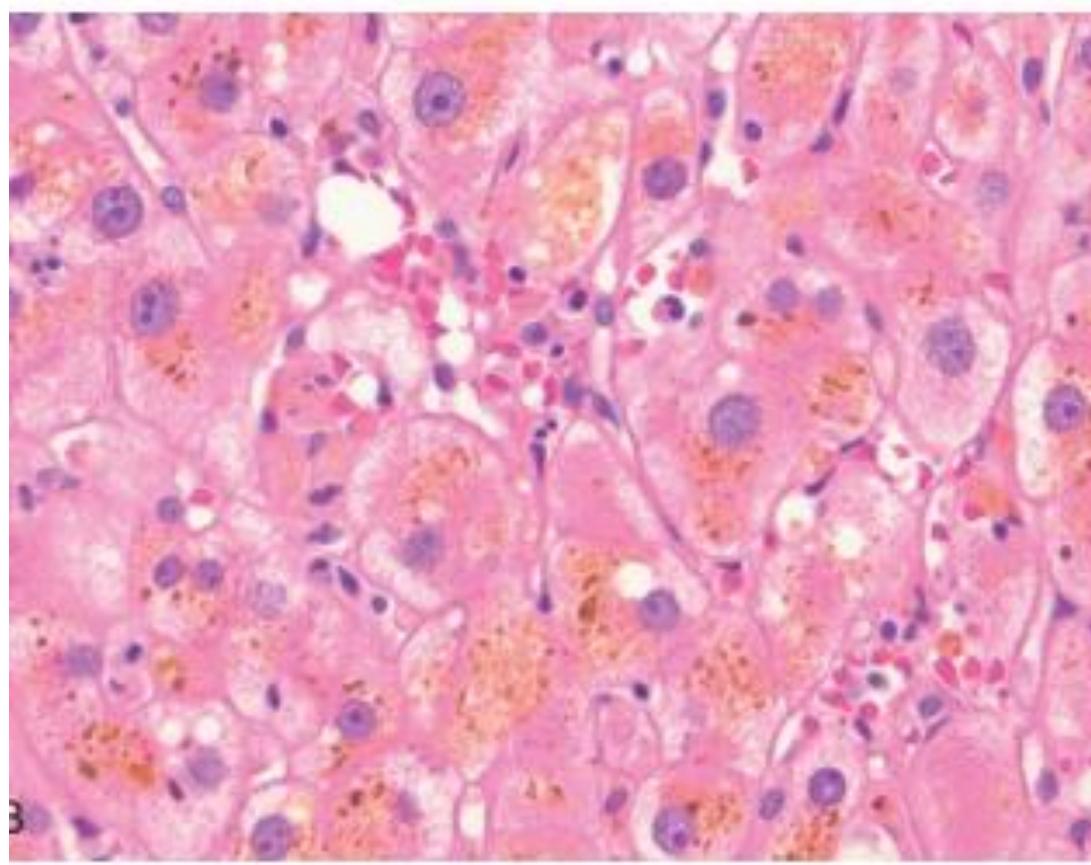


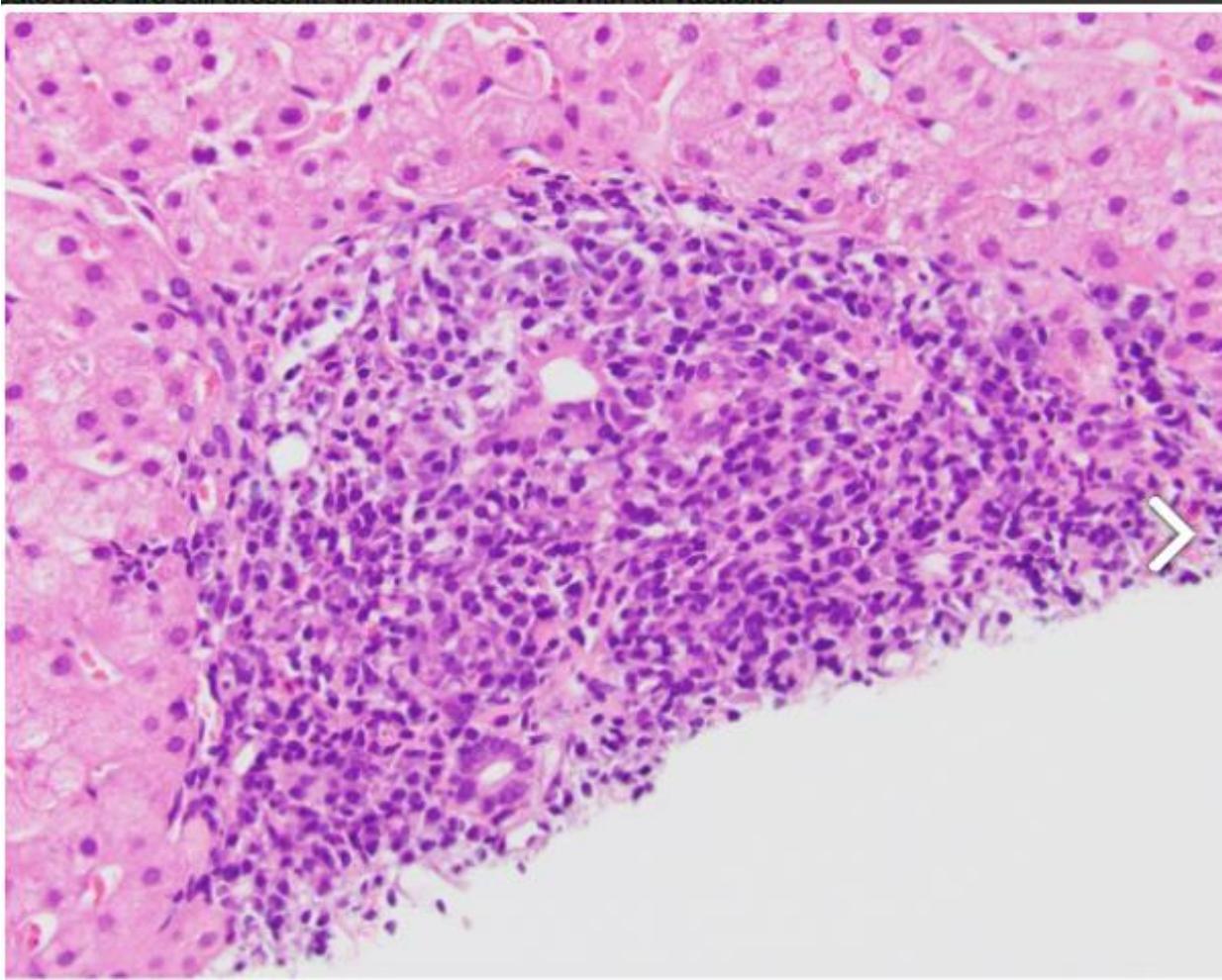


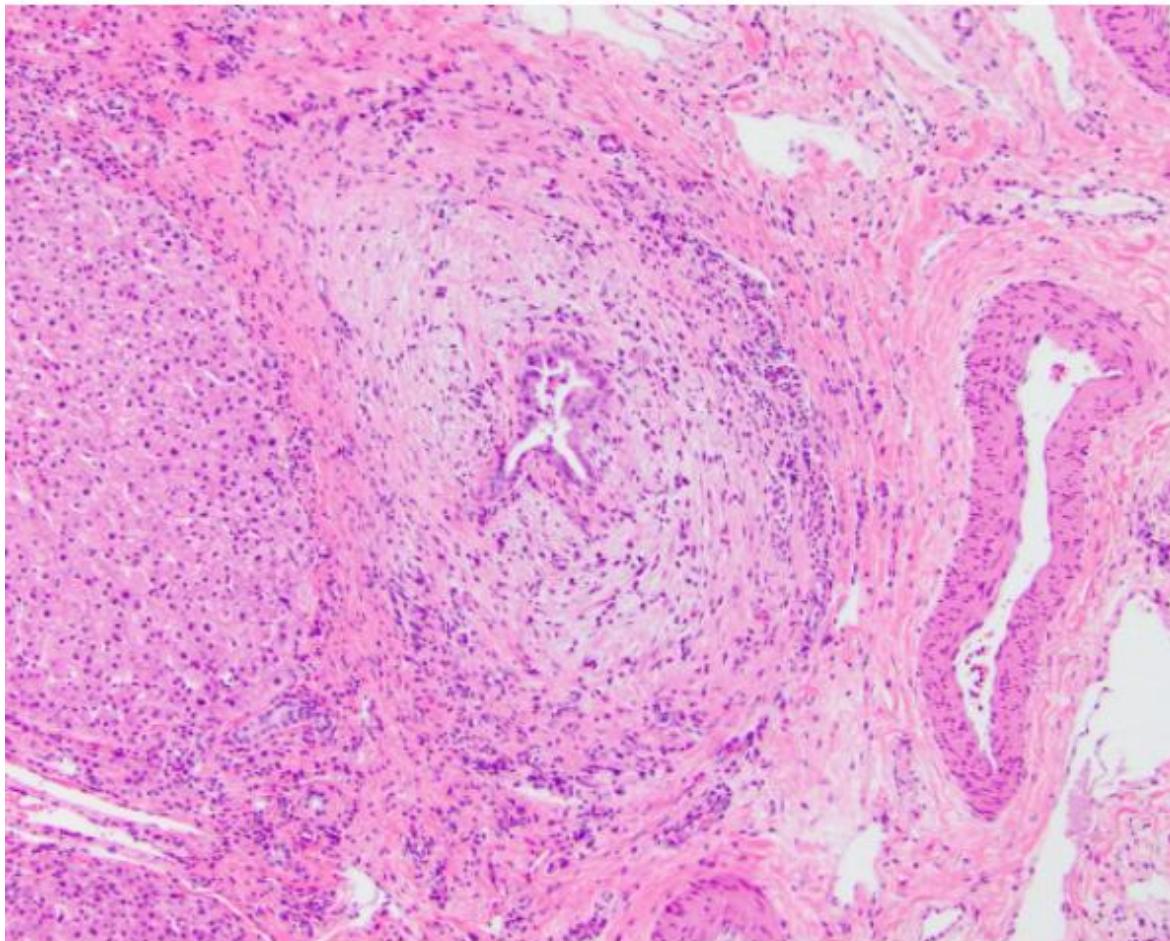


