

Focus



IWCA & IWF Define Future Roles

by Michael D. Fullwood

At the 74th IWCA Specialty held in May, members of the Boards of Directors of the IWCA and the IW Foundation sat down together and talked through some of their concerns about the overlapping missions of these organizations. This can only benefit both organizations. We came away from our discussions with a good, common understanding that will allow us all to move forward.

Foundation-sponsored events at the specialty included excellent presentations on genetics and heart disease by leading IW researchers. We got a chance to admire several IWs wearing 24-hour holter monitors (which provide continuous EKG tracings) as part of ongoing research to benefit our breed; we learned about breeding with vertical pedigrees; and we found out what geneticists are looking for when they search for the genetic markers of heart disease in the IW. We sponsored an IW CERF clinic, began to look at kidney function and its relationship to blood pressure and overall health in our hounds, and continued with EKG and BP testing for the Lifetime Cardiac Study.

The Foundation Gift Shop was the perfect place to shop, and the annual benefit auction was a resounding success, with IWCA President Randy Valenti as auctioneer. The annual Research Raffle honored Phillippa Crowe with four original works of art donated in her memory, and money raised for Health and Research totaled over \$2000.

The principal focus of the Foundation has been and will continue to be veterinary medical research. The Foundation is not an operat-



Going once....going twice.....SOLD!
Auctioneer Randy Valenti in action.

ing entity in the same sense as the IWCA. The Foundation was created to encourage contributions to benefit missions and objectives dear to the hearts of our breed's fanciers, and the nonprofit status of the Foundation encourages individuals and corporations to make significant contributions through bequests or direct grants.

As well as supporting veterinary research, the Foundation will sponsor educational events such as those we had at the specialty. In the next few months, Foundation-sponsored lecturers will include Dr. Bill Dernell, principal investigator of the IW Osteosarcoma Treatment Study at Colorado State University, who will speak during the lunch break at the RMIWA specialty. Geneticist Dr. Nathan Sutter will explain the Canine Genome Project and its relevance to the IW at the IWADV specialty reception on Sunday evening (see the story on page 3).

This type of education is the second mission of the foundation. The IWCA and the Foundation can augment and enhance each other's educational goals without interfering or competing with one another. The IWCA and the Foundation look forward to collaborating with one another in the future. Our first jointly-sponsored project will be a two-day educational seminar in November, 2004, featuring well-known canine authority Patricia V. Trotter and equally well-known Irish Wolfhound authority Samuel E. Ewing 3rd.

I am confident that the leaders of both organizations have established good lines of communication that will ensure cooperation and mutual support for the benefit of the breed. We at the Foundation must focus and commit ourselves to fund-raising to build the resources to accomplish the goals we all share.

I believe the Foundation is now operating effectively, in full cooperation on goals and missions with the Club, and delivering what its founder, Phillippa Crowe, sought from it: financial support for medical research into wolfhound health issues, education relating to the breed, and support for rescue efforts.

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Laparoscopic-Assisted Gastropexy: A New Option for Preventing GDV



Dr. Nathan A. Miller inserts a 5mm (about a quarter inch) trocar into the abdomen through a small incision. This trocar is used to fill the abdomen with air.



The camera is inserted through the trocar to allow the surgeons to see the organs.



The forceps are about to grasp the stomach, as seen through the lens of the camera. The liver and diaphragm can be seen in the background.



GDV (gastric dilation volvulus, or bloat and torsion) is a life-threatening, emergency condition in which the stomach fills with air and twists so that the air cannot escape. The pressure and distention can damage the stomach by affecting the blood supply to this area, resulting in necrosis (death of tissue). GDV is almost always fatal without surgery. Despite much research into GDV, especially by veterinary epidemiologist Dr. Larry Glickman at Purdue University, its exact cause has not been determined. GDV accounts for a significant number of deaths in IWs and other large and giant breeds.

Prophylactic gastropexy is an elective surgery which attaches a portion of the stomach to the abdominal wall, thus preventing the stomach from twisting even if it does fill with air. It's often performed at the same time a bitch is spayed. Reasons for considering prophylactic gastropexy might be:

- 'Your IW has a first-degree relative who has had GDV;
- 'Quick emergency veterinary care is unavailable; or
- 'Your dog is alone for long periods of time.

