IWHG

Summer Edition

Patron: Trudie Sumner

Find us on

Welcome

Welcome to the summer edition of the Newsletter, we hope everyone has remained safe in what has continued to be a challenging time. Although lockdown has been eased, we are still seeing regional areas returning to lockdown and the uncertainty that creates continues to impact on the events and gatherings that we would all normally be attending this time of year.

One or two exciting things have happened in the past few months, including two additions to the Health Group and we were delighted to welcome Elaine Catlow and Chris Taylorson to the group, you can read more about who they are later.

Very importantly we have been able to resume a level of heart testing. We were very conscious of everyone's concerns at not being able to heart test their hounds, and Health Group members were no different in having those same concerns about our own hounds.

Wendy Heather has been handling an extremely difficult situation exceptionally well and we thank her for all the effort that has gone in behind the scenes in getting some sessions organised. Not all of our Cardiologists are able to come back to us yet as they are shielding. Those that can have been very positive and willing to work with us within the new constraints we find ourselves in. Social distancing is a big concern and something we must ensure we adhere to for the protection of the cardiologists and the people attending sessions.

For this reason we felt we could not use some of our regular venues, as they did not offer enough security for separating people coming and going from the sessions. It also has become necessary for cardiologists to have their own assistant with them and owners are unable to be with their hounds at the time of testing, unless absolutely necessary and then only with full PPE and the consent of the cardiologist.

It's been a trying time, and we have to thank everyone for their patience and understanding. These testing sessions only happen because we have the goodwill of the cardiologists who are willing to give up their time for us. We have been delighted to have been able to achieve the number of sessions we have, it was beyond expectation from where we were earlier in the Summer.

The demise of the Animal Health Trust came as a shock to us all; as you are probably aware we had DNA blood samples stored with them, and fortunately the Kennel Club have included our research within those breeds being safeguarded.

We hope you enjoy the newsletter, keep safe everyone.

IWHG

In This Issue

Dentition in puppies - What is Normal?

With canine dentistry having an upsurge in popularity in recent years. The IWHG is concerned that some owners may be advised to have their puppies operated on, (as young as 10 weeks) for conditions which could potentially correct themselves naturally given time.

We have been carrying out an observational study into the development of teeth and jaw alignment in Irish Wolfhound puppies for some time and the study has raised particular interest in whether the position of IW baby teeth can have a direct effect on the way the adult teeth erupt.

The information gathered has reinforced our original opinion, that because of their rapid and prolonged growth, IW puppies do not conform to the normal pattern of dental development expected in most other breeds. Unless there is evidence of jaw deformity, misplaced lower canines in baby puppies, cannot be viewed as a reliable indicator that the permanent teeth will be similarly affected.

The IWHG advises extreme caution if you are considering the removal of your puppy's lower canine teeth. We hope you find the following useful and interesting.

DENTAL OCCLUSIONS* IN IRISH WOLFHOUND PUPPIES - from 8 – 23 weeks - What is 'normal'?

**occlusion is the way the teeth and jaws meet*

Which of these 8/9-week-old puppies have 'normal' mouths for an Irish Wolfhound puppy?



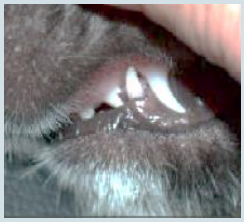


The answer is all of them! All of these puppies grew up to have correct mouths for the breed i.e. a scissor bite with the top incisors just overlapping the bottom and the lower canines fitting neatly into the space between the upper canines and the lateral (outermost) incisors.

Perhaps the better question to ask is **"Should I be concerned?"**

Is early surgical intervention *(i.e. at 10 weeks or so)* necessary and appropriate in giant breed puppies with misplaced lower canines, or is conservative management an acceptable alternative?

