

The Maxwell Medallion



L
I
G
H
T
I
N
G

T
H
E

W
A
Y



The Official
Newsletter of the
Bearded Collie
Foundation for
Health

VOLUME VII
ISSUE I

Spring, 2006

In This Issue

Presidential Reflections
by Elsa Sell
page 2

Spaying and Castration
By Linda Aronson DVM
page 3

**In the Spotlight-
Meet the Director**
Page 4

**BeaCon Voluntary
Open
Health Registry
Year 5 General Report**
Page 5

**Autoimmune Haemolytic
Anaemia (AIHA)**
By Jo Tucker
Page 14

Dog Flu
By Linda Aronson
With intro by Elsa Sell
Page 15

MacLean & Company
page 19

**Open Registry Access
Auctions**
**Point of Light Shop
and more!**

BeaCon Brag **The Maxwell Medallion** By Chris Walkowicz

The BeaCon Board of Directors is proud to announce the awarding of the Maxwell Medallion to the BeaCon newsletter *Lighting the Way* by the Dog Writers Association of America (DWAA).

The DWAA began in 1935. Over the years, the awards it has bestowed on writers, artists and photographers who enter their annual writing contest have become some of the most coveted in the dog world. During this time, these were simply plaques, but several years ago, Carol Lea Benjamin designed a medallion with a dog and a quill, which hangs from a ribbon like a pendant. The back of the medallion is engraved with the winning entry and the category in which it is entered.

This prestigious award was named the Maxwell, after Maxwell Riddle, one of DWAA's earliest members, as well as an AKC judge. This year BeaCon's newsletter "Lighting the Way" was entered in the category of National Club Newsletter winning the Maxwell. This category may be entered by any national organization.

President's Reflections Elsa Sell

The prestigious Maxwell Award.

What an honor this is for BeaCon and editor, Gordon Fitzgerald. Chris Walkowicz recognized the educational efforts reflected in Lighting the Way and she asked the other directors if she could submit the newsletter into the Dog Writers Association of America's competition. Some have questioned why the newsletter was submitted to the "National Club Newsletter" category. Club in this context means a national organization and Lighting the Way certainly did not fit the categories of Parent or Regional Clubs.

Without our editor, Fitz, Lighting the Way wouldn't meet your eyes in the light of day or any other time, for that matter. He sets deadlines, he reminds authors of the deadline, he assembles the articles into the multiple columns and pages (not easy when there are tables or photos), gets the draft out to all BeaCon directors for review and suggestions, he deals with the printer, he maintains an up to date mailing list, he sends out the email version, he gets the copy to the website editor. It's amazing that he retains his sanity and always cheerful spirit! We are grateful to Fitz for his perseverance and dedication to BeaCon's educational mission.

Open health registry information. Year 5 of data collection is completed. Elsewhere in the newsletter you will find the general report for all data from the 807 Bearded Collies. Dog or disease specific information can be obtained from the on-line registry search or report programs (www.beaconforhealth.org/sqlweb).

Noteworthy I think, is that only 69%

of the participating owners are from the USA. I encourage others to think about what that means.

For the first time, disease incidence is reported for the more frequent problems, with the caveat that the incidence is representative of the dogs in the open registry, and it may or may not be applicable to the broader population of Bearded Collies.

Fewer than 50% of the dogs in the open registry are free of health problems. This is not a surprise since it is human tendency to report problems rather than non-problems. If you don't agree with the incidence figures for some of these health problems (e.g., autoimmune disease, 12.4%), then do something about it. One solution is to get more healthy dogs into the registry. That would give a bigger denominator for the calculation of disease incidence.

Data entry into the open health registry is free. All it takes is your interest and time, a Bearded Collie whose parentage is known, and agreement by co-owners, if any, for the dog's information to go into the open health registry. The link for the on-line registry is: www.beaconforhealth.org/sqlweb.

Longevity. Many probably doubted the future of BeaCon when it began seven years ago. Well, we're still here and plan to be for decades more, carrying on with the missions of providing educational information about health in the Bearded Collie, maintaining the voluntary open health registry, and supporting research on important topics.

Fundraising Auction. With the assistance of a software consultant in the Terrier Club (thanks to CJ del Valle's connection), BeaCon initiated a new fund raising program in Febru-

ary 2006. We will periodically offer a diverse collection of items for auction, so stay tuned. If you'd like to donate an item for auction with proceeds going to BeaCon, please contact me (beaconbb@bellsouth.net).

+++++

Spaying and Castration – the effect on cancer risk and behavior

By Linda Aronson DVM

Health and behavioral concerns are often given as reasons for spaying and castrating dogs, but are we hearing the whole story?

We are mostly aware that spaying a bitch before her first season halves her risk of mammary cancer, and obviously castration frees you from concerns about testicular cancer, which is particularly worrisome in boys with retained testicles, but what about other cancers? Here are some figures that may surprise you.

Spayed bitches had four times the incidence of cardiac hemangiosarcomas compared to intact bitches. Neutered males have a significantly greater risk for these tumors compared to their intact brethren.

Prostate cancer is four times more common in castrated dogs compared to intact ones.

Neutered and spayed dogs have up to 3 times the likelihood of developing bladder cancer compared to intact ones, and are twice as likely to develop osteosarcoma (bone cancer). Males are four times more likely to die within 2 years of diagnosis when compared with females. Dogs neutered or spayed before they were a year old had a one in four lifetime risk of getting osteosarcoma.

Ultimately, with the unfolding of the canine genome, we may know which

cancers our dogs are most likely to get, and be able to say whether an individual is better intact or neutered, in the meantime, as with most questions, the answer to whether spaying or neutering is better from a health point of view is "it depends."

