THE Irish Wolfhound Foundation

Focus

Year End 2025

Review of IWF Sponsored Research 2025

The Irish Wolfhound Foundation uses your generous donations to sponsor and fund research dedicated to improving the welfare of all hounds.

Pneumonia

Pneumonia incidence is higher in the Irish wolfhound than in most breeds. Be it genetic predisposition, anatomy of the trachea and lungs, immune defects, variants of ciliary problems, something causes many hounds to suffer multiple bouts of pneumonia. It is a common cause of death in our hounds and a significant burden for owners and hounds.

The IWF is funding a study led by Dr Ron Goncalves at the University of Florida entitled "The Use of Mesenchymal Stem Cells to Treat Canine Pneumonia."

Stem cells hasten lung healing in mice and rats.

Currently treatment for pneumonia involves supportive care and antibiotics.This research is a pilot study with the hypothesis that dogs with pneumonia improve faster with a single infusion of stem cells at the beginning of the illness than hounds with standard therapy. Any dog presenting to the university of Florida Emergency room with pneumonia requiring oxygen is eligible to participate in this study.

After the pilot study is successfully completed the intent is to see if the hounds treated with a single infusion of mesenchymal stem cells for the original infection have less recurrent pneumonia. The mesenchymal stem cells are cultured at the University of Florida and also at many other sites and are commercially available. Use by local veterinarians is feasible if this therapy should be successful.

Unfortunately the pilot study has been slow to recruit dogs. Owners have been reluctant to have their dogs injected with stem cells although there is ample documentation of their safety .Dr. Goncalves and staff have presented the study again to the ER faculty hoping to increase recruitment. They also completed a safety study utilizing stem cells in healthy beagle dogs to further document stem cell infusion is not harmful in any way. Although in the early stages, this concept has the potential to markedly decrease the severity and incidence of recurrent pneumonia.

The present therapy for IW pneumonia is early and broad spectrum antibiotics with treatment 3-6 weeks after symptoms are gone. Is prolonged treatment with antibiotics necessary in all cases? Does it actually prevent recurrent pneumonia? Clinically in some older hounds that seems the case and some hounds seem to need antibiotics for prolonged periods and even life. The risks of prolonged antibiotics are many, including the emergence of resistant bacteria and harm to the hound's microbiome which may take a long time to repair. This can further damage the immune system, just what one is trying to avoid.

A recent study compared dogs getting antibiotics for 2 weeks and 4 weeks after resolution of pneumonia symptoms. There were no early relapses. They concluded two weeks of antibiotics after uncomplicated pneumonia in healthy dogs was adequate. There was only 1 IW included in this large study and all dogs were healthy with no past history of pneumonia. With the IW propensity to recurrent pneumonia there is reluctance to stop antibiotics after just 2 weeks without some marker of reassurance.

There are multiple recent publications using the inflammatory marker C Reactive Protein or CRP to guide length of antibiotic treatment in canine pneumonia. The CRP rises within 24 hours of acute infection. Failure of the CRP to respond to antibiotics correlates with a poor clinical response. Various studies have stopped antibiotics 2-7 days after the CRP has normalized.The largest study reported no early relapse in dogs when antibiotics were stopped 5 days after the CRP normalized.

Few wolfhounds have been included in these studies. At this time most wolfhound owners prefer long courses of antibiotics to hopefully decrease recurrent pneumonia. There may be many hounds who could stop treatment earlier. Dr Dan Fletcher is working on a proposal to evaluate using the CRP level to guide duration of antibiotic therapy in the IW with pneumonia. The proposal will hopefully be ready for consideration spring 2026.

Osteosarcoma

The IWF has long supported research to identify genetic markers for osteosarcoma. There has been a large body of work but little practical help. Pedigree studies verify the inheritibility of osteosarcoma in Irish Wolfhounds is .67, very high for any cancer. This suggests the search for these genetic markers may indeed be useful pursuit. Osteosarcoma is unusually prevalent in young IWs (hounds under 5 years of age) and affects more males than females in this age group. Narrowing the search to

REVIEW (Continued on page 7)

Focus
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Life Cycle Study

Update From The LifeCycle II Health Data Collection 2025

Any Progress at All?

Review of information provided to the IW health data base (LCS II study) for 2025 is misleading as there were only 22 reported deaths for the year. Looking at past data, this is less than 30% of usual reported deaths.

Longevity or averaged age at death for a population is error prone and difficult to tabulate. In the LCSII data collection part of the population of course, is still living and most deaths are from euthanasia, adding a personal bias. Often the age at death is not reported to the exact month. However, the data is in agreement with the IWDB estimates for lifespan and has demonstrated consistency.

The age at death was 7.45 years in 2000 and 7.57years in 2015. Tabulated yearly it has been remarkably consistent between 7.5 and 7.8 years. This year average age at death was 8.14 years but is based on only 22 data points and so is misleading.

Efforts to improve lifespan have included better vet care and medical options for our hounds, improved nutrition, and increased attention to body weight and exercise, as well as breeding with attention to health and longevity. There is a large population of 9- 10-year-old hounds active and well but this is offset by increased deaths in 4–5-year-olds. Review of data from 2000-2015 compared with data from 2015-2025 show minimal change in age of death for the Irish Wolfhound in this North American population.

