



'To provide a platform for the reception and transmission of information about the health and well being of the Soft-Coated Wheaten Terrier'

NEWSLETTER

No. 5. November 2004

EDITORIAL

I would like to thank all members of the group who have contributed to this Newsletter, either by suggesting things, writing articles, and coming up with ideas to make this the largest Newsletter to date. Also thanks to all those involved in research projects for the Soft-Coated Wheaten Terrier who are pleased to share their findings and answer many questions. You all, together with friends and supporters of WHI, will help everyone to look forward to a healthy future for our lovely breed.

A special thank you must go to Suzi Jacobs for sharing her very personal and worrying experience with Megan, not always easy to put into words but Suzi has done this admirably. I know everyone wishes Suzi, her family and the dogs, many more happy years together.

September saw a press release from WHI featured on the BSAVA Website as a current news article for the month. This can now be accessed from the archives at – http://www.bsava.com/aboutus_newsarticle.php?nav=4&news=235

Information and education are the principal objectives of WHI to keep breeders, owners and veterinary professionals up to date with the latest research and testing procedures. We believe EVERYONE needs the facts about the hereditary diseases that **can (not necessarily will)** affect the Soft-Coated Wheaten Terrier.

It is the intention of W.H.I to produce Newsletters on a more regular basis in future. Issue No. 6 should be available towards the end of February 2005.

If you have any questions regarding health issues in the breed please contact us. If we do not have the answer we will do our very best to find it.

Barbara

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Soft-Coated Wheaten Terrier Health Quiz

Prepared by Wendy Beers, DVM,
SCWTCA Health Committee – Medical Liaison

How much do you know about Wheaten Health Screening? Take the following quiz to find your level of expertise, and maybe learn some new stuff while you are at it.

Hint . . . Only one answer will be correct.

1. A Wheaten Terrier with PLE has?
 - a. Vomiting
 - b. Diarrhoea
 - c. No symptoms
 - d. Any of the above
2. What test can identify protein loss through the gastrointestinal tract before clinical symptoms appear?
 - a. A routine fecal exam by your regular veterinarian
 - b. A Biochemical profile and complete blood count
 - c. A Fecal API test
 - d. A fecal culture
3. Protein loss through the GI tract is caused by?
 - a. Intestinal parasites
 - b. Inflammatory bowel disease (IBD)
 - c. Lymphangitis/lymphangectasia
 - d. All of the above
4. True or False? You can prevent PLE by feeding a lamb and rice diet instead of wheat based diet?
 - a. True
 - b. False
5. A high API level in only one day out of three days collection means?
 - a. Nothing, you need a high level in 3 out of 3 days to be significant
 - b. It is significant for protein loss in the GI tract
 - c. Not much, as it is the average over three days that counts
 - d. Your dog will die from PLE/PLN
6. Your Wheaten does not have PLE/PLN if it still appears healthy by what age?
 - a. Four years
 - b. Six years
 - c. Eight years
 - d. None of the above
7. The most accurate test for the amount of protein loss in the urine is
 - a. How concentrated the urine appears
 - b. A routine urinalysis done by your regular veterinarian
 - c. A urine protein creatinine ratio
 - d. How much water your Wheaten drinks
8. Thromboembolism (blood clots) have been identified as a cause of sudden death in Wheatens. Thromboembolism can occur when
 - a. The Wheaten is very sick from PLE/PLN
 - b. Without any warning
 - c. There are still no symptoms of kidney failure
 - d. All of the above
9. Addison's Disease (Hypoadrenocorticism) has been identified as a health problem in Wheaten Terriers. Symptoms of Addison's disease are
 - a. Vomiting and diarrhoea
 - b. Weight loss, inability to handle stress
 - c. Vague – off and on not doing well
 - d. All of the above

10. To diagnose Addison's disease, your veterinarian will
 - a. Take X-rays
 - b. Do a urine protein creatinine ratio
 - c. Perform an ACTH stimulation test
 - d. Be able to tell just by looking at your dog and the history
11. True or False, the mode of inheritance for PLE/PLN in Wheaten terrier has been identified
 - a. True
 - b. False
12. True or False. Developing a genetic test to identify a clear, carrier, or the affected population is one of the important goals of the SCWTCA ongoing research
 - a. True
 - b. False
13. Development of the genetic test will benefit breeders
 - a. All over the world
 - b. Those with affected dogs
 - c. Those who don't think they have a problem
 - d. *This is the easy give away question* – all of the above

Now check your answers – details near the end of this newsletter

NOISE INTOLERANCE

At the beginning of November a lot of dogs suffer from the same thing – noise intolerance. I think it would be safe to say that a significant number of dogs hate bonfire night and the celebrations associated with the antics of Guy Fawkes. It does not have to be like this and the subject of noises and how dogs respond to them got me thinking about the way we socialise puppies.

