



Clinic Name: RSPCA	Patient #:	Address: 301 FAIRFIELD RD., FAIRFIELD QLD 4103	Phone/Fax: P 38480522 F 38481178	Clinician: UNKNOWN	Ref Code: 08/0083	
Patient Name: UNKNOWN	Owner Name: RSPCA	Species: CANINE	Breed: POODLE MIN	Sex: F	DOB: 2007-12-01	Age: 0y, 2m
History: <p style="text-align: right;"><i>Exhibit 35</i></p>						

Pathology - Final Report

Date Requested: 07 Feb 2008

HISTORY: The pup was diagnosed with hookworm on the 10/01/08 and was subsequently treated on three consecutive days with panacur. It was noted to be depressed and vomiting on the 19/01/08 and was subsequently placed on intravenous fluids and treated with metomide. A snap test for parvovirus was negative. The clinical condition of the dog continued to deteriorate and it died at 4am on the 21/01/08. The dog was presented to the University of Queensland for post mortem examination at 11am on the 21/01/08.

GROSS PATHOLOGY:

The dog is presented with clipped hair over both cephalic veins and a small amount of loose faeces around the rectum. The dog is in lean body condition with small amounts of subcutaneous and visceral fat. There is generalized pallor of all organs and tissues. The blood within the large vessels is thin. The gall bladder is distended with bile. The stomach contains a moderate amount of light brown fluid material with dark brown granules. The entire length of the small and large intestine contains cream fluid material.

HISTOPATHOLOGY:

Small intestine (block E): Sections are pale-staining with moderate to complete loss of cellular detail and partial disintegration, particularly of villi (autolysis). In some sections, the crypts are elongate and lined by crowded, slightly enlarged epithelial cells; some are moderately dilated and contain moderate amounts of granulocytic debris (crypt abscesses).

Large intestine (E and F): Sections are pale-staining with moderate loss of cellular detail and partial disintegration (autolysis). A few crypt abscesses are noted in one section (caecum).

Lung (A): There are moderate to large numbers of gram-positive rod shaped bacteria noted within the alveoli (post mortem proliferation).

Mediastinal lymph node (B): There is mild haemorrhage within the node. Small numbers of granulocytes are scattered in the medullary region and loosely within the peri-nodal stroma.

Mesenteric lymph node (B): Small numbers of macrophages in medullary sinuses contain phagocytosed

Pathologist: _____ Date: _____

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erythrocytes.

Liver, kidney, spleen (block A), adrenal glands, coeliaco-mesenteric ganglia, thymus, mesenteric lymph nodes (block B), thyroid gland, parathyroid glands, urinary bladder, heart, skeletal muscle (block C), stomach (D), pancreas (F), brain (G-J): No significant histological lesions are noted.

PARASITOLOGY:

Faecal floatation: No nematode eggs seen. No isospora oocysts seen.

MICROBIOLOGY:

Culture (gut): Heavy growth of normal faecal flora. Negative for Salmonella from primary culture and enrichment. Heavy growth of Campylobacter jejuni subspecies jejuni. Culture now complete

Culture (liver, lung, kidney): Heavy very mixed bacterial growth suggestive of contamination. No pathogens isolated. Culture now complete.

DIAGNOSES:

Whole body: Generalized pallor.

Small intestine: Crypt abscess, chronic, multifocal, mild.

COMMENTS: The pallor of this dog in association with the presence of watery blood indicates anaemia. Confirmation of anaemia and the characterization of its severity required ante mortem haematological examination.

The histological changes present within the sections of small intestine are mild and non specific. The crypt abscesses indicate previous sites of tissue damage, and crypt hyperplasia also indicates reaction to previous mucosal damage. At this stage it is not possible to determine the primary cause of the intestinal pathology as autolytic change has obliterated villous detail.

The bacterial proliferation within the lung is not accompanied by histological signs of inflammation. The bacteria are considered to have resulted from post mortem proliferation in this case.

Campylobacter jejuni has been associated with gastrointestinal disease in dogs, particularly young dogs in communal housing. However it is also isolated from a high proportion of asymptomatic carriers. As there is

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**THE UNIVERSITY
OF QUEENSLAND**
AUSTRALIA

Diagnostic Services, School of Veterinary Science, NRAVS Faculty

Anatomical Pathology

Phone: +617 3365 2562

Seddon Building

Clinical Pathology

Phone: +617 3365 2362

Brisbane Q 4072 Australia

Bacteriology

Phone: +617 3365 3083

Fax: +617 3365 1355

Histology Laboratory

Phone: +617 3365 2670

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no corroborative histological evidence to support *C. jejuni* enteritis the significance of this culture result is questionable. The moderate autolysis of the gastrointestinal tract may be inhibiting the detection of early subtle lesions.

PATHOLOGIST: Briony Fox BVSc(hons)

Janet Patterson-Kane BVSc, PhD, DACVP , Supervising Pathologist

Pathologist: _____ Date: _____

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