Summer 2019 IWHG Newsletter

Patron: Trudie Sumner

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Welcome

Hello Everyone and hello to Summer – at last!

June seemed more like April weather and with all the rain and cooler temperatures, the heating was put on again! Finally, we seem to be getting back to the summer highs we all look forward to and with those warnings about not leaving your dogs in cars and how to keep your dogs cool in the hot weather.

Although UK weather temperatures are often lower than many other countries, it's still hot for us all and it doesn't take much of an increase for dogs to overheat and develop heatstroke very quickly - this can be fatal. We've found a good infographic to explain how to recognise heatstroke and the Kennel Club has produced a really helpful video as well

Please don't be tempted to leave your dog in the car at any time on a hot day, the temperature inside a car is much hotter than outside and it takes very little time for them to die.

In this newsletter we're taking a look at Megaesophagus (ME).

It's a condition that can happen in all breeds and is not that common in Irish Wolfhounds.

However, it does occur from time to time and can affect either puppies or older hounds.

There have a been a few recent cases and we are supporting a research study, so if you have been unlucky enough to experience this, please take a few minutes to look at this.

In This Issue

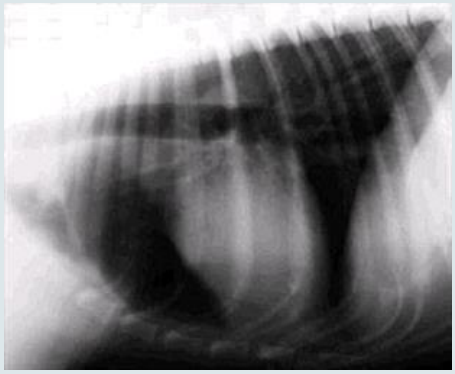
The articles are a fascinating read and there's a very honest and encouraging first-hand account of living with an IWH with ME from Julie Hughes – thank you Julie!

Now, the Seminar in November may seem like a long way off, but tickets are limited and are on a first come first served basis, so if you're planning on coming along, please do let us know and book your tickets soon. We are holding open priority booking for IWH owners until the 1st September but after that we will be promoting it more widely as Rosario Cerundolo and his subject are of great interest to all dog owners – so don't delay! Wishing you all a lovely summer and happy reading!

IWHG

What is Megaesophagus?

Reprinted with permission from author Wendy Brooks and the Veterinary Information Network



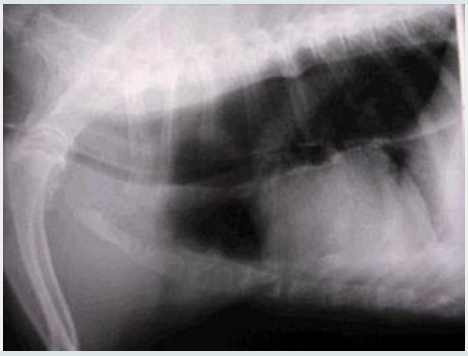
Normal canine chest radiograph (black "tube" on top left is the trachea, not the esophagus. The esophagus is much thinner and cannot be seen). Photo by MarVistaVet

Have you ever thought about how chewed up food makes it from the throat to the stomach? The esophagus is the tube that connects the throat to the stomach, but the transport of food is far from passive. When food is perceived in the esophagus, a neurologic reflex causing sequential muscle contraction and relaxation leads to rapid transport of the food into the stomach, like an elevator going down. The process is active, highly coordinated, and includes other reflexes that close off the airways so that food material is not accidentally inhaled into the lungs.

When these reflexes are interrupted, such as by disease in the esophageal tissue or by nerve disease, the esophagus loses its ability to actively transport food. Instead, the esophagus loses all tone and enlarges (dilates). Reflexes protecting the lung are disrupted and aspiration pneumonia commonly follows. The flaccid air-filled esophagus that results is called a megaesophagus.

Vomiting Versus Regurgitation

When the esophagus loses all tone and dilates, it cannot coordinate the movement of food into the stomach properly. As a result, food tends to simply roll around in the esophagus according to gravity and ultimately tends to be regurgitated back onto the floor. This is not the same as vomiting; in fact, it is completely different.



Yellow lines trace the outline of a megaesophagus in this canine chest radiograph. Photo by MarVistaVet

Most people do not realize that there is a difference between vomiting and regurgitation. Vomiting is an active process. There is gagging, heaving, and retching as the body actively expels its stomach contents. Furthermore, there is an associated sensation of nausea allowing for some warning of what is about to occur. A nauseated patient looks uncomfortable and may drool or lick his lips prior to the vomiting motions. Regurgitation, on the other hand, is passive. Regurgitation is the hallmark sign of megaesophagus.

What kind of Conditions Cause Megaesophagus?

It depends on if we are talking about congenital megaesophagus (born with it) or an acquired megaesophagus that is usually developed during adulthood.