Laparoscopy uses fiber optics and a small video camera, along with customized instruments, to perform surgery using minimally-invasive techniques. The surgeon is able to explore without making the standard large opening through muscle and skin. Not all surgeons have experience and expertise with the laparoscope; veterinary teaching hospitals and surgical referral clinics are most likely to offer laparoscopic procedures at this time

Although laparoscopic-assisted gastropexy is more expensive than traditional gastropexy, it requires less anaesthesia, and, since it is less invasive, it allows the dog to recover more quickly. This technique was developed by Dr. Clarence Rawlings at the University of Georgia. In Denver, Colorado, veterinary surgeon Dr. Nathan A. Miller is performing laparoscopic-assisted gastropexies on all of the Denver and Aurora Police Departments' working German Shepherd dogs.

Dr. Miller has also performed this surgery on many canine 'civilians,' including Brigid, an IW owned by Tracey and Leonard Luty. After Brigid's brother, Reilly, died following GDV, Tracey decided it was time for Brigid to undergo a gastropexy. Brigid came through the surgery with flying colors. Since then, Brigid has gone to live with Reilly's former owner, Lena Laakso, in Utah. Brigid and Lena (pictured bottom left) are now inseparable, and Lena does not have to worry about GDV occurring again.

Laparoscopic-assisted gastropexies can also be performed on dogs whose stomachs are already twisted, but Dr. Miller feels that this technique should be used only in carefully-selected cases that are very stable. States Dr. Miller, "It is possible to check for necrosis with the laparoscope. If the surgeon suspects that a resection of the stomach may be needed, the procedure would be converted to an open procedure."





Results of Urinalyses in 64 Irish Wolfhounds

by Mariellen Dentino, MD

Why Test?

Because early kidney disease has no symptoms, it is difficult to estimate its frequency in the Irish Wolfhound. Hereditary kidney disease has not been a recognized problem in the breed. Kidney failure is not a leading cause of death in the breed but certainly may contribute more often than is suspected.

There are well-described relationships between blood pressure, heart disease and kidney function. The Lifetime Cardiac Study is providing breed data on heart disease and blood pressure. This year screening urinalyses was added as a pilot program.

Thank you to all the people who stepped forward to help with this project and to the owners who dutifully gathered the samples.... and to the hounds who provided them.

Method

Urine samples were collected in sterile containers and tested within an hour of collection. Clean catch specimens were not done; however, these samples correlate with those collected at routine veterinary visits. The urine specimens were checked for ten parameters. Protein, red blood cells, white blood cells, and specific gravity provide the best screen for chronic kidney problems. A questionnaire to document health problems, medications, etc., that might change the urinalysis was filled out for each dog. Unfortunately, the heat cycle was not included on the form so results on females in which blood was detected are suspect.

Results of 66 Urinalyses

- 🐾 Only 29 were completely normal. The most common abnormality was trace protein.
- 🐾 Trace protein with no other abnormality occurred in 11 males and 10 females with no known health problems and taking no medications.
- 🐾 Trace protein with no other abnormality occurred in 5 males and 3 females, all with non-renal health concerns and/or taking medication.
- 🐾 Trace protein and red blood cells were found in 2 females. Although both were healthy and not receiving medication, there was no information on their heat cycles.
- 🐾 30+ protein with no blood was found in the urine of 3 males and 1 female with no known health problems and taking no medications.
- 🐾 100+ protein with no blood was found in one male on medications for heart problems.
- 🐾 300+protein and blood was found in the urine of one male with no known health problems.
- 🐾 White blood cells with no protein or red blood cells was found in one healthy female on no medications.

So What?

There were many more abnormalities than expected. Even discounting the females who may have had a recent heat cycle nearly 60% of the dogs randomly tested had an abnormality. There have been recent articles describing the use of a new dipstick in veterinary practice called an ERD or early renal disease test. This measures microalbuminuria. It is more sensitive than the usual dipstick to check for protein and would result in even more abnormalities. However many veterinarians feel trace protein is "normal" in dogs especially if the urine is concentrated.

There were not enough dogs screened to see if there was correlation with specific gravity (the more concentrated the urine the higher the protein concentration) Specific gravity varied as anticipated from dilute to concentrated as no effort was made to time collections, or withhold water.