Misplaced lower canines are often seen in young Irish Wolfhound puppies in both the **deciduous** and the p**ermanent** teeth



Perfect Occlusion lower canine in correct position

'Needs Monitoring' (View A) tip of lower canine impinging gum

Needs Monitoring' (View B) indentation in upper gum, no soreness seen as yet, but a careful watch needed for signs of irritation

Incorrectly aligned lower canines can be due to any (or a combination) of the following: -

- a temporary disparity in jaw growth
- canines in too upright a position
- narrow lower jaw

Any or all of the above situations have the potential to change as the puppy grows.

The only possible benefit from an operation to remove misplaced lower 'baby' canine teeth is to provide short term pain relief, since the offending teeth will be shed in a matter of weeks anyway. Oral surgery itself is painful and requires general anaesthesia, drugs for post-op pain relief and a course of antibiotics. This operation will not change the way the permanent teeth erupt, nor alter the jaw lengths and widths and their relationship to each other. Those aspects are controlled by genetics.

Based on the information gathered by the study, the IWHG recommends adopting a "wait and see" policy, with pain relief if necessary. A few puppies may need intervention to alleviate discomfort from malocclusions of the permanent teeth, but this cannot be predicted at this stage.

A POSSIBLE EXCEPTION - The photos below, show a puppy who does **NOT** have a 'normal' occlusion

An abnormality occasionally seen in young Irish Wolfhound puppies is the overshot jaw, when the upper jaw (maxilla) is considerably longer than the lower (mandible).

IW puppies with a significantly overshot jaw, often have a very narrow as well as short, lower jaw. Relative jaw length can differ by 1" (2.5cms) or more and this condition is usually evident by 8 weeks.

The following photographs show the development of a puppy with an overshot jaw from 10 weeks to 14 months. Looking at the space between each tooth in the upper jaw, you can see how

much both jaws lengthened during this time, with the lower jaw continuing to grow after the upper had stopped.

10 weeks front – lower jaw inside upper

10 weeks side – lower canines set well behind upper

At 15 weeks, both jaws have lengthened.

This jaw formation is genetic in origin and occurs due to the jaws themselves (rather than the teeth) developing incorrectly. Although this jaw malformation is unlikely to change, it may be subject to variations in severity as the puppy grows. Many puppies do not suffer any discomfort as a result of this condition. There is no way to surgically correct this problem, but there are a few procedures which could alleviate any potential discomfort caused by teeth impinging on the gums and palate. Although this puppy's upper jaw remained longer than the lower, you can clearly see from the position of the canine teeth that the lower jaw continued to advance considerably after the permanent teeth had erupted. This puppy did not undergo any procedures and has had no difficulty eating, neither has she experienced any obvious signs of pain, soreness or infections of her mouth.

It is vitally important to regularly check your puppy's mouth for any signs of trauma.

By 20 weeks, the lower jaw has lengthened and the permanent upper canine tooth is beginning to develop before the 'baby' tooth has been shed.

At 23 weeks both permanent canines are developing.

By 14 months both canines have fully erupted and the lower jaw has lengthened further

Caroline Sheppard

Download Guides
Guide for Owners
Guide for Veterinary Surgeons
Supporting photographs

The Irish Wolfhound Database is a free to use database of all Irish Wolfhounds of which its estimated around 98% of all hounds ever registered are in the database. The database is valuable to breeders but also of great importance to researchers that have projects involving the Wolfhound, providing them with a huge resource and pool of information to use and support their work.

How can you help?

You can help by entering cause and age of death for all of the Wolfhounds you have owned and which you have accurate information for.

Email information directly here

"GREYHOUND EXHAUSTION" by Caroline Sheppard

(Exertional over-heating leading to Hyperacute Exertional Rhabdomyolysis)

Hyperacute Exertional Rhabdomyolysis (HER) is a debilitating and potentially life-threatening muscle disorder, which can occur in dogs of any breed after a period of prolonged, or unusual exertion.

Over-exertion can be a real danger to athletic, galloping hounds which have a high prey drive. There isn't a great deal of information about exertional ailments in dogs, even though they are relatively common in dogs of all breeds.