Congenital Megaesophagus

Most cases involve young puppies; Great Danes, Irish setters, Newfoundlands, German Shepherds, Shar Pei, and Labrador retrievers are genetically predisposed. In these cases, the condition is believed congenital though it often does not show up until the pup begins to try solid food. Congenital megaesophagus is believed to occur due to incomplete nerve development in the esophagus. The good news is that nerve development may improve as the pet matures. Prognosis is thus better for congenital megaesophagus than it is for megaesophagus acquired during adulthood with recovery rates of 20-46 percent reported in different studies. Most puppies are diagnosed by age 12 weeks though mild cases may not be clearly abnormal until closer to age one year.

A similar congenital problem is the vascular ring anomaly. This is a band of tissue encircling and constricting the esophagus. Such tissue bands are remnants of fetal blood vessels, which are supposed to disappear before birth. They do not always do so. Improvement is obtained when the band is surgically cut but in 60 percent of cases some residual regurgitation persists.

Acquired Megaesophagus

Since the regurgitation involved in megaesophagus is challenging to manage, every effort should be made to minimize it. If the megaesophagus is secondary to another disease, then there is potential to treat that other disease and greatly improve or even resolve the megaesophagus. Many conditions have been associated with the development of megaesophagus, so it is worth screening for the treatable ones.

Myasthenia gravis

Myasthenia gravis is considered the most common cause of canine megaesophagus and is the first condition to rule out. Myasthenia gravis is a condition whereby the nerve/muscle junction is destroyed immunologically. Signals from the nervous system sent to coordinate esophageal muscle contractions simply cannot be received by the muscle. Megaesophagus is one of its classical signs though general skeletal muscle weakness is frequently associated. This condition is treatable and often resolvable but special testing is needed to confirm it. Approximately 25% of dogs with acquired megaesophagus have myasthenia gravis.

Stricture

Scarring in the esophagus (as would occur after a foreign body episode or with damage to the esophagus from protracted vomiting) may be sufficient to interrupt neurologic transmissions or even narrow the esophagus so that food cannot pass through it. (Such a narrowing is called a "stricture.") Technically, this is not a true megaesophagus as

the muscles are working normally; there is simply an obstruction present. Special balloons can be inserted in the esophagus to dilate the narrowed area, but some residual regurgitation is likely to persist. Tumours of the esophagus may have similar effects in that they, too, can cause obstruction.

Hypoadrenocorticism (Addison's disease)

Addison's disease (hypoadrenocorticism) has also been associated with megaesophagus. This condition represents a deficiency of cortisone production by the adrenal gland. This deficiency alters the metabolism of esophageal muscle. Diagnosis and treatment are not difficult and, in this situation, the megaesophagus can frequently be resolved if not greatly improved with treatment.

Esophageal Obstruction

External obstruction of the esophagus could cause a similar syndrome by creating a blockage. A mass in the chest could pinch the esophagus closed. Depending on the situation, the obstruction could be relieved greatly, improving the regurgitation potential.

Dysautonomia

A condition once rare in the U.S. is also worth mentioning and that is dysautonomia. Dysautonomia patients have a 60% incidence of megaesophagus and usually affects dogs living in rural areas. The syndrome involves a total disruption of the entire autonomic nervous system leading to difficulty urinating, dilated pupils, flaccid colon (megacolon), flaccid anal tone, poor tear production and, of course, megaesophagus. Successful treatment is unlikely so it is helpful to recognize this constellation of signs from the beginning so that euthanasia can be considered. Testing for dysautonomia involves stimulating the autonomic nervous system with drugs and checking for response (increased heart rate in response to atropine injection, pupil constriction in response to pilocarpine eye drops etc.)

All these conditions must be sorted out in the megaesophagus patient so let's review what happens in a typical evaluation of a regurgitating patient.

Dermatomyositis

This condition involves a congenital blood vessel defect in the skin, usually in the face, and certain muscles. The abnormal blood vessels lead to poor oxygenation of affected tissues and inflammation results as tissue damage occurs from lack of oxygen. The muzzle gets scabs and ulcers result, but moderately affected dogs have muscle damage affecting facial muscles and megaesophagus can result. Collies and Shetland sheepdogs are predisposed.

The Diagnostic Plan

First, the megaesophagus must be diagnosed. This is done with radiographs (x-rays). If megaesophagus is not obvious on plain films, it is better not to use contrast studies with barium if possible. This is because megaesophagus patients tend to inhale or aspirate food contents that back up in their throats. This is dangerous enough when the material is simply food but if barium becomes inhaled, the body has great difficulty removing it from the lungs. Still, sometimes this is the only way to see the megaesophagus.

The next step is to determine whether or not the animal has aspiration pneumonia from inhaling regurgitated food material. The same radiographs used to diagnose the megaesophagus can be used to determine if the pet has aspiration pneumonia, though just because the chest is clean at one point does not mean aspiration will not occur in the future. The owner of the megaesophagus dog must be vigilant for cough, listlessness, appetite loss, and/or nasal discharge. It is common for the megaesophagus patient to experience multiple episodes of aspiration pneumonia; it is an on-going problem and on-going concern as long as the pet has megaesophagus.

