

THE Irish Wolfhound Foundation



Focus

Winter 2016

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Focus

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Taos - See his story on page 3



**HOPING YOU ARE SURROUNDED
BY LOVE AND WARMTH
THIS HOLIDAY SEASON!**

Focus on

Health

Heart Testing

Recommendations for ALL Irish Wolfhounds

Irish Wolfhound cardiac data collected over the last 25 years includes over 5000 EKGs, 1000 echocardiograms, and follow up on more than 800 hounds. Examining this data gives some foundation for testing suggestions for the cardiac health of your hound.

1. ALL Irish Wolfhounds should have a YEARLY EKG and auscultation.

Cardiac studies utilized 6 lead EKGs and showed that more than 1/2 of tested hounds had an EKG abnormality by age 7. However follow-up showed us only arrhythmias and first degree AV block predicted future problems. These can all be diagnosed by doing a long (usually lead 11) rhythm strip available from your veterinarian as well as at screening clinics.

Atrial fibrillation predicts cardiac disease in the IW. The incidence of atrial fibrillation increases as the hound ages. If your hound is normal at age 3 that does NOT assure he will be normal in the coming years. Atrial fibrillation and progressive cardiomyopathy responds to treatment and the treatment is well tolerated and affordable. It does not matter if your hound is in the show ring or other competition or just in your heart and on your couch-he/she will benefit from this screening test.

Twenty two percent of the Irish Wolfhounds examined in the heart clinics had "innocent" murmurs. These murmurs are common in giant breeds and do not cause any problem with heart function. They have not been documented to progress. The incidence of congenital heart disease (born with it) is low in the IW but tricuspid dysplasia, aortic stenosis, and atrial septal defects have been found on our screening tests.

To diagnose these more serious murmurs it is recommended that a hound have an auscultation by a board certified cardiologist with his first EKG.

If atrial fibrillation or a murmur worrisome to your vet is found on the yearly screening the hound needs referral to a cardiologist and an echocardiogram. If all is well he still needs an EKG next year!

About 3% of hounds are diagnosed with VPCs or abnormal heart beats coming from the lower chambers of the heart. There is a higher incidence of sudden death in these hounds and they need referral to a cardiologist and a holter monitor.

OFA and CHIC

At this time OFA and CHIC certification require that the yearly EKG and auscultation are done by a board certified cardiologist. Negotiations are underway to have the EKG sent to the cardiologist for interpretation and to require only the initial auscultation be done by a cardiologist. This will make participation accessible to more owners.

Heart testing recommendations for breeding stock

1. All breeding stock should have an EKG and an auscultation by a cardiologist before breeding.

The EKG should be done as close to the breeding time as possible.

Any hound with a suspicious murmur should have an echocardiogram before breeding.

The incidence of congenital valve disease is very low in the IW but is a significant problem in many breeds. Dr Tyrrell feels it is not unwise for all IW breeding stock to have an initial echocardiogram to assure this continues.

2. Dogs with a strong family history should be bred with caution.

Efforts are underway to confirm the mode of inheritance of atrial fibrillation in the Irish Wolfhound.

It is thought to be autosomal (not sex linked) dominant with variable penetrance. This means it is definitely inherited. If a hound with afib is bred to a hound with no afib EACH puppy in the litter has a 50% chance of having afib..... However it gets much more complicated (that old variable penetrance) as hounds have been documented to be normal until age 9 and then develop afib.

The average age of onset for afib is 5 years - often past the breeding age. Discussions about the known incidence of afib and cardiomyopathy in grandparents and litter mates of the prospective sire and dam are very helpful in planning breedings.

3. Any dog with atrial fibrillation before age 5 should not be bred.

A follow up study for hounds with atrial fibrillation is planned. At the present time it appears hounds developing afib at a young age progress more quickly to cardiomyopathy.

With 20% of hounds known to be affected we CANNOT eliminate all afib hounds from the breeding pool but it is a reasonable goal to not propagate early onset cardiomyopathy.

There is no marker at the present time to tell us which hounds will progress quickly to cardiomyopathy but until there is better data. It is recommended that hounds developing afib before the usual age of onset not be bred.