At the AKC's Canine Health Foundation Conference in St. Louis in October, Dr. James Serpell of U.Penn presented data from a survey study (Canine Behavior and Response Questionnaire

C-BARQ www.vet.upenn.edu/cbarq) distributed by regular vet practices, breed clubs and Veterinary Behavior Clinics - preliminary report at:

<http://www2.vet.upenn.edu/research/centers/cias/pdf/HsuSerpellJAVMA2003.pdf>.

The interesting additional information he gave at the meeting was that neutering seemed to worsen most problem behaviors. Even if you removed dogs neutered for aggression, castrated dogs tended to be more aggressive, more fearful, and in some breeds less trainable. They also have increased body sensitivity and excitability. Similarly for the girls, spayed bitches are more aggressive with strangers, and showed a tendency to worse general behavior. Neutering does not appear to diminish aggression in aggressive dogs. A smaller survey of Springer Spaniels by 3 veterinary behavior clinics recently reported in the Journal of the AVMA also found increased aggression in neutered dogs, even when dogs neutered for aggressive behavior were removed from the data.

It could be argued that those keeping intact animals may be more involved in dog related activities and spend more time training and working with their dogs - this study was in

North America, where most vets can't see a set of testicles without wanting them off - but I do think they help dispel the myth that intact dogs are testosterone driven airheads. Society is a long way from accepting this. Pet overpopulation is a very serious concern, and it does not serve the best interests of the shelter and veterinary personnel, nor of the overproduced dogs themselves to advertise the facts too loudly. The biggest reason for spaying and neutering should be the only proven one - they cannot reproduce, and we put far too many unwanted dogs to sleep. Dogs with retained testicles do run a much greater risk of testicular cancer, but that doesn't mean it's not OK to wait for them to grow up - 18 -24 months - before castrating them. For dogs living with responsible owners who are dedicated to their care, and who won't put them in jeopardy of producing unwanted puppies, delaying spaying and neutering may be advisable. For more information on this see the Fall 2004 BeaCon newsletter.

+++++

Spotlight on Chris Walkowicz

By Gordon Fitzgerald

Chris, and her husband, Ed, started showing German Shepherd Dogs in 1965, adding Bearded Collies to the Walkoway kennels in 1977. The only medical knowledge she has is knowing when to ask questions or scream for help. Chris has a close working relationship with her vets, both of them being fanciers as well. Today the very active geriatric Beardedie at home numbers only one: CH Walkoway's A Star is Born ROMI, CGC. Chris is no longer breeding dogs as her travel schedule is busy. "I just don't have the time to devote to

raising puppies the way they should be raised." A youthful cat, Figaro, keeps the Beardedie on its toes.

Starting with a newspaper column on dogs in 1980, Chris branched into freelance writing. She has more than 900 columns and articles and eight (soon-to-be nine) books published. This led to her being a President Emeritus of the Dog Writers Association of America, having served as President for four years. Her writings have garnered several awards including DWAA Best Column and 1985's Best Book of the Year: Successful Dog Breeding. One of her books was The Bearded Collie, now out of print. She has received the Distinguished Service Award from the DWAA and was named the FIDO Woman of the Year.

When actively showing and breeding, Chris and Ed showed in conformation and obedience, as well as doing herding testing. At one time, Ed professionally handled. He also is well known as the sterling head steward at many of the recent BCCA National Specialties. He now serves as kennel boy and travel agent for Chris. She judges the Herding and Working groups, BIS, Juniors and Miscellaneous breeds and may now judge several Sporting breeds. She has judged in many states, as well as Finland, India, South Africa, New Zealand, and Australia and is scheduled soon to judge in England and Colombia. Although she has participated in BDL and BCL, her judging schedule now prevents it.

Ed and Chris love to travel, having just done a safari while in South Africa. They also enjoy the theater, and Chris is an avid reader. They are both also active in their church.

Their family, other than dogs consists of three sons and a daughter, as

well as two granddaughters and a grandson. Their daughter showed Beardedies and helped Ed till she discovered boys. Now they only have one granddog that one is not shown.

Chris is a member of the BCCA, a former officer and director and currently serves as the Judges Education chair. She and her committee were successful in their endeavors to give the club and aspiring judges the much acclaimed Illustrated Standard. They have participated in Rescue, mostly through networking. Both Ed and Chris are also members of Chicagoland BCC, and instrumental in achieving show status for the club; they also are founding members of the German Shepherd Dog Club of the Quad Cities and members of Scott County Kennel Club, where Chris is a past President. In addition, Chris is a member of several judging organizations. She has been Vice President of BeaCon since its inception.

"I've tested my dogs for many years. If I didn't, who would know they were clear 20 years down the road? Sure, we had our problems and produced some as well. We worked hard to lower the percentage, but it was difficult because few breeders are willing to share health information.

"I am a strong proponent of the Open Health Registry and open discussion of health problems. Keeping our heads in the sand or, worse, denying we have problems lead to more problems and more gossip than if we are honest with each other. If we are knowledgeable about which dogs carry which problems, we can breed our carriers to non-carriers and eventually eradicate or minimize a disease. Secrecy is the greatest danger to the breed and to breeders and buy-

ers. Our dogs are the ones who suffer, along with their owners, when we are anything less than honest and responsible."

Beardedie owners are welcome to contact Chris regarding health questions, preferably via e-mail:

walkoway.dogbooks@mchsi.com. If she does not know the answer, she will either find out or refer to someone more knowledgeable.

+++++

BeaCon Voluntary Open Health Registry Year 5 General Report February, 2006

What is New This Year.