What is socialisation? Put simply, it is the introduction of new experiences to a very young puppy. Why do we do it? We do it to teach a very young puppy that the whole panoply of life is good and not to be feared. It is vitally important that this experience is built up BEFORE a puppy has learned to fear things. The fear switch gets flicked on at around 16 weeks of age. It follows therefore that anything introduced to a puppy before 16 weeks of age will be welcomed with enthusiasm and without inhibition.

Introducing a very young puppy to noise is very easy. There are all the usual household noises first. All puppies should be very well accustomed to household noises by the time they are eight weeks old. It is easy to leave a radio on by a puppy pen. It is easy to accustom them to the noises of the television, vacuum cleaner, telephone, doorbell, the voices of children. Most breeders do all these things but household noises alone will not habituate a dog to the sorts of sounds that scatter into their ears on bonfire night. How can we provide this sort of noise socialisation? I would like to give you a real-life example of good noise socialisation which I saw when I visited Barbara and Steve Bradford's six week old litter.

This was the scene. The puppies are in their pen outside in the sun. The pen is very large and strewn with a variety of toys. Barbara has collected a large, red, plastic box from the house and throws it into the centre of the pen where it lands on the floor with a very loud crack!. Upon hearing this crack, the puppies run towards the source of the sound and finding the box, push it around the floor, accompanied by further scraping sounds made louder by the hollow cavity of the box. All puppies clamber to be involved in the box game. None are cowed by the crash of the box into the pen.

There are many ways to achieve the same noise socialisation. You may not like the idea of throwing a box into the centre of

the puppy pen. I have a friend who takes her very young puppies to the supermarket. She sits outside with the puppies in a box on her lap, and there they hear the banging and crashing of a line of supermarket trolleys being pushed into a place nearby. I took my young litter to Gloucester station where, at six weeks of age, they heard huge trains roar into the station and announcements being made from a loud speaker.

Soft-Coated Wheaten Terriers are particularly noise-sensitive, we ignore this aspect of socialisation at their peril. It does not much matter how noise socialisation is done as long as it is not forgotten in the plethora of things we have to attend to when we are raising very young puppies.

Maria Rigby

MEGAN, MY ANGEL EYES!

My Meggie, is the sweetest most adorable little girl, and will do anything to make me happy (unlike my 2 teenage daughters!) She was Best Puppy in Breed at Crufts 1999, and although she never liked showing she always did me proud in the ring, her tail would wag like fury as we walked out of the ring back to her bench!

Being at the 'heart' of the Wheaten fraternity for the first 6 years of her

life, one would have thought I was aware of the ever present health issues affecting our lovely breed. Unfortunately you never think it will happen to you . . .

It was Xmas 2003 and after a large family gathering with young children, Megan started to have loose bowel movements. Thinking someone had been too generous with the Xmas pudding, I did the normal things, starve for 24 hours, rice, rice and fish . . . Megan didn't seem to respond, so I took her to the Vet on December 30th. The Vet promptly prescribed antibiotics, which seemed to improve her condition a little for a couple of days and then over the following 2 weeks she went rapidly downhill. Her movements can only be described as huge brown yellow explosions (sorry about the detail!). Back to the Vet, stronger antibiotics and still no improvement. Coincidentally my other Wheaten Alex started to throw up, so I assumed we were hit with a gastric bug, Megan suffering the worst. Alex improved after 2 days, Megan just got thinner and thinner and sadly no better.

Back to the Vet, urine tests, blood tests, when he asked if the breed suffered from any specific health issues. I said "Yes, PLA, RDA . . ." I did not know the initials they were just letters to me, having never paid too much attention to these diseases which after all, only affect other dogs! (not mine!).

"Could it be PLE or PLN" the Vet asked . . . "Yes" I said, that sinking feeling came over me, although not quite sure what we were talking about still. The Vet explained that both names are protein losing diseases, one through the gut and one through the kidneys. Megan was showing low protein in the blood, which meant she was losing protein through the intestine (gut).

Straight away on the phone to my Wheaten friends, Glen Harris and Carole Barnes-Davies . . . Carole advised me to feed Megan fish and mashed potato which improved her bowel movements until she was admitted to hospital.

At this stage, Megan had lost nearly 1/3 of her body weight, and although she is on the large side for a bitch she had never been very well covered anyway. She was admitted into the Queen Mother Animal Hospital within 2 days where they took a scraping from her gut to diagnose the condition. Megan did not show signs of a seriously ill dog, this is important because Wheatens generally do not show signs one would normally expect in such an acute disease. She went in with her tail wagging . . .

Her condition was confirmed and we were prescribed steroids, antibiotics and a digestive medicine. I had to keep a medicine chart and she was also prescribed a special diet, Eukanuba FD, which is just Fish and Potato in kibble form, so the right balance. She was fed 4 small meals a day with medicine 4 times a day. It was quite a logistics operation.

Following her discharge, we visited the Vet every week for blood tests and weigh-ins, then 2 weekly for about 6 months.