If a young male important to your breeding plans is found to have afib and normal function on echocardiogram you may wish to collect him and watch his clinical course before making breeding decisions .

4. Any bitch in atrial fibrillation should not be bred.

There are significant demands on the cardiovascular system during pregnancy and after delivery. There is significant chance you could endanger your bitch.

5. Any IW with VPCs (risk of sudden death) or APCs (risk of developing atrial fibrillation) on their EKG should discuss this with a cardiologist familiar with IWs before breeding.

The hound with VPCs will need a holter and if it shows dangerous rhythm problems and medication is needed, strongly consider not breeding this hound. If it a bitch she should not be bred as there is risk to her litter.

At the present time there is no evidence that this is an inherited condition but it is possible.

All evidence suggests APCs are a precursor to afib but there is no data yet to tell us when that may happen. Any bitch with APCs should have an echo before breeding to make sure her left atrial size is normal.

(HEART TESTING Continued on Page 4)

SARDS and the Irish Wolfhound

submitted by Dr Mariellen Dentino

One cold fall morning Kingsland Taos galloped and trotted in the meadow and woods with his sister and cousin. There was no suspicion this would be the last time he ever did this.

When I returned from work that evening instead of coming to greet me with the other hounds he was standing utterly still. Hearing my voice he tried to come to me... and ran right into a tree.

When I got him in the house I noted his pupils were widely dilated with no response to light or other stimuli. I had an old ophthalmoscope at home and on exam the optic nerve and all blood vessels in his eye looked normal. I called my vet and was introduced to SARDS or Sudden Acquired Retinal Degeneration Syndrome.

What Is This Disease?

Sudden Acquired Retinal Degeneration Syndrome is a disease in dogs that causes sudden blindness. It can occur in any breed - more often seen in bitches and has been reported more in non sporting and toy breeds. In the LCS data there were only 2 reported cases but the incidence in IWs is not known. There are about 4000 cases reported yearly in the U.S. No genetic inheritance pattern has been described.

The cause of SARDS is not known. It has been associated with abnormalities of the adrenal glands in some cases (but not the majority). Reports of elevated adrenal hormones are common. No pituitary or adrenal tumors have been reported in SARDS dogs. There is speculation it may be an autoimmune disease because of similarities to the human immune-mediated retinopathy but no anti-retinal antibodies have been detected in SARDS dogs. Some reported cases suggested a toxin. At this time the etiology (cause) is still described as idiopathic - unknown or just strikes with no reason.

Examination with an ophthalmoscope (used to see the back of the eye) frustratingly at first is NORMAL although your dog is BLIND. However in a few months atrophy of the retina will be obvious. There is loss of the rod and cone cells by apoptosis - meaning these cells which are essential for vision simply die. The diagnosis is usually made by history and exam but the definitive test is called ERG or electroretinography. This just measures activity in the retinal cells and is flat in SARDS - showing the retinal cells are non functioning.

Clinical Signs

Symptoms include sudden permanent blindness. Sometimes the blindness occurs more slowly over several days but it can happen within hours...the slow phase of pupillary reflexes may be retained but the owner will notice the widely dilated pupils as well as the obvious blindness.

Increased appetite and thirst with weight gain, increased urination, and fatigue are often noted even months before the onset of blindness. Some dogs show personality changes. Some dogs are totally a symptomatic until blindness strikes.

Treatment

Alfred Pletcher DVM developed an endocrine- immune blood test and

reported some SARDS dogs had abnormalities. There are testimonials available by owners that treatment with steroids and thyroid medication returned vision to their dogs (all I could find were toy breeds). This treatment has not been verified by formal studies or peer review. It is hard to believe the totally destroyed cells of the retina would respond to steroids and thyroid hormones but the testimonials are moving. There is no official recommended treatment for the blindness at this time.

Euthanasia was recommended in hounds that were unable to adjust to blindness or had continued symptoms of fatigue or personality changes.

Taos's story

In the morning Taos ran and played with Tempe and Praises, ate, and went down to their place without missing a step. Eight hours later he was totally blind. It was just hard to accept.

