

The Ball is Now in the Court of the Breeders and Stud Owners

The ball is now squarely in the court of breeders and stud owners to tackle the disease head on. Potential puppy buyers and breeders looking for studs – including this writer -- are already scanning the magazine ads to see which studs and brood bitches have been tested. It is no longer sufficient to advertise only tests of back burner issues like VWD, etc. The 800 pound gorilla in the room is DCM and if breeders and stud owners cannot, or will not, test for the disease then people will begin to ignore them and look elsewhere.

Master breeders Brian Casey and Pat Blenkey of Wrath-Liberator kennels in Canada are people I have long known and admired, and they have boldly stepped up to the plate in the battle against DCM. They are setting an example for breeders worldwide.

They are involved in a holter monitor (ambulatory electrocardiogram) program at the Ontario Veterinary College and advertisements of their Best In Show dog, Ch. Wrath's Soldier of Fortune, state: "cardio ultrasounds and holters normal 2006 and 2007." They are testing on an annual basis. A visit to their website truly reinforces their commitment to defeating DCM. A webpage entitled "Have a Heart" is a detailed overview of the holter monitor project and background on DCM.

There are an increasing small number of stud owners who advertise heart-tested breeding stock. (Many need to be dated to show they are annual tests). But there are glaring omissions of verifiable cardiac testing in most stud dog and litter advertisements.

Who, in the current climate where DCM is striking down our dogs at an alarming rate, would not test for the disease? And if an advertiser announces that he or she does all the other minor tests, their animals will be deemed guilty by omission if there is no testing for DCM.

I understand it is an expensive test – some are \$250 - \$300 for a one-time ultrasound. But after what we have learned of this devastating disease in recent times, if a breeder or stud owner is not prepared to annually monitor their publicly offered animals for DCM, then they should not be breeding.

I strongly believe animals not tested for DCM should be ignored as breeding prospects until such time as they undergo specialist cardiac testing. And that does not mean a stethoscope! Only then will there begin to be some progress, no matter how small, in the battle to curb DCM. Beverly Seielstad has to be highly commended for making the sacrifice with her beloved Magic Dragon for the good of the breed. One only hopes that more will follow her lead.

There are less expensive holter monitor programs like the one Casey and Blenkey are involved in, and I suggest interested breeders and owners check with veterinary colleges of major universities across the United States which are involved in DCM studies to find a suitable and affordable program.

The key is to test annually by a cardiac specialist... and those tests should be made available to potential puppy buyers or those planning to use a stud.

I have recently had four dogs cleared by cardiac testing performed by a specialist, Dr. Jenifer Lunney, in Houston, but the sobering conclusion is in the final analysis which reads: **"No evidence of DCM at this time."**

"At this time" is the key phrase and breeders and owners should never forget it. One breeder friend this past week was shocked to find a nine-year-old bitch, which had been used in a breeding program, was diagnosed with DCM. The bitch had been cleared with "a very strong heart" just a few years ago during testing at the DPCA National.

Annual testing may only be a snapshot in time, but apart from pedigree analysis it is the only tangible thing we have at this moment to combat the disease.

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A Code for Future Breeding in this World of DCM

Juggling Doberman type, conformation and health, headed by DCM, is a very difficult task. As I have written before, there will be, out of necessity because of the vast pervasiveness of the disease, a lot of risk taking when it comes to DCM. Otherwise we would have to shut up shop and never breed again.

In order to lower the risk and sway the odds in my favor, I have determined my own personal code for breeding in the fight to curb DCM. Hopefully it will be food for thought for all breeders:

1: Have tests performed by a cardiac specialist on both sire and dam of a prospective breeding, no matter how young the stock.

2: Use only DCM clear stud dogs which have been tested annually by a cardiac specialist. The written test results to be available to judge the quality and results of the testing.

3: A Stud owner must demand brood bitches also be tested clear of DCM by a cardiac specialist. No clear test, no stud...

4: Because the disease has a late onset and cardiac testing is only a snapshot of the dog's condition at that moment, both stud owner and brood bitch owner should request background information on DCM of the parents, grandparents and siblings (including

half brothers and sisters) of a prospective sire and dam to further assess the risk factor in a potential breeding. This is where an open registry would be invaluable.