BeaCon hired a software consultant to completely redo the look and access to our on-line voluntary open health registry for Bearded Collies. It became available in the summer of 2005 both for registry participants, as well as for anyone who wishes to study the database information. Availability of the new on-line program has been announced on Beardedie Internet lists and by some breed associations or groups around the globe.

Data entry into the open registry is always free. The searches and reports are dynamic; that is they reflect all data in the database at the moment your request is made.

Anyone wishing to use the search or report functions of the on-line registry may do so for a month free of charge after they first register or have updated information. After the free month, there is a nominal yearly charge to help support the hosting service. Registry participants pay \$10; non-participants pay \$25.

You may look at the on-line registry by registering at:

www.beaconforhealth.org/sqlweb

A hard copy registry book has been offered at cost of printing and mailing the past four years. At present (March 2006) there are no plans to publish another hard copy book.

Basic Explanations

What is an Open Registry?

Open means that the information is available to the public. In other words, the information is not held confidential and anyone who wishes access may do so by subscribing to the registry on-line.

What Dogs/Owners Fit in the Registry?

ALL BEARDED COLLIES of known parentage. Deceased or living. Healthy or with a health problem.

Why are All Dogs Important?

- All dogs are essential to get a complete picture of the extent of wellness or health problems.
- To allow calculation of disease incidence there need to be enough dogs to calculate meaningful disease frequencies – e.g., if there are 44 dogs with Addison's in 678 dogs, the frequency of Addison's is 6.49% (44/678). If the total number of dogs is 1678 dogs, the frequency would be 2.62% (44/1678).
- To provide whole family information which breeders can use for relative-risk pedigree analysis in diseases that are autosomal recessive.
- To provide data for researchers.
- To allow prospective puppy buyers data on health of Bearded Collies enabling them to make more informed choices.

When To Update? Every year. Even if the dog has had no changes from previous reporting. You can also update whenever there has been a change in your dog's health or new health screens done – at any time.

Participation. The following table

shows the cumulative participation over the years.

Year	# Owners	# Dogs
1	169	303
2	205	410
3	278	593
4	325	678
5	376	808

Who Submits Information? Owners are the only ones who can submit health information with two exceptions. The first is that a co-owner may submit information if the primary owner (defined as the person with whom the dog lives) submits a signed consent in the first year the dog goes into the registry.

The second exception is that breeders can report if a sire or dam has produced a disease in offspring. This policy was started in year 3 because breeders are not always able to convince their puppy buyers to take the time to participate in the open registry. It is vital to know about certain health conditions in offspring. Dams producing a disease can have the number of cases and the litter(s) indicated. Sires producing a disease may have the number of cases indicated. The name of a dog with the specific disease produced cannot be listed. Specific diseases of interest are Addison's, symmetrical lupoid onychodystrophy, systemic lupus erythematosus, and hypothyroidism. Any disease can be noted in the "other" category; e.g., autoimmune hemolytic anemia or thrombocytopenia, or polyarthritis.

Important. You might wonder if a sire or dam is reported to have pro-

duced offspring with a disease, if you can assume that offspring in the open health registry are the ones listed by a breeder or sire owner. No you can't. For dam offspring, you must locate the name of the litter's sire and then search the open registry for dogs with the sire and dam in question. For sire offspring, you must contact the sire's owner for additional information.

How information is submitted. This is done either by hard copy form or on-line. The latter was started in year 3 and has been going well.

Documentation. No changes have been made from previous years. Copies of health screening test results are requested. This is especially important for dogs from countries other than the USA. We attempt to validate the information for USA dogs through the on-line registry databases (OFA or CERF). When that is not possible, it is so noted in the dog's report.

Health screening tests that have not been submitted to another registry will be included in BeaCon's registry. Preferably, a copy of the documentation form is sent to BeaCon; e.g., a copy of the CERF ophthalmologists' exam. If nothing is sent, that is considered "no documentation" and those words will appear in the registry record. If lab results without interpretation are submitted, this is noted in the record.

Updating Information. Reminders are sent each year to owners of all living dogs in the registry as of the most recent data entry.

Definition of Years.

- Year 1. July 2000 – Aug 2001
- Year 2. Sept 2001 – Nov 2002
- Year 3. Dec 2002 – Nov 2003
- Year 4. Dec 2004 – Nov 2004
- Year 5. Dec 2005 – Jan 2006

Pedigrees and Coefficient of Inbreeding (COI).

Every effort is made to be accurate. Data for pedigrees come from many sources including pedigrees submitted by owners, the Kennel Club Breed System Bearded Collie database updates, and various online databases. With the advent of the on-line registry system, fewer pedigrees were submitted; thus the dependence on other sources. Pedigrees are generated with Breeder's Assistant, starting in Year 5. If an error is found in a pedigree, readers should notify E. Sell (beaconbb@bellsouth.net) with the correct information..

A COI is the mathematical definition that elucidates closeness of relationship in a pedigree. It is usually expressed as a percentage and it was developed by Sewall Wright (Coefficients of inbreeding and relationship. Am Nat. 56:330-8, 1922). Basic principles are that inbreeding only exists if the ancestor appears on both sire's and dam's side of the pedigree. If inbreeding is calculated to a certain dog then that to his sire and dam is ignored unless they also appear through other lines. Lines already counted once must not be counted twice.

This sounds complex. It is if you want to hand calculate COI's for more than a few generations. Willis' books and various online sources describe how to do this. It isn't complex if one uses a pedigree software program with the built in calculation.

Use of Data and Caveats. Viewers of the open health registry data are responsible for interpretation and use of the information. The purpose of this registry is to give objective data on disease and wellness, not to draw conclusions about any particular line, sire, or dam.