Gundogs, sled dogs, hunting/coursing dogs (particularly greyhounds), dogs who have become startled by fireworks/thunder, or who have panicked and run off for some reason, can all fall victim to this.

In April this year, during the Covid-19 Lockdown, we had a very worrying experience, which started with a bit of excitement ..... Amelie and Hopi put up a female Roe Deer on our field.

We often get Muntjac, but rarely see Roe in the "garden" (other than on our infra-red trail camera). I only managed to get one photo of Amelie and the deer in the same frame. She was right on her heels to begin with, but by the time I got focussed, the deer

was already accelerating away. We have lots of trees and undergrowth in which deer can take cover and they are more adept at turning and negotiating this than the dogs. 'The girls' didn't give up though and we heard them do the circuit of the 5 acres a couple of times. It went quiet and we thought the deer had got away, but suddenly out she came into a clear stretch of field. It was an amazing sight. The girls were a bit off the pace by then and Hopi sensibly gave up and came back. Amelie's prey drive however, is on another level ..... she ran - and she ran - and she ran ..... totally driven by the thrill of the chase. The deer still couldn't find a way out and was continuing to run. I managed to lasso a (by then) compliant and utterly exhausted Amelie, with my camera strap.

We took her back to the house and Clive went to make sure the deer was able to get out. Within a few minutes I could see that Amelie was in SERIOUS trouble. She was panting really heavily, tongue hanging out as far as it would go, ears and gums livid red, nostrils flared, heart racing and she was hot to the touch.

Some years ago, a good friend of mine tragically lost her beautiful rescue Greyhound to the effects of "over-running" (and being unable to cool down quick enough) and so I was <u>really</u> frightened for Ami.

I knew that it was important to make sure her core temperature didn't continue to rise. So I quickly got her into the wet room for a cool shower, then she lay on her side on the cold tiles of the sitting room and went glassy eyed. So I used cool water spray, cool coats, cold wet towels and two fans.

She was whimpering a bit now and then, when she changed position. Meanwhile, Clive had come back and was frantically 'googling' and reading articles. We gave her some cool water, but not too much and after about 20 minutes, she seemed very much improved.

She was able to get up and have a slow amble around, I gave her a gentle thigh and back massage, to try to avoid cramping and we continued to make sure she was sufficiently cooled down for the next hour.

We monitored her closely over the next few hours and days and thankfully, she seemed fine in herself. We made certain that she rested in a cool place and kept hydrated. We prayed that we had acted quickly enough to prevent any lasting damage.

The next day, she had another massage, there was no sign of lameness, or stiffness, her heart rate, respiration, temperature and urine output were all normal.

We kept her on gentle lead walks for a few days, (after Clive had been to check there was no sign of deer!) and kept a very close eye on her for the following week.

It occurred to me that I only knew about this condition because of the tragic circumstances in which my friend's greyhound died.

So I thought I would read a bit more about this condition and share what I learned, in the hope that the information would be useful to other owners.

WHAT WE LEARNED

Although the signs are similar to those associated with heatstroke, HER can occur in any climate and at any time of day. Although hot, humid conditions are the most risky, it doesn't need to be a hot day, or even a warm one.

Unlike us, dogs don't assess their fitness and then adjust their level of effort accordingly!

Dogs with a high prey drive, or who cannot resist the thrill of the chase, are therefore at serious risk of experiencing problems if allowed to excessively over-exert themselves.

Extreme excitement, even when on a lead, or running back and forth in a fenced garden, can trigger a chain of events that require immediate intervention. Lack of outdoor shade and insufficient fresh water to drink can also exacerbate the situation.

WHAT CAUSES RHABDOMYOLYSIS?

The sudden, intense build up of heat within the dog's body brought on by over-exertion and the subsequent failure of that heat to dissipate fast enough, is what leads to 'Greyhound Exhaustion' or 'HER'.

When the ambient temperature nears or exceeds body temperature, heat can only be lost by evaporation. Dogs do not sweat, they cool themselves by panting, which adds humidity to the dog's immediate environment.

