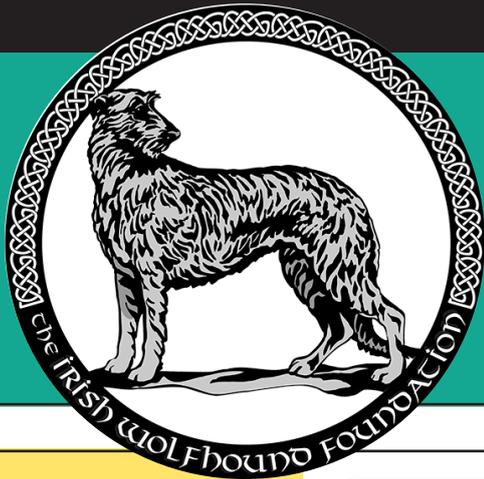


Irish Wolfhound Foundation



Focus

Summer 2018

The Irish Wolfhound Foundation, Inc.

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The Irish Wolfhound Foundation is a 501(c)(3) charitable organization. Your donation is tax deductible to the full amount allowed by law.

Focus

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Photo by Mary O' Malley

Membership Drive

It's time for the annual Irish Wolfhound Foundation membership drive! Our fiscal year runs from July 1 to June 30, so we're just starting a brand-new year.

While you're thinking of us, check out the IW Shoppe on Zazzle, featuring items with the IWF logo and (thanks to the generosity of the artist) the IWF Heart Studies design created by Margie Milne. Let people know you support us, and help get the word out about the IWF by sharing our logo with the world. Zazzle has sales on a pretty regular basis, so check back often to see what the latest discounts are.

In addition to our own studies, like the Lifetime Cardiac Study II, and direct grants to researchers, we have supported studies of health issues affecting IWs through donations to the Morris Animal Foundation (e.g., the groundbreaking osteosarcoma treatment study by Dr. Nicola Mason at UPenn) and the AKC Canine Health Foundation, subsidized health testing at IW specialties in the US and Canada, supported health testing by regional IW clubs, sponsored educational speakers, and funded rescue expenses. We are ALL about Irish Wolfhounds!

Won't you please support us? Membership is still only \$20US, and we gratefully accept additional donations. You can join online via our secure form at iwfoundation.org or mail a check to The IWF, c/o David Milne, Treasurer, 150 Creek Rd, Phillipsburg, NJ 08865 (please include a note saying that this is a membership donation)

Thank you for your support, and we look forward to continuing our work together to benefit the hounds we all love..

Foundation Heart Testing- IWCA 2018



Back at Purina Farms again and the hike up the hill did not keep people from showing up for heart testing. Thanks to all those who helped, especially Joanne Buehner-Brown, who drew blood all day on Wednesday, Jeri and Jimmy Glynn, who showed up every morning to help with setup, fed us donuts and coffee, and helped with blood draws on Thursday and Julia Wright who helped with organizing volunteers. Can't forget Debbie Chastain who provided us with hot lunches both days.

Then there were all the people who came up to hold dogs for people, weigh dogs, check forms, and generally help out with whatever. Jill Bryson, Jennifer Rose Baye, Barb Patterson, Miki Demeter, Karen Brinkley, Angie Bixler, Dave Berzins, and Fred Wiewel and Mary Shar-

key, helping at ringside.

Of course, none of it would be possible without our dedicated cardiologists Bill Tyrrell and Steve Rosenthal.

Also, thanks very much to everyone who brought their hounds. Things went so smoothly this year with most people managing to arrive on time and let me know ahead of time if there were schedule problems.

Thanks also to the folks at Purina who set us up with a few parking spaces on a very busy week.

The statistics from 2018 are shown in Table 1, broken out by age group and sex.

Table I Heart Testing Results IWCA National, Purina Farms, May 2018

Age	Male	Female		Normal EKG	Normal Echo and EKG	Abnormals
<2	1	1		1		1
2-3 yrs	8	17		17	7	1
3-4 yrs	5	12		14		3
4-5 yrs	4	9		5	5	3
5-6 yrs	3	4		5	1	1
6-7 yrs	1	3			2	2
7-8 yrs		2		1		1
> 8		2			1	1
Totals	22	50		43	16	13



Interestingly the exact same number of dogs were tested in 2016 although in that year all dogs received both an echo and an EKG so it is not a direct comparison. The mild, degenerative valve disease reported on some dogs in 2016 is deemed within normal limits or an incidental finding by our cardiologists and is not reported out for 2018. We see many minor leaks in the heart valves of our breed. Provided the degree of regurgitation/

back leak across the valve is trivial or mild, it is not problematic or a concern. All dogs that had murmurs detected by auscultation (which would be equivocal on OFA) had an echo to determine if they were normal or had a congenital heart defect or early heart disease. The persistent left cranial vena cava found in one dog is congenital but not worrisome for the dog.

