



**NORTHWEST CANADIAN
GREYHOUND LEAGUE**

**Providing Greyhound Rescue and Adoption Services to
Northwest Canada**

Charitable Organization 89972 9214 RR0001

Web Site: www.ncgl.ca

Welcome to our new dogs!

Maxim Ride (Howie)	Talking Tatiana (Tatie)
AMF Musketeer (KiKo)	CRT Evil (Ivan)
<i>Marsey</i>	Blixt (Sheep)
Dinky (Blinky)	Kiowa Ingenue (Ki)
Ray Bourque (Saunders)	<i>Trouble and One</i>
Rio Sweet Cream	Zima
Honcho	Walter

Pat C Kenzee is still available. He is a lovely young brindle male, not considered cat safe, but good with children and medium and large dogs. He does need to be on lead or supervised with small dogs. We know his perfect home is out there. Contact us if you can provide that home.

Rainbow Bridge

WBF Buzz Off (Buzzy)	Chaser
Roc a By Tootsie (Sooty)	Penny
Super C Queen	Lacy

If your greyhound is getting older and you notice it is slowing down, having more difficulty getting up or doing stairs, you may want to try Recovery. I have had several owners tell me their dogs responded really well to getting it. While it can be purchased in health food stores, it is much cheaper if you can find it at tack and feed stores where it is sold in larger containers. Willow Wind Tack and Feed in Victoria apparently carries it.

Your older dog may also respond well to chiropractic sessions or acupuncture treatments. Many vets now offer these services as well as traditional western medicine. There is also a vet in Chemainus, BC, Pacific Animal Wellness Centre, that has acupuncture but also laser treatments. They also have a treadmill in a tank of water for any kind of rehabilitation after surgeries. In Victoria I use Dr. Jane Kettner (Tattersal) for chiropractic and Dr. Lesley Langford, Peninsula Veterinary Housecalls, for acupuncture, homeopathy, Chinese herbs and western meds.

How to beat the heat this summer

I know I say it over and over, but if it keeps one dog from dying, it's worth it. DON'T leave any dog in the car in hot weather, even in the shade (shade moves), with windows open. Leave them home. Try to walk early in the morning or late in the evening. If you have any water nearby, try walking there. It is usually more temperate near water particularly near the ocean. And you can always walk the dog in the water. And don't walk on hot pavement!

There are products called Cool Coats, which you soak, freeze and then put on the dog. Guardian Gear and Kong make them. These work better on dogs that have thicker coats. Guardian Gear also makes a cool harness that you soak, put in the fridge and then use. There are also pads that you can freeze and then pop into the dog's bed if the house is particularly warm. And cool bandanas that are similar to the cool ties for people, soak, put in the fridge a while, then wear. Most of these products are available through PetEdge.

If you have to walk in the heat, take water with you for the dog to drink, and take a spray bottle of water to help cool the dog down (works for people too!).

Some greyhounds love water. And therefore love kiddie pools. You can usually buy fairly small ones for less than \$20. Fill it half full and see if your dog likes it. If they do you can add more water. Check the temperature periodically because if it gets too warm from the sun, it won't be refreshing.

Here's an interesting way to do a doggie pool that makes it look much nicer. <https://www.pinterest.com/pin/54746951692925641/>

Turn it into a fire pit in the winter. (The only thing I haven't figured out is how to empty it easily. They don't come with drains and this looks like it might be hard to lift and tip over.)

[Www.petedge.com/Canada](http://www.petedge.com/Canada)

They sell a product made by Guardian Gear that is called Insect Shield – these are bandanas that have insect repellent in them. They keep flies, mosquitos and ticks off your dogs and apparently are good for 70 washes. Regular price is \$9.99 but I have seen them on sale for \$5.99. I am still looking into whether they are safe for greyhounds but there are people using them on their greyhounds now.

Cool treats you can make at home

Keep a second bowl of water in the freezer, take it out in the morning and it will provide cold water as it melts. Or just add lots of ice cubes to the water dish. Ice cubes also make a good treat for your dog, but can be a bit messy. There are lots of other things that you can freeze and give them.

Pour chicken or beef broth into ice cube trays. When frozen, place a few of these in the food bowl with your dog's kibble, or simply add to the water bowl.

Mash a ripe banana and mix with one tablespoon of peanut butter. Stuff the mixture into a Kong and freeze or simply place in ice cube trays and offer one treat a day.

Put drops of cheese whiz onto a cookie sheet and freeze. Or use cream cheese, flatten it out and freeze. Or just freeze small chunks of cheddar or other cheeses.

There are lots of things you can freeze into Kong toys. This will be somewhat dependent on how heavy your dog is. Things I use are yogurt, either plain, or mixed with any of the following: broken up biscuits, kibble, tuna fish, chopped chicken, cooked veggies (green beans are particularly good for filling tummies while losing weight), cheeses crumbled up, mashed bananas, cooked chopped liver or peanut butter.