Causes of Death Continue Unchanged

The number one killer of Irish Wolfhounds overall is cancer and the most common cancer is osteosarcoma which continues to kill 20% of North American Irish Wolfhounds. This is true for all age groups and for all years of formal data collection starting in 1966. Cardiac disease has been number two and in some European data collections number one. This has been followed by rear weakness and in recent years rear weakness has climbed to the number two spot. 2025 data show cardiac and rear weakness tied for first and osteosarcoma and pneumonia tied for second. Twenty-two deaths is an exceedingly small number. As more deaths are reported it seems likely osteosarcoma will reclaim first place. Even with these small numbers the top 4 causes of death remained the same. The greatest decrease in cause of death is for bloat. This was noted in data from 1966-1986 compared to 2000-2015 when deaths from bloat (not incidences of bloat) dropped presumed secondary to earlier diagnosis, better vet and anesthesia care. There are still deaths from bloat but in the past 10 years it is responsible for 2-4% of deaths only.

What About Bleeding?

Bleeding deaths have been sporadically reported but the entire data base contains only 15 hounds with this cause of death. This category does not specify the cause of the bleeding but includes all bleeding deaths. The average age for bleeding deaths is 6.51years and 10 of the 15 are female. In over 100 tested IWs, 24% were homozygous for the Depohgen mutation which is associated with hyperfibrinolysis (early breakdown of clots and delayed bleeding after surgery or trauma) in the Scottish deerhound. A recent publication described an Irish Wolfhound dying from delayed postoperative bleeding after a routine spay. She was homozygous for this mutation. Information on the incidence of bleeding in the IW is needed. Owners of any hound with any bleeding problem can add to the data base by taking part in the LCSII study. Further discussion of this topic can be found in the research reports.

Hemangiosarcoma continues to kill older hounds (mean 8 years) while lymphoma usually targets younger hounds (mean 5.8 years). These cancers claimed 2-8% of hounds yearly for the last 10 years.

Rear weakness results in euthanasia at a mean of 9.25 years and claimed the second leading cause of death spot starting in 2020.

Pneumonia was a rising cause of death in older hounds (6-10 years) with a steady increase from 1.5% of deaths in 2003 to 4% in 2017 to 5.9% in 2024 and 8.7% in 2025.

So, What About Health Problems?

In 2025 65.9% of 299 responding reported their hound had no health problems the past year. The number has varied from 50-64% over the past 10 years suggesting many of our hounds are quietly robust and living healthy lives with vet visits for only routine exams and vaccinations. However, that leaves a considerable number living with chronic health conditions.

The number one health problem owners and hounds live with continues to be cardiac disease. More hounds are surviving longer with heart disease thanks to effective treatment, affordable drugs, and earlier diagnosis. This has been the number one health problem for the past 10 years except 2023 when there were a few more families coping with rear weakness.

The many forms of rear weakness are reported as the second most common health problem. Owners change flooring, use acupuncture, laser therapy, exercise of all types that might help and diet and supplements to delay euthanasia.

Five percent of owners live with hounds fighting cancer.This group includes osteosarcoma, hemangiosarcoma, lymphoma and “other cancer.”

Arthritis was reported by 5% of responding owners.

Although conversations suggest there are a substantial number of male hounds with difficulty emptying their bladders, weak streams, difficulty starting urination and incontinence only .3% of owners returning forms in 2025 noted this as a problem.

The IW tendency to recurrent pneumonia was again documented as 4.7% of respondents cared for a hound with pneumonia in the past year.

Allergies afflicting hounds peaked in 2020- and began to taper in 2023 and are now affecting only 3% of hounds per owner reports.

Hounds with chronic diarrhea and poor appetites were reported by 1.3% of responding owners. Before 2020 there were NO poor eaters reported but since COVID it has been 1.6-1.3% of all reports. Chronic diarrhea was reported with highest numbers in 2020 has also decreased.

Has the Incidence of Atrial Fibrillation in the Irish Wolfhound Decreased?

In the late 1990s cardiologist Dr Neil Harpster reported the first hard data on North American Irish Wolfhound EKG abnormalities. 821asymptomatic hounds attending National specialties were included in his reports. By age 8 years 30% of these hounds were in atrial fibrillation. Overall 10-12% of the hounds tested were in atrial fibrillation. Much data later we know most cases of IW cardiomyopathy begin with atrial fibrillation and that this arrhythmia is inherited in the Irish Wolfhound.This rhythm problem occurs later in life, usually first diagnosed around age 5 years. Echocardiographic changes and the onset of cardiomyopathy and congestive heart failure occur at different rates in different hounds.

There has been an effort by breeders to assure hounds are in normal rhythm before breeding and not use a sire and dam who both have close relatives in atrial fibrillation.

Recent clinics anecdotally have seen decreased incidence of atrial fibrillation in the tested populations. The percentage of hounds that died from any cause and were known to be in afib has decreased from 11.4% in 2020 to 7.4% in 2024.