Table 2. Comparison of 2016 and 2018.

	2016	2018
Normals	48	59
Degenerative valve disease/incidental findings (normal)	11	1
Equivocal IWH Type DCM	2	4
IWH Type DCM	3	3
VPCs	5	2
Pericardial effusion/aortic tumor	0	0
Congenital Valve disease	2	1
True Dilatative type cardiomyopathy	0	1
	71	71

IWF Plans closer Follow up of Hounds with Atrial Fibrillation

Atrial fibrillation is an abnormal heart rhythm found in about 12% of all hounds.

The incidence increases with age and by age 7 30% of IWs tested are in atrial fibrillation. Some hounds tolerate this arrhythmia well for years but cardiac efficiency is reduced. Afib is the first sign of cardiomyopathy in nearly all IWs with heart disease. Afib and cardiomyopathy respond to treatment with meds that are well tolerated. Early diagnosis helps your hound. It is recommended that EVERY IW has a yearly EKG to screen for this arrhythmia. From past data in the lifetime cardiac study we learned about 50% of hounds with afib died of heart failure. Early occurrence of afib was more common in males but overall the incidence was the same in both sexes with average age of onset 5 years. Breeders now routinely screen both sire and dam with EKGs before breeding. There are continued advances in veterinary care.

HAS THE INCIDENCE OR SEVERITY OF HEART DISEASE IN OUR BREED CHANGED??

Further Information Needed

The IWF plans closer follow up of all hounds identified with afib to validate data collected earlier and document changes in heart disease in our hounds.

The new data collection for hounds with atrial fibrillation will address:

1. Has the incidence of afib decreased with our efforts?
2. Has the age of onset changed?

3. Has survival with afib improved in the past 10 years?
4. Do approximately 50% of hounds with afib still die of something other than heart disease?
5. Does documented control of heart rate at home result in longer life and decreased incidence of death from cardiac problems?
6. Why are IWs euthanized for heart disease?
7. Previous data suggested heart rate at diagnosis of afib correlated with severity of heart disease..This needs to be verified as these hounds may need more aggressive therapy.
8. Are any specific meds associated with prolonged survival?
9. Are any diets or supplements associated with prolonged survival?

There is considerable data collected previously for comparison which puts us in a unique position for follow up comparisons.

Outline of Data Collection for IWs with Atrial Fibrillation

Any IW with Atrial Fibrillation is invited to help by participation in this study.

If your hound is found to have afib during screening tests at any IWF sponsored venue you will be asked to participate and you will be contacted by the study within a few weeks of diagnosis.

This is not an interventional study.

Each hound will have medication and follow up per their own

(Continued on page 6)

FCE in Wolfhounds

- Ellen Kroll, AHT, M Ed. Updated May 2018

FCE—Fibrocartilagenous Emboli—was first diagnosed in man in 1961 and in dogs in 1973.

Certainly it occurred before that time, but our diagnostic tools just were not good enough to help us know what it was. Humans, pigs, cattle, cats and horses have been diagnosed with this ailment, but dogs are the most common species affected.

In most dog breeds, it occurs in adults most commonly from 3-7 years of age. In Irish Wolfhounds specifically, it occurs more frequently as puppies, generally, between 6 and 16 weeks of age. (Some other large breeds have had it reported as young as 16 weeks.) Years ago, many people assumed vaccines were responsible for this paralysis since it often occurred during the same time frame that we give vaccines. That theory has been disproven.

WHAT IS IT?