Dr. Dennis Chew, veterinary nephrologist from Ohio State University, feels that trace protein with a specific gravity of greater than 1.020 (there were six such dogs in the sample) is normal. He would recommend a repeat urinalysis for the dogs with trace protein and specific gravity less than 1.020. A urine sediment exam and a protein/creatinine ratio (a simple urine test—but does need to be sent to the laboratory) will be useful if trace protein persists and the urine is not concentrated, or if more significant proteinuria is found.

There were too few dogs screened to note any correlation with age, weight (obesity is known to result in protein in the urine), etc. Urine results will be correlated with blood pressures in dogs enrolled in the Lifetime Cardiac Study. However, there were too few dogs to anticipate any results. These urine samples were from a rather informal screening test, but suggest a larger and more formal screening needs to be done.

There is much new information about early detection and treatment of canine kidney disease. Remaining kidney function can often be prolonged for months/years with medication and simple dietary changes. The results are best when these are started early—long before symptoms occur. Treating even mild elevations of blood pressure in these patients may be as helpful as in humans. The Irish Wolfhound is one of the few breeds with well documented normal blood pressure range, so these decisions should be clearer. Someday a urinalysis may be recommended for all IWs, as well as an annual EKG.



Solomon Dentino happily participates in all the IW studies, including urinalysis at the specialty and Dr. Bright's holter monitor study. Solly says, "It's for the good of the breed!"



Ocular Lesions in Irish Wolfhounds 46

Results from the C.E.R.F. (Canine Eye Registration Foundation) Clinic
Irish Wolfhound Club of America Specialty Show
May, 2003 – Springfield, Ohio

by Anne J. Gemensky Metzler, DVM, MS, DACVO



Clinic Statistics

Forty-six Irish Wolfhounds (IW) were examined using biomicroscopy and indirect ophthalmoscopy to screen for inherited ocular abnormalities. Thirty dogs (65%) were normal in both eyes. Of the 16 dogs with abnormalities, the following disorders were noted: optic nerve hypoplasia (n=2, 4%), micropapilla (n=2), iris cysts (n=5, 11%), scrolled cartilage of the nictitating membrane (n=1), retinal folds (n=2), persistent pupillary membranes (n=1), persistent hyaloid (n=1), microphakia (n=1),



punctate anterior cortical cataract, significance unknown (n=1), diffuse anterior and posterior cortical and equatorial cataract (n=1), and other non-inherited disorders (n=7). The other non-inherited disorders described in the comments boxes were chorioretinal scar/possible retinal dysplasia (n=5) and ruptured iris cysts (n=2). In the Canine Eye Registry Foundation (CERF) Eye Disease Report 1991-1999, only 386 IW were examined. Of these, 285 (74%) were normal, 15 (3.86%) were affected with micropapilla or optic nerve hypoplasia and the percentages of dogs affected with the other abnormalities were similar to those seen at this clinic. For comparison, the Labrador Retriever was one of the most common breeds examined with nearly 49,000 dogs examined from 1991-1999 and 86% normal. Retinal folds were the most common abnormality, observed in 3% of the dogs.



Optic Nerve Hypoplasia

Of the disorders seen in the IW, the most concerning ones are the optic nerve hypoplasia and the 5 chorioretinal scars/geographic dysplasia cases. Optic nerve (ON) hypoplasia is abnormal development of the nerve resulting in total blindness in the affected eye. Both dogs with ON hypoplasia were affected only in one eye, thus the owners did not notice a vision problem. Clinically, the affected nerve looks very small and dark, similar to micropapilla which is an ON that is smaller than normal found in a visual eye. Eyes diagnosed with micropapilla usually have a nerve that looks of normal color and vasculature, but small. Both of these conditions are thought to be inherited, particularly in breeds such as the toy, miniature, and standard poodles. Breeding of dogs with optic nerve hypoplasia is always strongly discouraged: dogs with potentially heritable conditions that can or do result in blindness should not be bred. Micropapilla is listed as "breeder option."