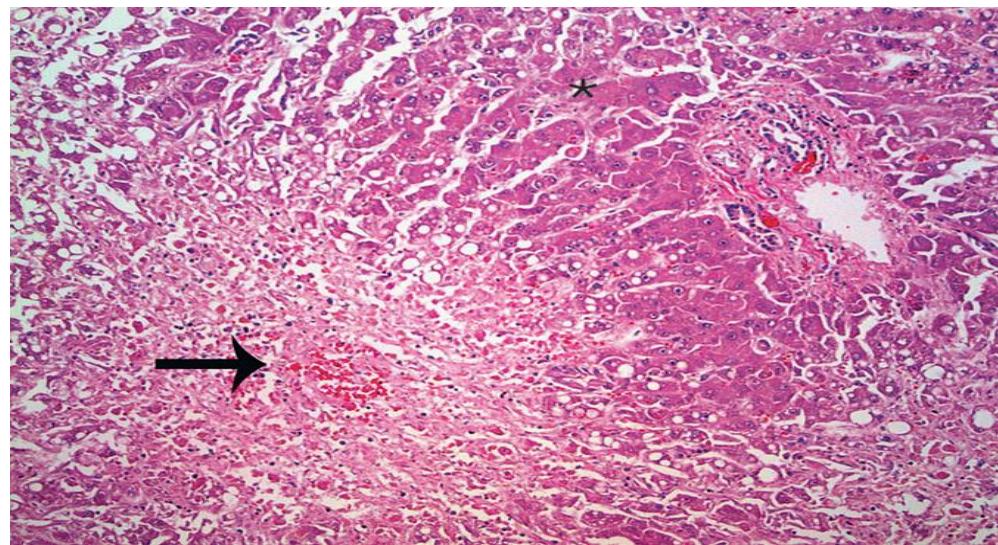
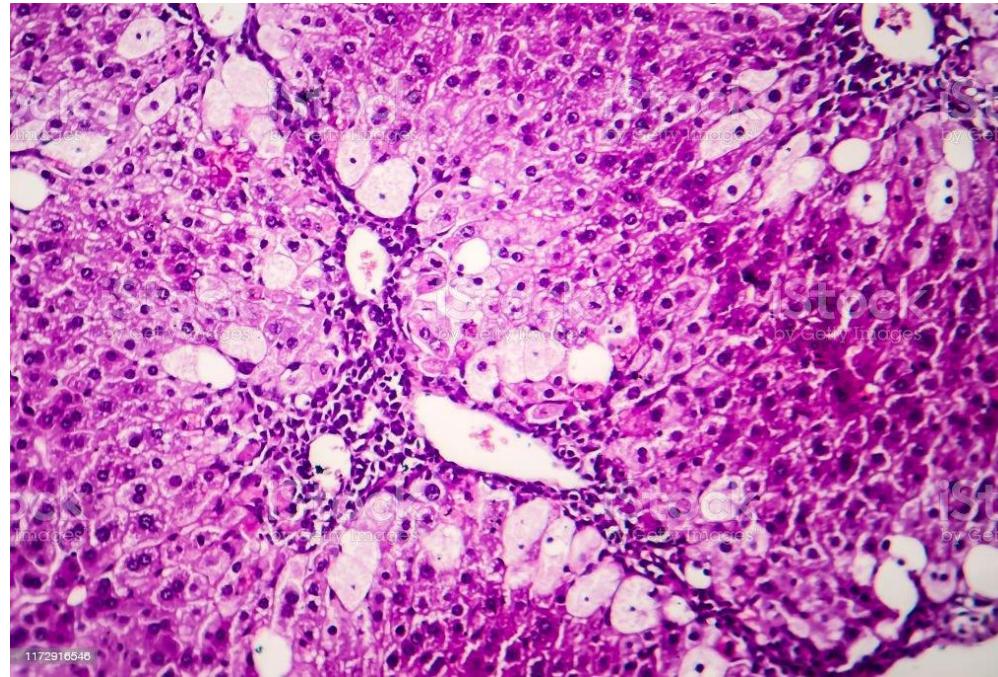