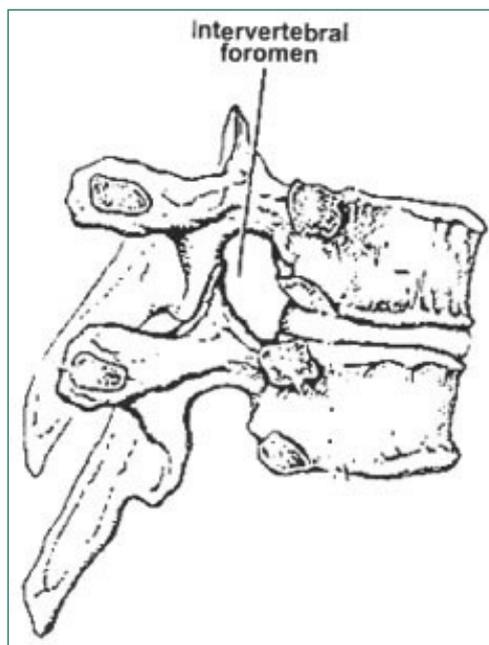
Fibrocartilagenous Emboli or Spinal Cord Infarction. Current veterinary literature may refer to it as FCEM: Fibrocartilagenous Embolic Myelopathy. Lay terms include Puppy Paralysis and Drag Leg Syndrome. FCE is an emboli made up of fibrous cartilage type of tissue. This emboli blocks blood supply to critical nerve tissue resulting in a type of paralysis.

Let's get the terms defined before we start throwing them all around.

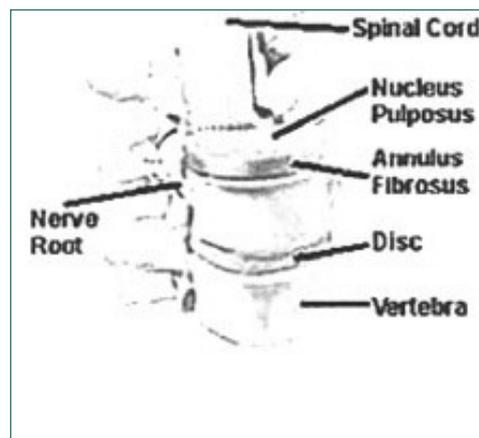
EMBOLI is just plural for embolus. An embolism is an obstruction of a vessel by a solid or a gas matter which has been transported through the bloodstream. An embolus can be a blood clot or even air. In the case of FCE, it is a specific type of fibrocartilagenous tissue that gets lodged in the bloodstream and blocks further blood flow. When that happens to a blood vessel, whatever cells it was serving no longer get the benefit of nutrient/oxygen exchange resulting in cell death. This is called ischemia.

ISCHEMIA is the lack of blood flow to a part or organ.

INFARCTION is the damage/ tissue death that occurs when blood supply is lacking. You have probably heard the term myocardial infarction when this process happens to the heart muscle. Therefore, some people call FCE a spinal cord infarction. Doing a journal search, this term will give you more "hits" than FCE. In FCE, the source of the embolus is a material that comes from the disc between the vertebrae in the spinal column. Let's take a look at where this occurs.



This diagram shows the space called the VERTEBRAL FORAMEN where the nerve roots and blood vessels pass through the spaces between the vertebrae.



This illustration shows the actual disc between the vertebrae with the central location of the

NUCLEUS PULPOSUS, a gel like material and this is what is found to be the tissue found in the emboli in FCE.

Now the \$64,000 question is HOW? How does a bit of that disc material get into the blood vessel to block the blood flow? There are several theories, but nothing has been proven.

1. Trauma to the vessel bed causes communication of the disc material
2. Persistence of embryonic arteries of the disc and herniation of the disc material into those arteries. (This might be a likely theory in the case

of young puppies.)

3. New arteries forming in the disc due to chronic inflammation. (This theory might be more likely in the older animal.)

4. Herniation of the disc material into venous supply, then lodging in an artery.

5. Fibrocartilage may arise from vertebral growth-plate cartilage in immature dogs or an abnormal change in the vessel wall that later ruptures and allows an embolus to lodge in the spinal cord blood vessels.

None of these theories have been proven out consistently in autopsies on people or dogs.

FCE is usually a diagnosis of EXCLUSION. That means that we rule out other causes as the first step. For many years the only way to absolutely identify this disease was by frozen microscopic sections of the nerve to find the emboli after euthanasia. That is obviously NOT what we want!! Diagnosis is based on the typical presentation—fairly sudden onset, non-painful and usually asymmetric symptoms (found on one side)—and the exclusion of other causes thru diagnostic imaging (radiographs and MRIs) and cerebral spinal fluid analysis. More on diagnosis later.

WHAT DOES FCE LOOK LIKE?

