



Focus

The Irish Wolfhound Foundation, Inc.

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2005

Why Your Membership in the IWF Matters! An Open Letter to All Wolfhound Owners

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Focus

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I remember the helpless feeling as I walked along the lane in the gathering darkness with my fading IW girl limping at my side. I slowed more and more as she gamely tried to keep up, but in the end she stopped cold and stood with her painfully swollen hind leg raised, looking quietly into my eyes to ask why. Then, as now, I had no answers. I could only look back into those soft, gentle eyes and try to keep from crying, thinking of the time a few short weeks past when it was I who was trying to keep up with her as we jogged together down this same road.

That was many years and many wolfhounds ago. And many bone cancers, bloats, heart failures, etc., ago. I have witnessed that pained look, and felt that creeping sensation of powerlessness come over me, more often than I can comfortably remember. Different colors, different shapes, different bloodlines—but the result is always the same.

For all these years, I have scanned the glossy pages of *Harp & Hound* and *The Irish Wolfhound Quarterly* and admired the show winners and title holders, and read about temperament, toplines, and tailsets. Occasionally, there were articles about health, too. But I always felt that something was missing. Something that addressed that question my Sarah had asked so long ago, that I had been unable to answer.

Over the past two years, I have watched the development of The Irish Wolfhound Foundation and the research it has been conducting, and

I finally see an organization that is dedicated to seeking answers to why our breed's lifespan is short. An organization that wants to improve the quality of life for all the Sarahs out there with osteosarcoma, all the Maeves out there who bloat, all the Bards battling cardiomyopathy during what should still be puppyhood, and all the other wolfhounds who suffer. The hope is that maybe, just maybe, by studying enough wolfhounds and collecting and analyzing the data, we can push the life expectancy to 8 or 9 years. And make those 8 or 9 healthy years.

The problem I see is that an effort like this takes both money and participation. It



**Pssst! Tell your parents to join the IWF!
Pass it on!**

takes a revenue stream that is constant and renewable, not subject to the usual peaks and valleys that so often accompany programs funded by charitable donations and event-driven revenues. This is what has led to this membership drive.

But perhaps just as important in the short run—and definitely for the long haul—this effort needs the overwhelming support of everyone associated with this breed. It requires that

all of us, breeders, pet owners, and fanciers alike, acknowledge the desirability — no, the necessity of this work. Hiding our heads in the sand will not make the problems inherent in our breed go away. Let's not kid ourselves—as the research continues to show, many of the issues in our beloved breed are inherited. We are the only stewards the Irish Wolfhound has. We owe it to ourselves and the dogs we cherish, to find out all we can about how we can improve the breed. And not just in "commanding appearance," but in "can still walk on all four legs at 7 years of age."

If you think we can't make a difference, then take a look at what some other breeds have done. Look at the Portuguese Water Dog. Closer to home, look at what the IW Seizure Study has accomplished. *Of course* we can, and we must, act on behalf of our hounds!

Everyone who has ever loved an Irish Wolfhound needs to become a member of this Foundation. Further, we owe it to ourselves and our dogs to spread the word. Breeders can introduce the Foundation and its mission to people just starting out in the breed.

Membership is a bargain! Not only will you continue to receive this newsletter and a 10% discount on purchases at our Gift Shop, but you will be helping to continue the work that the Foundation is doing on behalf of our dogs. We simply can't afford *not* to make this organization a success.

Editor's Note: Membership form is on the back page.



Results of Urinalyses in 77 Irish Wolfhounds

by Mariellen Dentino, MD

*Nearly 60% of
wolfhounds
tested had
abnormal
urinalysis
results.*

*Is kidney
disease
more
common
in Irish
Wolfhounds
than was
previously
believed?*

DETECTING KIDNEY DISEASE EARLY

The early detection of kidney disease leads to more success in treating this problem. Early detection of kidney disease can be difficult, since it is usually asymptomatic until damage is extensive, and response to intervention at this point is usually poor. In 2003, Irish Wolfhound urinalyses were added as a pilot program to the testing of wolfhounds enrolled in the Lifetime Cardiac Study. Although a relatively small number (66) of urine samples were screened, only 40% of these were completely normal.