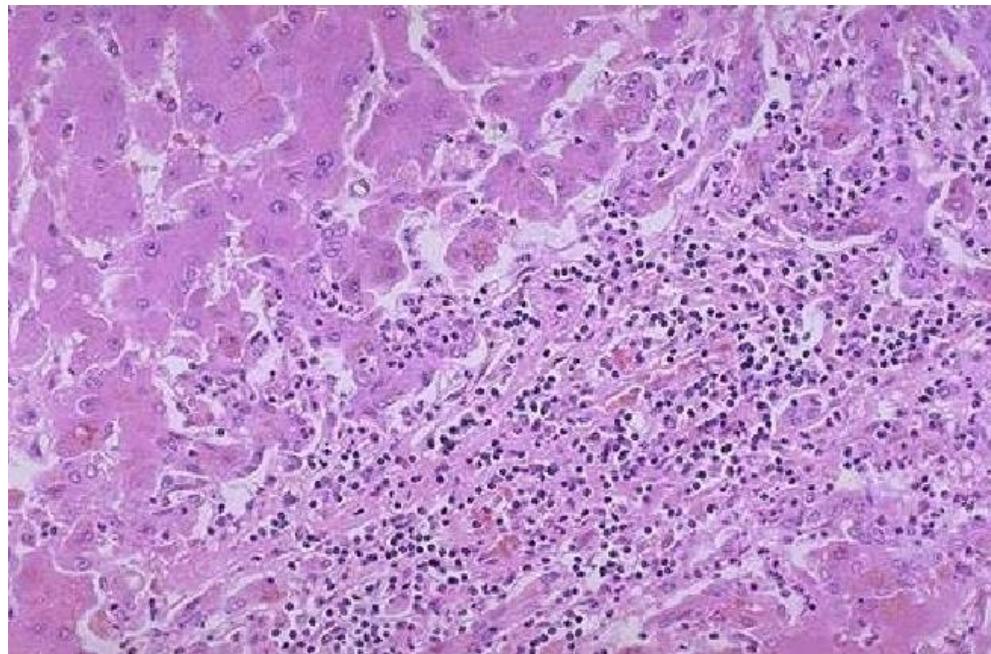












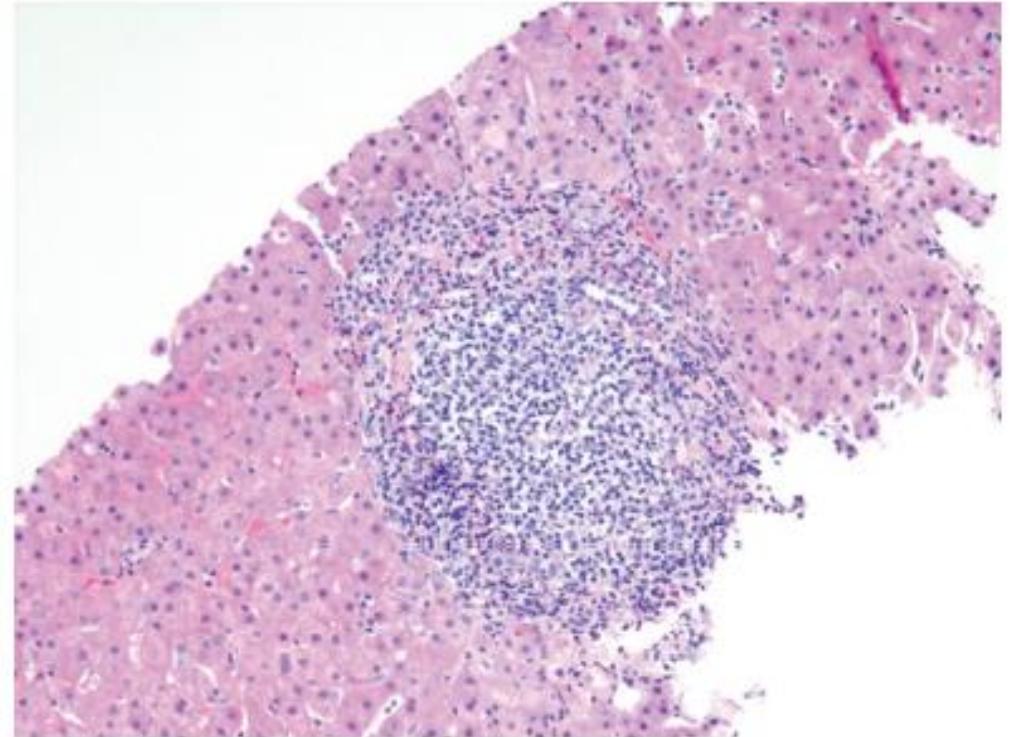


Fig. 16.15 Chronic viral hepatitis due to HCV, showing characteristic portal tract expansion by a dense lymphoid infiltrate.