The occasional case of a disease does not mean that it is inherited. We caution the reader that a sire or dam can not be assumed to be a carrier of an undesirable genetic trait simply because that health problem is reported in a single progeny. Furthermore, some genetic diseases may be influenced by environmental factors, not yet defined.

Geneticists (see references) believe the following circumstances are indicative of heritability:

- Relatively frequent occurrence of the disease
- When mating a sire and dam several times results in the same health problem in more than one litter.
- When a dog or bitch mated with different mates results in the same health problem in several litters.

If several dogs from the same kennel are reported with the same problem, you cannot assume that the problem occurs with high frequency. You have to know the status of the other dogs from that kennel before making any assessment regarding prevalence.

Many hereditary problems, other than those transmitted by an autosomal dominant mode of inheritance, involve healthy parents, one or both of whom are carriers of the genes responsible.

Information that a particular dog or bitch has produced a problem is vital to any breeder. This is especially critical for novice breeders just establishing their programs because they are least likely to have a good network for finding and verifying such information.

BeaCon encourages breeders to enroll pups in BeaCon's Open Health Registry before they go to

their new homes. Having a large number of healthy young dogs to follow over the long term is an optimal resource to determining frequency of diseases in any breed.

The inclusion of dogs in this registry is by the free choice of the owner/co-owner. Absence of dogs from this registry is also by the free choice of the owner/co-owner. Notice of the registry's availability is made through resources available to BeaCon: BeaCon's newsletter (Lighting the Way) and web site

(www.beaconforhealth.org)

and Bearded internet lists.

Notice of Copyright. All information contained is fully copyrighted by The Bearded Collie Foundation for Health (BeaCon). Permission to print information for *personal use only* is granted. Nothing may be published in any form, either for profit or not, without permission of BeaCon.

Respectfully Submitted, Board of Directors, The Bearded Collie Foundation for Health (BeaCon)

Linda Aronson
 Kathy Coxwell
 Karen Drummond
 Gordon Fitzgerald
 Judy Howard
 Richard Masley
 Rosanna Masley
 Cheryl Poliak
 Elsa Sell
 Jo Tucker
 Chris Walkowicz

+++++

**"We are not passive spectators, but active contestants in the drama of our existence. We need to take responsibility for the kind of life we create for ourselves."
 Nathaniel Branden, Ph.D.**

Report for Cumulative 5 Year Data

Contents

- Demographic data
- Health problems
- Autoimmune health problems
- Health screening tests
- Reproductive outcome
- Mortality
- Coefficient of inbreeding

It is rewarding to see that Bearded owners in locations other than the USA are also interested in an open health registry. Conversely, it is astonishing that so few Bearded Collies from the USA participate, given that over 500 have been registered yearly with AKC until 2005 and an even higher number previous to that. Other countries with a high number of dogs in the open registry are: UK 149, Canada 43, Germany 43, and Australia 28. Germany's participation has increased significantly the past several years, going from 4 owners in year 3, to 9 owners in year 4, and now 15 owners in year 5. The number of German Beardies represented in the open registry also increased. Several factors may have contributed to this change in German participants. First, a strong advocate of open health registry participation is in a leadership position for the breed there. Second, the editor of a quarterly Bearded magazine (which is independent of the breed group) publishes articles related to BeaCon and information about the open health registry. It seems reasonable to speculate that similar support in other countries could also increase their numbers of Beardies in the open registry.

**"All things are possible once you make them so."
 Goethe**

Demographic Data for Complete Open Health Registry		
Item	#	
Owners	357	
Australia	8	
Belgium	1	
Brazil	1	
Canada	24	
Denmark	1	
England	44	
France	2	
Germany	18	
New Zealand	3	
Northern Ireland	1	
Portugal	1	
Scotland	1	
South Africa	3	
Sweden	2	
USA	246	
Not Indicated	1	
Dogs	807	
Dogs from USA	497	62% of all dogs
Dog Sex		
<u>Male</u>	350	43.4% of all dogs
Intact	165	47.1% of males
Neutered	171	48.9% of males
unknown repro	14	
<u>Female</u>	457	56.6% of all dogs
intact	204	44.6% of females
spayed	243	53.2% of females
unknown repro	10	
Dogs without Health problems	361	44.7% of all dogs

Health Problems. The fact that fewer than 50% of the dogs in the health registry are reported to be free of one or another health issue is not surprising. People's tendency is to report a dog with a health problem rather than one who is completely healthy. This is a well recognized phenomenon by groups doing any type of health survey or registry. BeaCon is trying to alter this trend by encouraging the entry of puppies into the open registry before they go to their new homes. Those healthy pups would then be the hoped for future healthy dogs to follow over their lifetime.

For the first time, the frequency of specific health problems is listed if there are more than 20 cases of the problem. A caveat of the frequency figure is that it applies to this specific population of Bearded Collies. Therefore, it is unknown if the findings are applicable to the broad population of Beardies.

*The number of cases of hypothyroidism that are autoimmune in nature is unknown. Fortunately, the incidence of autoimmune thyroiditis in Bearded Collies appears to be low (2.7% of 187 tested in OFA Labs; 4.6% of 275 reported by Michigan State University Lab). Unfortunately, very few Bearded Collies have been tested so far. This is a factor which breeders need to take more seriously since scientists believe that autoimmune thyroiditis is hereditary and since it is evident in the lab long before it would be clinically suspected! Autoimmune thyroiditis is diagnosed by elevated Thyroglobulin autoantibodies, and/or T4 and/or T3 autoantibodies. Making the diagnosis is dependent on drawing blood at a time when the autoantibodies are elevated in response to the immune reaction.

