

Veterinary Updates

Thank you, I have received a couple responses to the NSAID article by Kathy Lang and my question concerning Malinois and NSAIDs. If you have had any adverse experiences with NSAIDs or any other medications, please let me know. I have not heard from any members with knowledge of Malinois affected with stomach cancer, if you know of any please contact me also. I always appreciate feedback on Performer articles and suggestions for future articles.

This column will deal with some updates on topics I have covered in past articles.

Xylitol Poisonings

150 cases of xylitol poisoning have been reported in the last 12 months according to the ASPCA (American Society for the Prevention of Cruelty to Animals) Poison Control Center. All of these cases related to pets consuming chewing gum.

The February/March 2007 Performer includes a more complete discussion of xylitol toxicity. Xylitol is a sugar substitute with 40% fewer calories which reduces the damage oral bacteria has on tooth surfaces. These characteristics make it ideal for using in human chewing gum.

A few pieces of xylitol gum in a 40 pound dog could be fatal. Within 30 minutes of ingestion the dog's blood sugar drops dramatically and may show symptoms of vomiting, lethargy, loss of coordination,

collapse and seizure. Untreated the dog may also develop liver failure. Contact your veterinarian and act quickly should xylitol consumption occur.

Probiotics

I have discussed probiotics a few times, the last being in the October/November 2007 Performer. In that issue I was using the Purina FortiFlora product on Bergen for gastric problems. She was vomiting small amounts of bile a few times a day. The FortiFlora stopped the vomiting within 48 hours and I kept her on it for 4 months while I changed her diet. I have had no reoccurrence of the vomiting since.

In October I attended a veterinary conference which included a series of lectures on gastrointestinal disease. The use of probiotics as a valuable aid in maintaining the normal bacterial flora of the GI tract was mentioned many times. Consider using probiotics in your dogs for such conditions as Irritable Bowel Disease (IBD), Colitis and other GI disturbances.

Bordetella

We have discussed Bordetella multiple times in 'Vaccination' articles and as the initial suspect in the dogs that were found to have Canine Influenza virus. It is a major component of the Kennel Cough respiratory syndrome and a common feature in vaccination protocols. I will not go into those aspects today, but will deal with the two types of Bordetella vaccines available,

intranasal (IN) and subcutaneous (SQ).

A recent vaccine study compared the intranasal and subcutaneous injection routes of administration and resulted in the following conclusions:

Intranasal Bordetella Vaccines

Advantages

- Stimulates local IGA immunity (most important for protection)
- Rapid onset of protection
- Safe for very young pups
- Only 1 dose required
- Published 1 year of immunity

Disadvantages

- Can be difficult to administer
- May cause mild clinical signs

Subcutaneous Bordetella Vaccines

Advantages

- Easier to administer
- Cannot revert to virulence

Disadvantages

- Slower onset of immunity
- Requires 2 doses initially
- Little efficacy data available for the product from the manufacturer
- NO published duration of immunity

If you and your veterinarian decide to include Bordetella in your vaccination program, in my opinion the intranasal vaccines are clearly superior.

Veterinarians may look at your Malinois and wonder if they really want to squirt

that liquid up their nose; but express your opinion, control your dog and most will be accommodating.

Canine Influenza Virus

Canine influenza virus (CIV) continues to spread throughout the United States as evidenced by a recent outbreak in a Chicago veterinary clinic. Since its identification in 2004 CIV has become endemic in northern Colorado, southern Florida, New York City, Pennsylvania and southern Wyoming. (Malinois Performer February/March 2007)

There is currently no vaccination available to protect against canine influenza, although one is undergoing development. The American Veterinary Medical Association has expressed varied opinions on the disease. Some have supported the urgent need for a vaccine, while others question the lack of evidence that CIV is causing significant disease in dogs. I think we still have much to learn about the disease in general, as well as the need and safety of future vaccines.

One misconception regarding CIV was the disturbing reports of the high mortality rates in affected dog populations. The initial group of greyhounds affected in 2004 did have high mortality, but it has been determined that this was atypical and probably due to breed characteristics and the kennel situation. The disease can still be serious, but for example in the 2008 Chicago outbreak, 60 dogs were infected, five developed pneumonia requiring hospitalization , but there were no fatalities.

Note from Dr. Rory Friedow: The following column was published in the Tervuren News Tales and I would like to thank editor Carol Ruthenbert and the authors for their willing consent to have the articles reprinted. Anita Oberbauer DVM introduces the article, Libbye Miller DVM is responsible for the clinical aspects and Beth Walker shares her owner's perspective on stomach cancer.

