

Mrs W Rogerson

May 8th, 2015

Supplementary Submission To the Australian Senate Select Committee on Wind Turbines

To the Senate

This attachment is what I have received less than an hour ago. Four weeks ago my beautiful kelpie dog – Scotty – started drooling and went off his food. I thought he had snapped at a wasp. The vet ordered antibiotics which initially showed positive reaction, but within 2 weeks the symptoms returned and a second course of antibiotics given with similar effect.

This Tuesday May 5th Scotty went to theatre and had a tumour removed from his throat – the results attached. So now we lose another beautiful dog.

All our dogs over the last 30 plus years experienced longevity - living 15 to 17 years - dying of just old age. The only thing different is these dreadful wind turbines.

For God's sake will someone please do something.

Yours sincerely

Sandy Rogerson



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Lab Number:
15-013682

Submission Date: 06/05/15
Report Date: 07/05/15

DETAILS				VETERINARIAN / CLINIC	
Owner: Rogerson		Animal ID: Scotty		Clinic: Hamilton Vetcare	
Species Canine		Breed Kelpie		Phone: (03) 5572 2552	
Age 9 Years		Sex Male		Fax: (03) 5572 2542	
Microchip number:		Clinic Reference number:		email: hamiltonvetcare@aussiebb.com.au	
				Veterinarian: Dr Amy Button	

Histopathology

Clinical History: . R 20 mm tonsil mass. Suspect neoplasia.

Gross Morphology: . Two irregular firm nodular tan and white mottled tissue fragments 20 x 11 x 10 mm and 24 x 21 x 19 mm which on cross-section are firm and white to tan.

Histopathology: . The biopsy specimens are covered by a hyperplastic and acanthotic oral epithelium thrown into deep invaginations and which is focally ulcerated. The underlying submucosa contains numerous lobules cords and nests of neoplastic epithelial cells arranged in acinar structures some of which contain proteinaceous secretion. The neoplastic epithelial cells are moderately pleomorphic, disorganised and show moderate variation in cell and nuclear size and have a high mitotic rate of >4 per HPF. These neoplastic epithelial cells are infiltrating within a desmoplastic fibrous tissue background. There is one area on one of the pieces that is severely necrotic and abscessed with secondary pockets of inflammation within the neoplastic tissue. The islands and cords of neoplastic epithelial cells are interspersed by broad firm bands of fibrous tissue. The smaller of the biopsy specimens contains some submucosa are areas of lymphocytes and plasma cells consistent with the tonsil but is also heavily infiltrated with neoplastic epithelial cells forming acini cords and tubules or solid islands. The neoplasm in this area has an even higher mitotic rate and the cells are less well differentiated than on the larger biopsy although they are still forming some acini. On this biopsy the tumour extends into and around some lobules of normal mucous salivary gland which are present in the deeper submucosa.

Diagnosis: .Infiltrative high-grade adenocarcinoma likely salivary gland origin

Comment: . Salivary neoplasms develop almost exclusively in older animals and the majority are malignant, grow rapidly and may become fixed to overlying skin and underlying connective tissues. Salivary adenocarcinomas may arise from either the major or the minor salivary glands, with involvement of the major glands being three times more frequent. Metastasis to regional lymph nodes tends to occur relatively early. Metastasis to more distant sites, especially the lungs, is also common. In this case it is unclear as to whether the tumour is arising from the local acini of mucous salivary glands that are present on one of the biopsies or whether this is a metastatic tumour to the tonsils from one of the major salivary glands.

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Specialist Veterinary Pathologist

Code	Description
501	Routine Histopathology

Results can be viewed online at www.asaplab.com.au/downloads.html

- ☐ Owner notified
- ☐ History Updated
- ☐ Referring vet informed

To discuss this case with a veterinary pathologists please call 1300 838 522 (charges may apply)

To discuss this case with our specialist medical consultant please call 1300 838 522 for contact details.