Retinal Dysplasia

The dogs with the chorioretinal scarring or geographic retinal dysplasia are a concern because of the number of dogs affected in the small number of dogs examined. It is sometimes difficult to ophthalmoscopically distinguish between these two conditions, especially if the abnormality is seen only in one eye like all 5 of these cases. Retinal dysplasia refers to abnormal development of the retina, often occurring in both eyes, resulting in a clinically apparent area of retinal folding or thinning or, in severe cases, retinal detachment. Retinal folds and geographic retinal dysplasia typically are not significant to vision and do not progress. Breeding is discouraged because the trait can occur in offspring in a more severe form (eg. a dog with folds could have offspring with a large area of geographic dysplasia or rarely, retinal detachment). However, in most breeds, including the IW, folds are "breeder option." My personal opinion after evaluating the data from the clinic is that these retinal lesions may be due to geographic retinal dysplasia rather than trauma or inflammation for several reasons: I think it would be uncommon to see so many scars in

such a small group of dogs, there were no known previous health problems and the location and appearance were compatible with retinal dysplasia and were similar between the affected dogs. The hereditary nature of retinal dysplasia has not been investigated in the IW and the CERF genetics committee will monitor the condition in the breed and make appropriate breeding recommendations. The best recommendation for now would be to have a CERF examination annually and, if the dog is to be bred, it should be bred to a dog with a normal CERF exam and should be eliminated from the breeding program if retinal dysplasia is detected in the offspring.

Recommendations

Litters should be examined at 5 to 10 weeks of age to screen for retinal dysplasia, congenital cataracts, optic nerve hypoplasia and other potentially heritable ocular disorders.

Aside from the diffuse cataract, the remaining abnormalities listed are generally not threatening to vision. Iris cysts appear to be common in the IW and are most often an incidental finding. However, in Golden Retrievers and Great Danes, iris cysts can be associated with inflammation and glaucoma. Therefore, the cysts should be monitored periodically for change and intraocular pressures should be monitored.

Total Irish Wolfhounds Tested	46	
Total Abnormalities	16	35%*
Optic Nerve Hypoplasia	2	4%
Micropapilla	2	4%
Iris Cysts	5	11%
Scrolled Cartilage of the Nictitating Membrane	1	2%
Retinal Folds	2	4%
Persistent Pupillary Membranes	1	2%
Persistent Hyaloid	1	2%
Microphakia	1	2%
Punctate Anterior Cortical Cataract (significance unknown)	1	2%
Diffuse Anterior and Posterior Cortical and Equatorial Cataract	1	2%
Other Non-Inherited Disorders	7	15%
Chorioretinal Scar/Possible Retinal Dysplasia	5	11%
Ruptured Iris Cysts	2	4%

* Some dogs had more than one abnormality.

Canine Genome Project Geneticist to Speak at IWADV Specialty October 5

IWADV and The Irish Wolfhound Foundation will jointly sponsor an informal talk by Canine Genome Project geneticist Dr. Nate Sutter on Sunday evening, October 5. Dr. Sutter will speak at the traditional informal Welcome Reception hosted by IWADV at their Specialty show October 5 and 6. Dr. Sutter's presentation will focus on the ongoing research of the Canine Genome Project at the Ostrander Canine Genetics Laboratory at the Fred Hutchinson Cancer Research Center in Seattle, WA.

The Ostrander Lab's current research projects are unified by the idea that today's breeds were molded by



population dynamics and breeder choices during the preceding decades and centuries. As researchers discover how purebred dog breeds are genetically related to each other, their understanding of how to predict and fight genetic disease in dogs will increase rapidly. What does all this mean for the wolfhound of the future? How will these discoveries affect the decisions breeders make?

Dr. Sutter will address these questions in a format suitable for a general audience of IW owners and breeders, and there will be time reserved for questions and discussion.

The Irish Wolfhound Foundation

Treasurer's Report

1/1/03 — 7/29/03

INCOME

General	\$ 58,352.00
Rescue Fund	360.00
Research Fund	54,734.14
	<u>\$113,446.14</u>

EXPENSES

General	\$ 5,905.42
Rescue	—
Research	16,288.05
Education	—
	<u>\$ 22,193.47</u>

NET \$ 91,252.67

Riverlawn Fund \$ 15,983.81

Hemangiosarcoma *What You Need to Know*

What Is It?

Hemangiosarcoma is known as the silent killer among canine cancers. Like osteosarcoma, it has a predilection for middle-aged and older large and giant breed dogs. However, its symptoms are frequently vague and nonspecific, like lethargy, poor appetite, and weight loss. Sometimes, pale mucous membranes and increased respiratory rates will be noted. Because this tumor so often originates in internal organs, we frequently observe no sign of illness until the disease is very widespread. The malignancy goes unnoticed until the dog is in acute distress, with pale gums and low red cell count, needing a transfusion and fluids, due to bleeding of the tumor or rupture of the organ itself. A number of coagulation disorders may also occur. When a mature wolfhound dies suddenly without a history of illness, hemangiosarcoma may be the culprit, and a necropsy should be requested to establish actual cause of death.