My vet was kind enough to come over that evening to verify my exam. She felt this was clearly a case of SARDS. I kept saying this just does not happen to Irish Wolfhounds...but there was my boy unable to see. Because of the possibility this could be immune mediated steroids were started at a high dose. Even if this was probably not going to help the need to do SOMETHING was strong.

What a terrible few days. His bladder would fill up from increased thirst- he couldn't find the door to go out. He had never had a problem with urination but now had to stand outside and drip before the stream started and then would have to go out 5 minutes later. He was so unhappy and his whole world disrupted. I feared euthanasia would be necessary.

Then after 4 days we just stopped the steroids which had little chance of helping anyway and accepted total blindness would be our new normal. Things improved quickly.

Although he would never run free in the fields again he was able to walk in the yard on his own as long as I was there. If he got close to an obstacle or ditch etc I yelled wait and he would stop immediately until I arrived to guide him around it. This was the biggest obstacle and after his "wait" was solid he had so much more freedom. He learned "step" and could go in and out of our house (which has steps) without difficulty. He learned "jump" to get in the car and still enjoyed rides with his nose out the window.

He had to stay in the kennel and yard during the day. We took everything possible out of his yard and he learned where the door to the doghouse was very quickly. He had to always stay where I was when in the house or be shut in the laundry room to prevent crashes.

The other hounds did not seem bothered at all by our new arrangements and nobody ever challenged or growled if he bumped into them.

Taos had NO symptoms before the sudden blindness and after the initial few weeks our quality of life was good. He was a calm and accepting hound all his life- never fearful of new things or noises etc and I think this helped his acceptance. I have never had such trust in my relationship with a hound and the next two years of his life were incredibly rich for me. If your hound can accept the blindness and still find enjoyment in each day it teaches you a valuable lesson. I hope to never see this again but if your hound is ever stricken with this I wish to say life can still be good. That selective IW intelligence is an asset!

Heart testing (Continued from page 2)

6. Any IW with a murmur should be seen by a cardiologist before breeding to see if an echo is needed and to assure (if a bitch) that pregnancy will be tolerated.

7. If you have collected semen for future breedings results of the hound's yearly EKG and original auscultation by a cardiologist should be recorded in a data base or easily available from your personal records.

If you own a frequently used sire (more than 5 litters) an initial echo along with the EKG and auscultation is recommended.

Only 47% of hounds with afib die from cardiac failure but this is still the number two killer of our hounds. The EKG/ Echo study showed IW cardiac disease is unique and can be detected in nearly all cases by a screening EKG. An early auscultation by a cardiologist can pick up serious valve disorders and keep the incidence low in IWs.

With yearly simple and inexpensive testing we can treat our hounds before they develop cardiomyopathy and plan breedings wisely.

The incidence of atrial fib in our data is 20% overall but it may be much higher. Please participate in the planned atrial fibrillation follow-up study and the Life Cycle 11 study to help our future hounds.

2016 Heart Testing Results



This year saw a significant change in testing with the implementation of the new OFA statistical database, which should now have some of the statistics we have been publishing each time we do a clinic. The IWF has completed the Echo/EKG study and one of the conclusions of that study was that not every Irish Wolfhound needs an echocardiogram every year. Dogs with symptoms such as atrial fibrillation, significant murmurs, and exercise intolerance still should see a cardiologist and probably will need an echocardiogram. Otherwise healthy IWs can get by with an annual EKG.

The IWF is encouraging regional clubs to provide this testing at shows and other events and many clubs are doing that. Northern California this year helped the IWF by enrolling 28 dogs in the Life Cycle Study. IWANE has implemented heart testing at on their own (Mariellen and I got to watch the show for a change!) and Dr. Tyrrell provided the statistics on that testing for this report. The sign up for PVIWC in March was small enough that Dr. Tyrrell and his able assistant, daughter Ellie, were able to run the show without me and Mariellen. The Canadian Specialty in September also had to manage without me as I was breeding dogs (successfully it seems). Joanne Buehner Brown, who has helped at so many of our clinics, carried the equipment to Canada and helped Bill with the clinic there along with members of the IWCC. Mariellen and I did make it to IWADV and Locust Grove. The summaries below reflect only the Echo/EKG data from these clinics. EKG data will be summarized in the LCSII.