Chest radiographs in combination with a history of cough, nasal discharge, and the presence of fever usually indicate pneumonia. Usually the chest radiographs will show disease in the areas of the chest that are lowest in the standing animal as this is where gravity draws inhaled material. Aspiration pneumonia makes the case much more serious as pneumonia can be a life-threatening condition.

After megaesophagus has been confirmed and the patient has been assessed for aspiration, diagnostics continue as a search for a treatable underlying cause begins and a search for the medical problems listed above begins. Despite all the diagnostic tests, the majority of megaesophagus cases are idiopathic, which means that no underlying cause can be found. The patient with idiopathic megaesophagus is usually age 5 to 12 years in age and a large breed dog. If there is no defined underlying cause, general management of the megaesophagus is implemented as described below.

Treatment

Food Consistency

The first step is to determine if the dog does better with a liquid or solid diet. Experimenting with different food consistencies including water versus ice chips is necessary. Some animals do better with solid foods, and some do better with liquefied diets. If liquids are a problem, water can be provided in gelatine, mixed with a thickener or given as ice cubes. Because so much nutrient material is lost in regurgitation, megaesophagus patients tend to be underweight. Adding a protein supplement such as whey protein powder can assist in maintaining a normal weight.

Regurgitation is not only messy, it leads to aspiration pneumonia, which is serious.

Graphic by MarVistaVet

Elevated Feeding

To minimize the effect of gravity on the food (and thus minimize regurgitation) one must train the dog to eat in an elevated position. Elevated feeding can be accomplished in several ways and it is of such importance that we would like to review it further. For many dogs a stepladder with three or so steps works well. The food is placed on the top platform and the dog must eat with his forefeet on one of the upper steps and his rear feet on the lower steps. Ideally, the pet

should be kept in this position for 10-15 minutes after the meal. Another simple option is to put the food on top of a cardboard box at neck level. These simple steps can substantially reduce the number of regurgitation episodes daily.

Isaac in Bailey Chair. Photo courtesy of the Yahoo! Megaesophagus Newsgroup

A more sophisticated, and probably more effective, option is the Bailey Chair, which allows not only for vertical feeding but also confines the patient for the post-feeding waiting period. The Bailey Chair was invented by the owners of a megaesophagus dog named Bailey. The more vertical the feeding, the less regurgitation is likely to result, and in some patients regurgitation stops completely. The chair is relatively easy to construct and the family who invented the chair is happy to send an instructional video.

They can be reached through the Yahoo! Megaesophagus Newsgroup. Not feeling handy with constructing your own chair? Measure your dog and buy one.

The Feeding Tube

If elevated feeding is not providing adequate nutrition for the patient, the gastric feeding tube is an alternative. The tube allows food to be delivered directly into the stomach, skipping the diseased esophagus. This does not end regurgitation, as the animal will still be swallowing saliva throughout the day and periodically regurgitating it, but the food regurgitation should be controlled with tube feeding.

The feeding tubes can be placed in the stomach either surgically, endoscopically, or using stomach tube applicators. The tube exits the body from the side where it is comfortable for the pet. A protective bandage is used for daily wear and a clamp prevents leakage of stomach contents from the tube. The pet owner must be comfortable changing the dressings around the tube.

Food is given as a blended slurry through the tube. A liquid diet can be purchased but usually a thicker food is made with a blender. With the tube, food is administered cleanly with no spillage. Some water in a syringe is used to clear the tube before and after feeding.

Medications

There are several that can be helpful.

Sildenofil

While this medication is best known for its human uses (its brand name is Viagra®), it is important to remember this medication has numerous effects in the autonomic nervous system. A common problem with megaesophagus is that the sphincter separating the esophagus and stomach is tightly closed. This keeps food from getting into the stomach where it can be digested and moved forward, and leaves food pooling in the esophagus where it can be regurgitated.

Sildenofil opens the sphincter between the stomach and esophagus. This facilitates getting food out of the esophagus and into the stomach where it belongs.

Metoclopramide and Cisapride

Both of these medications are motility modifiers, which means they stimulate the smooth muscles of the GI tract. This sounds like they might be helpful in generating some muscle tone in the flaccid megaesophagus, but they are not. The problem is that in dogs esophageal muscle is not smooth muscle; it is skeletal muscle. Neither medication improves motility in the esophagus but they do tighten the lower esophageal sphincter where the esophagus joins the stomach. In other words, these medications close the stomach, keeping food inside it from spilling out and being regurgitated. This sounds great and for some patients it is great, but for other patients the sphincter closes before food can get in, effectively locking food out, the opposite of what we are trying to accomplish. Most patients benefit from keeping the sphincter open with sildenofil rather than closing it with metoclopramide or cisapride.