I obviously did a lot of reading and asked lots of questions and I had concluded that if Megan came through the first 5 months then we would have a good chance of keeping her another 30 months. I kept asking if there was anything I could have done to prevent it . . . Early detection and a change in diet may have helped although there is no proof.

Fortunately I had not bred from Megan, but even if I had the disease did not present itself until she was 6 years old. Any breeding programme will have been carried out well before a bitch is this age!

Each time we went to the Vet Megan's protein level had increased. The steroids made her very hungry and she put on weight. At her lowest she was 12 kilos and when we finished treatment she was 19.5! 17 kilos was her normal weight.

Here we are 10 months later and I cannot believe the change in Megan. In hindsight I feel she was probably getting quite sick long before she had diarrhoea. I remember before that there were often 'sick puddles' in the kitchen, with two Wheatens in there I was never sure who did this, but now I know as these don't appear anymore.

Megan is playful, affectionate and strong now, she is as lively as a Wheaten should be. When I look back, Megan had got quieter, less active, I realise now I had incorrectly put her reduced activity down to her age. We have got our dear sweet Meggie back as she was, she is top dog on the walks again and we don't get the squabbles in the house now as they are all back in their pecking order.

She is still on the special (very expensive, but worth it) Eukanuba diet, and gets BURNS dried fish treats, which all the dogs love, but only Megan gets them every day!

I have had Megan's full sister and two of her cousins tested also and am happy to say that at present there is no cause for concern.

I treasure every day we have with her for I know how lucky we are that she has responded to treatment. Sadly there were two other Wheatens diagnosed at the same time who did not make it and my heart goes out to their owners.

I was pleased to write my story for you as I hope it may give another Wheaten owner in this situation hope. Our Wheatens can respond to treatment - don't give up. Be aware of the disease, so that you can inform your Vet. It's surprising that most Vets do not know of these problems in Wheatens, not that surprising I suppose, as we are not a numerically strong breed.
* * *

Thank you to my friends for all your support during our difficult times, you know who you are . . .

Suzi Jacobs
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* * * *Editor's Note: WHI have produced a comparison chart of Soft-Coated Wheaten Terrier health Issues specifically to hand to Vets. Copies of this can be obtained from any member of the group. I print copies on coloured card which ensures they get noticed!*

OMERTA: THE BREEDER'S CODE OF SILENCE

Sierra Milton

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What do most modern-day breeders and the Mafia have in common? What a strange question, you may say. It is, sadly though, a very real commonality. The answer is simply what Padgett, a well-known geneticist refers to as the "Code of Silence" for breeders and perhaps more commonly discussed as "omerta" for the Costa Nostra. Both are deadly silences. It's easy to understand the reasons for the conspiracy of silence when it refers to criminals, but what reasons can a breeder possibly have for maintaining "omerta"?

The reason most often given for not sharing genetic information is the fear of being made the object of a "witch hunt." It lies much deeper though. It begins with ownership and the human need to see what one owns as being the best. Remember the "keeping up with the Jones" mentality? Everyone wants the very best and the accolade of owning the best. Admitting that what one owns or has bred may have faults is difficult for most people. Also at fault is the huge financial and emotional investment that breeders have in their dogs. Discovering that there may be defects in the sires and dams that breeders have so much of themselves invested in becomes frightening and causes many to refuse to even contemplate that their dogs may possess defective genes. Egos and fear of being labelled "poor breeders" are ultimately the reasons for breeders maintaining this detrimental code of silence.

Even more dangerous than the Code of Silence though is the refusal to contemplate defective genes may exist within a breeding program and be present for generations, quietly meshing through many bloodlines before manifesting itself. Could it be possible that dogs which appear healthy can actually be spreading dangerous, sometimes lethal genes throughout the breed community until finally two healthy, but gene-defective carriers combine to produce that first tell-tale affected offspring?

Of course it is and time and again the geneticists tell us how this is possible. Simplistically, breeders cannot see defective genes and what they don't see must not exist. Therefore using that logic, all the untested dogs must be as beautifully healthy inside as they are structurally beautiful outside. If only that logic were true! Unfortunately, far more emphasis is placed upon structural and superficial beauty simply because it is something that is easily seen, acknowledged and obtained. It's also something without any "unnecessary" financial investments. One doesn't need to pay for x-rays or blood tests or specialists' knowledge in order to evaluate how a dog conforms to a physical standard.

The real danger, though, comes not from those dogs who are tested, but from those breeders who keep their heads in the sand and refuse to believe that their dogs could be less than 'perfect'. We can begin to fix that which we reveal, but that which remains hidden is a threat to the future. But here omerta, that "Code of Silence" is very evident. Not only do these breeders hold fast to the belief that their dogs are untainted by defective genes, structural defects or temperament problems, but they also believe that no dog that they choose to bring into their breeding program through mating with their dogs could possibly be carriers either. After all, they only "breed to the best," and of course, that best just has to be perfect.