Splenic Hemangiosarcoma

Hemangiosarcomas usually occur in the spleen. They are also found in the heart, the skin, and the liver, but since they are cancers of the cells which line blood vessels, they may occur anywhere. They account for about 5% of all canine cancers. Between one-half and two-thirds of all splenic masses found in large dogs are malignant; and about three-quarters of these malignancies are hemangiosarcomas. In humans, this tumor is called angiosarcoma, is most often found in the liver, and is relatively rare.

Abdominal ultrasound offers the best means for identifying splenic masses. Biopsy is probably not an ideal option for diagnosing this cancer, because of the risk of seeding the abdomen or causing splenic rupture. An exploratory laparotomy is the best tool for definitive diagnosis; at the same time that the spleen is removed, the surgeon can explore the abdomen for evidence of metastasis. Histopathology is necessary for an absolute diagnosis, although a combination of symptoms can be very suggestive. In his lecture *Update on Hemangiosarcoma* at the July, 2002 AVMA Annual Convention, Dr. Rowan Milner from the University of Florida, observes that over 50% (unpublished data) of dogs with splenic hemangiosarcoma present with EKG changes, especially tachyarrhythmias of VPCs (fast, abnormal heartbeats arising from the ventricle rather than from the atrium).

Chemotherapy somewhat extends survivability following splenectomy. The most promising agent is the immuno-stimulant L-MTP-PE (liposomal muramyl tripeptide), which extends survivability to 270 days on average. Unfortunately, L-MTP-PE is still experimental and difficult to obtain.

Cardiac Hemangiosarcoma

As bad as splenic hemangiosarcoma is, cardiac hemangiosarcoma is worse. On x-ray, the dog's heart will appear globoid, because all that is visible is the pericardium (the sac which contains the heart), swollen with blood from the bleeding tumor. This

swelling does not allow the dog's heart to expand and contract normally. Obviously, this condition, if left untreated, results in the death of the dog. Partial or total pericardiectomy, even without removal of the tumor, positively impacts survival time.

Cutaneous Hemangiosarcoma

Primary cutaneous hemangiosarcoma are a different story. When these tumors are removed promptly, excision is curative. However, skin hemangiosarcoma can be metastatic in origin, so it is important to ascertain whether or not the tumor is primary before an accurate prognosis can be made.

A Genetic Link

Researchers suspect that there is a genetic aspect to many cancers, and this one is no exception. The Tumor Suppressor Gene P-53 is suspected of playing a major role in the development of both canine osteosarcoma and hemangiosarcoma. When this gene is 'turned off,' it allows defective cells to avoid the programmed death which would normally occur, giving them a kind of immortality. Two recessive alleles must be present for the mutant, malfunctioning form of this gene to be expressed.

So often, an IW who dies with no apparent previous illness is suspected of having died from cardiac disease or stroke. Hemangiosarcoma may have been the cause of sudden collapse and death in IWs far more often than we previously suspected.



A ROSE by ANY OTHER NAME



by Micheale A. mac Gorman

Perhaps because the Irish wolfhound is a strong symbol of Irish culture, use of the Irish language in their given names and in the kennel names of wolfhound breeders is common around the world. Irish, however, is largely unknown outside of Ireland and the small groups of Irish immigrants who passed the language to their children. Consequently, many Irish wolfhound lovers find themselves unable to understand or pronounce many wolfhound and kennel names.

The Irish language and her sister languages, Welsh and Breton, are among the oldest living languages in Europe. Written records of Old Irish can be traced back to the early Christian period, often expressed in an early form of writing known as "Ogham." Hundreds of "Ogham" stones, depicting a code of strokes and dots representing letters, can still be found throughout Ireland today. Irish developed from one of the Celtic dialects brought to bronze age Ireland and Britain by the Celts, with

great influence from other pre-Celtic invaders of the island such as the Partholon, Tuatha De Danann, Fir Bolg, Milesians, and Picts (or Cruithni).