5: Wait as long as possible to breed a bitch, even though she may have tested clear of the disease “at this time.” I had three prospective brood bitches who were four and five years of age when they succumbed to the disease and I am grateful for small mercies in that I did not breed them before the onset.

6: When it is practical, use older stud dogs who have been tested. If the stud still has viable semen, an eight or nine year old dog tested clear of DCM “at this time” is far less a risk than a three or four-year-old stud who may have tested clear but could develop it later in life.

7: Use frozen semen of deceased dogs whenever it can help a breeding program. There is obviously no risk if the stud dog’s heart was cleared of DCM at death by a cardiac pathologist. If there was no testing done, the time lapse will at least provide the opportunity to monitor more than one generation of offspring for evidence of DCM. Remember, DCM is openly displayed in consecutive generations. It would also behoove a stud dog owner to collect semen from a top quality dog as insurance should it be totally cleared of DCM by pathology tests at the time of death.

8: When a breeding animal dies, even long after its productive years, if there is any doubt at all about DCM then the heart should be sent to a cardiac pathologist for diagnosis. There are obvious trickle down problems for a breeding program if there is evidence of DCM and it is imperative for a breeder to know the status of the heart of an animal used earlier in the program.

9: Continue to test retired stud dogs and brood bitches to ensure that they do not develop the disease which would immediately impact their offspring and not only the home breeding program but other programs involved with the tested dog. The earlier the knowledge of DCM the better it is for a breeding program.

10: Closely monitor siblings, including pet animals, of potential breeding stock so that back tracking can be done to pinpoint if a sire or dam might have the disease. If a sibling succumbs to DCM then it is an undeniable fact that either its sire or dam (or both) had the disease and therefore passed it on to at least 50 per cent of the offspring. If a sibling of planned breeding stock gets DCM then there is a 50 per cent chance the planned breeding stock could also have the disease. It is not likely that pet owners will want to spend money for cardiac testing, but sudden death or signs of congestive heart failure such as

coughing; loss of weight; buildup of fluid in the abdomen or fainting spells, etc. should be analyzed.

Here is a practical application of “calculated risk” in my breeding program:

I have a potential brood bitch who is the daughter of a DCM victim. She is almost three years of age and recently tested clear of DCM “at this time.” But there is an obvious risk factor because, as the father died of DCM, at least 50 per cent of the litter from which the bitch came will have the disease. She will need to be tested annually for life if she produces a litter. I am seriously contemplating having her artificially inseminated with frozen semen from one of my deceased dogs who went to Australia and became a prominent stud dog with no known history of DCM in several generations of offspring. The dog died of other causes at 12 years and although I have no tests from late in his life – and his heart was not examined after his death – he did pass a cardiac ultrasound test earlier in his life.

The key for me is he has no known offspring with DCM...remembering, of course, that the disease is relentless and never skips a generation. As I am trying to rebuild my bloodline, a stud dog of my breeding is an obvious plus. After weighing all the circumstances I have deemed it to be a mating in which I am prepared to take a calculated risk. There are no guarantees in this DCM business, but at least I have calculated that the odds are in my favor.

And that is really all we can plan and work towards until scientists find the gene(s) responsible for DCM and provide us with a DNA test which would solve all our problems. Even then it will take generations to clear DCM from our breed as we fight to maintain type and conformation.

Unfortunately, it may not happen in my lifetime or yours....

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Chagas Disease and Low Thyroid

The comment on Chagas disease and low thyroid function in the Texas A & M report on Ch. Foxfire’s Magic Dragon’s diagnosis of dilated cardiomyopathy (DCM) published in the March issue of the magazine, prompts clarification for breeders and owners.

Chagas disease, named after Brazilian doctor Carlos Chagas who was the first to identify it in 1909, is a parasitic disease which can affect humans and animals. It is caused by blood-sucking bugs and can also be transmitted by blood transfusions, contaminated food, etc. It is primarily a tropical disease found mainly in poor rural areas of South and Central America (16-18 million are reported to be affected in those areas) and to a much lesser degree in southern states of America.