Oz in Bailey Chair. Photo courtesy of the Yahoo! Megaesophagus Newsgroup

Gastroprotection / Antacids

Food that washes out of the stomach and into the esophagus carries stomach acid with it and this is very damaging to the esophagus. The acid causes pain, reluctance to swallow (possibly increasing the potential for aspiration), and can even yield scarring in the esophagus further reducing any muscle activity the diseased esophagus still has. In order to minimize this sort of esophageal damage, a medication called sucralfate is probably a good addition to the megaesophagus regimen. Sucralfate forms protective webbing over any inflamed areas in the esophagus allowing for healing. Antacids sound tempting to further mitigate the acid damage from regurgitated stomach contents but it is best to avoid these if possible.

The reason for this is because the stomach acid is actually helpful if aspiration pneumonia occurs. If there is acid in the aspirated material, it will be less encouraging to bacteria and provides some protection to the patient. Since aspiration pneumonia is both serious and common, it may be best to preserve the natural protection the body offers for this situation.

Another medication geared at improving the muscle coordination and contraction strength of the esophagus is **bethanechol**. This medication helps strengthen the muscarinic nerve receptors in the esophagus ultimately improving muscle tone there. Studies using this medication are on-going.

Megaesophagus can be a challenging condition to manage. Treatment requires dedication and commitment and still may produce poor results. Be sure your veterinarian has answered all your questions about this condition.

The original of this article can be read at https://veterinarypartner.vin.com/default.aspx?pid=19239&id=4951482

Living with Megaesophagus
- By Julie Hughes

Mega esophagus is a condition where the esophagus becomes enlarged and becomes 'floppy' thereby hindering food from passing down to the stomach. Food gets trapped in the esophagus and causes vomiting and regurgitation. The biggest danger in this condition is when a tiny piece of food does not go down the esophagus but to the lungs and cause aspiration pneumonia. This of course, can be fatal. Mega esophagus can occur in newborn puppies and in older mature dogs through age, it also occurs in humans.

There is a large amount of information on Mega esophagus on the internet, but be aware that, that information can make it sound as if this condition is common it is not. Actually, it is more common to have esophagus problems in humans than mammals. As my local doctor explains the esophagus is not a well-made piece of 'kit' in the first place. In dogs it does not seem to be restricted to any one breed or to the size of the dog.

My young female Irish wolfhound Ellie has mega esophagus!

I have owned and loved Irish wolfhounds since 1996, I don't show and I don't breed, they are and have been my beloved companions only.

A few years ago, my fifth beautiful Irish wolfhound bitch developed late on set mega esophagus at over 6 years old. At first the vet thought it was a problem with her pancreas 'too much fat'. She was vomiting a great deal and obviously becoming thin. It was a friend and Irish wolfhound owner that suggested that this hound may have mega esophagus.

After reading as much as possible about this condition I changed her diet. The new diet consisted of 4 small meals, including porridge and a liquid dog food called Liquivite, usually given to recovering sick dogs. The secret seems to be that all the food must be wet whatever is given. I fed my girl with her front legs perched on the hounds' single human bed which is also on a platform. This was in order to encourage the food to slide down to the stomach more easily through gravity. The vomiting stopped and the only medication she took was Omeprazole; an anti-acid medication once a day. There is a piece of equipment called 'The Bailey Chair' where a dog sits behind a bar while being fed, I am sure this works very well for small dogs, but I did not want my large Irish wolfhound to be imprisoned this way, but that is just my opinion.

This adored female Irish wolfhound went on to live a normal life until well over 8 years old. She died of basic old age not from her condition.

My Irish wolfhound Ellie came to me at just several months old, with an older female hound Jo, with whom Ellie had seriously bonded. Ellie was born with a not very functional esophagus, X rays confirmed that she had an enlarged esophagus and loose in nature, which is Mega esophagus! I was made fully aware of this naturally, and but who could turn down that so sweet face?

The first three months were hard as both girls were confused and anxious, they had been in their previous home a good while. Jo appeared to be very calm and reserved; Ellie was fearful and at first refused to eat, even though she was awfully thin. She started eating once I stopped hovering over her like a mother hen. Once eating the vomiting started. I am convinced this heavy vomiting was made worse with anxiety. A bout of gastroenteritis with both girls didn't help! I feed Ellie four times a day; her kibble is soaked for several hours and then mashed to a puree, she also gets canned dog food in gravy and gelatin, plus the liquid food. The secret to keeping her food down is definitely wet food. Ellie no longer vomits but does regurgitate a small amount of liquid and tiny crumbs of food, a good day would be just a couple of times a day and it is really easy to clean up and we have more good days than bad these days. She is always fed high, usually with me holding the dish so that her neck stretches up. Sadly, normal dog treats cannot be given, but both girls love a piece of nice squashy banana!

Several months on both girls are happy and relaxed. Jo is not reserved at all; she was just being cautious in the early weeks. She has almost a frivolous personality at times and is very amusing. Ellie is a normal energetic teenager, never stops moving and is clearly content and very affectionate. Both girls have the Irish wolfhound temperament that we in the wolfhound world cherish!