Irish was first called 'Gaelic' or 'Goidelic' by the Welsh. The use of the word Gaelic can be confusing, as Scotch Gaelic is significantly different from the Irish language. The many invasions of Ireland, by the Vikings, Normans, and British, in particular, left their marks on the Old Irish tongue. By the seventeenth century, under British rule, many Irish chieftains and teachers were forced to emigrate or go into hiding, and for many Irish, education took place only in the illegal "hedge schools," in fields, barns, and sheds. Use of the Irish language went into deep decline and nearly disappeared from many parts of the island.

The districts in which Irish managed to survive are known as "An Ghaeltacht," mainly situated on the west coast. Three dialects of Irish are generally recognized: Connacht Irish, spoken in Galway and north Mayo;

Ulster Irish, spoken in Donegal; and Munster Irish, spoken in Cork, Kerry and Waterford. The differences in pronunciation between these three dialects are considerable, and as a result there is no standard pronunciation of Irish. Today, Ireland is officially a bilingual state, with Irish and English having equal status under the law. Irish has had an enormous resurgence, and is very much a living language once again.

Irish can be a perplexing language, particularly for those with exposure to only Germanic or Romantic tongues. For those who learned Irish as children or for whom Irish is their first language, it makes perfect sense. For others, it makes little or no sense. Take, for example, 'good night,' a simple phrase that is used nearly every day. The Irish translation of 'good night' is 'oche mhaith,' pronounced 'eeha wah!' As tricky as it might seem, though, Irish can be easily learned.

Below are a few little Irish words and phrases with pronunciations which could be useful to the Irish wolfhound owner, breeder, handler and friend.

Irish Word	Pronunciation	Translation	Irish Word	Pronunciation	Translation
Ros	(ros)	rose	Cnoc	(kruk)	hill
Moinear	(moen)	meadow	Árd	(aard)	tall
Briosea	(broysca)	biscuit	Fiacla	(feeakla)	teeth
Rua	(rooah)	red-haired	Gualainn	(goolann)	shoulder
Liath	(leeu)	grey	Cos	(kuss)	leg
Dubh	(duv)	black	Ceann	(kyunn)	head
Cruithneachta	(krihnakhta)	wheaten	Neamhzaglach	(nowhaglukh)	fearless
Cairde	(kharja)	friends	Sona	(sawna)	happy
Go hiontach	(gu heentakh)	wonderful	Glóite	(gloech)	pretty
Suntasach	(suntasakh)	impressive	Cingalta	(kinaal)	sweet
Ár fhéabhas	(air owas)	superb	Mor	(moer)	big
Milltánaach	(milchanakh)	tremendous	Caoin or sáimh	(keen or sheeve)	gentle
Misniuil	(meeschnool)	courageous			

Irish Phrases for the IW Fancier

This is one I find myself using a lot:
Cad é bhi sibh a dhéanamh?

(kaday vee shiv a yanoo)

What were you doing???

And your dog's favorite phrase...
Téimis amach ar shiúlóid!

(tcheyimish amakh air hyooloj)

Let's go for a walk!

And finally,
Níl diallaí ar mo madra/madad!

(Neel jeealitch air mu mahdrah/madoo)

My dog does not have a saddle!