Now the truly criminal act occurs. These breeders are quite often very successful in the show ring; their dogs are thought to be the best – after all, they have ribbons and placings and titles to prove how worthy their dogs are! Because of their show ring

success, they are seen as breed authorities; people that newcomers to the breed trust for knowledge and information. And the information these newcomers get is that there are no genetic problems to be concerned with, no need to do that "expensive testing when the dogs are all healthy." Even more disastrous to the breed's future is that these breeders' attitudes begin to prevail. The newcomers see the success of these breeders' dogs and buy them (even though few, if any, had had even the most rudimentary testing for structural faults, poor health or defective genes). The newcomers then have a financial and emotional investment to protect which begins to spread this attitude with predictable results. Soon, because these breeders are the "powers" within the breed (quite often judges, people selected to discuss the breed at seminars, breeders who command respective prices for puppies and stud fees, breeders seen winning), they use this "power" to ensure that it becomes unethical to discuss any defects, in either health or temperament, found in any of the pedigrees of their sires, dams or progeny of their sires or dams. All too often one hears "I don't dare say anything if I want to win" or "there are three lines with epilepsy (or heart or eye or pick a health problem), but you don't need to know about them." Of course we need to know about them, how else are we to make intelligent decisions about which dogs would best benefit the future we plan for our dogs unless we consider not only the structural beauty, but also the hidden genetics that we are attempting to also improve?

What about the breeders who openly discuss the defects found in their own dogs? Unfortunately, they are all too often labelled as "poor breeders" and their dogs said to be "defective". They are shunned and spoken of in whispers and sneers. The very fact that these breeders are striving to share knowledge openly and to scientifically test their dogs make these breeders the subject of witch hunts by the very people who are either too cheap, too unconcerned, too egotistical, too uncaring about the future to even test their dogs, much less have the courage to honestly discuss their dogs. Instead of applauding these breeders who choose to share information, these breeders become shunned and hounded. As a result, and because human nature makes us want to be part of a group instead of outside the group, breeders begin to do what they do best – they maintain silence and lie or refuse to admit what they do know.

As more and more newcomers join a breed and inexperienced breeders and exhibitors all jump on the bandwagon of showing, owning and practicing the art of breeding, they turn to the breeders who are winning, equating winning with superior quality dogs. The breeders are, therefore, more determined to have nothing bad revealed about any of their dogs, further establishing in their minds the perfection of the dogs they breed and further increasing the financial and emotional investment that they have in perpetuating this theory. Winning in the show ring has nothing to do with genetic health. Indeed, a number of the winning dogs are carriers of genetic disorders at the least and, in some instances, are known to have genetic health disorders. While a genetic disorder itself, depending upon type and severity, should never preclude the dog from the genetic pool, it is absolutely mandatory that people be aware of any area of concern in order to breed intelligently. At the very least, the dogs that the dog is bred to must be tested and their backgrounds looked at carefully to limit the possibility of affecting more dogs or making more dogs carriers of the disorder. Yet, because the winners don't want to be labelled as "poor breeders" and lose the accolade of being the best (as well as the possible financial loss in not being able to sell puppies or stud fees at as high a price), the "Code of Silence" becomes even more firmly embraced.

The newcomers, because they want to be accepted, avoid talking about the sires and dams that produce poorly, whether it is structure, health or temperament problems. Also, they too now have a financial and emotional investment in addition to wanting to be accepted into the "winners club." They may even recognize trends in one or more lines in their own pedigrees,

but refuse to acknowledge these trends and keep them secret for fear of being labelled.

Often, the breeders, while not openly acknowledging that there are any problems, will attempt to dilute the possibility of the disorder rearing its head by out-breeding to another totally different line. Dr. Jerold Bell, a well-known geneticist, has this to say about this method: "Repeated out-breeding to attempt to dilute detrimental genes is not a desirable method of genetic disease control. Recessive genes cannot be diluted; they are either present or not. Out-breeding carriers multiples and further spreads the defective gene(s) in the gene pool. If a dog is a known carrier or has high carrier risk through pedigree analysis, it can be retired from breeding, and replaced with one or two quality offspring. Those offspring should be bred, and replaced with quality offspring of their own, with the hope of losing the defective gene."

Unfortunately, refusing to acknowledge or test for genetic disorders doesn't make them go away. What we can't see still has a huge impact on the breed and continuing to breed these carriers of defective genes allows the defect to take a firmer hold in the breed. Those breeders who try very hard to breed healthy dogs and take every scientific precaution to ensure genetic health are shunned for the very passion that should be applauded; the efforts they take are trivialized at best and more often ridiculed as "unnecessary" or "fear-mongering." As a result, these breeders work alone and, outside of their own kennel, their efforts make little impact on the breed as a whole.