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The incidence of Chagas disease in the United States is likely the result of immigration from Latin American countries.

The disease can manifest over many years and the end result, sometimes after 20 years in humans is, among other things, heart disease. Chagas is a treatable disease which can be quickly determined by laboratory titer.

Chagas disease has been found in very small numbers of dogs in the United States and is more likely in Texas, Louisiana and Georgia.

My veterinary cardiac specialist in Houston, Dr. Jenifer Lunney, has encountered only a handful across the canine spectrum in years of operation. Dr. Kathryn Meurs told me she saw only "at least one a year" in her five years at Texas A & M University. So the chance of contracting the disease appears very remote. Chagas disease is distinguishable to a cardiac specialist by a lesion on the heart.

Still, the symptoms of Chagas disease and untreated chronic low thyroid in dogs can mirror a classic case of true dilated cardiomyopathy, hence the comment in the report on Ch. Foxfire's Magic Dragon.

But let us not be mistaken: Chagas disease and low thyroid function do not cause the classic DCM which is so prevalent in Doberman Pinschers worldwide. Classic DCM in Dobermans is a disease caused by a mutant gene or genes transmitted by an autosomal dominant mode of inheritance. (See February Issue, Doberman Pinscher Magazine).

In an article written several years ago by Drs. Meurs, John D. Bonagura and Virginia Luis Fuentes, it was stated: "Severe hypothyroidism (emphasis: very severe not the usual forms) can decrease heart muscle function. However, there is no evidence that cardiomyopathy is caused by hypothyroidism. In fact, public evidence is to the contrary."

The doctors also warned that "excessive administration of thyroid hormone can increase the demand for heart work, enlarge the heart, and cause fast or irregular heart rhythms. Dogs at greatest risk are those taking relatively high doses (doses exceeding 0.75 mg twice daily). This condition can be detected by having the blood concentration of thyroid checked periodically (once a stable dose of thyroid supplementation has been initiated)."

The three specialists stated: "Cardiomyopathy in the Doberman Pinscher is a genetically predisposed disease of the heart muscle. This heart muscle disease is 'primary' and cannot be explained by another medical or cardiac problem. For example, cardiomyopathy in the

Doberman Pinscher is not caused by an endocrine (hormone) disorder, by diet, by narrowing of the coronary arteries, or by a heart valve problem." The endocrine system, of course, includes the thyroid gland.

Dr. Meurs, who headed the recently published eight-year study which determined the mode of inheritance of DCM in Doberman Pinschers, confirmed that all the above facts are still valid today.

She also told me: "There are other things which can cause the heart to look like DCM and a good cardiologist will take a few minutes and consider that before deciding that a dog really has true DCM since the implications are so bad."

"The statement (in Ch. Foxfire's Magic Dragon's test report) is true in that those two things (Chagas disease and low thyroid) can cause similar things (to DCM), so dogs that live in Chagas areas (south area of the US) should spend 30 dollars on a Chagas titer...and it never hurts to check thyroid as well. The Doctor is just trying to make sure that treatable diseases (Chagas and low thyroid) which can cause similar things to DCM are not overlooked," Dr. Meurs said.

Magic Dragon's owner, Beverly Seielstad said that the veterinarians at Texas A & M diagnosed her dog as having DCM and she told them that Magic Dragon had normal thyroid and she did not think it was necessary to test him for Chagas disease.

The fact that Chagas disease and low thyroid can mirror symptoms of DCM underlines the importance for Doberman breeders and owners to always consult with a certified cardiologist when testing for DCM.

Rod Humphries is seeking an appropriate established website, or to produce a new website, to offer the Responsible Doberman Breeders' and Owners' Dilated Cardiomyopathy Registry. He is planning a panel of like-minded breeders and owners who can oversee and consult on the project. The registry would not only contain dogs diagnosed with DCM, but those which have tested clear "at this time."

Humphries has a new email address for DCM registry information or questions: bikiladobermans@aol.com. €