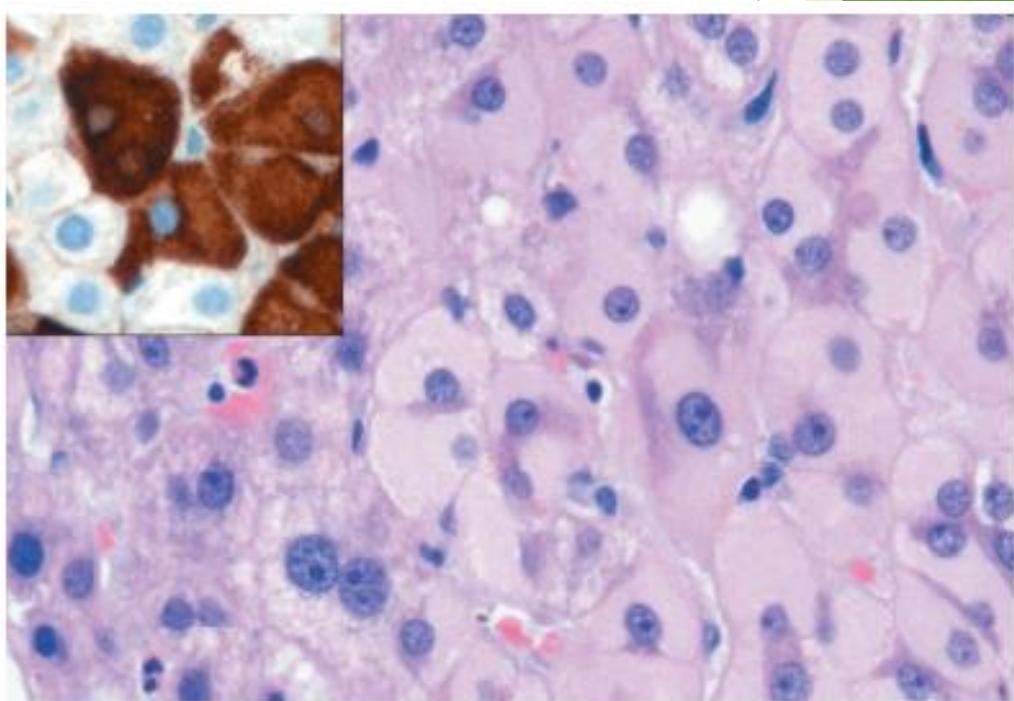
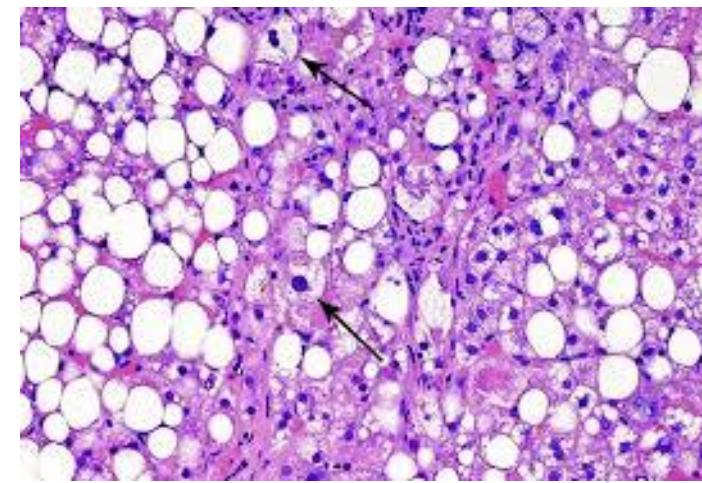
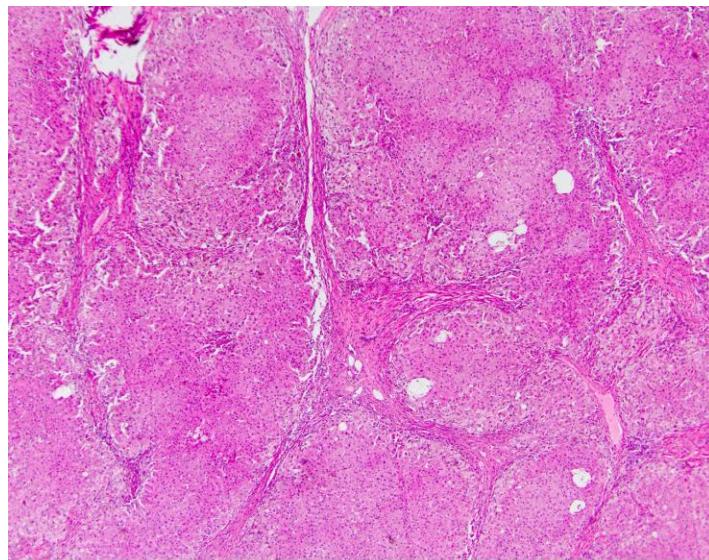
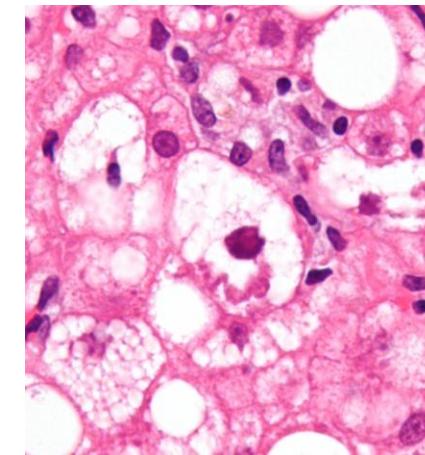
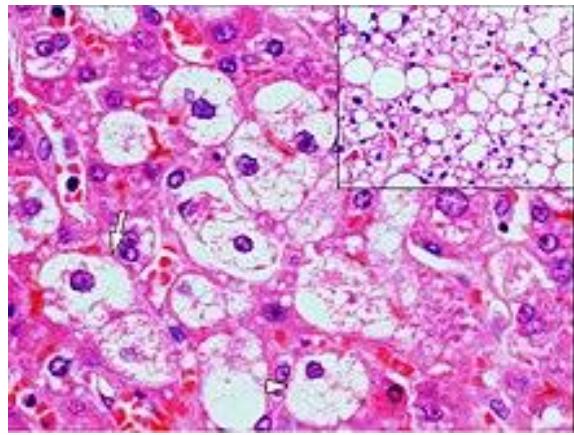
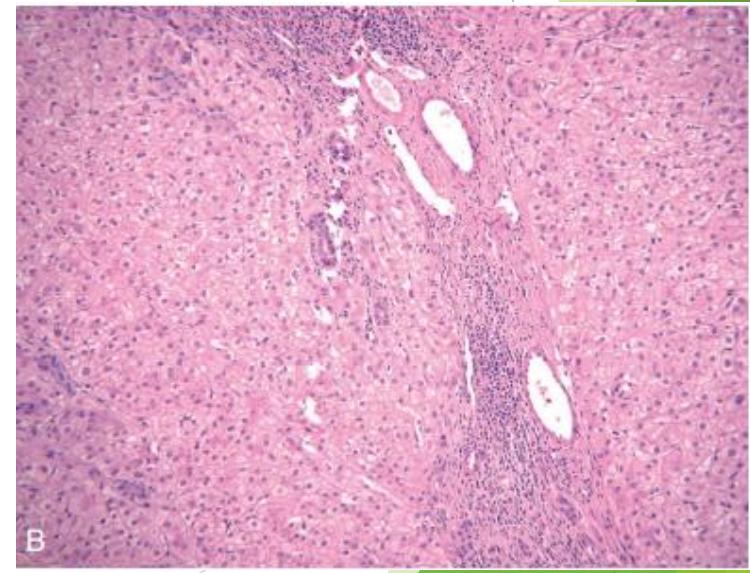