YrEKG	AgeGrp	NumAfib	NumEKGs	NumAfibs%
2020	0-2	0	40	0
2024	0-2	0	36	0
2020	3-5	5	45	11.1
2024	3-5	4	41	9.8
2020	6-7	6	20	30
2024	6-7	2	30	6.7
2020	8-Up	4	9	44.4
2024	8-Up	3	10	30

The incidence of atrial fibrillation in the IWF clinics was less in 2024. The number of EKGs and the age of the hounds is comparable. The incidence is complex. The number of EKGs often differs dramatically year to year. The age of participants varies from year to year so the population examined changes. The incidence of afib will increase with increasing age of the group and decrease with decreasing age of the group. The above table indicates not only an overall decrease in the number of afib EKGs but a decrease in each age group. The numbers are small but hold when examined in percentage and actual numbers.Simply finding the number of afib EKGs has decreased does not establish the incidence of atrial fibrillation in the breed has decreased.

The Cause of Death data shows cardiac death continuing at number 2 or 3 since 2000. The health problem results persistently show cardiac disease is the number one problem owners live with. If atrial fibrillation precedes cardiomyopathy and it is decreasing why do we still have so much heart disease?

The same population (LCSII participants) are used for all the data. **But is it the same population?**

Most EKGs in the recent database are no longer from various sources but predominantly from clinics which serve regional and the National specialties. This involves a population often tested for OFA and pre breeding echocardiograms.The number of EKGs from wolfhound gatherings and provided by participants in the LCSII has dramatically decreased. For 2002 there were 625 EKGs available to the data base and for 2024 only 117. EKG data from the many hounds participating in the LCSII data but not attending clinics is not as available. The number of EKGs on older hounds has also decreased but in proportion to the total number of EKGs.

In 2024 only 117 EKGs were available for data points while 247 forms were returned by participants in the LCSII. The incidence of heart disease is from the returned forms, while the incidence of atrial fibrillation is from the EKG reports.

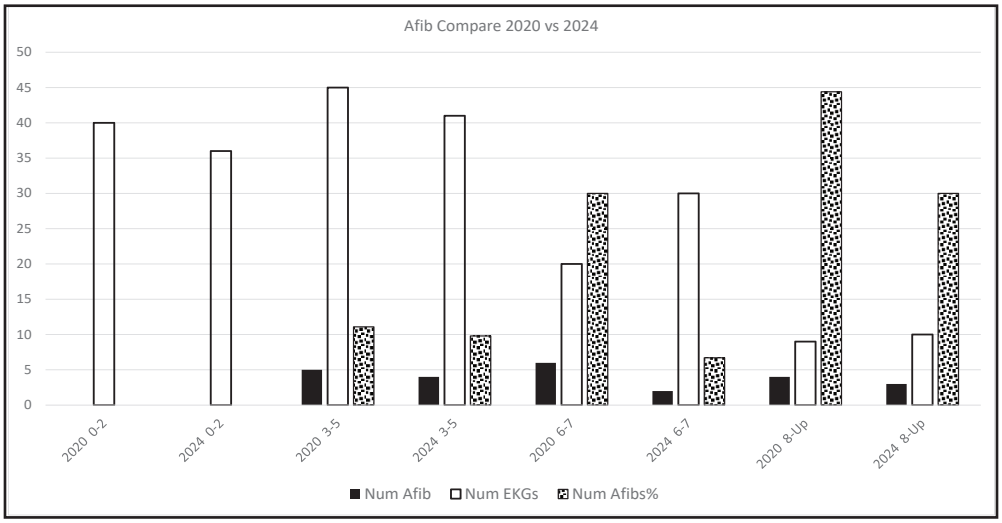
The EKG data does reflect decreased atrial fibrillation in hounds presenting to cardiac clinics over the last several years. This does not validate the incidence of atrial fibrillation in the North American Irish wolfhound has actually decreased.

If a hound is in atrial fibrillation he may be asymptomatic or there may be subtle signs of exercise intolerance or cough or panting. The heart rate needs to be controlled in these hounds. Medications can delay the onset of congestive heart failure from progressive cardiomyopathy. Treatment is effective and well tolerated. None of the many advances help if you do not know your hound needs help. A yearly EKG is recommended for hounds over 2 years and especially all hounds over 5 years. This recommendation is not for research but for the health of each hound. Although without the research the need for an EKG would not even be known.

The IWF will read EKGs sent from your vets office if the hound is participating in the LCSII data collection.The IWF helps fund all veteran EKGs and welcomes EVERY hound (not just event participants) to sponsored clinics. An EKG is usually not stressful to the hound. The IWF is working to make EKGs available at varied wolfhound gatherings.

We have come too far to quit now. Please take your hound for a yearly EKG.

Please participate in the LCSII data collection for the health of our hounds.



Filling out the Forms

The IWF has made some changes to on-line forms in the past year and more are coming. The aim was to make them more user-friendly/more consistent and reduce the number of times you need to enter certain information while making sure that the people handling our data get the information they need to save and retrieve data and generate reports.