It mimics many other conditions—there is no one outward symptom that will be unique to FCE. A typical presentation of FCE follows:

- Puppy, active and normal, perhaps a history of trauma. Slipping, falling, or dropped. Sitting position, unable to rise.
- When placed in a stand, cannot walk forward, will often collapse into a sit.
- Deep pain response usually intact.

PAIN is not usually consistent with an FCE diagnosis. I have received several calls in the past about pups that have a paralysis with an onset of severe pain—screaming in intense pain for 24 hrs or more with slowly improving condition and pain relief. My best guess is trauma, not FCE.

Many of the human patients who succumbed to FCE reported a transient sudden pain on onset. Many owners of dogs who were positively identified with FCE reported yelps of pain and then no pain thereafter, just paralysis.

DIAGNOSIS

In my opinion, you need to get a neurological exam immediately. ALL SPINAL INJURIES, WHETHER FCE OR TRAUMA NEED IMMEDIATE CARE!!!! THE FASTER YOU

GET VETERINARY DIAGNOSIS, THE BETTER THE PROGNOSIS. REMEMBER THE GOLDEN HOUR. It is critical to determine if the symptoms are due to trauma/injury or FCE.

If you remember nothing else about this discussion: All dogs that present with a paralysis should be immediately transported to a veterinarian who is willing to do a neurological exam and treat the dog as appropriate for the symptoms discovered. (Do not wait until morning!) Steroids have been the treatment of choice for FCE for many years. HOWEVER, recent research published in 2009 (Journal Vet Med Science 2/2009; 71(2) 171-6) suggests that steroid treatment in a presumed FCE case does NOT make any difference in recovery. More recent literature is questioning the use of steroids in ALL Spinal Cord Injuries!! So be open to new ideas instead of relying on older methods and past practice.

Diagnostic procedures will help us with a diagnosis, treatment and prognosis. If you find evidence of trauma (swelling, redness, etc.) the treatment needs to start immediately. There are conditions of the spine and paralysis that can involve infection where steroids alone could make matters worse. If infection is suspected (discospondylitis or neurospora/toxoplasmosis in very young pups) the neurologists that I have spoken with would treat with antibiotics at the same time. The other common rule out with an older animal is cancer of the spine.

Sudden onset is the picture you get with FCE, not a gradual onset over days. Most dogs progress in their symptoms for 24 hours or less.

Excellent radiographs (x-rays) can rule out vertebral fractures, tumors, subluxation/luxation and osteomyelitis/discospondylitis. Most of these conditions are associated with pain which the typical FCE patient does not show.

MRI imaging and expert veterinary diagnosticians are successfully diagnosing FCE in live dogs. In major metropolitan areas, the choice of a good MRI study for your Wolfhound is pretty simple. However, some pet owners will have difficulty finding a veterinary specialist with MRI equipment, so diagnosis is based on an excellent history and examination. Cerebral spinal fluid analysis can be helpful, but is only positive in about 50% of FCE cases.

Myelograms in Wolfhounds

The myelogram is a radiography study where dye is injected into the spinal column to look for abnormalities, swellings, disc protrusions, etc. This procedure can be successful with dogs, but I have lost a young bitch in a myelogram procedure and know several other breeders who have had dogs die during this procedure. Certainly that is not the case with all Wolfhounds, but I would recommend looking at an MRI as a less invasive

procedure that may give better information for us to rule out other disease processes in suspect FCE cases. Especially MRI machines that are a higher TESLA rating can give amazing detail for diagnosis. The MRI is considered the gold standard in this type of differential diagnosis.

Lower Motor Neuron signs versus Upper Motor Neuron signs

This separation has to do with the pathways that these nerves serve. In LMN disruption, you will see flaccid muscle tone where with UMN, there can be a heightened tone to the muscle. LMN pathways do not recover as well as UMN. Paralysis from FCE is usually complete in 24 hours. If you see worsening signs after that timeframe, especially ascending paralysis, it is usually indicative of a softening of the spinal cord and is a very grave sign. If there is little or no improvement over 14 days after onset, the prognosis for recovery becomes very guarded. There is a better prognosis for unilateral signs (one sided).

Tough Decisions

I often receive calls from owners of young Wolfhounds with suspect FCE. Their veterinarians are making recommendations on the diagnostic procedures involved and they are EXPENSIVE. In my humble opinion, you need to have a frank discussion your veterinarian about the cost of procedures versus the benefits of the results. In other words, what will the information gained from the testing procedure do to affect the treatment that we choose? Bottom line, you make the decision based on what is best for you and your dog.