Omerta can only be broken by people who have the courage, conviction and passion to ensure that the breed as a whole becomes stronger and healthier. Instead of witch hunts for those who have the heartache of dealing with the problems, the goal of applauding those with the courage and determination to speak out openly should be taken up by every breed club in every country. Awards in addition to those given to breeders who have the most winning dogs should be given to those breeders who work tirelessly to improve the breed. Prettiness and beauty doesn't improve a breed; genetic health and the ability to live a pain-free, healthy life far surpass beauty, but are more difficult to obtain.

The cost of genetic testing is not high when one looks at the effect that refusing to test may have on the breed. Ask any knowledgeable breeder whose breed has rampant heart, blood disorder, eye or hip problems whether they blame the lack of foresight and the refusal of past breeders in making a further financial investment in the breed for the almost insurmountable problems now and the answer is predictable. In the UK, it is possible to do testing by certified specialists for hip, elbow, eye, heart, blood, immune disorders for around a total investment of £295.00 (far less in the United States), less than a cost of a puppy or a stud fee. It's possible to do far less testing, but at what cost? Will the breed suffer from heart problems in the future because a simple £7.50 stethoscope test (done through one of the breed-sponsored heart clinics, in this case the Boxer) was not important at the time? Will the breed be faced with trying to eradicate blindness years from now because a £16.00 eye exam (done through one of the many eye clinics held each month or free if done at Crufts dog show at the clinic they hold each year) was thought unwarranted? Will the descendants be filled with pain from bad hips and/or elbows because the breed moved well in the show ring and didn't look dysplastic to the naked eye? (X-rays necessary for hip and elbow evaluations are the most expensive testing at a cost of approximately £110 for hips and an additional £80 for elbows when done with the hips; unfortunately it takes six different films to evaluate elbows and the cost reflects the number of films necessary.) Testing for things such as von Willebrand's Disease (vWD) and thyroid testing (immune system) can be done inexpensively as blood tests at perhaps £30 and £50 each. Granted, testing for these genetic disorders won't guarantee that a problem won't occur in future breedings, but testing will greatly reduce the chances of problems and that is a good place to start.

If a breeder cannot provide proof in the form of veterinarian-issued certificates or reports that genetic testing has been done, the buyer should be aware that they purchase at their own risk! Caveat emptor! Breeders may claim that their dogs have never limped or that there is no need to do any testing because the breed is healthy. Some may even claim that their veterinarians have said that genetic testing was unnecessary. Those stances are irresponsible. Once again, genes are not visible and carriers of defective genes may themselves appear healthy to the naked eye. It is only with testing that we really know whether our dogs are affected or not and only then with honest evaluation of pedigrees having tested or affected dogs that the potentiality for carriers are realized.

What can we do to break the deadly Code of Silence! The majority, if not all, breed clubs have a code of ethics that require members to breed healthy dogs. One of the places to start is with the clubs. Instead of being social institutions or "good ole boy" clubs, these breed organizations could begin upholding the very real goal of protecting the future of the breed by demanding and requiring that genetic testing be undertaken prior to breeding. Far more serious than breeding a sixteen-month old bitch is the practice of breeding without taking every possible safeguard that genetic health is a priority. Yet, in many clubs "poor breeders" are identified by the age at which they breed or the frequency in which they breed rather than the very real criteria that proof of health be mandatory. Take the emphasis off winning – how many clubs determine "breeder of the year" based on the number of progeny that wins? Are there clubs that actually require that the breeder also must show proof that they are doing all they can do to ensure the future of the breed?

We can break the silence by commending those with the courage and determination to talk about problems, share successes and knowledge instead ostracizing them. Omerta fails if every puppy buyer and stud dog user demands that proof of genetic testing is shown. The Code of Silence fails when we realize that it is not enough to breed winning dogs or to command the highest price for puppies or to have a stud dog that is used fifty, sixty, a hundred times; we must take back the passion with which we all first embraced our breeds and passionately work with determination toward a future where the numbers of genetic disorders are reduced each year.

If those you know breed without testing, ask yourself why – is it lack of courage in perhaps finding a carrier within their breeding stock? Is it because they fear a financial loss if they test? Is it because they truly believe that their dogs couldn't possibly be less than perfect? Is it because they fear they will lose their "top breeder" standing if they admit that there are problems that need working on? Is it because they fear it will be harder to breed beautiful and healthy dogs? Or have they lost the passion with which they first loved the breed while they were climbing the road to winning success? Or, more sadly, is it because they really just don't care about that which they cannot actually see?

It's hard work and takes great courage to develop a breeding program using scientific methods and tests, but the hope of a better future should drive us all to that very commitment. The key is being able to work together without fear of whispers or silence. Omerta, the Code of Silence can be broken if more of us decided that we are not going to tolerate the quiet any longer.