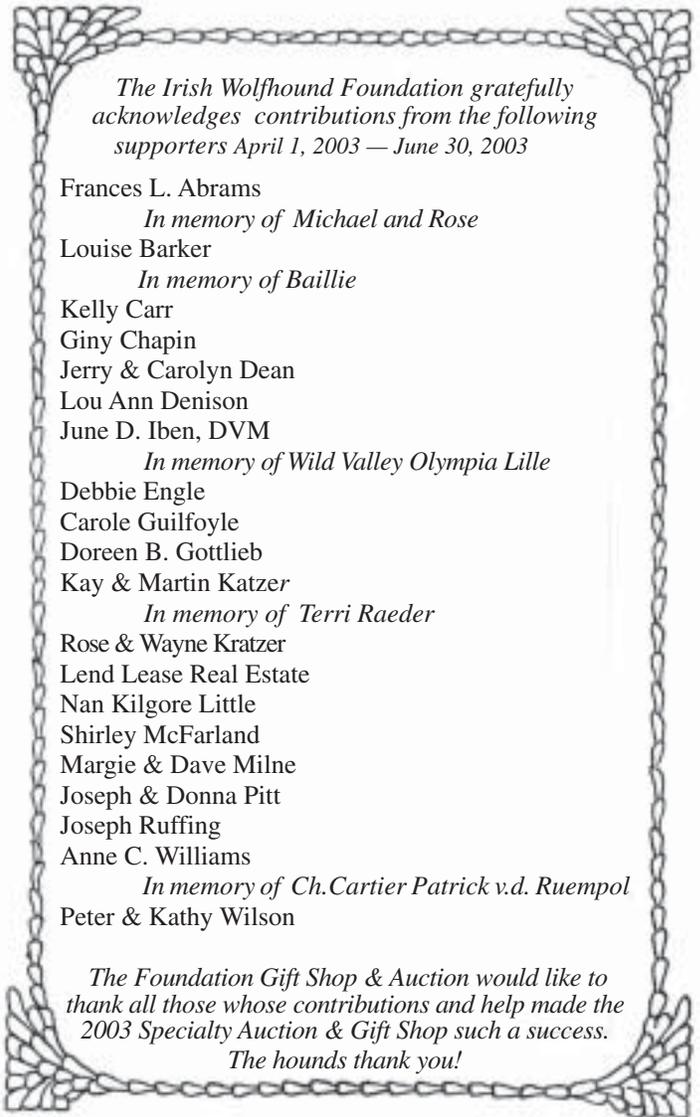
RISK ANALYSIS FOR SEIZURES, PRA

Acquisition of a new software package has enabled the IW Seizure Study to offer a new service which uses the extensive information collected about this disease over the last eight years. With a database of over 75,000 Irish Wolfhounds, analysis can now project the risk of a particular wolfhound for both seizures and for PRA (progressive retinal atrophy). Risk analysis can also be projected for a theoretical breeding which an owner may be contemplating.

For more information, contact the Study's coordinator, Anne Janis, at iwstudy@earthlink.net.



Anne Williams with her IW Patrick, an extraordinary therapy dog, pictured outside the children's oncology ward. Patrick was honored last year by TDI for his therapy visits. Following the September 11 bombings, Patrick was asked to come into New York City to help provide love, compassion and tenderness to the NYC firefighters and policemen. He provided nobly.



YES! I want to support the Irish Wolfhound Foundation's work through my *tax-deductible* donation! Please use my donation for the following:

Health Education
 Rescue Wherever it's needed most.

Name _____

Address _____

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IWF Calendar

August 29

RMIWA Specialty

Dr. William Dernell, veterinary oncologist at Colorado State University and Principal Investigator of the IW Osteo Treatment Study, speaks during the lunch break at the RMIWA Specialty.

Osteosarcoma Study Update

Greeley, CO

RMIWA Specialty

Dr. Janice Bright and Dr. Alice Timmerman perform EKGs. for the Lifetime Cardiac Study.

Lifetime Cardiac Study Testing

Greeley, CO

September 13

NCIWC Specialty

Dr. Kristin Macdonald performs EKGs for the Lifetime Cardiac Study.

Lifetime Cardiac Study Testing

Petaluma, CA

September 20 & 21

IWCC Specialty

Bring your hound for his annual EKG!

Lifetime Cardiac Study Testing

Woodstock, ON

September 27

IWCWV Fun Match

Free EKG testing for your IW! Contact Dorian Mell for more information at dorian@keylitho.com.

Lifetime Cardiac Study Testing

Portland OR

October 5 & 6

IWADV Specialty

On Sunday evening, guest speaker Dr. Nathan B. Sutter relates the Canine Genome Project to the IW.

Canine Genome Project & the IW

Allentown, PA

IWADV Specialty

EKGs and BPs both days at the show! Also, DNA collection for the Canine Genome Project!

Lifetime Cardiac Study Testing

Allentown, PA

October 25

RMIWA Meeting

Veterinary surgeon Dr. Nathan A. Miller explains a new surgical procedure called Laparoscopic-Assisted Gastropexy. For further information, contact RMIWA secretary Terri Colburn at terric@ix.netcom.com.

Laparoscopic Gastropexy Talk

Denver, CO

IWAGSM Fun Match

EKGs and BPs performed during the Fun Match—free!

Lifetime Cardiac Study Testing

Walland, TN

The Irish Wolfhound Foundation, Inc.

Focus

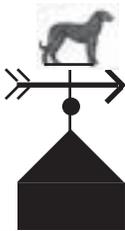
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