The core of our research efforts is the ongoing Life Cycle Study, abbreviated as LCSII to differentiate it from the Lifetime Cardiac Study that ended in 2012. The LCSII is a survey of the diseases that affect our hounds quality of life and, ultimately, end their lives. This is a statistical database and quantity matters when generating statistics. The more dogs in the study, including dogs that are "rescues", the better we will understand which studies to support. Any purebred Irish Wolfhound is welcome in this study but there will be a request for an update, usually annually, on the health of the dog and its diet and medications, until death. The database is kept by a database manager who is not a wolfhound person so he has some help from volunteers who know the dogs and the people. These volunteers, who have pledged to protect the information and do not have direct access to the database, help catch the minor errors people make when filling out forms.

The LCSII funds IWF sponsored heart clinics around the country. Signing up for a heart clinic starts with filling out the LCSII form. Most of this form is self-explanatory.

Owner information

The owner is the person who is responsible for care of the dog and should be a single person. If we lose contact with the owner, we may seek out other people who would know where the dog has gone but that does not go in our database. Name and email are the only "required" data but address and, especially, phone number, can help us arrange heart testing. Owner information is not shared with other organizations, although it may be shared with researchers if you give permission.

Dog Information

The first question here is critical. The study has three stages: Enrollment-study entry, Update-for dogs already enrolled, and finally, DOG DECEASED-Final update, to let us know. This selection determines what questions you will see next.

Enrollment

If you check "Enrollment", you will be asked to agree to the terms of the study, which are to provide updated information annually. You will also be asked if you agree to be contacted by qualified researchers. This rarely happens unless your dog becomes qualified for an additional study. You will be asked to sign the form by checking "I agree". This allows the IWF to use data you provide for the purposes of the database, primarily for statistics on the breed and, sometimes, for researchers to select dogs for additional study.

Then there are then a series of questions about the dog. Call name seems obvious but it can be confusing. For one thing our cardiologists, while experienced with the breed, are not always well versed in Gaelic. You may know that Caoimhe is pronounced "Keeva" and Eoin is "Owen" but computers and cardiologists won't match them up. We try to pre-enter data into the echo and EKG equipment but it does help to use the phonetic spelling for some Irish names. We all have dogs that have multiple call names: "Sweet Pookie" nestling in your lap may be "Pook!" when you need him to leave that skunk alone. "Saint Patrick" may end up as "Pat" down the line. If your dog's call name changes by much, the computer may miss that.

Registered name and number are what is on the dog's registration. If your dog is not registered or you don't know, you can enter N/A. If the dog is registrable but not individually registered, the litter number may be helpful. If the dog is registered in another country, you can use that number. These are used mainly to make sure we don't have the same dog listed under multiple call names. In some cases of genetic studies they may be used to look at pedigrees. Just because they are not required, does not mean they should not be accurate, however. If your dog is "Jupiter of Irish Lake" that is not the same as 'Irish Lake Jupiter".

Study ID should be blank at this stage for the simple reason that if you are enrolling a dog, it doesn't yet have a study ID. This is a unique identifier given to every dog in our studies. We will give that to the owner on request. They are not shared with others.

Date of birth is important. We use the DOB to calculate age. Even if you have a rescue and don't know the exact date he/she was born, you probably have an approximate age so select a birthdate based on that. Pick a birthdate for this dog and put it on your calendar. Every dog deserves a birthday anyway.

Sex gives you two choices. The next question asks if the dog is spayed or neutered.

Some of us are really good at estimating weight, especially on adult dogs we have had for years. If you have a recent actual weight that is preferable but at least provide an estimate.

The next questions are checklists regarding the health of the dog and its parents. Most dogs, when first entered in the study will be healthy and you will hopefully be able to say "None". "Don't know" is also an option for people who are new owners and may not yet know if their dog, especially a rescue, is completely healthy. Check all that apply for this past year. If your dog has had a problem or disease that is not covered in the checklist, you can check "other". A text box will pop up asking you to explain.

When it comes to the health of parents, sometimes you just "don't know". You may not even know the parents of your dog. If you got your puppy from a good breeder, chances are that they can tell you and it is good information to keep in your records. When you check anything on the list a popup window asks for additional information. This is optional but it can be helpful to researchers. If, for instance, your dog had pneumonia, it can be helpful to know the age and frequency and how it was contracted.

The questions after that are about feeding and medications. The first question is about the body condition score. There is a website for reference and, while you may not be a vet, you should be able to look at the pictures and descriptions and give your hound a score. We find that most people report their hounds as 5 but trained observers find a lot of dogs at 6 or over.

The question about type of food has a drop down menu. Select the type of dog food that you think provides the majority of your hounds' calories. When researchers are looking at diet as a factor in disease they will be asking for more detail but for our database, there is just too much variety to cover all the options. Supplements are the same. We limit the choices to specific classes. "Other" will create a pop up window for additional details.

Medications are more likely to be specific so any class you choose under that menu will ask for specifics, mainly the brand name or the generic name but dosages and frequency are also recorded.

Congratulations! You are now ready to press "submit" and prove you are a real person. This is the hardest part for me. Is there a bicycle in a picture? A traffic light? But eventually you will get to the next screen that thanks you for registering and provides more options. More on that later.