About the author:

I've been involved in dogs for over 36 years and have shown dogs throughout the US and Canada. I have owned and bred German Shorthaired Pointers since 1978, being heavily involved in showing, obedience trials and to a lesser extent field trials. It was through the old greats of the dog world that I learned to respect the sport and to realize that none of us really quit learning or growing unless we become too complacent to strive to better ourselves and our dogs. I've shown dogs in all

groups, and have owned and finished dogs in the working, sporting, hound groups, though my heart will always belong to the GSP. While several of my dogs have been ranked in show and in obedience rankins, I truly believe that success in any one area doesn't make for true success, though it may get us acclaim.

For over ten years, I taught obedience and show ring classes, as well as seminars. Most recently here, I gave a series of three show ring classes, involving both lecture and practical application, to the Saluki Club; my emphasis is on understanding WHY we do something and not falling into the routine of not questioning.

My articles involve many of the ethic issues facing breeders, exhibitors, trainers and owners today and those that we need to consider based on the future evolution of laws that will ultimately effect us.

MAKING BREEDING DECISIONS WITH THE OPEN REGISTRY

Following is an email that Dr. Meryl Littman wrote to a breeder asking questions about how to use the Open Registry for making breeding decisions. Dr. Littman gave permission to share her response.

Dear---

Sorry for the delay, but I wanted to show Dr. Urs Giger (geneticist) your email and make sure I included his input before responding. Here's our consensus:

1. *The OR is currently of limited use to make breeding decisions because:*
 - a. *in so many SCWT families, affecteds have been found*
 - b. *there is not yet an age or a definitive way to declare a dog free of the disease trait (therefore, we cannot list "normals")*
 - c. *the mode of inheritance of these clinical conditions has not yet been determined .*
 - d. *besides the genetic predisposition to develop PLE/PLN, there are probably environmental factors that are influencing the clinical expression of the disease with respect to onset, organ involved, and progression.*

2. *Even though the OR is not yet as useful a tool for making breeding decisions as we would like, there are positive things the OR does for the SCWT community, including:*
 - a. *The OR helps to stop rumours concerning which dog had which disease.*
 - b. *The OR helps to show the extent of disease in the breed and helps researchers and funding agencies become aware of the need for further investigations.*
 - c. *The OR helps to show researchers family patterns of disease which helps us find and study informative families.*
 - d. *The OR increases the likelihood that owners, breeders, and their veterinarians will become better educated about these diseases.*
 - e. *The SCWT Open Registry has received an award for this important effort.*

Making decisions also will depend on the philosophy of the breeder as far as how far away from affecteds they feel should not be used in their breeding program. Some breeders may feel that they don't want to use any close relative (littermate, sire, dam, and progeny) of an affected. Others might include aunts/uncles. Some people may feel that we don't know enough yet to make those decisions, and that we may throw out too many good dogs and lose genetic diversity if we cull so many dogs this way.

Your questions are important and what everyone (me too) would like to know. We're all frustrated that the situation is complicated and that morbidity/mortality continues. Sorry that our knowledge at this time can't completely help answer you absolutely.

Take care, **Meryl**

**Reprinted with kind permission from Benchmarks
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QUESTION & ANSWERS – DR. VADEN

Shelly Vaden

What is the makeup of the colony of dogs now? Currently we have 13 dogs remaining in the colony. Our oldest Wheaten will be 10 in February; she has PLN. We have 5 other Wheatens: two 7-year olds and three 4-year olds. One of these dogs has PLE and one has PLN. Our 7 Wheagles will be 8 in October. One has PLN and one has PLE.

How does the information you get from your research fit with Littman's work? Dr. Littman and I continue to share information. She is collecting DNA from our colony dogs for her study. It is expected that the colony dogs will be one of the informative families in Dr. Littman's study. Results from all studies will eventually enhance our understanding of both the genetic findings and the clinical findings.

Both you and Dr. Littman have stressed to watch for trends in results.

- **Which are the important values to be tracked?** We are dealing with a disease that is often insidious in onset and slowly progressive. Because of this, I believe the more information the better. However, this does not always fit well with the budget. For SCWT that are apparently healthy, a test for urine and fecal protein loss in the minimum indicated. The test for fecal protein loss is the fecal alpha1-proteinase inhibitor concentration. Either the ERD test for microalbuminuria or the urine protein: creatinine ratio can be used for detecting excessive urine protein. The ERD test is more sensitive and will often become abnormal prior to the urine protein: creatinine ratio. A complete urinalysis is needed at the same time the ERD or urine protein: creatinine ratio is evaluated so that a positive result can be adequately interpreted. Dogs that manifest signs of gastrointestinal, renal or allergic skin disease should be monitored more closely. This may include a complete blood count, a serum biochemical profile or additional tests.
- **Over what period of time?** As this disease rears its ugly head late in life, the dogs need to be monitored throughout their lifetime, starting during the first year of life.
- **Can there be some indication of how to look at the trending? At what point do you say "this is a trend" v. "this is an aberration"? What do small ups and downs mean in the long run., i.e. if an**

occasional value is up one time and down the next, should there be cause for concern? How much concern? There is normal biologic variation within all of these tests. However, normal dogs should not have persistently abnormal results. Your veterinarians can help you with assessing the clinical relevance of specific trends.