Dogs tested at 2016 Heart Testing Clinics.

Age		
<2 years	2	4
2-3 years	11	15
3-4 years	4	12
4-5 years	5	4
5-6 years	2	5
6-7 years	0	1
>7 years	2	4
Totals	26	45
Normals	13	35
Degenerative valve disease / incidental findings (normal)	6	5
Equivocal IWH Type DMC	0	2
IWH Type DMC	1	2
VPCs	4	1
Pericardial effusion/aortic tumor	0	0
Congenital Valve Disease	2	0
True Dilatative type cardiomyopathy	0	0

The Irish Wolfhound Foundation, Inc.

Treasurer's Report

Balances are as of 10/18/16

\$189,265.44 General Fund

\$122,068.15 General Endowment Fund

\$28,784.72 Rescue Endowment Fund

Total Disbursements since 07/11/16

\$17,692.98

Total Donations since 07/11/16 \$16,720.60

IWF Research Committee Members

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 William D. Tyrrell Jr., DVM, DACVIM
 Frances Abrams, PhD, Administrative Coordinator
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Regional Groups Help with IWF Study

We have done a lot with heart testing in the past year. Counting both echoes and EKGs, we tested around 300 dogs for the Life Cycle Study. That is the good news. The bad news is that we have no idea how many wolfhounds were living in the United States and Canada but an estimate of the 2015 IW population is around 20 times that. <http://iwdb.org/research/fetchit.php> Who are these other dogs? How do we reach them?

There are several reasons to test your dog. Number one is to keep it healthy. Most heart disease in our breed is treatable if detected early. The earliest way to find adult onset heart disease is to do an EKG on an annual basis with additional diagnostics as required. Dogs with arrhythmias should be under the care of a cardiologist. Another reason is to get OFA clearance on dogs you wish to breed or dogs that are related to those dogs. Dogs being tested for either reason can contribute to the future of the breed by participating in the Life Cycle Study II.

The Life Cycle Study II will be most effective if we get a wider sampling of the dogs in our breed. This means enrolling dogs that are pets as well as dogs that go to shows and are used for breeding.

So how do we do we get the best representation of the IW population and continue to maintain touch with the owners over the next 10-12 years? We need the help of local clubs and groups of owners.

Many of you have already filled out the forms for the IWF LCSII.

It is a simple form with contact information and a brief explanation on the front page as well as a space for EKG information. The second page collects simple health data on the dog, its parents and its littermates as best the owner knows. At present there is also a page with a few questions on diet. Almost all of the information is multiple choice. The update forms are similar. In addition, there is a one time collection of approximately 10 cc of blood for the purpose of DNA collection and storage.

So how can local clubs help? The IWF is willing to help set up and even subsidize the cost of heart testing in exchange for clubs collecting the data and blood necessary to enroll dogs and do updates on a regular basis. This can be done at any club activity or set up as a special "heart testing clinic" in a local area where any one owner is willing to host a group of owners and a vet or researcher to do EKGs. If a cardiologist can be arranged, the group can have OFA testing done as well. Local clubs can purchase or borrow their own EKG machines to run these clinics. Most EKGs can be read by a veterinarian or technician but the IWF will arrange for a cardiologist to read more complicated tracings.

The IWF can support clinics by providing registration services, either on-line or via e-mail, providing forms and instruction materials, helping with location of cardiologists if a cardiologist is desired, and by arranging for a cardiologist to read the more difficult EKGs. The IWF may also subsidize some of the testing cost (\$20/dog for EKGs) and even help to provide someone to draw blood if the club has no help. Data is not shared with any breed or kennel club but is restricted to the use of researchers doing work on our breed.

Mariellen and I will still travel wherever we can as long as "Big Red" holds out. We are all 20 years older than when we started this effort. For additional information on how to set up for testing hearts, paperwork examples, and other questions, contact Frances Abrams. mail to: IWFhealth@gmail.com or 937-371-3609.

The IWF Shoppe is Open!