Health Problems	# Dogs	% of All Dogs
Fear, loud sharp noises	173	21.4
Autoimmune diseases (see table)	100	12.4
Hypothyroidism*	69	8.6
Umbilical hernia	54	6.7
Cancer **	53	6.6
Hip Dysplasia	36	4.5
Allergy, flea bite	23	2.9
Atopy	23	2.9
Dietary allergy/food intolerance	23	2.9
Depigmentation***	21	2.6
Fear, other	20	
Nail problems other than lupoid onychodystrophy	19	
Inflammatory bowel disease	17	
Vaccination reaction	12	
Hyperactivity	8	
Hot Spots	7	
Exercise induced collapse or hyperthermia	5	
Demodetic Mange	4	
Exocrine pancreatic insufficiency	4	
Diabetes mellitus and keratocconjunctivitis	1 each	

NOTE: There is a correction to number of cases for the year 4 report. There were 6 cases of hyperactivity, 10 cases of hot spot, and 10 cases of other fears. These were reported in error to have a higher incidence last year.

Once the disease is established, the autoantibody levels will frequently no longer be elevated. Thus, testing after autoimmune destruction of the thyroid will give no indication of the autoimmune response.

"The disease has variable onset, but tends to clinically manifest itself at 2 to 5 years of age. Dogs may be clinically normal for years, only to become hypothyroid at a later date. The marker for autoimmune thyroiditis, thyroglobulin autoantibody formation (and other autoantibodies), usually occurs prior to the occurrence of clinical signs. Therefore, periodic retesting is recommended. The majority of dogs that develop autoantibodies have them by 3 to 4 years of age. Development of autoantibodies at any time in the dog's life is an indication that the dog, most likely, has the genetic form of the disease. Using today's technology only a small fraction of false positive tests occur. As a result of the variable onset of the presence of autoantibodies, periodic testing will be necessary. Dogs that are negative at 1 year of age may become positive at 6 years of age.

Dogs should be tested every year or two in order to be certain they have not developed the condition. Since the majority of affected dogs will have autoantibodies by 4 years of age, annual testing for the first 4 years is recommended. After that, testing every other year should suffice. Unfortunately, a negative at any one time will not guarantee that the dog

will not develop thyroiditis." (The information was taken in 2005 directly from the OFA web site on hypothyroidism).

** Cancer diagnosis was:

nasal in 8
liver in 7
mammary in 4 (1 spayed age 3 yr, diagnosis age 10 yr; 1 spayed age 8 yr, diagnosis age 15 yr; 1 spayed age 6 yr 2 mo, diagnosis age 9 yr 8 mo; 1 spayed & diagnosis made at age 10 yr)

spleen in 3
2 each: testicular, bone, pancreas, small intestine, stomach, spindle cell sarcoma, hemangiopericytoma.

1 each: abdominal, kidney, combined liver/spleen, malignant fibrous histiocytoma, undifferentiated basal cell ca, fibrosarcoma, pheochromocytoma, lymphoma, throat, mycosis fungoides lower lip, and bronchial.

*** Note: some cases of depigmentation can be autoimmune in nature (e.g., vitiligo, or associated with lupus or pemphigus). Since there are other causes of depigmentation, it was not placed into the table with autoimmune diseases.

Autoimmune Problems

(# diseases = 114; # dogs having diseases = 100, or 12.4% of all dogs). This year, if there were more than 10 cases of a disease, the frequency of the disease is shown. Although the frequencies appear to be unduly high in this population of Bearded Collies (i.e., in the open health registry), it is not known if the figures are applicable to the general population of Bearded Collies world wide. That will remain unknown until a much larger number of dogs are in the open registry.

"The most pathetic person in the world is someone who has sight, but has no vision." Helen Keller

Disease	# Dogs	% of all Dogs
Addison's disease—hypoadrenocorticism	51	6.3
Symmetrical lupoid onychodystrophy	17	2.1
Autoimmune hemolytic anemia	12	1.5
Systemic lupus erythematosus	11	1.4
Rheumatoid arthritis*	7	
Pemphigus	4	
Idiopathic thrombocytopenia	4	
Discoid lupus erythematosus	4	
Myositis	1	

E-Mail Contest

Don't forget, if you elect to receive your copy of the BeaCon Newsletter by e-mail, you will be entered into the drawing for some great Beardie "stuff". Just contact the editor at: grfitz@bellsouth.net to get your name on the list. Not only can you win a nice prize, but the postage saved can be used for health issues.

Thanks!

* There are 4 additional cases of suspected immune polyarthritis.
dogs with more than one disease:
11 dogs had 2 A/I diseases
3 dogs had 3 A/I diseases
Addisonian dogs who were thyroid tested – 24 (22 with panels; other 2, method not specified)
14 normal
9 hypothyroid
1 unknown

Health Screening Tests

Screening Test Done	#	% of All Dogs
Hips	330	38
Eyes	236	29
Thyroid	182	23
Hips and Eyes	192	24
Hips and Elbows	53	6.6
Hips and Thyroid	116	14
Hips, eyes and thyroid	90	11
Hips, eyes, thyroid and elbows	20	2.5

Reproductive Outcome. There are 75 male and 143 female Beardie with recorded reproductive history.

Males. Among the males, only 33 (44%) had a semen check, and some reported findings were inexact enough to not be very helpful to a breeder. If you are interested in the ideal semen examination and report, please see BeaCon's newsletter, Lighting The Way, Fall 2005, p 4. The table shows outcome for the males.

Item	#	Av	Range
Bitches bred	71	3.9	1-19
Litters produced	69	3.6	0-18

For the male dogs with reproductive information in the OHR, 6 of them produced an Addisonian, 5 of them produced a hypothyroid, and 4 of them produced symmetrical lupoid onychodystrophy.