In the colony dogs does the dog start spilling protein before the Heska test shows abnormal? The Heska test will either become abnormal before or at the same time as the UPC, depending upon the testing interval and the rapidity of onset of disease in any given dog. The UPC will not be abnormal before the ERD test because of the methodologies used. **What is the average UPC reading when the Heska test shows abnormal?** There is no real answer to this question. Once the ERD test is abnormal, the UPC can be over a wide range of results. **With the information that you have acquired on the UPC from the colony dogs will that information be published?** Yes.

When you refer to a dog as "at risk", what do you mean? How does a vet use that information with an owner's pet? With a breeder's stock? When I use the term "at risk" I am generally referring to genetic risk – meaning that the dog has PLE/PLN in the family. I could also apply the term to dogs that have allergic skin disease because I believe there may be a close association with allergic skin disease and PLE/PLN. If I were evaluating someone's pet that I believed was "at risk", I would tuck this information into my back pocket and pull it out if the dog started showing clinical signs consistent with the disease or if my screening tests became abnormal. I cannot make breeding recommendations.

Other breeds that have a risk of protein losing diseases refrain from breeding dogs with UPC's over 0.5. If you were a breeder, what would your cut off UPC be? A persistent UPC above 0.5 is abnormal. I would use this as my cut off.

The lab that my vet uses for testing has <1.0 as the standard for UPC. I heard you say that at >0.4, the dog should be watched. Can you elaborate in terms of:

What does "watched" mean?

Are there some dogs, more than others, that set off alarms . . . meaning when read in conjunction with tests or other factors, the value may be meaningless, may require retesting or may require intervention?

While this range may mean one thing to an owner. . . early intervention, etc . . . what message does it send to a breeder about breeding stock?

I was fortunate to recently be involved with writing a consensus statement for the American College of Veterinary Internal Medicine regarding proteinuria. My esteemed colleagues were Drs. Scott Brown, Jonathan Elliot, Greg Grauer, and George Lees. This working group agreed that, in dogs, persistent renal proteinuria as manifested by UPC values = 2.0 usually is due to glomerular renal disease. In dogs with renal failure, having a UPC value = 1.0 at initial evaluation is associated with increased risk of uremic morbidity and mortality. Additionally, risk of adverse outcomes increases as the magnitude of proteinuria increases. In dogs, UPC values ≥ 0.5 are evidence of persistent renal proteinuria when they are found repeatedly in = 3 specimens obtained = 2 weeks apart and cannot be attributed to a prerenal or postrenal cause. The group also agreed that persistent renal proteinuria should always prompt action and that appropriate actions depend on the prevailing magnitude of proteinuria and the clinical status of the patient. Possible actions include prospective monitoring to promptly detect worsening trends in animals that appear to

have stable kidney disease, diagnostic investigation to detect any diagnosable and treatable infectious, inflammatory or neoplastic disease that might be the underlying cause of the animal's renal diseases, and finally, therapeutic intervention that is meant to slow the rate of renal disease progression, using reduction of the magnitude of proteinuria as one index of therapeutic response. The treatment strategies to be considered are to feed an appropriate diet (one with reduced quantity/high quality protein with n-3 fatty acid supplementation) and/or to administer an ACEI drug. Prospective monitoring was recommended for dogs that are not azotemic but have persistent microalbuminuria or persistent UPC of = 0.5.

Therapeutic intervention accompanied by adequate monitoring was recommended after appropriate investigation and specific treatment of any underlying disease that is identified for dogs with renal failure and UPC values = 0.5 and dogs without renal failure that have persistent renal proteinuria with UPC values – 2.0.

How does seeing if and/or when dogs get sick help with the MOI? If the dogs do not overtly manifest the disease, we cannot be confident that the more subtle findings in our dogs are due to PLE/PLN of SCWT rather than another disease. The dogs must have phenotypic expression of disease to verify the genotype.

What do you expect to learn about diagnosis and treatment from the colony dogs that can be useful to vets? To owners? We sincerely hope that the information that we gain about early manifestations of this disease will assist with early detection of disease and that the treatment modalities that we are using in our colony dogs will be directly transferable to affected SCWT.

When should an owner have ERD test done rather than sending sample to your for MA test? The ERD test is a screening test for PLN. If the ERD is positive, a sample can then be sent to us for quantification.