Update for dogs already in the study

Reminders for updates will be sent if we don't hear from you in a year or so. There are very few changes to the update form. If you already gave us your address and in the enrollment it is not necessary to do that again unless it has changed in the past year. You will not have to sign the agreement again and the dog information looks much the same. Your dog will have been given a Study ID by now. If you would like to have the Study ID(s) for your dog(s), or know which of your dogs are in the study you can email us at theirishwolfhoundfoundation@gmail.com

The questions you will see are basically the same. You don't need to complete the registered name and number again. Sex will not change, although whether or not a dog is neutered may.

We do, however, change the options under "Health Conditions" on occasion, because the breed and our knowledge of it changes. That is where "Other" comes in. If one year we get a number of owners selecting "Other" and coming up with something we had not previously had on the list, we may add to the list.

DOG DECEASED- Final Report

Sadly, none of our hounds live forever. When a beloved dog dies, it is one last thing you can do for them, though. Let our researchers know of your loss. Your hurt may be unique to you but the disease probably is not unique and maybe, just maybe, your experience will contribute to our knowledge enough to give some other dog a second chance.

This form is very similar to the other forms but with three additional questions at the top. Date of death is probably seared in your heart. Cause of death is a text box because death is not always simple. We realize that most people cannot get an autopsy done on a wolfhound and even then can't always get definitive answers. Don't guess but do provide what you know. Finally we need to know if the dog was euthanized. This is not to question the owner's judgement but an additional piece of information for researchers.

Once you submit this form you will get a thank you from the IWF. While this is an automatic response, it is also a real one. We are saddened at the loss of any wolfhound. We have come to know them and their owners and treasure each and every one. We try not to send out reminders on dogs we know to be deceased.

Signing up for IWF Heart Clinics

If you are doing an enrollment or an update, once you submit the form you will get a new page giving you several new options. For one thing you may have the option to sign up for a heart clinic if reservations are currently being taken. There are two options for this, "with donation" and "without donation". If you use the "with donation" option, the amount you pay will be calculated based on the choices for testing and the recommended amounts for those testing options. You can also add an additional donation on this form if you wish. Note: all testing is funded by donations, either by those being tested or by clubs and individuals who sponsor heart testing.

"Without Donation" is for people who wish to make a donation for a different amount, by check, or at another time. No one is required to donate but clinics with cardiologists are relatively costly and all donations are appreciated.

Both of these forms are relatively brief. The basic information on owner and dog should already be completed based on the LCSII form. There is also a selection for preferred testing time. Scheduling choices are requested in order to try to set up a schedule. This is done by email once there is a judging program to plan around. Schedules are always somewhat flexible. If no choice is made, the scheduler will assume the timing is flexible.

Both forms also open in a new tab so, once you have registered the dog, you can go back to the LCSII tab and update another dog. If you are not entering a heart clinic at this time, or there are none available, you can go back to the LCSII tab.

The final option on the page allows you to complete the form for another dog. This allows you to enter or update another dog without reentering your contact information. You still need to go through and enter the dog information.

An automated response will provide you with a form to take to your vet if you wish to have an EKG done locally. These can be sent to the IWF per the instructions on the form. Your dog needs that annual EKG and the data adds to our knowledge.

Results from clinics are now emailed to owners. If you do not get them within a week of the clinic, please contact the IWF at IWFHealth@gmail.com to make sure you get a copy.

A note about OFA and CHIC: These are voluntary open databases operated by the Orthopedic Foundation for Animals and the Canine Health Information Center. Forms for the Advanced Cardiac Database, which is recommended by the IWCA for heart testing of Irish Wolfhounds, are three part forms and need to be filled out by hand. The IWF provides the forms as a service to owners but it is up to the owner to complete their portion of the form and have it ready for the examination. The cardiologists will keep the yellow and pink copy of the form and return the white copy to the owner. It is up to the owner to send this white form to the OFA, with the fee, in order to get the results registered with CHIC/OFA. Note that a single exam for CHIC does not mean your dog is cleared of all heart disease. Most heart disease in IWs is an adult onset disease and IWs should have an EKG repeated every year.

Other studies

Each specific study seeking enrollment will have its own form. These forms go to specific researchers and are not updated annually like the LCSII forms. We are trying to make them similar in nature but this is still an ongoing process. Some studies (VPC study for instance) require prior approval before a form can be completed. Others are open to all registered IWs. We are working on automated acknowledgements for all forms to make sure that you know a form has been properly submitted. Getting a personal response will vary with the researcher and the study. Please contact us at theirishwolfhoundfoundation@gmail.com if you feel your form might not have gone through.

Some forms may still be completed by hand for the time being.

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AKC Canine Health Foundation 2025 National Parent Club Canine Health Conference

Donna Brown, PhD

This event, co-sponsored by Nestlé Purina PetCare Company, was held August 7-9 in Durham, NC. I attended 23 presentations by researchers and numerous panel discussions. Many of these had only peripheral relevance to Irish Wolfhounds. Other presentations seemed quite preliminary, as though the researchers had agreed to present some time ago and had hoped to be further along than they were at this time. I will describe just a few of the presentations I felt were most interesting. I've included a link to the proceedings, so if you are curious about something that I haven't mentioned, please feel free to contact me at Houndhill1@msn.com and I'll try to answer your questions.