You can also just put straight peanut butter, cream cheese or cheese whiz into the Kongs.

You can cook and then freeze all kinds of veggies: carrots, sweet potato or yams, zucchini, apples, bananas, green beans. Small amounts, slice thinly.

You can make your own ice cubes with yogurt plain or mixed. Add some of the baby food meats (low sodium).

Frozen pieces of hot dogs are always a crowd pleaser, just don't feed too much at one time. And slice either very small or lengthwise so they don't try to swallow it whole and choke.

Interesting websites:

<http://greyhoundhealthinitiative.org/>

The Greyhound Health Initiative™ (GHI) is committed to improving the health of sighthounds world-wide through education, research, and accessibility.

If you are interested in finding out more about your veterinarian there are several places to look. Do a google search for Rate Your Veterinarian. If you are in BC do a google search for BCVMA and then have a look under the disciplinary section. If your vet is listed there, you might want to reconsider. It is also where you would go in BC to register a formal complaint. I am sure that every province has the same association; just do a google search.

If you need to shop and want to take your dogs with you, do a google search for dog friendly businesses in your town. Most banks welcome dogs, many hardware and building supply stores welcome dogs too. All pet stores do and many hairdressers and barbers as well. Even clothing stores. The only places you probably can't take them inside are restaurants for obvious reasons. That said, sit on the patio. If you want to have them with you, support the businesses that allow you to bring them in with you.

Special thanks to everyone who helped with the Spring Fling, Locks for Lacey, and DogTopia dog wash. Lots of money was raised and everyone had a great time at all the events. See more on our Facebook page.

I have attached the full article on CUPS published with permission from the author. It's a rare condition but one we recently lost a dog to, which is why I've included it here.

FOCUS ON: CHRONIC ULCERATIVE PARADENTAL STOMATITIS AKA CUPS.

This is one nasty and frustrating condition! As well as being referred to as *CUPS*, it may also be called *ulcerative stomatitis*, *idiopathic stomatitis* and *lymphocytic-plasmacytic stomatitis*. This multiplicity of labels is a reflection of the lack of solid understanding of the cause(s) of the condition.

Before going any further we need to make a clear distinction between periodontal disease and paradental disease.

Periodontal disease affects the four periodontal tissues (gingiva, alveolar bone, periodontal ligament and cementum on the root). More on those tissues can be found and reviewed at: www.toothvet.ca/PDFfiles/PerioAnat&Physio.pdf.

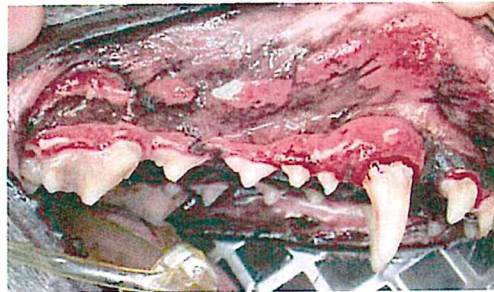
The paradental tissues are the other soft tissues that share the oral cavity with the teeth and which often lie in contact with the crowns of the teeth when the mouth is closed. This includes the oral mucosa, the palatal mucosa, the lining of the buccal pouch, the margins of the lips and the epithelium of the tongue. In many patients, these paradental tissues can remain relatively healthy even in the face of chronic and advanced disease of the periodontal tissues. On the other hand, a patient may have severe CUPS with relatively good periodontal health. They really are two separate conditions that may be present on their own or concurrently.

Certain breeds such as Maltese terriers and Cavalier King Charles Spaniels are reported as being over-represented and in my own experience, I would say Greyhounds also seem more susceptible than the general population. That said, I have seen the condition in a wide variety of breeds and sizes.

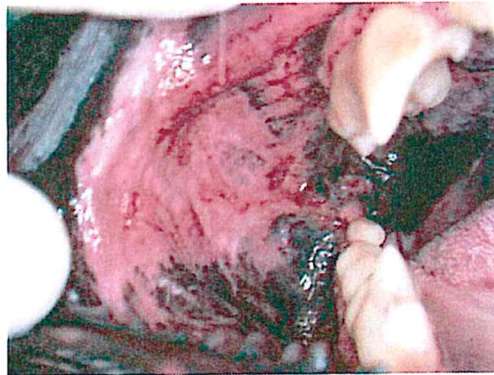
Presenting complaints may variably include any or all of: severe halitosis (though you would be surprised what some owners can get used to), excessive drooling of thick, cloudy saliva, lip-fold dermatitis, oral pain and difficulty eating.