Ellie needs a little extra care, but to me this is not a problem at all. I am hoping that as she matures her esophagus will improve which is possible. To look at her one would never know she had mega esophagus!

The Research

by Prof. Jared Jaffey, he became interested in congenital ME when starting his residency at the University of Missouri and encountered a couple of cases. He worked with Geneticist Dr Gary Johnson at the University of Missouri who performed a whole genome sequence on the first affected puppy but did not find anything obvious with that sample alone.

They began collecting more DNA samples to attempt to find a genetic cause for the condition in the breed. Prof. Jaffey acquired three further DNA samples from affected dogs but obtaining blood samples has not been easy.

Following an article on the Irish Wolfhound Club of America website describing a breeder's experience with this condition, he realised that it may be more prevalent than first thought. More recently five more cases have been added and provided blood samples. With a wider

search for cases we may find that congenital ME is common enough in the breed that efforts to try and identify a genetic cause is warranted.

What is needed:

Blood samples (3mls) for DNA acquisition from Irish Wolfhound puppies that were diagnosed with ME with radiographs at less than 1 year of age. *

Please contact Prof. Jared Jaffey who will send instructions to your veterinary surgeon on the preparation and mailing of the samples. Email: jjaffe@midwestern.edu

If you suspect that your puppy may be suffering from ME, please consult your veterinary surgeon and notify your breeder

*Please note that in the UK blood samples cannot be taken for research purposes alone and only surplus blood can be used if the dog is having blood taken for a specific reason.

How Can You Contribute to Health Research in Irish Wolfhounds?

Dr Maura Lyons, PhD, IWHG Research Co-ordinator

projects in Irish Wolfhounds, many are still ongoing and need your help. Take a read through the following list and see if you and your hound can help contribute to research helping to maintain and improve the health status of the breed.

Nottingham University Osteosarcoma longitudinal project

– Dr Mark Dunning.

We have around 900 wolfhounds recruited for this study and currently NVS have said they don't need any further swabs. For those dogs already swabbed for this project please remember to complete the health update surveys annually.

http://www.iwhealthgroup.co.uk/nottingham-university.html

For anyone who has experienced bone cancer in their dogs in the past, whether the dog was swabbed or not, there is a Treatment Survey to determine which treatments are offered by primary care vets and which are most successful. There are also two further surveys, one for wolfhound owners who have decided to amputate for reasons other than osteosarcoma and also owners who have never experienced either amputation or osteosarcoma.

Survey 1 – please complete this survey if you have experience of amputation in your wolfhound but it was for a reason other than bone cancer: http://www.surveymonkey.co.uk/r/IW-amputation
Survey 2 – Please complete this survey if you have never experienced either bone cancer/osteosarcoma or amputation in your wolfhound: http://www.surveymonkey.co.uk/r/canine_amputation1

If your swabbed wolfhound gets a confirmed diagnosis of bone cancer –

Whilst it is hoped that no wolfhound ever suffers from bone cancer again, if your dog is swabbed and gets a confirmed diagnosis of bone cancer, please get in touch with Mark to see how you can help. This is a large project with many angles and full details can be found on the webpage link above.

Nottingham University Heart disease research

– Prof Malcolm Cobb and Dr Serena Brownlie-Sykes.

By taking part in the IWHG Regional Heart Testing scheme you are contributing to this ongoing project, possibly the longest running veterinary research project ever! The results of your wolfhound's heart test are recorded in the database and used by the team at Nottingham University to unravel the specifics of wolfhound heart disease. To book a slot and contribute to this valuable research whilst also looking after your own dogs heart please find a session closest to you and get in touch with Anne Vaudin. http://www.iwhealthgroup.co.uk/dates-and-locations-.html

Nottingham University Pneumonia research

– Dr Angela Bodey and Dr Mark Dunning.

If your wolfhound has ever experienced pneumonia or any other type of respiratory disease or any type of nasal disease (snotty nose) we are collecting case studies so that our researchers may evaluate the most effective treatments and devise a recommended treatment protocol. We are very aware that wolfhounds are still dying of pneumonia, so please do all you can to help out, if you experience pneumonia with your wolfhound fill out the survey and let Angela know what treatment your dog received and what the outcome was. Please see all details and fill out the survey on the webpage here; http://www.iwhealthgroup.co.uk/pneumonia.html

Animal Health Trust (AHT) – Give a Dog a Genome/Osteosarcoma research

– Dr Mike Starkey.

Thanks to your support and donations, the IWHG have been able to fund participation in the ambitious Give a Dog a Genome project, as well as funding the whole genome sequencing of 5 wolfhounds. This has allowed Mike and his team at AHT to study in depth the differences between affected and unaffected dogs genomes; this has led to identifying several areas of the genome which may play a part in influencing the development of bone cancer in wolfhounds. An in depth report was published in the last newsletter and more details can be found here http://www.iwhealthgroup.co.uk/animal-health-trust.html and here http://www.iwhealthgroup.co.uk/give-a-dog-a-genome.html

FCE research

– Mrs Caroline Sheppard.