As humidity increases, the ability for the dog's body temperature to be lowered by evaporative cooling from his respiratory system decreases. During strenuous exercise, the dog's temperature rises, the respiratory rate increases, which in turn causes hypersalivation.

The dog is therefore caught in a cycle of losing fluid, whilst generating more heat, whilst trying to cool himself in the usual way.

Without the assistance of an external cooling source, the dog will continue to pant very heavily. It is increased heart rate and general muscle activity combined with the consequent rise in body temperature, lead to a break down in muscle fibres, which in turn can cause further damage to his rapidly dehydrating kidneys.

Exertional rhabdomyolysis is associated with an imbalance between the amount of energy demanded of the muscle cells necessary for the work that a dog is doing and the energy stores he or she has. With little or no energy stored as fat, the muscle fibres are 'next in line' to be broken down.

NB Greyhounds are especially predisposed to this condition, in part because they have such low fat stores.

The damage caused by over-exertion is the same as can be caused by a very high fever. After racing, even a fit, well-conditioned Greyhound's core temperature can be as high as 42°C and this may be after a race that only lasts 40 seconds

Milder forms of 'HER' can be helped by gently and slowly lead walking the dog for 10 minutes after a heavy sprint, to dissipate lactic acid from the muscles (similar to 'warming down' in human athletes) However, if your dog is showing signs of distress – staggering, extreme and very rapid panting or gasping, then you will need to help him to cool down as he could be in serious trouble.

THERMOREGULATION

Dogs use several methods to cool themselves.

- EVAPORATION
  - PANTING - dispels heat via evaporating water from the tongue's surface. It is one of the most important ways that dogs regulate their body temperature.
    - ➢ It is most effective in ambient temperatures up to 32°C, becoming less efficient with high humidity.
- CONDUCTION
  - HEAT TRANSFER -from one object to another. Lying on a cool surface.
- CONVECTION
  - AIR MOVEMENT over the body dispersing heat – such as from wind, air from a fan, or air conditioning. (This plays an important role in treating heatstroke).
- RADIATION
  - HEAT DISSIPATION - into the environment. This is less effective when the surrounding temperature is the same as, or more than, normal body temperature.

With 'HER' and heatstroke, the goal of active cooling is to return the dog's body temperature to normal, while avoiding any further organ damage. The most effective way to do this at home is by combining evaporative and convective cooling – i.e. applying cool water to the skin whilst directing a fan towards the dog. Monitor his body temperature every 5 minutes and once it reaches 39.7°C—40°C, discontinue active cooling.

Cooling too much can result in a condition called 'rebound hyperthermia'.

Cooling by extremes (e.g. ice bath) can cause blood vessels to constrict, which will prevent the blood cooling.

Cooling too quickly can produce a shivering response, which increases heat in the body.

Small amounts of water and a readily available source of carbohydrate can be given.

If your dog doesn't respond quickly (within 5 to 15 minutes), take him to a vet

TRANSPORTING TO VET

Whilst continuing with the cooling process, even if your dog seems to be recovering, PHONE YOUR VET and have your dog checked. The vet may wish to administer IV fluids to flush the kidneys and protect from the harmful effects of muscle breakdown and dehydration. Phoning beforehand to say why you are in transit, will also enable the vet to be on immediate standby with whatever is needed to treat your dog.

Download this Guide here

The Inheritance of Liversshunt in Irish Wolfhounds

(The quick and simple version!) - By Maura Lyons, PhD

Introduction

A number of years ago I wrote a rather in depth article about how livershunt (IHPSS) was thought to be inherited in Irish Wolfhounds, and how we as breeders could use that information in our breeding programs.

In that article I explained how and why the described mode of inheritance was thought to be the correct one, and how I had come to the conclusions I had reached when making assumptions about the genetic make-up of our Irish Wolfhound population.