TREATMENT

Antibiotics as indicated. Treat any trauma.

Supportive care

An article published in 2003 reviewed FCE and suspect FCE cases. Journal of Small Animal Practice, (2003) 44, 76-80. One of their conclusions is that the EARLIER that physiotherapy/hydrotherapy is started, the better the outcome. Because this ailment frequently strikes puppies in the middle of their growth, limitation of free exercise with plenty of rest is critical to preventing further injury to non-affected limbs. Although the location and severity of the paralysis can radically change the level of care needed, the following components must be addressed.

- Confinement/enforced rest
- Frequent passive range of motion exercises
- Excellent bedding
- Opportunities to eliminate with support
- Good nutrition.

High level of care may be needed for first 10 days. After that progress to an ambulatory state should be evident. Explore the options of carts/slings if necessary. Recovering animals need

(Continued on page 7)

References

- Fibrocilaginous embolic Myelopathy in Small Animals
Lisa De Risio, DVM MRCVS, Phd, Simon, R Platt, BVM&S, MRCVS
Vet Clin Small Anim 40 (2010) 859-869
- Fibrocilaginous embolism of the spinal cord diagnosed by characteristic clinical findings and magnetic resonance imaging in 26 dogs
Yuya Nakamoto, Tsuyoshi Ozawa, Kengo Katakabe, Koichi Nishiya, Nobuhiro Yasuda, Tadahisa Mashita, Yutaka Morita, Munekazu Nakaichi
Journal Veterinary Medical Science. February 2009; 71(2) 171-6.
- Fibrocilaginous embolism in 75 dogs: clinical findings and factors influencing the recovery rate
G Gandini, S. Cizinauskas, J. Lang, R Fatzer and A Jaggy
Journal of Small Animal Practice (2003) 44, 76-80
- Fibrocilaginous Embolism of the Spinal Cord (FCE) in Juvenile Irish Wolfhounds
K Junker, SGAM van den Ingh, MM Bossard and JJ van Nes
(all at Utrecht University, the Netherlands)
Veterinary Quarterly 2000, 22 154-156
- Fibrocilaginous Embolism in Dogs
Laurent Cauzinelle, DMV Veterinary Clinics of North America – Small Animal Practice Volume 30, Number 1 January 2000
- Fibrocilaginous Embolism of the Spinal Cord in Dogs: Review of 36 Histologically Confirmed Cases and Retrospective Study of 26 Suspected Cases
Laurent Cauzinelle and Joe N Kornegay
Journal of Veterinary Internal Medicine, Volume 10, No 4 (July-August) 1996: pp 241-245
- Fibrocilaginous Emboli T. Mark Neer, DVM
Veterinary Clinics of North America—Small Animal Practice Volume 22, Number 4, July 1992
- Fibrocilaginous Embolism James R Cook, Jr. DVM
Veterinary Clinics of North America – Small Animal Practice Volume 18, No 3, May 1988
- Necrotizing Myelopathy Secondary to Presumed or Confirmed Fibrocilaginous Embolism in 24 dogs
Dougald R Gilmore, BVSc and Alexander deLahunta, DVM
Journal of the American Animal Hospital Association July/August 1987, Vol. 23
- Fibrocilaginous embolism and ischemic myelopathy in a 4 month old German Shepherd Dog
C. E. Doige and J.M. Parent
Can Journal of Comp Med 47:499, 1983

Presidents Message

Spring 2018

Yet another year flying by! Back from the 2018 National Specialty, I feel like I am still catching up from the 2017 National. Being in on all the planning for this year's National as the CO-Chair, makes me reflect on how much work it is to put on these events. What makes it work is quite simple, volunteers, an army of them! In all the years I have been involved with the National and regional club activities, I am always humbled when I see folks pour their heart and soul into an event for the rest of the community to enjoy. If you know me at all, you know my mantra, "Thank your volunteers", it's important to hear and it goes a long way.

Although I can't thank each and everyone here by name, but there are a few I would like to mention. First, our show chair Tracey Luty, a tireless worker who is now taking on the IWCA presidency, god love ya! Courtney Smith and Belle McCluskey for organizing yet another brilliant auction, a major fundraiser for both the IWCA and the Foundation. I also have to give Michael Muffley a shout-out for his auctioneering duties. Proceeds for the live auction are divided between the Foundation and the IWCA. Thank you bidders & donors!