Irish Wolfhounds appear to suffer from a unique form of FCE, one which affects them in puppyhood, which is why this condition is also known as puppy paralysis. It is hoped that by studying the experience of wolfhounds affected by FCE, this research could determine what causes it and the most appropriate treatment for a favourable outcome. Ellen Kroll has written a comprehensive article about FCE which is available on our webpage. If your wolfhound has experienced any form of puppy paralysis or FCE please fill out the

survey and return it to mailto:fce@iwhealthgroup.co.uk. http://www.iwhealthgroup.co.uk/puppy-paralysis.html

University of Utrecht Liver Shunt project

– Dr Frank van Steenbeek.

Dr Steenbeek started his research project into liver shunt in Irish Wolfhounds as a PhD student studying for his doctorate. Since gaining his doctorate he is continuing to investigate the causes of liver shunt in wolfhounds. He is still collecting DNA samples from affected dogs and their parents – if you can help his research by providing a sample then please do so. Details of how to help are here; http://www.iwhealthgroup.co.uk/liver-shunt-1.html

AHT DNA Repository Scheme

– Emma Hales.

The DNA blood storage program is still available at the AHT. The easiest way to provide samples for this is for a breeder to collect an extra 1ml of blood from each puppy at liver shunt testing time. Thereafter each new owner should be informed to update the AHT with any health issues the puppy may encounter throughout its life. Full details, sample submission forms and health status updates forms can be found at the webpage; http://www.iwhealthgroup.co.uk/dna-storage-programme.html

Nottingham University Atrial Fibrillation and blood clots in giant breed dogs

-Lowri Heseltine.

Now closed, results were communicated at NVS Breed Seminar day in February 2019. This research is looking at the effects and outcomes of atrial fibrillation in giant breed dogs, and in particular whether there is an increased likelihood of suffering a blood clot event associated with a diagnosis of AF. Results will be reported as the IWHG receive them from the NVS.

IWHG Liver shunt/ Epilepsy and PRA reporting survey

– Dr Maura Lyons.

This is a simple form to record incidences of Liver shunt, Epilepsy and PRA. This enables the IWHG to monitor the prevalence of these diseases within the IW population. If you have experienced these conditions in your wolfhound, please fill out the survey with your experiences. http://www.iwhealthgroup.co.uk/health-survey.html

IWHG Dentition survey

– Mrs Caroline Sheppard.

Caroline has been collecting examples of jaw growth in wolfhound puppies in order to provide evidence concerning the eventual alignment of teeth in the adult wolfhound. The IW is on the KC Breed Watch list for instances of misaligned canines, the IWHG feel that if this is seen in a growing puppy there is every chance the condition could correct itself – either if left or with some targeted therapy. If you have experienced puppies with teeth issues, please contact Caroline to share your experiences. http://www.iwhealthgroup.co.uk/about-the-study.html

IWHG Veteran survey

– Mrs Caroline Sheppard.

The IWHG would like to hear about your veteran wolfhounds. If you have a wolfhound that has lived to over 7 years then please fill out the questionnaire. It includes details about lifestyle and environment in order to see if there is a correlation between any of these factors and longevity in wolfhounds. You can find the details and a link to the survey on the webpage: http://www.iwhealthgroup.co.uk/veteran-study.html

NVS Bloat Incidence Survey

– Matthew Keane.

Study investigating the factors influencing bloating and the development and outcome of GDV in Irish Wolfhounds in the UK. This project is based on owner reported incidences of bloat and GDV in their wolfhounds and comparison to dogs unaffected by bloating. Please complete the survey here… https://www.surveymonkey.co.uk/r/IWH_GDV_Survey?fbclid=IwAR1o8XkAENiM0iwojG52EAnF41StixCY7CSS20P5kv0TKhyDbx4SHXPRneM

Megaesophagus (ME) In Puppies –

Although it is not believed that this condition is particularly common in the breed in comparison to other issues which affect our puppies i.e. Livershunt and FCE, there is sufficient interest to have generated an opportunity for research with Professor Jared Jaffey at Midwestern University College of Veterinary Medicine. It would be appreciated if anyone who has experienced ME in a puppy could contact Prof. Jaffey and provide details in order that an indication of frequency might be obtained. If anyone has an affected puppy being managed by diet, and would be prepared to submit a blood sample for the ongoing genetic research, again please contact Prof Jaffey and he will send instructions to your vet regarding preparation of the sample.

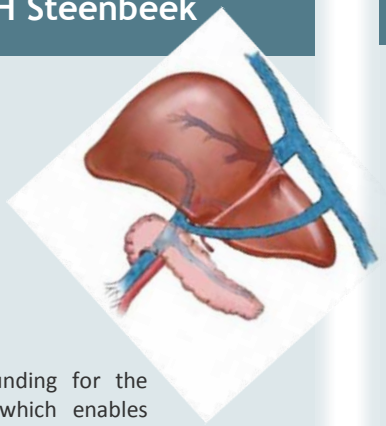
Contact details are Jared Jaffey DVM, MS, DACVIM (SAIM), Assistant Professor, Midwestern University College of Veterinary Medicine. Email : jjaffe@midwestern.edu

Watch this space for details of a vaccination study involving Rottweilers, Deerhounds and Irish Wolfhounds. This was discussed at the Nottingham University Breeder Seminar Day in February 2019.