Cynthia Otto, DVM, PhD is a Professor of Working Dog Sciences and Sports Medicine at the University of Pennsylvania School of Veterinary Medicine. Her work on "Cooling Hot Dogs! Managing Exercise-Induced Hyperthermia" is a finalist for the 2025 Canine Health Discovery of the Year Award. Hyperthermia is the most common traumatic cause of death in working dogs. Dogs are composed of about 60% water, puppies of 80% water. It is important to realize, she stated, that within 10-15 minutes of physical activity in warm environments, a canine athlete's core body temperature can exceed 105 degrees F without evidence of illness or injury, and this can progress to heat stress, heat injury, and heat stroke. Mortality for heat stroke exceeds 50%. Besides exercise, confinement in a hot vehicle is one of the most common causes of heat stroke.

Early signs of heat stress can be missed but can progress to a flat, wide, long panting tongue with lips pulled back, ropey saliva, weakness, and ataxia.

Dr. Otto's work compared various methods of cooling a hot dog, and her results were somewhat counterintuitive. Do not apply isopropyl alcohol to the footpads, as this noxious stimulus results in an elevated heart rate that further heats the dog. Otto compared the effects of total or partial immersion in a pool of water, the application of cold packs to the neck or armpits, or having the dog voluntarily dunk their head in a bucket of water. The most effective method was to have the dogs voluntarily dunk their head in a bucket of 72 degree water. This method also has the advantage of being more practical in the field for working dogs than the pool of water, especially in desert environments. Many of us have had an IW who occasionally dunks their entire head in a bucket of water. Who would have thought they were using the most efficient cooling technique? Dogs can be taught to voluntarily dunk their heads by having them dive to eat treats from the bottom of a bucket with gradually increasing water levels. Dr. Otto provided a link to this training process: https://www.youtube.com/watch?v=A95eFGWDxFs

If you choose to teach your IW this effective cooling technique, I cannot be responsible for any repercussions.

From Blood Draws to Breakthrough: Updates on the Canine Osteosarcoma Early Detection (COED) Study Jaime Modiano, VMD PhD & Kelly Makielski, DVM, MS, DACVIM, University of Minnesota. This research is supported by the Irish Wolfhound Foundation and the IWCA, as well as several other breed organizations.

Research was designed to detect bone cancer earlier, as most often it is only diagnosed after it has metastasized to the lungs. Earlier detection would mean additional options for therapy and potentially better treatment outcomes. Over 375 dogs of six high-risk breeds were followed for 4.5 years. Researchers are trying to identify blood-based bio markers for osteosarcoma. At the Canine Health Foundation website you can read about early results (https://www.akcchf.org/webinar/canine-ostoesarcoma-early/) and we look forward to hearing Dr. Modiano give us an update on this study at our 2026 IWCA Specialty in St. Louis.

Peter Muir, BVSc, PhD, DACVS, DECVS from the Univerity of Wisconsin discussed "Is Cruciate Ligament Rupture an Injury or a Disease?" It turns out that it is one of the most common and costly orthopedic conditions, and is a complex, polygenic, and highly heritable disease across many dog breeds. As is true of many characteristics in dogs, the genetics of cruciate rupture seem to be breed specific. The researchers were able to predict with 77% accuracy in Labrador Retriever puppies whether an individual would develop a ruptured cruciate ligament based upon genome. When covariants such as age, height, sex, neuter status, coat color, and weight were included, a gain of 10% accuracy was attained, so about 88% accuracy was achieved, which is remarkable. The researchers were building and validating a polygenic risk score tool to predict cruciate ligament rupture risk in Labs, Rottweilers, and other breeds.

RuthAnn Lobos, DVM, CCRT, CVAT, from Nestlé Purina PetCare discussed "Insights into Senior Active Dog Health". Senior was defined as when a dog has reached the last 25% of its predicted life span. As many have stressed, the importance of avoiding obesity was seen as critical in avoiding secondary health problems such as osteoarthritis. Obesity is an inflammatory condition that can shorten a dog's life and results in oxidative stress, and puts mechanical stress on the entire body. It is essential to decrease the caloric intake of overweight dogs. Aging dogs require increased levels of protein, although it is a common misconception that they need less protein to preserve kidney health. Their diet needs high quality highly digestible nutrients, as their gut efficiency decreases with age. Probiotics were highly recommended; however, these need to be evaluated as to whether they indeed contain the active ingredients they are advertised to contain.

Older dogs benefit from physical and mental activity. Core strength exercise and low-impact activity such as swimming is recommended, along with bodywork such as acupuncture, chiropractic, and massage. Mental activity is also important, as older dogs have a shift in their brain glucose metabolism that can affect memory, learning, and decision making. Mental enrichment and stimulation such as scent work is beneficial. Older dogs may require shorter training and activity sessions and may need an increased recovery time. Medium chain triglyceride oils such as coconut cross the blood-brain barrier, helping fuel neurons and may help prevent or delay age-related cognitive decline. In fact, one change that I made for my own geriatric IWs is to add Bright Minds dry food to their diet, since it is formulated to include nutrients important for aging dogs. I was persuaded to try it even though I realize that Purina co-sponsored this conference. I will let you all know whether eight-year-old Olive and Ivy might be asked to resign their Mensa memberships as they age.