In the future, urinalyses will be done at all possible testing sites. Yearly samples on as many dogs as possible would be most helpful. There are still too few samples to enable correlation with blood pressure, but if the individual dog has a documented increase in blood pressure from previous years and an abnormality in the urine as well, treatment with an ace-inhibitor may influence the rate of progression of the renal problem—which can be there even when blood tests yield “normal” results. If it is impossible to get a hound’s urine tested at a test site, inclusion of a urinalysis with the EKG attached to the yearly questionnaire will provide much helpful information.

RESULTS FROM URINALYSES AT THE 2004 IWCA SPECIALTY

Seventy-seven urine samples were obtained at the IWCA National Specialty Show in Carlisle, Ohio, in May, 2004.

37 bitches and 40 dogs were tested. 44% of those tested were normal, while 56% showed some abnormality. These results are very similar to last year’s numbers, where nearly 60% tested had some abnormality.

Again, the most common abnormality was trace proteinuria, which was found in 20% of the males and 29% of the females. In random sampling, there was again large variation in specific gravity. Specific gravity measures the concentration of the urine. Diseased kidneys lose the ability to concentrate urine. Many veterinarians feel that trace protein in a dog with a specific gravity of greater than 1.020 is to be considered normal. This needs to be established in our breed. It is of interest that 11 hounds (6 females and 5 males) had very concentrated urine with no detected protein.

There were 7 females and 8 males with trace protein and specific gravity greater than 1.020. There were too few samples to correlate blood pressure with trace proteinuria.

In dogs with specific gravity less than 1.010, there were 19 dogs with protein of 30+ or greater—all clearly abnormal.

- 12 dogs (5 female and 7 male) with 30+ protein
- 3 dog (2 female and 1 male) with 100++ protein
- 3 dogs (all male) with 300+++ protein
- 1 dog (female) with 2000++++ protein.

These dogs should all have a repeat urinalysis, a urine sediment exam, and a urine/protein ratio.

Hematuria (blood in the urine) was found only in one dog. It was also found in 4 females with recent/ongoing heat cycles.

Leukocytes (white blood cells) were found as an isolated abnormality in 7 males, and in association with protein and a specific gravity in 5 males.

Leukocytosis was noted in 14 females. In 8 of these, this was an isolated finding, and in 5 it was associated with proteinuria. One bitch was also positive for nitrates, and, although no symptoms were recorded, this indicates a urinary tract infection.

Hounds with leukocytes and blood and /or protein should have a repeat urinalysis. Leukocytes can be indicative of an inflammatory reaction in the kidney, as well as infection in the urine.

It is of interest that 4 of the hounds with white blood cells in their urine were being treated for allergies.

CONCLUSION

The Irish Wolfhound does not have known hereditary renal disease. However, many of our hounds may have silent kidney disease. We have looked at only 143 samples, but clearly we need to continue this screening and, if possible, offer it more widely in the future.



Dieting is America's newest national pastime. We're counting carbs and calories, and choosing from an ever-growing selection of lean, healthy, and 'smart' foods for ourselves and our families. We are bombarded daily with dire warnings from the media about the dangers that excess weight places on our hearts, and how our joints are adversely affected by even a few extra pounds. Our veterinarians warn of the same dangers for our canine companions. So why aren't more of us paying close attention to our hounds' weight?

One answer may be that we are not sure just exactly what ideal weight means. The veterinary literature suggests that at least half of all dogs in this country are overweight, and this is not just 'couch potato' pets—it includes dogs in the show ring and coursing hounds, too. Many judges in the conformation ring, for instance, seem unable to tell the difference between muscle and excess fat. In a breed like ours, where size and substance are often rewarded, this can cause problems. Excess weight can give the illusion of substance, and actually add height. Many dogs carry excess weight in the shoulders and withers, making them measurably taller than slimmer, healthier wolfhounds. If overweight dogs win in the show ring, more and more fanciers associate the excess weight with 'correct' conformation!