Females. 139 of the 143 females were successfully bred and they produced 291 litters. The breeding method was natural for 200 litters, A/I fresh for 15, A/I chilled for 18, A/I frozen for 5, A/I operative for 9, and not recorded for 42. Delivery was by Cesarean section in 18 litters (6.5% of all litters). The average number of all litters was 2.1. The number of progeny born and congenital problems are given in the table below.

There were later developing problems reported. Ten dams produced 16 cases of Addison's, five produced 8 cases of symmetrical lupoid onychodystrophy, two produced 2 cases of systemic lupus erythematosus, six produced 8 cases of hypothyroidism. These numbers may be incomplete as the breeder may be unaware of the diagnoses.

Male Pups

	#	Av	Range
Total born	270	3.6	0-9
Live born	263	3.5	0-9
Live @ 6 weeks	255	3.3	0-9
Cryptorchid	52		
Mismark	44		
Umbilical hernia	28		
Bad bite	12		
Poor Pigment	11		
Cleft Palate	3		

Female Pups

	%	Av	Range
Total born	270	3.2	0-8
Live born	261	3.1	0-8
Live @ 6 weeks	257	2.9	0-7
Mismark	39		
Umbilical Hernia	34		
Bad bite	11		
Poor pigment	4		
Cleft palate	2		

Mortality. There are 161 (20%) dogs deceased. There may well be others also deceased by now, but their owners have not responded to requests for them to update information. Autopsies were conducted on 14 deceased dogs. Remember that autopsies will sometimes be helpful in establishing the cause of death.

Causes of death in different age groups are given below. The number with cause of death is fewer than the number of deceased because of lacking information on date or age of death.

0 to 2 yr 11 mo. (n=5). 2 accidental deaths, 1 each intussusception, aggression, and pemphigus.

3 yr – 6 yr 11 mo. (n=22). 5 unknown, 3 accidental, 2 systemic lupus erythematosus, 1 each: aggression, autoimmune hemolytic anemia, inflammatory bowel disease, immune thrombocytopenia, fulminating pancreatitis, suspected poisoning, chronic interstitial nephritis, respiratory failure, small intestine cancer, renal failure, visual, liver failure.

7 yr – 8 yr 11 mo. (n=12). 3 unknown, 2 aggression (1 due to repeated episodes of symmetrical lupoid onychodystrophy), 1 each: accidental death, liver cancer, vascular invasive abdominal mass, infection secondary to immune mediated polyarthritis, sudden onset of complete hind leg paralysis, small intestinal cancer, systemic lupus erythematosus

9 yr – 13 yr 11 mo (n=78). 12 unknown, 27 cancer, 6 old age or stroke, 5 each Addison's and other autoimmune diagnoses; remainder assorted individual causes. Cancers were unspecified in 6, nasal in 5, and the remainder were single cases in various locations.

14 yr and above. (n=42). 23 old age or stroke, 7 cancer, 5 unknown, remainder assorted individual causes.

Coefficient of Inbreeding (COI). COI values were calculated using the Breeder's Assistant (BA). Pedigree Software. Previous values had been calculated with the Kennel Club Breed System (KCBS) and were slightly lower than the BA values. The software change was necessitated because the KCBS company no longer provides support.

Further information about COI's and their meaning can be found on the internet and also on BeaCon's web site in the section on open health registry data.

Av COI = 24.0, standard deviation \pm 5.7, minimum 0, maximum 42.8. Calculated for 800 dogs.

+++++

**Every spirit builds itself a house,
and beyond its house a world, and
beyond its world a heaven. Know
then that world exists for you.
Ralph Waldo Emerson**

AUTOIMMUNE HAEMOLYTIC ANAEMIA (AIHA) BY JO TUCKER

Autoimmune haemolytic anaemia (AIHA) occurs when something triggers the immune system to produce auto-antibodies that destroy the body's own red blood cells. A trigger factor could be a virus, hormones, stress, vaccination, drugs etc. AIHA often occurs in young to middle-aged dogs and can be a primary disease or secondary to other diseases. There are many reasons why a dog may become anaemic, so AIHA cannot automatically be assumed. Basically, there are two types of autoimmune haemolytic anaemia - regenerative and non-regenerative.

Regenerative AIHA occurs within the circulation of the blood. The red blood cells in the circulation are being destroyed, and the bone marrow cannot produce young red blood cells fast enough to maintain adequate levels in the blood. A dog with regenerative AIHA can become seriously anaemic very quickly and if not treated promptly, its condition could become critical within 24 hours. A positive Coombs test and examination of blood smears can confirm this form of anaemia.

When a dog has non-regenerative AIHA, the immune destruction is targeted at the immature red cells in the bone marrow. This sort of anaemia is not acute but chronic. The circulating life span of a red blood cell is approximately 110-120 days. In a healthy dog, as the old red blood cells naturally die and leave the circulation, young red blood cells migrate from the bone marrow to replace them. In a dog with non-regenerative AIHA, the immature red blood cells are destroyed in the bone marrow before

the migration occurs. The inability to replenish red blood cells eventually results in the dog becoming anaemic, but this may not be apparent for a month or two. As the anaemia slowly progresses, the dog learns to cope, that is until the red blood cells in the circulation are so depleted that clinical signs start to show. The dog will become lethargic, and may start to eat abnormal things like earth or compost, even chew concrete. The body is trying to compensate for the deficiency. The dog may have fainting bouts (syncope), and these can be mistaken for seizures, but usually it is just that there are not enough red blood cells in the circulation to carry sufficient oxygen to the brain, and the dog collapses for a few minutes – then it gets up as if nothing has happened. However, with every passing day the dog will become more and more anaemic.