This issue's column focuses on an emergent health issue that affects the Belgian breeds: stomach cancer. A new study initiated by The Michigan State University Center for Comparative Oncology, led by faculty member Elizabeth McNiel, DVM, PhD, DACVIM (Oncology), DACVR, has as its objective to determine the genetic association behind gastric cancer in several dog breeds. The study needs participants, specifically blood samples and pedigree information from dogs diagnosed with stomach cancer and older (over 8 years old) that are free from this cancer. Many of us, myself included, have lost our Tervs to stomach cancer and 35% of the Tervs diagnosed with cancer were diagnosed with stomach cancer as per the 2003 ABTC health survey.

The ABTC Health Education Committee views this as important research, particularly pertinent to the Tervuren. In this column, Dr. Libbye Miller provides some background information on stomach cancer (more appropriately termed "gastric neoplasia") and ABTC member Beth Walker provides a personal account of her journey with the disease and her beloved Jeep, BIS/BISS Multi Select CH CT O-Tahn-Agon Cinema Duet HT. At the end of the column, for those of you interested and/or willing to participate

either by providing blood samples or tissue samples, is the contact information for Dr. McNiel and the study's coordinating research technician, Heidi Leitkam. We will also post a flyer pertaining to the study on the ABTC website in the health education section.

Stomach cancer – Clinical aspects.

Gastric neoplasia, or stomach cancer, accounts for less than 0.1% of all cancer in dogs, yet it seems to be more frequently diagnosed in Belgians. Evaluating the information available in veterinary databases suggests that there is a genetic predisposition for gastric cancer in the Belgian. In particular, Belgians appear to be 15 times more likely to be affected with this devastating cancer than the average dog.

What is stomach cancer? It is a stealthy cancer, with most dogs showing only vague signs until the tumor is large. Symptoms may include chronic vomiting, vomiting blood, dark tarry stools, lack of appetite, lack of energy, and weight loss. That said, many dogs show only occasional vomiting and intermittent lack of appetite right up to the time of their diagnosis. They may also exhibit food aversion to particular foods that they previously ate with gusto; this reflects a learned response in that they come to associate vomiting with what they recently consumed. They may feel fine otherwise and carry on their normal activities. Blood work and plain x-rays are often unremarkable. Diagnosis may require contrast studies and ultrasound examination. Definitive diagnosis is done through endoscopic biopsies or during an exploratory abdominal surgery. The slow, insidious nature of the cancer with its vague symptoms generally means that the cancer is far advanced by the time of diagnosis.

Once diagnosed, prognosis is poor. Most affected dogs die within 6 mo of diagnosis, due to either recurrent or metastatic disease, regardless of therapy (1). Gastric tumors often spread to the lymph nodes and other abdominal organs as well as extending through the stomach wall causing deep ulcers. Surgical removal is not generally an option due to the invasive nature and location of the tumor. Benefits of chemotherapy are unknown but even in cases that allowed for wide surgical resection, recurrence has been reported from 3 days to 10 months (2).

1. Withrow SJ. Esophageal & gastric cancer. In: Small Animal Clinical Oncology. 3rd ed. Withrow SJ, MacEwen EG, eds. Philadelphia: WB Saunders, 2001:320–327.
2. Swann HM, Holt DE. Canine gastric adenocarcinoma and leiomyosarcoma: a retrospective study of 21 cases (1986-1999) and literature review. J Am Anim Hosp Assoc. 2002 Mar-Apr;38(2):157-64.

Stomach Cancer – An Owner’s Perspective

It started as occasional vomiting of just bile - nothing much more than that. Then “occasional” became “regular” and it became so at our national specialty this year. The full blood panel my vet did before we left home for Tennessee clearly indicated a healthy, vigorous dog. The physical exam indicated the same with the addition of a bright, inquiring expression, glowing healthy coat, good – albeit slower - appetite and a dog that was clearly ready for anything - in other words, a healthy adult male Tervuren in his prime at age 7. The vet sent us on our way with her blessing and good luck wishes.

Throughout that week in Chattanooga, I

watched Jeep closely. Stool was fine, he still perked up around the girls, but later in the week I noticed a very slight roach in his back. That, combined with his complete loss of appetite and occasional depressed attitude, sent me running for Libbye Miller, who was gracious enough to examine Jeep to ensure he didn’t need to be rushed to a clinic or hospital. Libbye also prescribed sucralfate, an ulcer medication. I know now that Libbye immediately suspected stomach cancer, but didn’t want to upset me further with 2 days left before we could head home. Meanwhile, I called my home vet to advise them what was going on and get an appointment made for an ultrasound and urinalysis first thing Monday.