The Foundation made heart testing available again this year, organized by Mariellen Dentino, Frances Abrams, Dr. Bill Tyrrell and company who spent two full days testing hounds at reduced rates. I know some are tired of hearing about one of the major killers of our breed, but it is important that we keep offering the testing which results in much need data for research and provides affordable testing for owners. The strides that we have made are remarkable, we now know much more about early detection, after care, and medication that was not available in years past.

The Foundation is starting a new fiscal year July 1st, as a result, it's time for our annual membership drive. Please consider renewing your commitment to help us fund health, education, and rescue for our wonderful breed.

I wish a happy and healthy summer for humans and hounds alike.

Best Regards,
Doug Marx – IWF President

The Irish Wolfhound Foundation, Inc. Treasurer's Report

Balance as of 07/17/18

\$214,349.50 General Fund

\$122,068.15 General Endowment Fund

\$29,384.72 Rescue Endowment Fund

Summary of Donations and Disbursements since 04/10/18

\$9,914.85 Donations

\$24,843.07 Disbursements

Atrial Fibrillation (Continued from page 3)

cardiologist.

Each hound will be asked to participate in the LCS11 study so DNA and general follow up will be available for future use.

The IWF has hired an independent person with a nursing background to collect information from owners and put it in a data base. This is NOT an open data base and hounds are identified by a master list number.

Hounds may be asked to also provide blood to UC Davis for ongoing studies of afib in Iws.

Results Updated Yearly

A yearly report will be in Focus and on the web site to provide owners with information. The ongoing data collection is planned initially for 5 years and a poster presentation anticipated at this time.

This will then be provided to veterinary cardiologists to assist in treatment.

What Is Asked of Participating Owners?

Owners will be asked to take their hounds heart rate and record on a weekly basis (this should be done anyway as standard of care)

They will be contacted every 6 months for information on their hounds including medications, any symptoms or health problems, diet changes, and the heart rates.

Contact can be email if preferred and if no response telephone contact will be made.

Drs. Tyrrell and Rosenthal will be overseeing this data collection but all care and medications will be per each hound's cardiologist.

If you agree to participate in this data collection the IWF will pay for the initial echocardiogram at the time of diagnosis for each hound.

All follow up Echos at IWF sponsored venues will be at the reduced rate for afib hounds with a copy for your cardiologist.

A Huge Thank You

IW owners have shown their love and concern for their hounds with generous donations of time and money to help solve health problems. Because of this support there is considerable knowledge of heart disease in the Irish Wolfhound. You will be helping to advance this knowledge and assist cardiologists in treating future hounds by participating in this data collection.

We have learned heart disease is NOT the same in all breeds and cardiologists need breed specific data to provide the best treatment. Only you the concerned owner can provide this data. A HUGE thank you from all hounds for giving your time and energy.

Irish Wolfhound Foundation – Rescue Grant Report

The reimbursement costs listed below are shared funds between the IWCA & the IWF.

Rescue Reimbursements from 1/1/2017 thru 12/31/2017

Date	IW	Amount	State
January 27, 2017	Female	\$222.71	NE
March 4, 2017	Female	\$666.36	NY
June 15, 2017	Female	\$430.96	MI
June 28, 2017	Female	\$282.02	GA
October 4, 2017	Female	\$362.75	IA

Total Reimbursements for 2017 = \$1,964.80

Rescue Reimbursements from 1/1/2018 to 4/8/2018

Date	IW	Amount	State
March 30, 2018	Male	\$3,000.00	NC

Reimbursements as of April, 2018 = \$3,000.00

The remaining IWs still alive today from the 2014 seizure in Houston, TX are broken down as follows: RMIWA 9, Mary Ryan 4, PVIWC 6, and SCIWC 31. Thank you - Ellen Schmidt, Mary

Ryan, Diane Hartney, and Ann Sury for keeping me updated with their totals. Sending a special thank you to those who contribute to our IWCA or IWF Rescue Funds.

Without your donations we could not offer reimbursements...you make it happen!