As an update I thought it might be useful to quickly reiterate the salient, take-home points of the previous article in the knowledge that if you are interested you can simply check out the IWHG website to find the original full version.
http://www.iwhealthgroup.co.uk/research-papers.html

I'm going to remove most of the genetics jargon, but as we will be discussing probabilities there will be just a smidge of gentle mathematics.

Background

In 2009 a Dutch research team conducted experiments and proposed a mode of inheritance which included **3 mutated alleles** being present **over 2 genes**.

- One of the mutations acts in a **recessive** manner, so **both** parents must be carriers capable of passing this mutated allele on to their offspring.
- The other mutation behaves in a **dominant** fashion and **only one parent** must carry it.

This is what is known as *a complex mode of inheritance* – it makes everything more complicated when trying to calculate the risk of affected puppies.

This information is crucial to minimise the likelihood having affected litters.

So what does all this mean for livershunt in wolfhounds?

As far as we can tell, global breed prevalence for livershunt has been steady at about 3% and under for many years, with 18% of litters born including affected puppies (Lifespan and Disease Predispositions in The Irish Wolfhound : A Review, S.R.Urfer, C. Gaillard, A. Steiger). In our experience in the IWHG it is felt that the UK has a much lower incidence than this but in order to track the prevalence it is necessary for the tests to be carried out at our preferred laboratory.

In my own, albeit limited, experience the number of IHPSS affected puppies in any given litter is usually small, 1 or 2 in the entire litter, whilst many litters are born with no affected puppies at all. Given this lowprevalence it is natural to presume that most wolfhounds do not carry either of the two mutated alleles required to produce an affected puppy. When a clear sire is mated to a clear dam, all the puppies in the litter will be clear – that is, neither affected nor carriers.

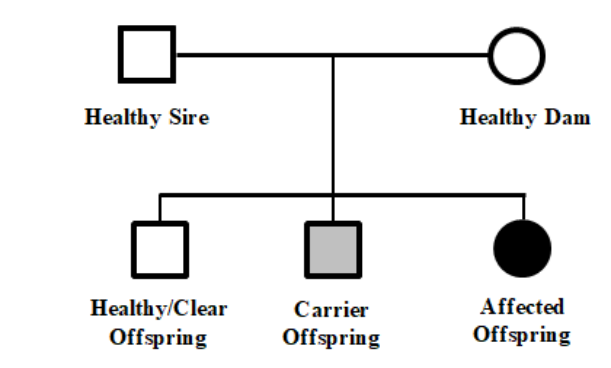
Remember, there is no DNA test available to tell us whether a hound is a carrier of either of these mutations, so pedigree knowledge is all important.

As far as producing livershunt affected puppies is concerned, the preferred mating that any breeder would be looking for is mating a clear sire to a clear dam and producing nothing but clear offspring.

The difficulty is that we can often not be absolutely sure that we are mating a clear sire to a clear dam.

There are a range of possible outcomes when we mate apparently healthy dogs.

Figure 1. Possible Outcome of any Mating



We do know that both parents must be carriers in order to produce affected puppies. Both parents must contribute a copy of the **recessive** mutant allele, whilst **only one** needs to contribute the dominant mutant allele. (Whilst it is rare – there have been occasions when entire litters or a large proportion of a litter are affected – in these cases, it is highly likely that both parents are not only carriers of the recessive mutated allele, but also carrying the dominant mutated allele).

Also remember that dogs affected with IHPSS are seldom if ever bred from, so we will assume that only carrier and clear genotypes are used in breeding. (If a carrier is bred to a clear this will not produce affected any IHPSS affected puppies, but may produce more carriers.)

By utilising a simple tool known as the Punnett Square, we can calculate that if a litter produces an affected puppy, then we can assume that 75% of the affected puppy's siblings are **carriers** of at least one of the mutated alleles, and only 1 in 8 of the litter can be considered to have a clear genotype.

So, can we do a similar deduction for the litter siblings of known producers?

Known producers are proven carriers, because they have already produced affected puppies but have shown no symptoms of IHPSS themselves, often having been subject to a bile-acid test when they themselves were puppies.