This first photo is of a mature, rescued Greyhound prior to first treatment. There is

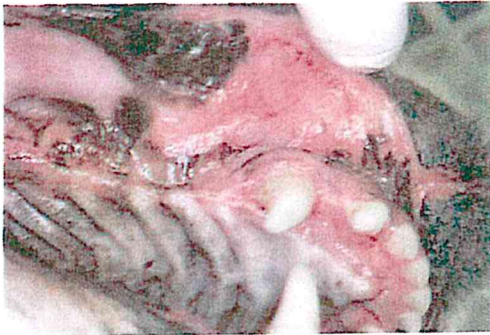
certainly periodontal disease with marked, generalized ulcerative gingivitis and gingival recession at the posterior teeth visible on conscious examination. Note the intense inflammation and ulceration of those areas of oral mucosa that lie against the crowns of the teeth. These are referred to as *contact ulcers* or "kissing" ulcers.



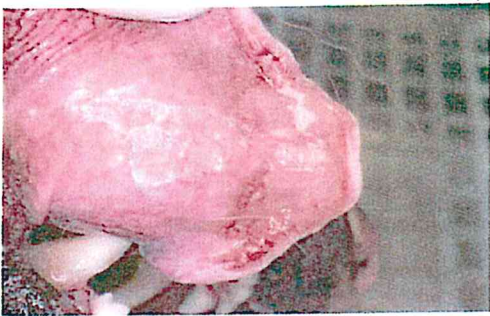
This next photograph is of the right buccal pouch in a mature German shepherd dog. Again, ulceration and inflammation of the buccal mucosa is apparent.



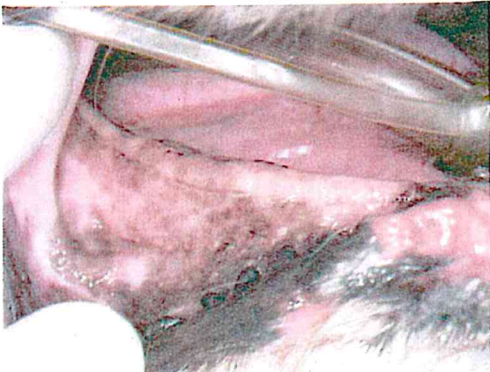
Next, we see contact ulcers just around the area of the maxillary canines and incisors, because the posterior teeth have all been extracted some years prior. This patient is a geriatric Nova Scotia Duck Tolling Retriever. Note the ulceration and inflammation of the palatal mucosa as well.



The ventral lingual mucosa in this NSDTR's mouth was also ulcerated and inflamed from lying in contact with the mandibular incisors.



Yet this edentulous (toothless) area (right mandible) is free of lesions.



The differential rule-outs would include various immune-mediated diseases such as the variations of pemphigus and bullous pemphigoid. While these conditions can result in oral lesions, they also often are associated with lesions of the skin and mucous membranes in other areas of the body. Therefore, a thorough examination of the entire patient to look for other areas of involvement should be under-taken. Since the

treatment for the immune-mediated diseases is very different from the treatment for CUPS, it is important to make the distinction early on in the management of the case.

As well as a complete physical examination, CBC and biochemistry are good to have pre-operatively. The only laboratory findings typically associated with CUPS is a (polyclonal) hypergammaglobulinemia and a mild neutrophilic leukocytosis, so any other abnormalities should be assessed in their own right before anesthetizing the patient.

While a biopsy of the affected tissues would be a good thing to have, to rule out an auto-immune disease, this requires an anesthetic and so I would always suggest that far more than a biopsy be done at that time.

The only lab finding typically associated with CUPS is a (polyclonal) hypergammaglobulinemia, as expected with any chronic inflammatory disease.

While the specific pathogenesis of CUPS remains unknown, it is helpful to consider that, for whatever reasons, these animals are unable to tolerate the presence of bacterial plaque on the crowns of their teeth. Even fairly minor plaque accumulations result in an over-blown, destructive (and painful) ulcerative inflammatory response. Therefore the focus of the management of CUPS must be scrupulous plaque control. Starting on page three of <http://toothvet.ca/PDFfiles/HomeCarePack.pdf> you will find a brief explanation of plaque and the rest of this package discusses various plaque-control strategies and challenges.

Following a complete physical examination, CBC and biochemical profile, if things are pointing to CUPS, the next step is a COHAT (comprehensive oral health assessment and treatment). This starts with a detailed examination, probing and charting of each and every tooth along with whole-mouth intra-oral dental radiographs. All teeth with significant periodontal disease (pocketing, bone loss, furcation exposure) or endodontic disease should

be extracted. Selective extraction in areas of crowding (that would be plaque-retentive) would also be indicated. All extraction sites are sutured with an absorbable monofilament (I favor 5-0 and 4-0 Monocryl™). The remaining teeth are then cleaned thoroughly above and below the gum line. This is also when you would get your biopsies. Then polishes and lavage. In areas where it is available, I would recommend applying a coat of Merial's Ora-Vet™, which is a waxy coating for the teeth that will inhibit bacterial recolonization of the crowns of the teeth (<http://www.oravet.us.merial.com>). At the time of writing, this product is not available in Canada.