THANK YOU!

To stay in touch with everything health-wise:
Please sign up for notifications of announcements on our website here, http://www.iwhealthgroup.co.uk/home.html

Update on Livershunt Research - Dr FH Steenbeek



Dr. F.G. (Frank) van Steenbeek is a researcher at the University of Utrecht and leads on the project investigating Portosystemic Shunt.

The PSS work is part of the cardiovascular research focus for which Dr Steenbeek is trying to build a research-group.

Currently, he is trying to obtain funding for the development of a vascular model which enables studying vasoconstriction and will therefore be instrumental in IHPSS research.

Working on this canine disease is very difficult due to the limited availability of budgets. A recent collaboration with researchers in the human PSS field will result in applying for a huge European grant.

Canine samples will be used as a model for this human rare disease. This will enable us to perform state-of-the-art, but very expensive studies.

In his current ongoing research, he is trying to understand fundamental vascular characteristics. This will all present the basis for further research in PSS.

The research has a strong element of genetic inheritance. Detecting DNA variants is not the biggest problem anymore, understanding what it does is key nowadays.

This is why a strong functional model is essential. In the end the model will be used to understand the genetic basis of IHPSS.

So, we still need DNA swabs from affected puppies and both sire and dam if at all possible.

Contact us at livershunt@iwhealthgroup.co.uk for swab kits.

Update on Heart Testing

With the year well over half way through there are only a few more sessions remaining with limited spaces. Sessions currently awaiting confirmation of dates are :

Fawkham : Autumn
Sailsbury x 2 : Autumn
Ireland : Autumn
Northern Ireland : Autumn
Nottingham University : November

The year started with a small rise of price from £45 to £50 per hound, with super veterans (8 years plus) being paid for by the Health Group. This means we have been able to add 2 additional cardiologists who have been very well received already. Dave Fisher will be covering Gt Witley and Hereford and Sue Roberts undertook the Forfar session in Scotland.

Due to circumstances beyond our control and that of Nottingham University we sadly had to relocate a session to Blenheim Vets near Derby. A special thank you to the practice for providing us with their facilities and thank you to all attendees who were very understanding.

A reminder that we have a facility to publish heart testing results; it is voluntary but a very useful tool and open to all. http://www.iwhealthgroup.co.uk/publication-of-results.html

For bookings please contact Anne Vaudin via email or use the snazzy online booking form

http://www.iwhealthgroup.co.uk/booking.html

Thank you all for attending this valuable scheme which is for theft benefit of our hounds.

Wendy Heather & Anne Vaudin

Dates and Locations			
Saturday, 27 July	East Anglia	Wisbech, Cambs	AB
Sunday, 25 August	North/Borders	Morpeth	AB
Sunday, 1 September	North West	Crosby	AB
Sunday, 15 September	Welsh borders	Hereford FULL	DF
Sunday, 6 October	South West	Holsworthy, Devon	SBS
Sunday, 13 October	South East	Milford, Surrey	SM
Sunday, 13 October	North East	Thirsk, N Yorkshire 2 SPACES LEFT	AB

BOOKING FORM HERE

FROM THE TREASURER
- Steven Ritchie

IRISH WOLFHOUND HEALTH GROUP REPORT & ACCOUNTS FOR THE YEAR ENDED 31ST DECEMBER 2018

The accounts for the year to 31st December 2018 have now been approved and published on our **website**

At the end of 2018 the balance sheet stood at £38,508 (2017: £32,662). This comprised:

The Project Development Fund with a balance of £9,632 (2017: £8,670)

The Osteosarcoma Fund with a balance of £10,576 (2017: £10,576)

The Pneumonia Fund with a balance of £2,800 (2017: £2,800)

The Heart Testing Scanner Fund with a balance of £15,000 (2017: £10,000)

The Administration Account with a balance of £500 (2017: £616)

During the year, £5,000 was allocated from the Project Development Fund to the Heart Testing Scanner Fund to continue bringing the fund up to a sufficient value to replace the Heart Scanner or to cover the cost of significant repairs if required. £35 was allocated from the Project Development Fund to the Administration Account to top up the Administration Account to £500.

Regional Heart Testing made an overall surplus of £298 in the year after funding of £1,000 from the Project Development Fund to subsidise the Super Veterans heart testing, which continues to be free of charge. Many Super Veteran owners continue to cover the cost of their own heart testing, which is greatly appreciated.