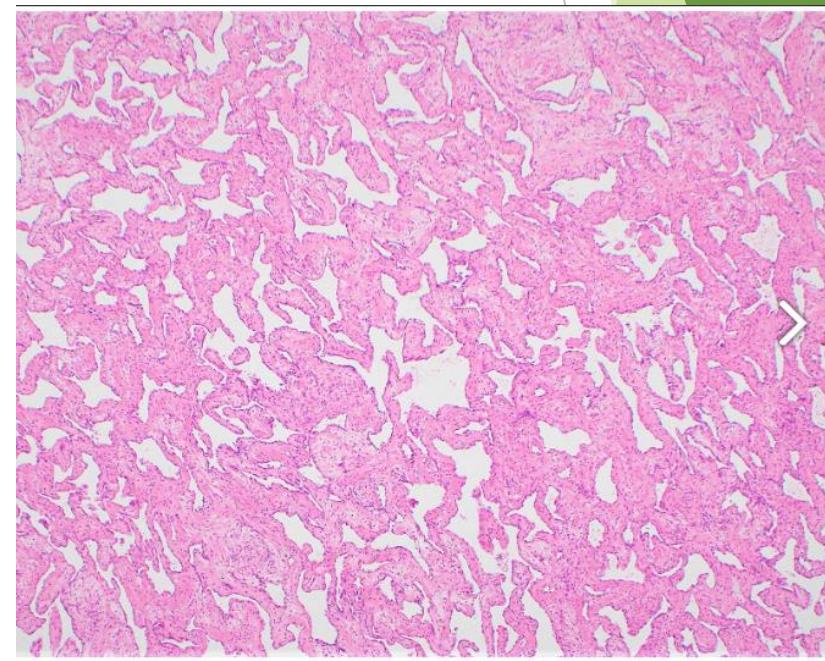
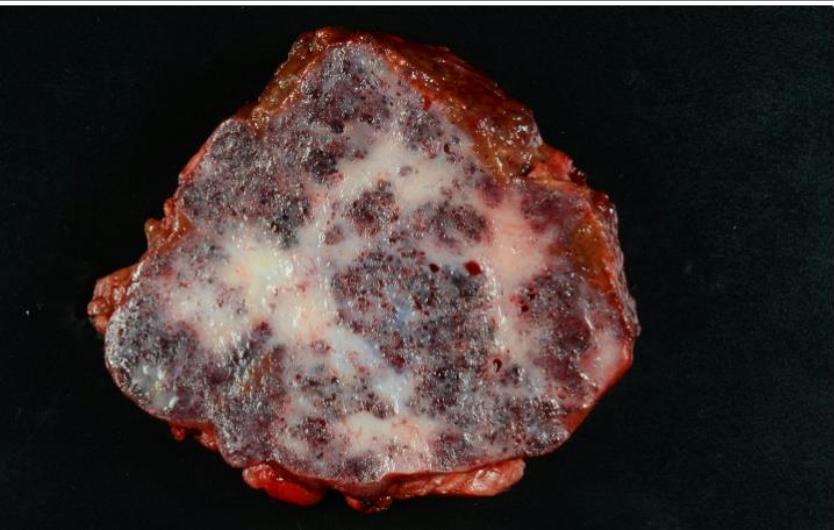
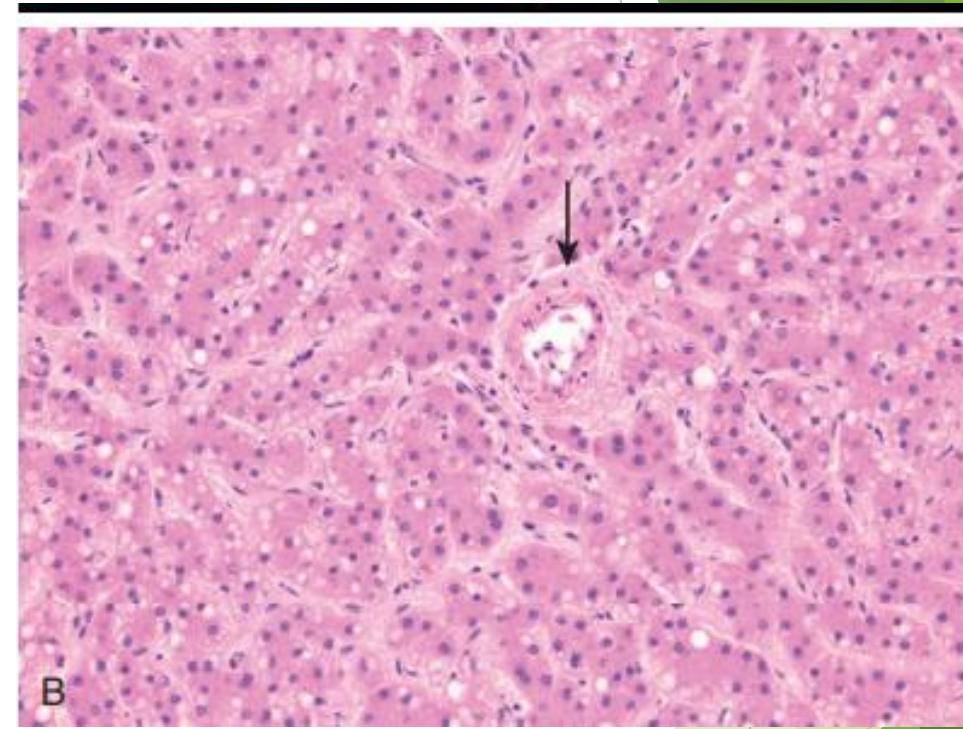
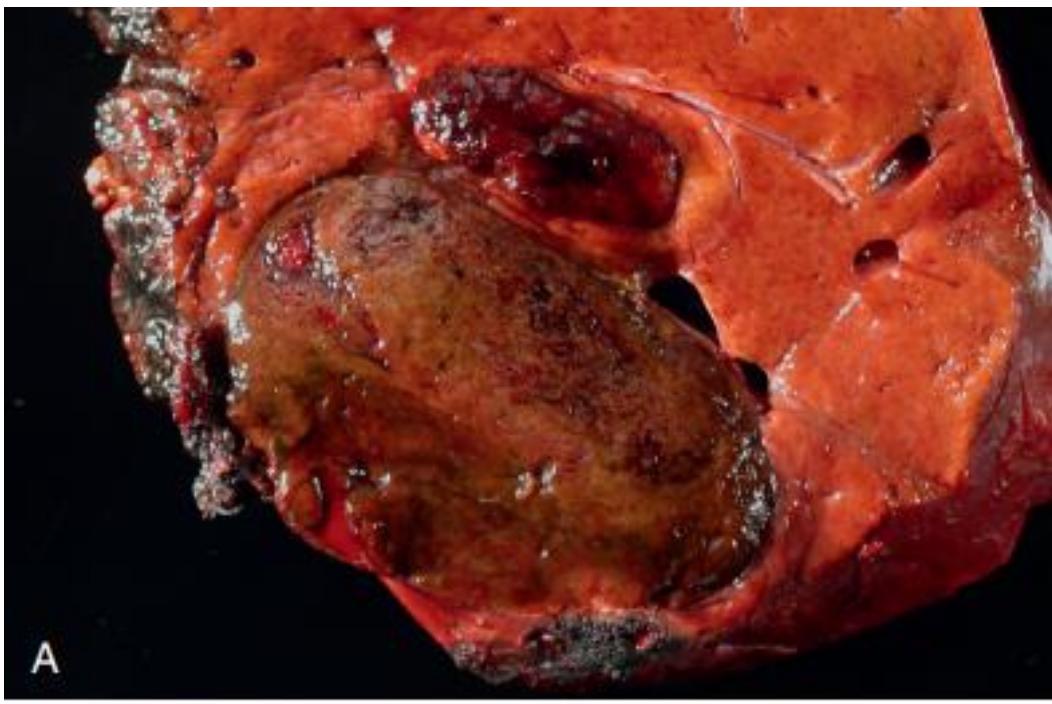


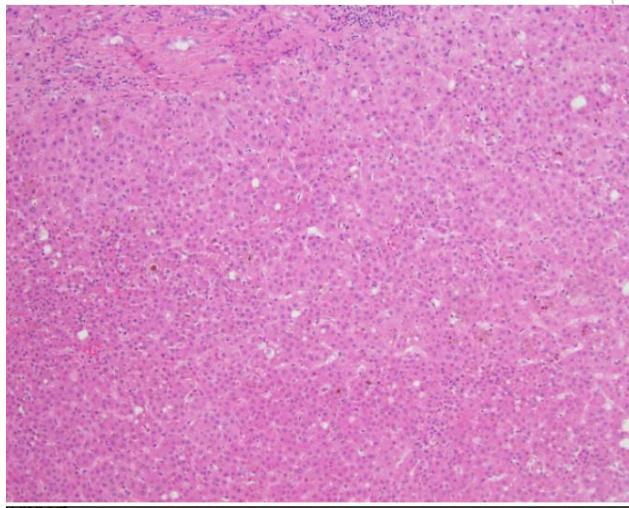