An ongoing set of Canine Health Foundation webinars highlights research and presents many of the projects that were discussed. You can sign up at the website (http://www.akcchf.org/webinars/) and get notice of upcoming webinars and watch past webinars.

These presentations were very lay-person friendly, and the presenters were happy to answer questions during the panel discussions. I encourage you to attend, especially if this is held near you in the future.

The Irish Wolfhound Foundation Year End 2025

Total Cash Assests @ 12/31/2024 $ 491,309.57
Total Disbursements $ (111,242.32)
Total Donations $ 100,331.49
Total Cash Assests @ 12/31/2025 $ 480,398.74

Category Funds Balances
General Endowment $ 245,919.39
Rescue $ 27,559.90
General Fund $ 184,947.57
Reserved $ 21,971.88

this population may improve the chances of finding genes of suspicion and leading to a genetic marker for affected young hounds. This research is led by Dr Susannah Sample at the University of Wisconsin. Sequencing has been completed. Analysis is being provided by a Texas A&M Veterinary school from their advanced computer labs and is ongoing. Again any positive results must be validated and they have asked for more samples. Any 10 year old hound without osteosarcoma or hound under 5 with osteosarcoma is needed. A cheek swab is now being used and will be sent on request.

The COED Study led by Dr Jaime Modiano (University of Minnesota) is validating a biomarker to identify osteosarcoma in asymptomatic hounds at high risk for osteosarcoma. Someday these asymptomatic hounds may be treated and osteosarcoma not expressed. Enrollment opened in 2022 and there are 75 Irish Wolfhounds enrolled. Blood samples from these hounds are used to identify patterns that are exclusively present in dogs with cancer and specifically in dogs with bone cancer. This research is supported by 6 breed clubs representing dogs at high risk for osteosarcoma.

Researchers have issued an impressive recent progress report that is confidential as multiple publications are in preparation. Progress continues and enrolled hounds will be followed for their lifetime. Unfortunately nearly 50% of enrolled wolfhounds have died. AI learning is refining this research as new data is available. Another progress report is due early 2026 and a more complete update will be given by Dr. Modiano at the National Specialty May 18 2026.

Bleeding

There are only 15 hounds in the entire LCSII data base with owner reported death from bleeding. Yet everyone seems to know of a hound bleeding to death. Because IWs are Sighthounds and delayed postoperative bleeding is well described in the greyhound, efforts have been directed to investigating this type of bleeding, called delayed postoperative hemorrhage or DEPOH. This describes a hound who forms normal clots. Then the clot begins to dissolve too early. Bruising or bleeding is noted 1-3 days after a seemingly routine surgery or recovery from trauma. This early dissolving of clots is called hyperfibrinolysis. In the greyhound this was described in nearly 24% undergoing spay/neuter surgery. There are no available reports describing this incidence in the IW.

Then came word of a genetic test for a mutation associated with hyperfibrinolysis in the Scottish Deerhound. The test is called Depohgen and is commercially available. About 24% of Scottish Deerhounds carry at least one copy of this mutation. Treatment with Amicar (aminocaproic acid will prevent the hyperfibrinolysis) is recommended for these hounds before elective surgery or after trauma.

The IWF sponsored testing in over 100 hounds. 24% were homozygous for this mutation (carry two copies of the mutation) and another 50% were heterozygous (carry one copy of the mutation). Thus 74% carry at least one copy of this mutation.This is a startlingly high incidence and MANY more IWs than deerhounds carry this mutation.

Dr Dan Fletcher sent a survey to IW owners and IWCA FB followers. There were 100 responses and 47 owners said they had had a hound with unexplained bleeding. 53 responders had no bleeding problems. Of the affected dogs 29 were within one week of a surgery and 19 of these were spay/neuter surgeries.This supports hyperfibrinolysis as the cause of bleeding in over half. Remember there are multiple causes for bleeding in our hounds but hyperfibrinolysis does seem prominent in this survey. Nearly 50% reporting a bleeding problem is a biased number. Owners with a hound that bled are more likely to respond and 100 is a small number for the population of North American Irish Wolfhounds.

Dr Dan Fletcher (Cornell University) previously published information that IWs had weaker clots than control dogs of the same size but clear evidence of hyperfibrinolysis was not seen.

Is this Depohgen mutation functional in the Irish Wolfhound? After the high number of Depohgen positive IWs was known Dr Fletcher proposed a study looking at clotting function and hyperfibrinolysis in 20 hounds homozygous for the mutation, 20 heterozygous and 20 normal hounds (did not carry the mutation). This was a heroic effort by Dr Fletcher and his team and IW owners who patiently brought their genotyped hounds for blood drawing at scheduled times during the Delaware Valley regional specialty.

A recent publication from Dr Michael Court describes a healthy wolfhound with well documented hyperfibrinolysis causing death after a routine spay. She was homozygous for this mutation. This chilling account of the loss of a healthy hound from routine spay frightens us all.

In hounds with hyperfibrinolysis treatment with aminocaproic acid (Amicar) will prevent the clot breakdown. Since there is a treatment should all IWs be tested for this mutation? Should all homozygous hounds be treated with Amicar?