So, if we assume that each known producer has come from one clear parent (likely to be the most common wolfhound genotype) and one parent with the minimum number of mutations needed to produce a carrier of both the recessive and dominant mutation, or a carrier of only the recessive mutation, we can be sure that the litter siblings of known producers will contain at least 50% carriers.

In addition, we know that at least one of the known producers has to carry the dominant mutation but it is almost impossible to decipher which parent it is. It is my opinion that this dominant mutation is the one that can really affect local prevalence of livershunt, particularly if it a popular sire that is carrying the dominant mutation. He may have many litters, and a higher than normal proportion of them may include affected puppies. It is more common for a female to only have 1 or 2 litters and so it is more difficult to 'see' if she is the one carrying the dominant mutation. Conversely, if a popular sire has many clear litters and then suddenly produces a litter with affected puppies – it may be a natural assumption that the sire is only carrying one copy of the recessive mutation, while in this case it is likely that the dam will be carrying both the dominant and the recessive mutations.

In conclusion, as a relatively new breed fancier, with only 25 years under my belt, with aspirations to responsible and ethical breeding, and a scientific background, my natural leaning is more toward research than 'gut instinct'. I do believe in trying to demystify the area of genetics and inheritance and utilising that knowledge to make informed breeding decisions.

These are not spontaneous mutations occurring frequently and randomly within the population. It is likely that one founder had the dominant mutant allele and another different founder the recessive, from these small beginnings the two mutant alleles have silently spread through the population until reaching a point where both mutations appeared within a single individual to produce the effect known today as IHPSS. In other words, these mutations are passing from generation to generation.

As responsible breeders we must pay attention to the instances of livershunt within the extended vertical pedigree and use this knowledge wisely. If you are aware of known producers or their siblings or parents in your line, then choose your mate very, very carefully. Do not just study your preferred mate's pedigree but also enquire after the outcome of IHPSS tests of any previous litters that have been produced by siblings and parents siblings.

If you are a breeder, and you are unfortunate enough to produce an affected puppy within a litter, please publish this information, let people know. There is no shame in it. Please be aware that, particularly with puppies that will be euthanized before KC registration, there is no other way for the community to know about them. As we have seen, knowing where affected puppies appear in a pedigree is crucial to reducing risk in future litters. In future years other breeders will thank you for your transparency; this information is invaluable to the Irish Wolfhound population. We are lucky enough now as a breed to have at our disposal the wonderful resource that is IWDB.org it is possible to attach this kind of data to your dog's pedigree to allow others to benefit from your openness. By being thorough in our research and making good decisions based on the available knowledge we can minimise (but probably not entirely eliminate) the risk of producing IHPSS affected puppies in our litters, and therefore minimise the heartache associated with breeding an affected puppy.

HEART TESTING DATES AND LOCATIONS

Please note that:

Sessions may be cancelled at short notice in response to changing official guidelines, so please ensure that your details on the booking form are current and correct. To ensure smooth running of the day, your contact details will be passed on to the cardiologist.

For the duration of the pandemic most sessions will be run with reduced numbers. This is to allow a smooth workflow, limit owner waiting times and allow time for cleaning between hounds.

Bookings are limited to two hounds per attendee to try to accommodate those hounds needing regular checks due to AF or DCM or requiring screening for breeding purposes. If you have multiple hounds requiring screening please contact the heart testing coordinator for a list of VCS approved cardiologists, some of whom can undertake the three part test without a veterinary referral on a private basis.

THERE ARE CURRENTLY NO SESSIONS OPEN FOR BOOKING.

If you wish to be informed when sessions open for booking or to be added to the cancellation list of a fully booked session please contact Anne Vaudin (see below).

Bookings are ONLY accepted using our online booking form. Due to the extra costs involved in running the sessions we have reluctantly had to increase the fee to £65 per hound.

Payment is by BACS ONLY, to be paid no more than five working days prior to the session.