Take a minute to look at your wolfhound right now. No matter what your IW's age or gender, there are basic guidelines you can follow for assessing his weight.

- **Waist** If you can't locate your dog's waist, that's your first tip that he needs to step away from the bowl a little sooner at each feeding. All dogs, regardless of breed, should have a discernible waist behind the rib cage. Looking at your dog from above, be sure you can find the end of the rib cage.
- **Tuck Up** -Check to make sure your wolfhound still has a tuck up. All dogs should have one, especially sighthounds!
- **Pelvis** - Run your hands over your wolfhound's croup, making sure you can feel his pelvic bones.
- **Ribs** - You should be able to feel the bony part of your wolfhound's ribs easily.
- **Neck and Shoulders** - Many dogs, especially older ones, carry fat in their shoulders and necks. Make sure you can easily feel your dog's withers.

Why do we let our dogs get fat? A number of factors contribute to the problem. First, of course, is that we like to reward our dogs and give them little tidbits or treats to demonstrate our love for them. We also tend to forget that once our dogs reach maturity, they need to consume fewer calories than when they were adolescents. Also, the amount of exercise our wolfhounds get can vary from season to season. To maintain a healthy weight, we need to observe our dogs closely and adjust feeding levels to match age and exercise level—and watch those treats!!

Many owners who feed commercial foods are unaware that the feeding advice found on most dog food labels may not apply to our hounds. Obviously, not all dogs have the same metabolism, activity levels, or nutritional needs. Wolfhounds, for instance, have lower normal thyroid levels than most dogs, and are easy keepers once the rapid growth stages of puppyhood are over. Typically, the amounts recommended on the back of the bag are too much for our breed. There's no substitute for monitoring our hounds, and adjusting feeding levels accordingly, no matter what the instructions say.

If you're showing a dog who is carrying a few extra pounds, take the weight off as soon as he has finished his championship. If you expect your dog to compete in coursing, straight or oval track racing, agility, or obedience, it is essential that he be in the best possible condition as well, and that includes proper weight.

If your dog is kenneled in an area with no heat during the winter, you should wait for warmer weather before you institute a weight-loss regimen. If you think your dog is a good candidate for a diet, then here are a few tips to help ease your pain.

- **Feed him less**— it's the most important key to weight loss. If he begs or just looks too sad, try giving him green beans or canned pumpkin to help fill up his empty stomach. Most dogs find these very tasty. If you can't resist giving him little treats, give him a half a cookie half as often..
- If you would prefer to use a commercial weight loss dog food, then choose wisely. Look closely at the nutritional information on the label, just as you would inspect something you were considering for your own diet. Pay particular attention to protein and fat contents. Calorie content varies widely between brands. Compare any diet food with your dog's maintenance diet, and strive to reduce his caloric intake by 25% to 30%
- Remember to make any significant diet changes gradually to avoid digestive upset, and consult your veterinarian if you encounter problems. Not all foods agree with all dogs. Some owners prefer to keep a hound's basic diet unchanged, and use portion control and exercise to achieve weight loss.
- Exercise is the other piece of the weight loss equation. This can be challenging, especially if you have one dog and a limited space for him to roam and play. Wolfhounds are not always good self-exercisers, and even if your dog gets to be outside a good amount of time each day, you may find him lying on the back porch waiting for you to join him. If your dog is resistant to exercising on his own, you may have to change your own routine, and take him to an area where he can run and play with other dogs, or institute long walks for the two of you. Such changes may seem a huge effort, but the bond between you and your hound will be strengthened, and you may both improve your health!

If your dog's weight problem is severe, make sure you consult your veterinarian before instituting an exercise program. If your dog remains overweight or develops other problems, and your veterinarian suspects he may have 'low thyroid' (hypothyroidism), then ask the vet to run a thyroid panel and have it sent to Raymond Nachreiner, DVM, Ph.D., at Michigan State University. Dr. Nachreiner is a specialist in veterinary endocrinology who is a world-renowned expert in interpretation of thyroid test results. It is worth the time and effort to seek a consultation with Michigan State for your hound, because thyroid tests can be complicated to interpret, and correct treatment really depends on good understanding of test results.