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

The Irish Wolfhound Foundation gratefully acknowledges contributions from the following supporters

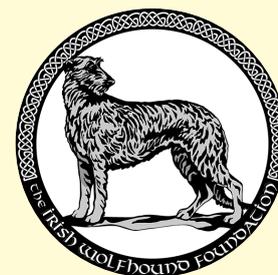
Katherine Adams
 Jennifer Ahrens
 IMO: Moose and Farley
 John T Allen
 Russell Anderson
 IMO: Michael J Welch
 Michelle Andrews
 Gerry Ault DVM &
 Jean Ault
 Gloria K Barrick
 Jamie Bartlett
 Christine Bernstein DVM
 Patricia H Berkovitz
 Angie Bixler
 Joel & Lisa Black
 Ewa Boldok
 Robert O Bothwell
 Kathy Bowler
 Donna S Brown Phd
 IMO: CH Hound Hill Tag-
 gerty
 Jill Bryson
 IMO: Louisa Jane Judge and
 Trish, the fabulous hound of
 Frances Abrams
 Robin & Terry Burkchett
 Ann F Burke

James Cabiniss
 Theresa Caesar
 Cristi Campbell-Corley
 Lillian Brennan Carney
 IMO: Michael J Welch
 Candy Canzoneri
 Judith L Chantelois
 Giny Chapin
 IMO: Ralph R Chapin III
 Brenda Clark
 Patricia W Cobb
 Elissa Culp
 Betsy Daly
 Rosalyn Davis
 Tiffanie DeBartolo
 Gail Denk
 IMO: Betty Otto
 Patricia Downs
 Judy Erskine
 Yusoon Feeny
 Gayle Fikentscher
 Dr Patricia First
 Dale & Katherine Fitting
 John Fitzgerald
 Bob & Estelle Flynn
 IMO: Assumpta & Dervia

Caoral Gabriel
 IMO; Phoenix
 Guylaine Gagnon
 Michael Gallagher
 Marybeth Garcia
 Donna & David Greene
 IMO; CH Cabell's Julia of
 Highgate
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 Canada-Southern
 Ontario Area Branch
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 IMO: Tom Mullowney

Betty Johnson
 Roni Kaluza & Randy Valenti
 Karla Kaye
 Kneller Family Foundation
 Angela Knight
 Margaret LaRosa
 IMO; Dan Welling
 Steve and Karen LeVan
 Jay Levy
 Brigitte Anna Lins-Tennert
 Diane Lovejoy
 Maria Lubera
 Per Ludstrom
 Tracey Luty
 Susan Marvin

(Continued on page 8)



FCE (Continued from page 5)

gentle exercise, not limited movement.

Complementary recovery techniques

Physiotherapy: Range of motion, gait training, hydrotherapy

Swimming: Provides for use of muscles, limits atrophy, doesn't depend on gravity. Warm water therapy pools may have advantages.

Acupuncture: Opening of channels of energy along meridians. Eliminates stagnation and increase flow of "qi" in Chinese medicine terms

Chiropractic: Assists in correction of compensatory limitations. Most animals with FCE or other paralysis develop stiffness, soreness or muscle adaptations to compensate for the affected limb (opposite front leg restrict on example).

Massage: Tellington/Jones, standard, range of motion, fascia release techniques-All can help to avoid compensatory damage

Nutrition: High quality proteins/veggies pulped for repair and growth. Vitamin E/C/B complex. Trace minerals may be needed. Probiotics

Herbs: Arnica, rhus tox, homeopathics for inflammation and injury are indicated early in the onset of FCE. Asafoetida is a Chinese herb that may assist in longer-term recovery.

Future Possibilities?

In a 2013 article published in the Journal of Vet. Science (Dec. 14 (4) 495-497), the research-

ers reported on using human cord blood stem cells in the treatment of a dog with presumed FCE who also lacked deep pain response (which is unusual). Locomotor functions did return in this very seriously affected dog. Hopefully, further research into stem cell treatment will continue.

SO, IS IT GENETIC? - QUESTIONS FOR BREEDERS

Ninety nine percent of all the vet neurologists out there will tell you NO WAY. However, an article from University of Utrecht (2000) reviews 8 IW pups with presumed FCE. Certainly our breed has the tendency to FCE at a young age. But is it a tendency like bone cancer afflicting giant breeds or is it a genetic fault that could be bred away from?