Preliminary results from Dr Fletcher's study show some evidence that homozygous IWs do appear to have enhanced fibrinolysis compared to normal and heterozygous hounds. There are still unidentified factors involved as 24% of our hounds are homozygous but 24% have not had reported bleeding after routine spay or neuter, other surgery or trauma. Many hounds homozygous for the mutation have had surgery with no bleeding problems. Many hounds do not have trauma or surgery in their lifetime - no way to know if they would have bled. Anecdotal evidence on the incidence of this problem is all that is available at this time. The incidence of over 50% bleeding from the small survey and the incidence of 1% of hounds owner reported to have died from bled do not reflect the reality of this problem. Please join the LCSII data collection and HELP find the answer.

Dr Fletcher will publish his results in the next few months. He has offered his personal opinion as an IW owner that if his hound was homozygous for this mutation and significant surgery was needed he would treat with aminocaproic acid (Amicar). Further investigation continues. At this time the significance of the Depohgen test in the IW is not clear.

It does seem prudent that if there is any history or family history of delayed bleeding that the Depohgen test be checked and Amicar used if positive or that Amicar be used even without the test if there is a history or family history of delayed bleeding. And that owners have increased vigilance in checking for this after surgery.

Seizures

Dr Magi Casal reported in 2006 the incidence of seizures in the Irish wolfhound was 13% and the inheritance was recessive with variable penetrance. Since that time work continues to identify genes associated with seizure activity in the Irish Wolfhound. Although the incidence of reported seizures has decreased to 2-4%, the size of the carrier population is difficult to estimate. Remember if a seizure puppy is produced BOTH parents are carriers. Carriers will never have a seizure and may be bred multiple times to other mates without producing a seizure puppy but increasing the size of the carrier population. The average age of seizure onset is 3 and another group at 7-8. If a hound dies young breeders will never know they had produced a seizure dog and identify the parents as carriers. Dr Casal has been working toward a genetic test to help identify seizure carriers for two decades now. They have now sequenced over 300 IWs. Using this tremendous volume of data they have identified areas of interest for seizure activity. If these areas of interest can be verified, producing a genetic test to help identify seizure carriers can follow quickly and will be of tremendous help to the breed. Dr Casal believes at long last this continued effort will yield results. With the extensive genetic analysis of a large population of hounds than have also found areas of interest for lymphoma which is the second place cancer identified in IWs.

Degenerative Myelopathy

There is not a single cause for rear weakness in the IW. There are hounds with arthritis, with neurological abnormalities, with obesity and poor conditioning and many with a combination of these. However it is not unusual that an owner seeking help for a hound with a weakening rear is told the hound has degenerative myelopathy. There is no treatment for this except supportive care and it is relentlessly progressive often leading to early euthanasia.

The original genetic test for degenerative myelopathy was developed at the University of Missouri and only 5 the 95 IWs sampled carried this mutation and none were homozygous. Every dog carrying two copies of this mutation does not have clinically overt degenerative myelopathy but the clinical phenotype occurs in homozygous (both alleles carry the mutation) dogs.

While genotyping nearly 300 IWs Dr. Magi Casal and Dr Yosie Yu also looked for SOD1 (this is the degenerative myelopathy mutation) in these hounds. Only 5 hounds carried the mutation and NONE were homozygous. At the present time there has NOT been a documented case of degenerative myelopathy (homozygous SOD1 mutation and autopsy proven degenerative myelopathy) reported in the Irish Wolfhound. There are other progressive neurological causes contributing to rear weakness in the Irish Wolfhound, but not degenerative myelopathy.

It would be the best if no copies of the SOD1 mutation had been found in the breed but with this low incidence is reassuring. This data was reported by Dr.Casal, at the IW Breeders Symposium in November.

Cardiac

The VPC study is ongoing. There has been a poster publication and a paper is in progress on preliminary data. VPCs are not a marker for future cardiomyopathy but Holter monitoring continues to reveal significant arrhythmia in many asymptomatic hounds.

Cardiac clinics continue.

The number of EKGs available to the LCSII has decreased instead of increasing with passing years. IWF encourages a yearly EKG for all hounds (especially age 5 and older) and is finding ways to provide more EKG testing. This is not just important for research purposes but for the health of each hound. Heart disease can be treated effectively and if diagnosed early your hound will benefit.

The Irish Wolfhound Foundation, Inc.

Focus

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Laurie Mendiones
Susanne Martins
Allison Miller
Gary Miller
Kurt Mirtsching
For my Karen: "…it makes a difference to this one!"
Susan Montgomery
Richard Morrison
Alissa Muffley
Pam Murphy
For all the IWs
Ken Neff
Patty Newgard
IMO Dun Myrica R Noble Nuala of Eagle
Ronni Nienstedt
IMO Anam, Cara, Magic, & Davan
Fiona Norton
Kathleen O'Malley
Mary O'Malley
IMO Collins
James Oxendale Jr
Lidia Pallo
Mirian & Charles Palm
Cynthia Patterson
Jeanne Patterson
IMO Jesse, Hannah & Oliver
Mary Perry
In loving memory of River Bend Nye of Darkloch
Karla Petermann
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