With a couple of days’ worth of ulcer meds working, Jeep seemed to be doing better. I was holding out hope that it was something operable, like anal glands or prostate, even preparing myself for having to neuter him if necessary and end his show career. But you know, I think it was always in the back of my mind, those whispered stories about dogs who became ill and died quickly, viciously, from a cancer that began as mere vomiting. It was a thought that I never really took out and examined until days later, having been caught up in the whirlwind of the national and just trying to keep Jeep comfortable enough that he could show in Best of Breed competition.

I did show Jeep in Best of Breed. I wasn’t happy to show a dog that was less than his normal, sunny self, but there again, some thought in the back of my head kept coming to the fore: this may be his last, for whatever reason. At one point, I believe after the first cut, I almost asked our judge to excuse us. But Jeep was all Tervuren and his will and desire to please me kept him going through

round after round and lap after lap in that ring. As the day dragged on, he actually perked up; visiting with his fellow Cheeseheads who were sitting ringside and cheering him on, leaping for bait, and eating it. I was relieved to see the return of my former show dog and thought perhaps he would continue to improve and everything would be fine.

The next day, Sunday, we were on the road for home at 4 a.m. My husband drove us all the way back to Wisconsin and I think I slept the entire trip. The most sleep I'd had and would get for the next two weeks. The following morning Jeep was back at the clinic bright and early for his ultrasound, which showed a small cyst on his prostate, confirmed by the urinalysis.

Hmmmm, OK, I thought skeptically, and gave Jeep two doses of antibiotic over the course of a day and a half before calling Cathy Greenfield at University of Illinois Champaign-Urbana and asking her help to set up an endoscopy. During the course of our conversation that evening, Cathy carefully broached the topic of stomach cancer and I will always be thankful that she braced me for what was to lie ahead. The tip off that my vet's ultrasound wasn't correct was the fact that the vomiting problem wasn't solved. The cyst on his prostate wasn't big enough to cause so much pain that he was vomiting.

I took Jeep down a day or so later to the university, where he had full blood work done, another urinalysis, ultrasound, etc., as a prelim to his endoscopy the next day. The ultrasound showed a lesion on the stomach wall in a location that would've been operable and then treatable with chemo, though it still wouldn't have been cured. His

death sentence wouldn't have been quite so immediate had the ultrasound been 100% accurate. Endoscopy the following day, however, confirmed the worst diagnosis possible with the added complication of an ulcer with a great deal of inflammation. The lesion was actually in an inoperable, fatal, location.

Jeep's wonderful internist, Marcie Ridgway, and her resident, Christine Hoh, sent us home with many medications and specialty foods to ensure his comfort and ease the inflammation, while we waited for biopsies and cytologies to confirm what Cathy and I already knew. Everyone at the university treated Jeep like a star and he adored them all, despite his discomfort, maintaining his dignity and gentlemanly ways. I simply cannot thank them enough.

The firm diagnosis was received four days later. Nine days after that, I laid Jeep to rest. During those nine days, we spent as much time as possible in each other's company, playing Frisbee when he was up to it, but mostly just being together. He had one last chance to chase his sheepies and play farm dog. Evenings he would lie in my lap while I sat in my recliner, his chin resting across my arm, sleeping deeply and quietly. I would rock him while stroking my hand across his beautiful head and down his neck and spine, smoothing his fur and feeling the warm, live weight of him.

Hours each day were spent trying to entice him to eat – anything. Sometimes I offered him upwards of five different foods in an attempt to get nourishment in him and slow the death that was approaching ever faster.

I'd like to stress to others who love their Tervuren as I loved my Jeep that this vicious, wicked disease hits hard and fast. The symptoms are vague at best, and even though I moved quickly through the testing and diagnosing process, I wish I could've provided Jeep some relief from his pain sooner. I'm thankful, though, to have had those few short weeks to share with my teammate, my partner, my best friend. I miss him more than words can say and his passing has left a wound that no amount of time will heal.

I have to say a special thanks to our skilled Tervuren veterinarians whose love for our breed and whose care for Jeep was heartwarming: Rory Friedow (who never leaves home without canned ID dog food), Libbye Miller who sacrificed a portion of her vacation to come to our aid, and especially Cathy Greenfield who has been a dear, dear friend and who helped me face that brutal diagnosis with love and empathy. How incredibly fortunate our Belgians are with these special people as caretakers.

I'm truly frightened that this disease has our beloved breed in an iron grip and I don't think there are any cancer-free lines anymore. We have a unique opportunity to help researchers at Michigan State University learn more about this disease and perhaps get some answers, if not an actual cure. I hope that you will find it in your hearts to help with this study in whatever way you can.

If you would like to participate in the Michigan State Study or need more information, please contact:

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