Non-regenerative AIHA is not easily diagnosed and a bone marrow biopsy is often performed to confirm the diagnosis; although the absence of young red blood cells on a blood smear and presenting signs may indicate this form of anaemia. Non-regenerative AIHA is often wrongly diagnosed as leukaemia or cancer and sometimes little or no treatment is offered.

Immunosuppressive treatment with prednisolone or a combination of prednisolone and Imuran, halts the immune destruction and allows natural migration of immature red blood cells to continue their journey into circulation.

Some reported clinical signs of AIHA are:

Pale gums & tongue (anaemia)
Jaundice
Depression & lethargy
Weakness in the legs

High temperature (intermittent or sustained)
Collapse
Loss of appetite (anorexia)
Loss of weight
Enlarged lymph nodes
Orange coloured faeces and dark coloured urine
Excessive drinking and urinating

Normal red blood cell count (PCV) is 37-55%. A dog with a PCV of less than 20% is considered severely anaemic. When the PCV falls below 12% a blood transfusion may be necessary to maintain adequate levels of red blood cells. This 'buys some time' for the treatment to work. If the dog survives the initial crisis and the correct treatment is given, the prognosis is good and the dog can be expected to lead a normal life. Some dogs can be weaned off drugs, but others relapse and have to be kept on a low maintenance dose. Thromboembolism (blood clot) can be a complication of AIHA.

A dog on immunosuppressive therapy should be prescribed a gastro-protectant, such as Ranitidine, to protect the stomach from excess acid which is produced by high doses of steroids.

C.I.M.D.A. - Canine Immune Mediated Disease Awareness
jo@cimda.fsnet.co.uk

+++++

Dog Flu
By Linda AronsonDVM
With introduction by Elsa Sell MD

(The following story is shared anonymously to bring awareness of this disease to a broader audience. Linda Aronson has written the follow up article about the most up to date

information on dog flu.)

Last week we lost our much loved Beadie. She was only 2 yrs 5 mos. old, and we are stunned and heart-broken about the sudden illness and death. We are still not clear about exactly how things got so bad so fast. She was diagnosed with pneumonia on Sunday Feb. 12 at the local Pet ER. They kept her there Sun. night and she was transferred to the care of a specialist veterinarian in that office on Monday morning. He did a bronchial scope and wash that afternoon, and saw evidence of irritation, but nothing remarkable to explain her breathing problem. The bronchial washings that were sent to the lab did not identify any bacteria. She was sent home on Tue morning on Clavamox and Brethine, with instructions to bring her back if she did not improve or got worse.

Wed. evening we took her back to the Pet ER because she showed no improvement and seemed even more short of breath. She had a fever of 104° with the illness. We thought she just needed to be on oxygen and an injectable antibiotic, and we were told the chest x-ray looked the same as the previous one from Sun. night. About 2-3 hours after we got home they called to say she was worse, her oxygen level was dropping and they were going to try direct nasal tubes to administer the oxygen instead of the pressure controlled box that she was in. They said call back in 1 hr, but in 30 min they called us back to say it wasn't working and they were going to have to put her under anesthesia and intubate her. We rushed to the ER and over the next 2 hrs they tried to get her turned around but when they extubated her the oxygen dropped and heart and blood pressure was unstable.

We had to make the heart wrenching decision to euthanize her. I am writing to you (BeaCon) for 2 reasons. We would like to try to understand what was wrong with her, and if we can learn more, maybe we can prevent this from happening to any other Beadie that may have the same condition.

Note (from Elsa): I responded that we didn't have a similar case of fulminating pulmonary disease in other young Beadies. Then I remembered discussion at the AKC CHF conference last fall about dog flu. I suggested the owner check with their vets about the possibility of dog flu as a diagnosis.

Canine Influenza Linda Aronson, DVM

Despite all the panic in the presses, canine influenza is not the threat we've been led to believe. This is not bird flu. Still, we need to inform ourselves of the facts so we can be prepared in case our dogs get sick.

Canine influenza is a viral disease and it is thought to be a mutation of the virus that causes equine influenza. Actually, this also is a group of viruses. **Dogs should never be vaccinated with products intended for the control of equine flu.**

Two clinical forms have been reported in dogs. The **mild form** resembles kennel cough caused by the *Bordatella bronchiseptica* parainfluenza virus complex. Dogs may have a dry cough - like kennel cough - or a soft moist cough. This form lasts for 10 to 30 days. There may also be a thick, often green, nasal discharge as a result of secondary bacterial infection. Dogs with the **severe form** have high fevers (104 to 106°F) and clinical signs of pneumo-

nia (possibly due to secondary bacterial infection). Because this is a new disease virtually all dogs will be susceptible to infection, and about 80% of exposed dogs will show signs of illness; most though have the mild form. About 5 to 8% of the dogs developing pneumonia have died.

The disease was first seen among racing greyhounds at a Florida track in January 2004, from there it spread to other tracks, and finally to pet dogs, at first in pet shelters, humane societies, pet stores, breeding kennels and finally in the general pet population. To check to see if canine influenza has been reported in your state go to the Cornell Veterinary Diagnostic Laboratory site <http://www.diaglab.vet.cornell.edu/issues/civ-stat.asp>

Treatment for canine influenza is largely supportive. If your dog develops a nasal discharge and/or pneumonia he should receive a broad spectrum antibiotic. Dogs with the severe form or any that are dehydrated should receive intravenous fluids too. Because dogs catch the virus from other dogs avoiding sick dogs is the best prevention. Boarding kennels and other places where dogs are in close proximity should be carefully monitored, and steer clear of sick dogs. If you plan to leave your dog at a kennel, ask if there are plans in place to isolate any dogs that become sick, and what action the kennel would take should there be an outbreak. The virus can also be passed by respiratory secretions and contaminated objects. Clothing, equipment, surfaces and hands must be cleaned and disinfected after exposure to any dog showing signs of respiratory illness - laundering is sufficient for clothing.