Remember that the keys to health and longevity for you and your dog are similar! A proper diet which promotes a healthy weight for your dog is a basic step in his care.



The Battle of the Bulge



PRA Diagnosed in UK Irish Wolfhounds

PRA, or Progressive Retinal Atrophy, is an inherited eye disease in dogs which gradually causes total blindness. It occurs in many dog breeds, and is especially common in such breeds as Collies, Labs, and Irish Setters. Unfortunately, it also exists in Irish Wolfhounds. PRA causes atrophy of the retina, which is the thin layer of cells at the back of the eyeball that receives light and transforms it into neural signals which the brain recognizes. PRA invariably affects both eyes.

There are several distinct types of PRA, each with a different gene (or set of genes) involved. The type of PRA which affects IWs is called Generalized PRA. Generalized PRA (or GPRA) may appear as either an early- or late-onset disease; the late-onset variety is the type of GPRA affecting Irish Wolfhounds. GPRA is also referred to as Progressive Rod-Cone Degeneration. The disease has similarities to Retinitis Pigmentosa, which occurs in people. PRA and GPRA must be diagnosed by a qualified veterinary ophthalmologist.

In 1991, there were several IWs who had been diagnosed with PRA. All of these hounds were related, and were either bred or lived in the United Kingdom or Scandinavia. The breeders and owners of these animals cooperated to ensure that the IWs who carried the gene for this disease were identified and made public. For many years, breeders worldwide were very

careful when breeding wolfhounds descended from known producers. Eye clinics were set up to test IWs, and blood samples were collected from the affected wolfhounds and their relatives. This blood was sent to Dr. Simon Petersen-Jones and, later, to Dr. David Sargan, both of whom worked at the University of Cambridge, England, to identify the genetic mutations responsible for PRA in many breeds of dogs. To date, these blood samples remain unused.

In 2004, long after it was believed that PRA was eliminated (or at least successfully controlled) from the IW gene pool, it was identified in several wolfhounds in the UK. Three breedings, with known carriers included in the pedigrees, took place, resulting in the birth of multiple affected hounds.

Through the efforts of Dr. Margaret Casal (the veterinary pathologist at the University of Pennsyl-

vania Section of Medical Genetics who has devoted so much time to researching inherited diseases in Irish Wolfhounds), Dr. Gustavo Aguirre, a leading veterinary ophthalmology researcher, has become involved in the mutation analysis necessary to help develop a DNA test which could identify carriers of PRA. Unfortunately, the original blood samples collected in the early 1990's have not been made available to Dr. Aguirre and his research team in the US.

English breeder Liz Thornton coordinated efforts to collect blood samples from the newly-affected wolfhounds. Sandy Surrell's ten-year-old IW Hope, the last living wolfhound from the first round of PRA in the early 1990's, gave blood to this new effort shortly before her death last August. With Hope's help, a DNA test for PRA in the Irish Wolfhound may become available within the next few years.

New IWF-Funded Study Will Examine The Pathology of IW Cardiomyopathy

DCM in the Irish Wolfhound

Irish Wolfhounds have a high incidence of dilated cardiomyopathy, a condition which frequently leads to congestive heart failure and early death. Dilated cardiomyopathy, or DCM, occurs when the heart enlarges and the muscle weakens and beats less strongly. It is usually asymptomatic until the disease is quite advanced.

Although the pathology of cardiomyopathy in the Doberman and Boxer breeds has been studied, the microscopic pathology of Irish Wolfhound DCM has not been well-documented. Dr. Neil Harpster, veterinary cardiologist at Angell Memorial Animal Hospital in Boston, MA, reported on the pathology of a small number of IWs with atrial fibrillation, but the nature of the gross and microscopic lesions of IW DCM is unresolved.

