

Irish Wolfhound Pneumonia Protocol



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BY MARIELLEN DENTINO, MD (PADRAIC) AND MELANIE MERCER, DVM (WYVERN GAZEHOUSES)

DIAGNOSIS

Irish Wolfhounds have a higher incidence of pneumonia than most breeds.

Symptoms

- ❑ Early symptoms may be subtle.
- ❑ Cough and fever may or may not be present.
- ❑ Lethargy and anorexia are usually present.
- ❑ The hound may be reluctant to lie down.
- ❑ Distinctive for the hound to hold the head forward and elevated and pant (see photo shown below).

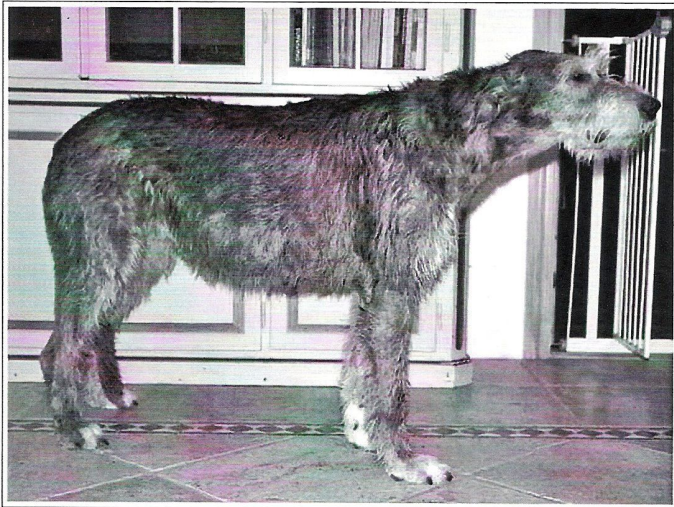


Photo credit Edita Beresova

Exam

- ❑ Audible respiratory sounds are usually coming from the upper airways (nose and throat), while pneumonia requires listening with a stethoscope.
- ❑ Early in pneumonia the clinical exam may show normal breath sounds and need to be repeated.

Testing

- ❑ Early x-rays may be normal and need to be repeated.
- ❑ Tracheal wash is often recommended for diagnosis, however this requires sedation and results are often inconclusive. The results may not be available for a few days.

TREATMENT

Irish Wolfhounds with untreated pneumonia can become severely ill in hours.

- ❑ The usual organisms for bacterial (responds to antibiotics) canine pneumonia have been documented and beginning broad spectrum antibiotics to cover these organisms in a timely manner (even before x-rays) is required.
- ❑ A combination of two antibiotics to cover the usual bacteria causing canine pneumonia is recommended.

- ❑ Ceftiofur (Naxcel®) and clindamycin (Antirobe®) are recommended by the IW Health Group.
- ❑ Amoxicillin/clavulanic acid (Clavamox®) and enrofloxacin (Baytril®), a fluoroquinolone, is a well-tolerated and effective therapy recommended on the Veterinary Information Network. Ciprofloxacin (another fluoroquinolone) is NOT RECOMMENDED as it is not well absorbed by some dogs. Enrofloxacin (Baytril®) and clindamycin (Antirobe®) is recommended by the International Society for Companion Animal Infectious Diseases.
- ❑ A macrolide like azithromycin (Zithromax®); cephalosporins like ceftiofur (Naxcel®) or cephalexin (Keflex®); and tetracyclines, like doxycycline, can also be considered as part of the therapy combination as long as the combination collectively covers the gram-negative, gram-positive and anaerobic organisms known to cause canine pneumonia.

OTHER SUPPORTIVE CARE

- ❑ If oral antibiotics are tolerated your hound will hopefully avoid hospitalization.
- ❑ If your hound is not drinking, he will likely need subcutaneous or IV fluids.
- ❑ Coupage (patting chest with cupped hands) and sitting in a steamy bathroom with your hound may be helpful.
- ❑ Cough suppressants are not recommended but medications to thin mucus such as N-acetylcysteine (Mucomyst®) may be helpful.
- ❑ The hound should begin to clinically improve within a few days. It may be slow, but he should not be getting worse. If he is not improving, consider changing the antibiotic or undergoing bronchoscopy to provide a specific diagnosis. Also consider fungal pneumonia which will not respond to antibiotics.

OTHER CONSIDERATIONS

- ❑ Treatment stopped too soon often leads to recurrent pneumonia. Usual duration of treatment is to treat another two weeks after all signs of infection gone but if it is recurrent pneumonia, 4-6 weeks of antibiotics may be helpful.
- ❑ If pneumonia is recurrent, further health evaluation is needed urgently.
- ❑ Please see "Causes and Risk Factors for Pneumonia" *Harp & Hound* Autumn 2018, Page 55-56.

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