DATE	REGION	LOCATION	CARDIOLOGIST
~~Saturday 12 September~~	~~North East~~	~~Thirsk, N Yorkshire~~ **FULLY BOOKED**	~~Angela Bodey~~
~~Sunday 13 September~~	~~Midlands~~	~~Redditch, Worcs~~ **FULLY BOOKED**	~~Dave Fisher~~
TBA	North East	Snaith, E Yorkshire	Angela Bodey
TBA	South East	Milford, Surrey	Sheena Milne
TBA	Scotland East	Forfar, Scotland	TBC

Welcome to New IWHG Members

Elaine Catlow:

We first started our love affair with Irish Wolfhounds in 1985 when we bought our first girl. Since then, our numbers have gone up to six and down to two all under our Laoiseach affix. We have bred two litters - by choice. The most recent in 2009 from Mascotts Hilary & Mascotts my Cavanagh. Our proudest moment was making Mascotts Cassis Laoiseach to champion.

In our other world we set up a hotel which became a very successful wedding venue. I was a director and Company Secretary of the Anglesey Tourism Association for over 10 years, and owned a busy cafe and bistro on the sea front in Beaumaris.

I have always worked with Rescue doing home checks, assessing dogs and organising relocations, together with undertaking home checks for puppy homes. At the moment we only have one wolfhound, a beautiful two year old girl, Lori bred by Louise Pinkney - Hydebeck Dream of Lorelei At Laoiseach

Dr Chris Taylorson A research biochemist and senior lecturer in biochemistry at UCL during my career, my love for science has always been linked to my love for nature, wildlife, the natural world and for dogs. Recently retired from UCL and not really at home with retirement I have re-awakened my interest in all aspects of health and disease by on-line tutoring in the biosciences and am happy to be re-joining the Health Group,

I was on the health committee of the Irish wolfhound Club from the outset of the group but since 2008 my wife and I have taken a rest from showing and we now no longer breed Irish Wolfhounds. Jan and I have owned Irish Wolfhounds since 1986, when our first hound, bought from Shirley Sharpe was a beautiful dark Telgar hound called Samantha.

We were smitten and of course pretty soon got the Wolfhound bug and started to show in a small way. Our second hound from Louise Nowell at Hydebeck in 1991 was as gentle and soppy as they come and from then on we were determined to breed hounds of excellent temperament and type. Our foundation bitch for the Shanimarle affix was one of the famous 'four champions in one litter' the only champion bitch Ballyphelan Bara Brith of Shanimarle.

Lizzie was an amazing dog, knew how to show herself and was our first champion. We learned a great deal from Pam and John Sumner and our other friends in wolfhound including Sandy Surrell and Cathy Coleman and are always grateful for all the help and support we received in those early years. Lizzie went on to produce a litter to Ch Bokra George and this gave rise to our rather special Ch Shanimarle Bay Brigand (Bailey) who won BOB at Crufts in 2000 and was a multiple cc and group winner. I believe his young sister was an even better dog but we lost her to pneumonia at only 9 months and from that point onward I became an ardent follower of wolfhound health issues I was on the Irish Wolfhound Club committee for many years going back as far as when Ron Baird was Chairman, followed by Johnny Briggs and the wonderful Dave Malley. We had some wonderful times and club shows and Rallies.

We have had a super time showing and breeding wolfhounds winning many cc's and raising three champions, but most of all having the privilege to have them around our home has been the best thing.. They are wonderful dogs with amazing qualities of calmness and serenity. We are now Wolfhoundless and actually dogless at the present time, although I am sure that won't last forever. We may not have another wolfhound in the future but I still want to help the breed as much as possible.

How Can You Contribute to Health Research in Irish Wolfhounds?