Manufacturers are trying to produce

a vaccine against canine influenza. If your dog is to be exposed to other potentially infected dogs, some are recommending vaccinating against *Bordatella bronchiseptica*, parainfluenza and adenovirus type 2, both to prevent secondary superinfection of dogs with canine influenza with these diseases, and to make it easier to rule out these diseases as the cause of infection in sick dogs. However, some dogs do develop kennel cough subsequent to vaccination.

There is no rapid test for canine influenza so care must be taken to prevent the spread of all respiratory diseases while test results are pending. Antibodies to the virus do not appear in the serum until 7 or more days after the onset of clinical signs (acute phase). Convalescent samples can be collected 2 weeks later to show that the infection is being cleared. Post-mortem analysis of fresh lung and tracheal tissue can prove the cause of the pneumonia, and Cornell is working on improving viral detection in respiratory secretion samples of live dogs.

At this time, it does not seem that canine influenza can be spread to other animals (even horses) or humans. However, viruses do mutate, and handling these dogs carefully, not eating in their presence, etc is recommended even when there are no other dogs present.

+++++

**"Greatness is not in where we stand, but in what direction we are moving. We must sail sometimes with the wind and sometimes against it -- but sail we must, and not drift, nor lie at anchor."
Oliver Wendell Holmes**

The Shaggy Dog

Everyone by now has seen the promos for the new movie "The Shaggy Dog" starring Tim Allen and Coal, a slate Bearded Collie. This has created a great deal of concern that the Bearded Collie might suffer from the same impulse buying that created havoc in Dalmatians for example, after the Disney movie "101 Dalmatians". This increased demand can result in the commercial breeders gearing up and the pet stores ordering more Beardie puppies. The worry is this may result in an increase in Beardies coming into rescue.

To counter this, and the inevitable "Oh look, it's the Shaggy Dog, I want one" comments we all probably will hear, the BCCA has created an educational brochure that you can download and print out for hand outs. This is a well written, tri-fold brochure that contains a great deal of information. If you are interested, you can see it and download it from the BCCA web site at:

<http://www.beardie.net/bcca/>

and click on the cartoon in the upper left hand corner.

The BeaCon Board of Directors

Elsa Sell -
beaconbb@bellsouth.net
Chris Walkowicz -
walkoway.dogbooks@mchsi.com
Linda Aronson -
dvm@petshrink.com
Kathy Coxwell -
Hattieboo@aol.com
Clara del Valle
mhari@concentric.net
Karen Drummond -
beardiemom@worldnet.att.net
Judy Howard -
beardiebunch@carolina.rr.com
Richard Masley -
beardieoh@cs.com
Rosanna Masley -
rbmasley@alltel.net
Cheryl Poliak -
cpoliak@hotmail.com
Jo Tucker -
J.Tucker@mdx.ac.uk

Please contact the Board if you have any ideas, questions, problems or wish to participate in any of BeaCon's ongoing projects.

Visit BeaCon on the web at -
www.beaconforhealth.org

Editor—Gordon Fitzgerald
grfitz@bellsouth.net

Special thanks go out to our

Past Directors:

Elizabeth Coolidge-Stolz
Melinda Cummings
Sharon Dunsmore
Gordon Fitzgerald
Kathy Kovacic
Kathy Pavlich
Gail Romine
Debra Thomas

Open Health Registry -- year 5 access information

BeaCon's Open Health Registry is available to the public. The first month's use of the search and report functions is free after you log in (or when the first time user registers). Read more about it in the year 5 registry report elsewhere in the newsletter. Go to www.beaconforhealth.org/sqlweb to log in.

The Point of Light Shop Auctions

Visit BeaCon's auction site at:

www.beaconforhealth.org/auction.htm

We will offer special items for auction regularly every two months, and sometimes in between. Look for announcements on the Beardie internet lists.

Donations

Contributions to BeaCon and the open health registry should be mailed to:

Chris Walkowicz

1396 265th Street

Sherrard, IL 61281-8553.

First time Donors

For donations of \$15-\$99 you receive a logo pin

For \$100-\$199 you receive a

Sterling Silver Beardie Angel pin

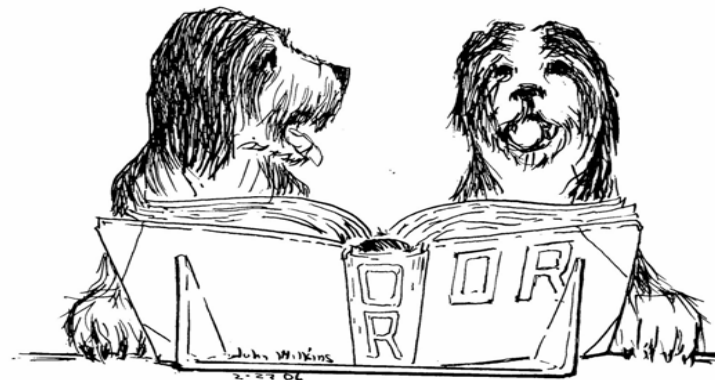
For \$200 and up you receive

14K Gold Beardie Angel pin

The pins can be viewed on the

BeaCon Web Site — [Http://www.beaconforhealth.org/](http://www.beaconforhealth.org/)

MacLean and Company...



"You had measles?"