The funding priorities identified for the Project Development Fund for 2019 are as follows:

Allowance for Super-Veteran subsidies 2019 - set aside £1,000

We would like to thank our fundraisers, donors and supporters for helping to generate donations of £6,699 in 2018, a fantastic achievement which will help support current and future breed research projects. Direct donations amounted to £1,846 with a further £574 generated by loose change tins. Easyfundraising donations amounted to £956 during the year and Mandy Addington's Irish Wolfhound Community raised the magnificent sum of £3,323 from the sale of calendars and cards, Crufts raffle and the sale of Irish Wolfhound Community merchandise.

Steven Ritchie

IWHG Treasurer

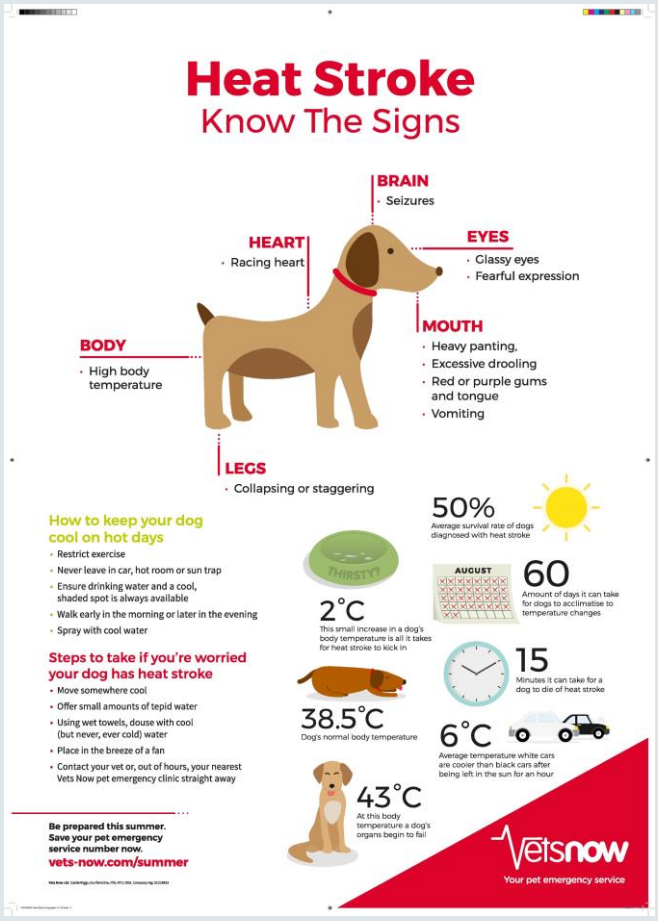
1st July 2019

Dates for your Diary in 2019

Saturday 9th November Irish Wolfhound Health Group Seminar

PRIORITY GIVEN TO IRISH WOLFHOUND OWNERS UNTIL THE 1ST SEPTEMBER.

After which date ticket allocation will be open for general purchase



BREED HEALTH SEMINAR 2019!
SAT 9TH NOVEMBER

Getting Under Your Skin

This year we're tackling a tickly subject – skin disorders and allergies. Our Breed Health Survey told us that, as with all breeds, the most common complaints we see the vets for are skin and ear irritations. So is it genetic, hormonal, environmental, or food related?

To find out, join us as we go skin deep and beyond with Rosario Cerundolo, European & RCVS Specialist in Veterinary Dermatology, who will be trying to answer some of these questions with us.

Don't miss it – we're itching to see you!

Key Speaker!
Dr Rosario Cerundolo DVM, Cert VD, Dipl ECVD, MRCVS, Hon Ass Prof Vet Dermatology Uni of Notts

Plus Updates On:
Pneumonia
Bone Cancer
Breed Health Survey
Breed Health & Conservation Plan
Dentition Study

St Peter's Church Hall, Holly Lane, Balsall Common, CV7 7EA
Start: 09.30
Finish: 4.00

Tickets £22.00
MUST BE BOOKED IN ADVANCE AND INCLUDES LUNCH AND REFRESHMENTS

TO BOOK:
secretary@iwhealthgroup.co.uk
www.iwhealthgroup.co.uk

Publications - All Free to Download

Heart Testing Sessions Current Dates and Locations Available here

Heart Test Booking Form to book a session – click here

Guide to Buying an Irish Wolfhound Puppy

Down load the FREE Breed Guide

Livershunt Testing Forms

Guide to Neutering Your Hound

Find All Our Other Breed Health Guidelines Here

Pneumonia Guide for Owners

Pneumonia Guide for Veterinary Surgeons

Ongoing Surveys

PNEUMONIA

PUPPY PARALYSIS - Fibrocartilaginous embolism (FCE)

BONE CANCER TREATMENT – (Osteosarcoma)

BLOAT - Gastric Dilatation/Volvulus (GDV)

ALL SURVEYS CAN BE DONE ONLINE AND CAN BE FOUND HERE

Contact Us

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Health Group Website

Find us on facebook
Irish Wolfhound Health Group

Join the discussion

https://www.facebook.com/groups/IWhealthgroup/

IWHG