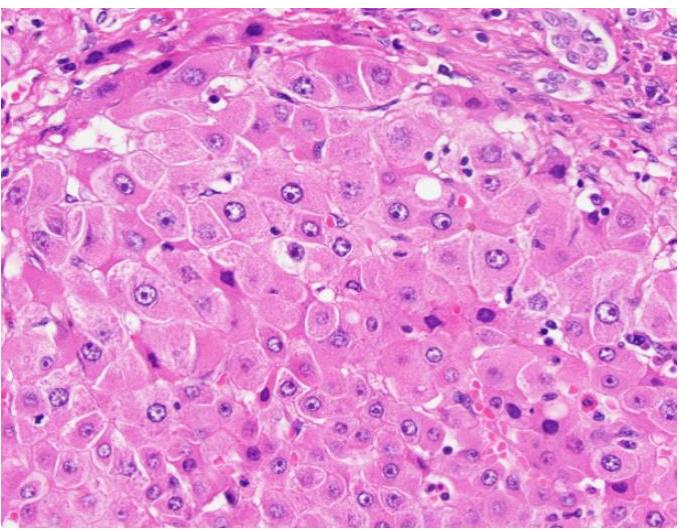
Fig. 16.14 Ground-glass hepatocytes in chronic hepatitis B, caused by accumulation of hepatitis B surface antigen. Hematoxylin-eosin staining shows the presence of abundant, finely granular pink