If an owner sends you a kit for the FAPI and MA so that it arrives on a Tuesday, how long does it take owner to get results of FAPI and MA test back? FAPI tests are sent to Texas the week they are received by NCSU. Texas runs FAPI assays starting Monday and ending on Wednesday. Results are faxed to NCSU on Wednesday evening and owners get results no later than Thursday evening. In general, FAPI results should be reported to owner on Thursday evening, the week after samples are shipped to NCSU. A result usually take 4-6 weeks. Once our lab has received around ten samples, which usually takes about 4 weeks, the samples will be shipped to Heska. Heska usually reports results within 1-2 weeks.

How many MA tests have been completed on Wheatens? 195 submissions of MA tests on Wheatens in the population.

How many Fecal API tests have been completed on Wheatens? More than 280 submissions of FAPI tests on Wheatens in the population.

If owners are having ERDs done by their vets or FAPI directly from TAMU, are you still interested in their results? Yes. If so, how can this information be supplied to you and what would you like? Results can be faxed to NCSU at (919) 513-6336 or mailed to NCSU College of Veterinary Medicine, 4700 Hillsborough St, Raleigh, NC 27606. Both should be sent for the attention of Tonya Harris. **How about the “big red-topped tube of poop”?** Those samples are being stored for future studies but we have filled our freezers to capacity and are not requesting more samples at this time.

Do you intend to publish additional papers on your research with the colony dogs? Yes.

Editors note: I would like to thank both Dr. Vaden for answering the questions and to the people who have sent me questions to ask her over the last year.

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WARNING

In the event of a hard winter as promised by some authorities, this advice comes as a timely warning!

A Coroner investigating the death of a couple who tried to save their dog from an ice-covered lake warned owners not to risk their lives for their pets. It is vital animals should be allowed to make their own way out. There are three main reasons for this. One is that they have a coat which protects them from hypothermia; two, they don't panic and thirdly they are lighter and far more likely to get out because they have four limbs. People should not attempt to save animals when they fall into icy water, because 99% of the animals will save themselves.

W.H.I WEB SITE

Unfortunately the Web Site has, over the holiday period suffered from lack of input! Indeed it haunts me – and Daniel!!

Working up to the New Year a new format site will be developed. We would like to include as many helpful articles and links as possible. For this we need your help. Let us know what you think you would like included on the site. Everything should be to do with the WELFARE of dogs (and not just Wheatens). This could include training, raising healthy happy puppies, breeding and various advice articles.

Please send your ideas and articles for inclusion to:

wheatenhealth@hotmail.com

Carole

MEDICAL TERMS – Questions & Answers

Have you ever gone home from a visit to your Vet wondering about some of the words and terms used? Bought a book, started to read it and found that it is not written in a language that you understand? Problem solved, Roni Andrews, in conjunction with WHI, has produced a comprehensive 'MEDICAL TERMS - Questions and Answers' guide to help you as a Wheaten owner.

Sandra has compiled this information in a smart presentation folder at a cost of £2.50 + 50p p&p, copies of which can be obtained from Barbara Penney, Tel: 0117 9324297.

Email: penney@btinternet.com

HESKA E.R.D.HEALTHSCREEN™ URINE TEST

The Heska E.R.D.-HealthScreen™ Urine Test is now available at some veterinary practices.

Answers to Health Quiz

- 1.d Many incorrectly assume that a Wheaten with PLE will always show symptoms such as vomiting, diarrhoea, or weight loss. In actuality, Dr. Littman has diagnosed PLE in many dogs that never had GI symptoms
- 2.c The fecal API is proven to be a valuable screening tool for GI protein loss

- 3.d Protein loss through the GI tract can have many causes. It is important to diagnose and treat the underlying cause once identified
- 4.b False. While Dr. Vaden still feels that dietary allergens play a role in triggering PLE, there is no proof that feeding lamb and rice will prevent it
- 5.b An elevated API level in even only one day out of three is considered "consistent with intestinal disease associated with protein loss", and is considered abnormal
- 6.d It was previously thought that if they weren't sick by a certain age they were not affected. Dr. Littman has diagnosed PLE/PLN in dogs that were outwardly healthy all the way into their teen years.
- 7.c This test measures the actual amount of protein present in the urine.
- 8.d Thromboembolism can strike down a Wheaten with no warning. It is one of the reasons why a complete post mortem exam is so important in Wheatens.
- 9.d Addison's disease has been called "the great imitator", as it mimics many other disease processes
- 10.c While blood tests may lead your veterinarian to suspect Addison's Disease, the diagnosis is confirmed by the ACTH stimulation test.

11.b

12.a

13.d

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We would be grateful if all of those contacting us for more information can provide us with an electronic address (if possible) for future contact and dissemination of information

Recommended Web site:

For more detailed information regarding health matters visit: www.scwtca.org

And finally

We are always willing to listen to your thoughts and ideas.
We have an open door, so please, come and talk to us.

STOP PRESS –

Look out for our next edition of the newsletter featuring, amongst other things, a well-balanced report on the risks of feeding "Raw" versus "Processed" food; a "hot" topic of interest to every dog owner.

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**Happy Christmas to you
and all
Wheatens everywhere**