We are pleased to announce that the IWF Shoppe is now open on Zazzle.com. It offers a variety of items for sale with the IWF logo, as well as some with the IWF Heart Studies graphic designed by the very talented Margie Milne. Proceeds from the Shoppe will go into our general fund and be used to support our mission of health, education and rescue of Irish Wolfhounds. Shop for the hounds!

Irish Wolfhound Foundation Rescue Grant Report

Rescue Reimbursements from
January 1st, 2016 thru November 6th, 2016

The reimbursement costs below are shared
funds between the IWCA and the IW Foundation.

Date	IW	Amount	State
March 30, 2016	Female	\$ 268.35	IL
March 30, 2016	Male	\$ 333.95	IL
March 30, 2016	M/F	\$ 154.50	IL
June 28, 2016	Female	\$ 299.70	WY
Total Reimbursement - \$1,056.50			

The Houston, TX rescue hound count remains the same:
Current number of hounds from the 2014 seizure.

SCIWC 35, RMIWA 10, Mary Ryan 4, and PVIWC 8.

Wishing all of you a very Merry Christmas and a healthy
New Year. Your donations make all of this help possible.

Thank you so much!

Jean A. Minnier - IWCA & IW Foundation - Rescue Chair



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That Keeps on Giving...

An IWF Donation is a great gift idea
for "the hard to buy for".
Designate it In Honor Of or In Memory
Of that special person or hound.
Remember your generosity is
tax deductible!
Use the donation form on page 8.

The IWADV Annual Leprechaun Toss

50% of all proceeds collected for this fun event are donated to the IWF



Photo credits Mary O'Malley



Dear Santa ...
I can explain



Photo credit Mariellen Dentino



Not a creature was stirring,
not even a mouse.



Photo credit Mariellen Dentino

The Irish Wolfhound Foundation gratefully acknowledges contributions from the following supporters

This list includes only the donations received since the last publication.

Jean and Gerry Ault	Debbie Greene	Nate Mills	Carole Silverthorne
Jamie Souza Bartlett	Heather Haines	<i>IHO: Mary Zita Reedy & Chuck Underhill</i>	Dave & Dee Slosser
Darlene Branges	Bernardine Harford	Jean Minnier	<i>IMO: Teddy French, Beloved Companion of Chuck & Maureen French</i>
<i>IMO: Ann Wilkins, who loved and cared for Irish Wolfhounds</i>	William & Cathy Haskins	Donna L & Joe Monahan	Connie Smalley
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<i>IMO: Waldorf of Willowcreek on Bellaire (Wally)</i>	Maura E High	With Gratitude	Yumiko Tatsuki
Anna Blom	Cathy Leanne Howard	Bill O'Brien	The Irish Eight Clan
Jim & Ginie Cabaniss	<i>IMO: Nancy King Aiken. My mentor and friend who gave so very much to our breed. And IMO: Celia, the shining star of a wonderful litter. She gave us so much.</i>	Sue Orr	Martha Ann Traylor
Theresa Ceasar	Jacqueline Hudson	<i>IMO: Melissa "Bannie" Anderson</i>	Peter R & Margaret Van Brunt
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happy
holidays

from The Irish Wolfhound Foundation, Inc.

The Irish Wolfhound Foundation, Inc.

Focus

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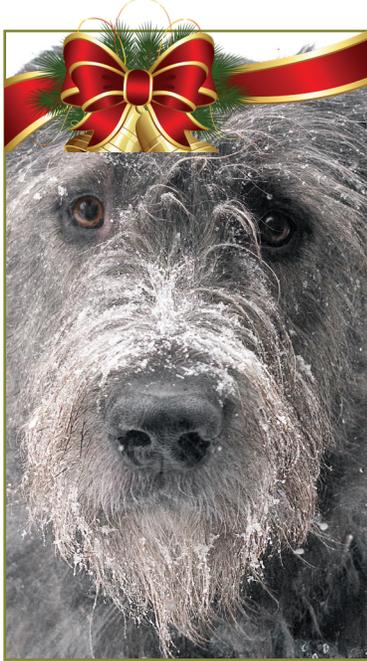


Photo by Mary O'Malley



THE Irish Wolfhound Foundation



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