The Irish Wolfhound Foundation is now funding a study to examine

these lesions in wolfhounds with DCM. Knowledge of the histopathologic features of this disease may assist in formulating treatment strategies. Principal investigator for this study is veterinary cardiologist Philip R. Fox, D.V.M., of the Animal Medical Center in New York. Co-investigator is Gaetano Thiene, M.D., from the University of Padua in Italy.

Donors Needed

In order to further his investigation into this disease, Dr. Fox needs actual wolfhound hearts to study. Although it may be difficult and upsetting to think about while your wolfhound is still alive, the best results can be achieved by contacting Dr. Fox before your hound dies so he can contact your veterinarian and establish the proper protocols. To fit study criteria, wolfhounds must have either an echocardiogram showing decreased left ventricular function, or a clinical history along with a chest film showing pleural fluid. Heart failure does not need to be the cause of death of the hound. Your wolfhound may have received any medication prior to his death, as long as a record of these medications can be provided.

If you feel you can donate the heart from an IW with DCM, please contact Dr. Fox directly at philip.fox@amcn.org or Dr. Mariellen Dentino at mdwolfhound@aol.com for further information

Funding approved by the IWF Board will provide up to \$200 per dog for the preservation of the heart and its shipment to Dr. Fox in New York.



Lymphoma *What You Need to Know*

by Kathy Wilson

Lymphoma (also called lymphosarcoma, lymphatic sarcoma, or LSA) is a common cancer in middle-aged and older dogs of all breeds, including Irish Wolfhounds. It is the third most common cancer in dogs, and is probably the most common malignancy treated in veterinary oncology. Chemotherapy is widely used to bring about remission, and success rates are quite good.

Lymphoma is a disease of the lymphocytes (a type of white blood cell involved in immune responses) and the lymphatic system, which includes the spleen, thymus, and liver, as well as other lymphatic tissues. Besides producing lymphocytes, which help protect the body against infection, the lymphatic system also aids in fat absorption, and in helping the body maintain fluid balance as well. Lymphoma is a systemic disease, so cancer cells are usually present in many parts of the body. Eventually, the cancer cells infiltrate an organ (frequently the bone marrow or the liver) to such an extent that failure of that organ occurs.

Diagnosis

Typically, enlarged, but painless, lymph nodes (lymphadenopathy) are the symptom which makes owners consult their veterinarians. Other early symptoms can be non-specific and elusive, such as inappetance, lethargy, and weight loss. A definitive diagnosis of lymphoma can usually be achieved with a fine needle aspirate of an affected lymph node examined under the microscope. This is necessary to differentiate between lymphoma and such diseases as ehrlichiosis. In addition, biopsy or removal of an enlarged node can give the pathologist a better opportunity to stage the disease, which can help predict the outcome of chemotherapy. In most cases, it is important that prednisone not be given before a definitive diagnosis of lymphoma has been made, since prednisone can mask lymphoma's presence.

Types of Lymphoma

Nodal or Multicentric This is the most common lymphoma, usually involving the peripheral lymph nodes (those near the skin surface). In many cases, the only noticeable sign is an enlargement of the lymph nodes under the neck, behind the knees, or in front of the shoulders. Some dogs may not feel sick, or may have only very mild signs, such as tiredness or decreased appetite. Others may have weight loss, vomiting, or fatigue. The severity of the signs depends upon the extent of the tumor and whether the cancer has caused changes in organ function. Other organs, such as the liver, spleen, and bone marrow, can be involved as well.

Gastrointestinal or Alimentary Dogs with this type of lymphoma may have vomiting, diarrhea, weight loss, or a decreased appetite.

Mediastinal The mediastinum is a term used for a special agglomeration of lymph nodes and lymphoid tissue within the chest. Dogs with this type of lymphoma often are seen because of difficulty breathing or excessive urination and thirst.

Extra Nodal This form of lymphoma is uncommon, and accounts for less than 15% of lymphomas. If the lymphoma starts in the skin, it is known as cutaneous lymphosarcoma.

Leukemia is a cancer confined to the bone marrow. The signs in dogs are usually related to decreased numbers of normal cells (red cells, white cells, and platelets), which are made in the bone marrow. Anemia, infections, and bleeding are common problems associated with this type of cancer.