My personal data has revealed more than 5-7 lines involved worldwide with few common ancestors in each of those lines. In one example, one popular stud dog had been linebred several times and produced NO FCE pups. In 3 subsequent outcrosses, he produced at least one FCE pup in each litter. His sire had been bred both in outcross and linebred breedings with no FCE pups, but did produce one FCE pup in his last litter which was an outcross.

So we are left with the question, what do we do as breeders? As with most things, it will be a very personal decision. We have no proof that breeding an affected bitch increases the chance

of FCE. Yes, affected bitches have been bred without producing FCE. But, without data collection on significant numbers of dogs, we will never be able to recognize a possible pattern.

Anne Janis, who leads the data collection on Wolfhounds in the US for seizure disorders, rhinitis (primary ciliary dyskinesia) and liver shunt has offered to collect information on dogs with presumed FCE. Difficulties in the presumed diagnosis makes data less reliable than other diseases. Differing levels of expertise and diagnostics may result in false positives. My hope in collecting anecdotal information in large enough numbers is that we would see a trend toward random occurrence or distinct patterns of inheritance. I would encourage all breeders who have a presumed or confirmed FCE case to contact Anne Janis (iwstudy@earthlink.net) with pedigree information. Anne will gladly explain her data collection process.

A REMINDER: As improved diagnosis and testing allows us better identification of the dogs and perhaps bloodlines involved, will we use the information responsibly? Or will we treat those who have shared the information with us as somehow irresponsible and unworthy? It seems to be human nature to gossip and bad news seems to travel faster than good. I ask you to positively support ALL breeders who benefit our breed by sharing information on the health of our dogs.

The Irish Wolfhound Foundation, Inc.

Focus

537 Hackman Rd.

Lititz, PA 17543

Change Service Requested



Photo by Mary O' Malley

Doug Marx & Amy
Benjamin

Sherry Mayo

IMO: Donna Monahan
IMO; CH Shanachie's My
Guy (aka Keiffer)

Deirdre McCarthy

Belle McCluskey

Elizabeth McDermott
IMO: Michael J Welch

Gordon McDonald

Susan McGreevy

Sharon McGrory
IMO; Larka, Aoife,
Cinbar & Jorcia

Wanda McLain
"For Muirm, Sera, Megs,
Samhainie, Cumhai"

Darryl Meeks

Rebecca Middleton

Jean A Minnier

Mispillion Kennel Club Inc
In Honor of Cynthia Mar-
tin's "St Leger Anglesea" &
"St Leger Battle Abbey"

George N Mitchell

Donna L Monahan

Kim Morris

Deborah J Morrissey
IMO; Michael J Welch

Claire Morrison

Rona Moss

Cheryl Mucciolo

William & Karen
Mulheron

Joseph A & Anne R
Murphy

Rana Mariko Murphy

Sheila Nasch

Ken Neff

Mary M O'Brien

Mary & Margaret O'Brien

Deborah Olean
IMO; Michael J Welch

Mary O'Malley
IMO: Holly

Sue Orr

IMO: Donna Monahan

Miriam & Chuck Palm
IHO; Siamus

Denise Park

Claire M Parker

Jeanne Patterson

Mary Perry

Barbara M Peskin

John & Shelia Peyton

Jeanie Pitzenberger

Ken Pohl

Janet C Queisser

Ginger Quinn

Susan Rafacz

Richard Rapier

Christina Rappel

David W Richards

Joe & Kathy Roland

Cherry Rolle

Mary Ryan

Susan McIlquham Fjeldvig
Sandalgaard

Leslye Sandberg

Linda W Savage

Ashley Schaffter

Kim & Austin Schaffter

Karla M Schneider
IMO: Michael J Welch

Sharon B Schneidman

Debbie Sharpe

Susan Shebelsky

Cindy Marrazzo Shirley

Marsha & Gary Silvia
IMO; Michael J Welch

Caorle Silverthorne

Kathleen M Sneider

Judith L Snyder

Kim Staman

Shawna Stone

Maureen Sweeney

Rita Terrell

Margaret Thompson

Jack Topping

Martha Traylor

Peter Van Brunt

Billy & Linda Vaughn

Dianna Vreken

Mr & Mrs Francis Welch

IMO: Michael J Welch

Debra B Welch

IMO; Michael J Welch

Stephen Weir

Kathy Welling

Barbara Whitney

Stephen M Wolk MD

Anne B Worthmann

Rosemary E Wortman

IMO; 'My Beloved Ginna at
age 10 1/2 years"

Chris & Doug Wylie