Dr Maura Lyons, PhD, IWHG Research Co-ordinator

The IWHG are involved with or coordinating various different research projects in Irish Wolfhounds, many are still ongoing and need your help. This is a list of the current projects. 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 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 Pneumonia Study – Dr Angela Bodey & 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

FCE Research – 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 researchcoordinator@iwhealthgroup.co.uk
http://www.iwhealthgroup.co.uk/puppy-paralysis.html

Livershunt/Epilepsy & 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/multi-survey.html

Dentition Survey – 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

Veteran Survey – 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: www.iwhealthgroup.co.uk/health-surveys.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

BetterBred Genetic Diversity Project – Dr Maura Lyons

This project is designed to establish the genetic diversity of our breed, which in turn could help us maintain genetic diversity in the future by identifying dogs that carry less common genes, and avoiding future bottlenecks.
We believe this could be a very important project given that we know our breed has a limited gene pool, but to what extent is unclear. The diversity test when complete, will offer a breeder one more tool in their quest to breed healthy typical sound hounds.

If you would like to add your dog to the study, If you would like to add your dog to the programme, the price of a test is currently held at $50 and can be obtained HERE.

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

Quick Links to Surveys -

PNEUMONIA
PUPPY PARALYSIS - Fibrocartilaginous embolism (FCE)
BONE CANCER TREATMENT – (Osteosarcoma)
BLOAT - Gastric Dilatation/Volvulus (GDV)
Dentition
Livershunt/PRA/Epilepsy
Veteran

Treasurer's Update

As a CFO of a company in a sector hit hard by Covid 19 our Treasurer Steven Ritchie's time has been consumed by this and therefore our accounts have been delayed and will be in the next Newsletter.

Publications & Guides

Guide to Buying an Irish Wolfhound Puppy
Breed Guide - Introducing your new Irish Wolfhound
Guide to anaesthesia
Neutering factsheet
Bloat (gastric dilatation volvulus, GDV)
Puppy paralysis (fibrocartilaginous embolism, FCE)
Heart disease (dilated cardiomyopathy, atrial fibrillation)
Megaesophagus
Pneumonia for owners
Pneumonia for vets
Progressive retinal atrophy (PRA)
Dentition Guide
Heart Testing Sessions Current Dates and Locations Available here
Heart Test Booking Form to book a session – click here
Livershunt Testing Forms

DOWNLOAD FROM THE WEBSITE HERE

Longevity Recognition Programme - Celebrating Our Veterans

There are two registers for veteran status.

"VETERAN REGISTER" - For hounds who have reached 7 years of age.

CERTIFICATE HOLDERS REGISTER" - For hounds who have passed away aged 8 years or over.

Owners can now apply to join the **IWHG Longevity Recognition Programme** and have their hounds included on the registers, when they complete **an IWHG Veteran Study Questionnaire**. This streamlines the process and removes the need to complete separate forms.

We believe that longevity in our hounds should be celebrated, so we urge you to complete Veteran Study Questionnaires for all your UK Kennel Club registered hounds (past or present) who have reached seven years of age or more. The questionnaires now give you the opportunity to indicate whether or not you would like your hound to be added to the Veteran Register, or if you wish to apply for a longevity certificate.

The Veterans' Register acknowledges UK registered Irish Wolfhounds of seven years and over, while the Register of Certificate Holders honours our "Super Veterans", who have passed away aged eight years or over.

Please see the website for more details

Don't forget that "Super Veteran" hounds are entitled to subsidised heart testing within the IWHG Heart Testing Scheme

Owners of hounds who reach 8 years before they pass away, are eligible to apply for a Longevity Certificate, suitable for framing, to commemorate their hound's long life.

The hound's name and dates will then be added to the Certificate Holders' Register

When submitting your application to join the IWHG Longevity Recognition Programme, a photo of your venerable hound to add to our roll of honour, would be very welcome.

APPLY

VETERAN STUDY

Contacts ..

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Heart Test Booking :
Ann Vaudin
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Consultant Veterinary Surgeon Mr Ian Finney MRCVS

Health Group Website

Find us on facebook Irish Wolfhound Health Group — Join the discussion

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

Any views, thoughts, and opinions expressed in the text herein belong solely to the author, and not necessarily to members of the IW Heath Group.