Prognosis

Lymphomas arise from either a B-cell line or a T-cell lineage. The phenotype of each tumor (whether it is B-cell or T-cell) is probably the most important prognostic factor identified. About 15% to 20% of dogs have T-cell lymphomas. Dogs with T-cell lymphomas will not do as well as those with B-cell lymphomas.

Some other prognostic factors are

1. Dogs who have symptoms at time of diagnosis usually will not do as well as those with no2 Elevated calcium levels in the bloodstream

(hypercalcemia) indicate bone marrow involvement. Prognosis is worse when associated with an anterior mediastinal mass.

3. Female dogs usually do better than males.
4. Unfortunately for wolfhounds, smaller dogs generally fare better than larger dogs.
5. Higher grade tumors (more aggressive cancers) show a higher response rate to chemotherapy, and remissions last longer.

Treatment Options

Chemotherapy protocols for lymphoma are many and widely available to general practice veterinarians. One of the most successful, and widely used, is the Wisconsin-Madison protocol, which is a multi-agent protocol. Doxorubicin has been shown to be an important component in multi-agent protocols, although it does require closer monitoring than other agents. Often, a multi-agent protocol will include sequential injections of vincristine, cyclophosphamide, and doxorubicin, combined with daily oral prednisone. Complete response rates are about 85 to 90% with these protocols, and median survival times are reportedly between 8 and 12 months.

Single agent chemotherapy is not as successful as the well-established multi-agent protocols. Single agent doxorubicin has been shown to provide a complete remission for a median of 6 to 8 months

Treatment with prednisone alone usually results in improvement for only one or two months, and is considered palliative. However, prednisone is an invaluable drug in managing lymphoma, and probably does not induce multi-drug resistance, as was previously believed.

Rescue Chemotherapy

When remission is lost following either an interval with no chemotherapy, or after treatment at 2 to 3 week intervals, many dogs will experience a second remission simply by returning to weekly treatments and reinitiating prednisone therapy. However, the second remission is likely to be about half as long as the first.

Ongoing Clinical Trials

1. The Animal Cancer Institute
Oral antimetabolic agent for dogs with newly diagnosed lymphoma.
Contact: Jennifer Turner at (202) 363-7300. Email: jturner@animalcancerinstitute.com
2. University of Pennsylvania Veterinary Hospital
Utilizing flow cytometry to characterize the cancerous cells of canine lymphoma
Contact: VHUP Oncology, (215) 898-4680.
3. Auburn University
Evaluating adrenal function in dogs with canine lymphoma.
Contact: Auburn Vet School at (334) 844-4690
4. Gulf Coast Veterinary Specialists
A trial for dogs with newly-diagnosed lymphoma will begin on April 15th.
Contact: Dr. Kevin Hahn, drhahn@gulfcoastvetspec.com.



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Pat Trotter's Form, Function *and* the IW Seminar — A Resounding Success!



On November 7th and 8th, 2004, 26 IW aficionados gathered in Morgantown, PA, for a weekend devoted to learning about form, function, and the Irish Wolfhound. These students of the breed came from across the country with high expectations, aware of Patricia Craige Trotter's stellar reputation as an author, breeder, judge and seminar presenter. And they were not disappointed.



Pat examines Wanda Roland's bitch, Molly.

Along with IW breeder-judge Jill Richards Bregy, who provided breed-specific expertise when needed, Pat covered a broad range of topics ranging from structure and gait to genetics and breeding, with an engaging style and impressive command of her material. Every minute was packed with invaluable insights, and, as one participant remarked, it was all presented "in a way I will actually retain it!"

Participants were encouraged to bring dogs with them which led to one of Sunday's highlights - a "hands-on" opportunity for everyone to go over the dogs in attendance with the chance to ask questions and compare notes with the experts.

Thanks to the presenters, participants, and organizers for making this event such a stellar success!

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acknowledges contributions from the following supporters
received between July 1, 2004, and December 31, 2004.*

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