cytoplasmic inclusions; immunostaining (inset) with a specific antibody confirms the presence of surface antigen (brown).

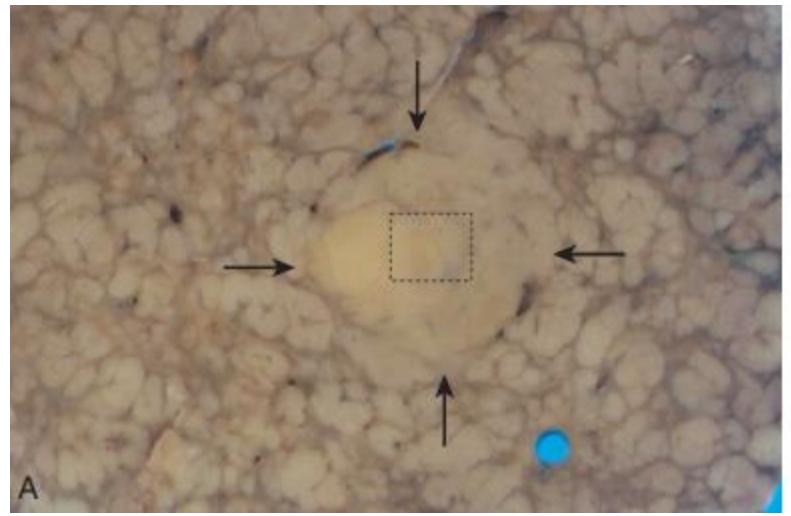












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