Our highest priority in veterinary dentistry is to provide for our patients a mouth free of pain and infection. This objective must supersede all other hopes and expectations.

The next phase is tricky. In most cases, the patient will have had some extractions and we need those sites to heal. Also, the mouth has already been sore for a long time and so the animal is going to be mouth-shy. Therefore, I do not want the owners touching the mouth at all for two weeks. I don't want the owners causing the animal further pain and I do not want them applying any pressure or tension on the incisions as this may disrupt healing. I do want the patient on analgesics for several days post op and I will probably also dispense antibiotics (I send antibiotics home only rarely, but these cases do call for it). Since I don't want the owners handling the mouth, the medications must be taken voluntarily by the patient and so must be in a form or disguised in a way that the animal will gladly ingest them.

Following a two-week healing period we hit the even trickier part. The owner must now institute a very aggressive plaque control program or you can expect the patient's condition to return to pre-op status within a very short time. The most effective way to do this is for the owners to brush the teeth daily with a nylon-bristled tooth brush. As the Home Care documents previously cited indicate, it is the mechanical action of the

tooth brush that does the work. All the rinses and gels and pastes and water additives in the world will not control plaque to a sufficient degree to do the job in these patients. They may be useful adjuncts, but the toothbrush is the cornerstone of this program and must be used daily. No rinse, paste, gel or water-additive will come close to keeping CUPS under control if not used with the daily application of a tooth brush.

In domestication, dogs do not need to hunt and kill their own food, they do not need to rend raw meat from a carcass. The food is dead and in the bowl ready to swallow.

As well as daily brushing, the weekly application of the home care version of Ora-Vet™ (where available) is indicated. When dietary issues do not preclude it, I would also recommend feeding a diet shown to aid in the reduction of plaque. A listing of diets that have been proven to offer measurable plaque-control benefits can be found at the website of the Veterinary Oral Health Council (www.vohc.org). Diets that have received the Seal of Acceptance for tartar only are not good enough here. We need plaque control! At time of writing, the only canine diets with the Seal of Acceptance for plaque and tartar are Hills™ Science Diet™ Canine Oral Care™ and Hills™ Prescription Diet™ Canine t/d™.

In domestication, dogs do not need to defend territory or protect themselves from predators. We provide them with walls, a roof and fences for protection.

If everything goes really really well, plan on doing COHATs every six to twelve months for as long as the patient has teeth. No matter how well the owners are brushing, no matter if they are using Ora-Vet™, no matter what they are feeding their pet, no combination of home plaque control strategies will be completely effective and the patient is going to need your

professional help as well to keep the wheels from falling off.



This photo is of the Greyhound from page 2 at a one-year follow-up. The owners had been doing a good job of home care and while the ulcers are smaller and far less "angry" looking, there is still plenty of inflammation.

In domestication, dogs do not need to establish breeding rights. They are either neutered or are allowed to breed under controlled conditions.

By this point, you may be asking if there is a Plan B. Well, the good news is that there is an alternative. The other good news is that this alternative treatment often gives far superior results in both the short term and in the long term. The bad news is that it is a big job. I am referring to whole-mouth extraction.

In my referral practice, by the time these animals reach my door, the simple things have been tried and have failed. I see the refractory cases and so my perspective may be a bit skewed, but for most of my CUPS patients, whole-mouth extraction is the right thing for me to do no matter how much the owners might think they want to try to save teeth.

CUPS is often concomitant with periodontal disease (gingival recession, bone loss, pocketing) and so even if the inflammation could be magically turned off like a light switch, many teeth are going to require extraction anyway due to irreversible periodontal tissue loss.

In this mature Greyhound, we see not only CUPS, but obvious periodontal disease.

In domestication, dogs do not need teeth. What they need and deserve is a mouth free of pain and infection.



In a case like this, there really is no point in trying to save any teeth. They are almost all beyond hope. There might be one or two that are not completely over the edge yet, but they are not going to be of any value to the patient and are only going to be an ongoing liability, so the rational approach is to just clean house and be done with it.

Now, aside from whole-mouth extraction or fanatical plaque control, is there no Plan C? Unfortunately, at present, there is not. Until we know why the local immune response to plaque is so out-of-control and until we can reliably calm it down without causing a host of other problems, we need to get the mouth plaque-free and keep it that way. There are no short-cuts and no miracle drugs for this one. While some medications (antibiotics, anti-inflammatories, immune-system modulators) may offer temporary symptomatic relief, none have lasting effect and all have undesirable side-effects. The treatment for CUPS does not come in a bottle.