

## **OVERVIEW** (Written in 2006)

### History

It will be remembered that earlier in the year (2006) we anxiously described a health condition that seemed to us to be becoming more prevalent in our beloved vizslas. In the breed notes of the late July issues of Our Dogs and Dog World Sue Millson, our breed health coordinator, published an article to briefly identify the essentially typical presenting symptoms and signs.

These were difficulties with swallowing (dysphagia), drooling and muscle wasting .We wondered also whether the condition might be immune mediated.

We asked people who had experienced the problem to contact us. They did

### The Present Situation

We now have 14 cases on "our books". (Mid 2007 update. Now 24 with at least 15 others that we are not free to further describe) With one exception they have all come from connections within the showing world. Even at this early stage we do know of other cases but either at present do not have the owner's permission to take things further or do not have the necessary veterinary records to confirm our suspicions. We have yet to establish what might be the extent of the problem with pet people who probably represent at least 90% of vizsla owners. We are pursuing various opportunities to reach those who may not yet have heard of our quest for data. Almost certainly our best chance of finding further cases will come from within the veterinary profession.

We now have a case list of 10 dogs and 4 bitches. (More now)

Of the ten dogs five were euthanased and one died at two years of age or younger. One awaits investigation at the RVC and the other three are holding their own after heavy corticosteroid administration and a very gradual tapering of their dosage.

Of the four bitches one was put to sleep at eighteen months of age, one appears to have made a complete recovery and the other two are now elderly (8 and 11) and coping although compromised. Their loving owners' dedication is inspirational and has been critical to the survival of these older patients.

### A Typical Presentation

There are some exceptions and a few variations to this but most of our cases have presented in adolescence. Initial symptoms almost invariably are swallowing difficulties, drooling choking and lethargy (quite possibly due to aspiration pneumonia).

Radiographs often point to megaesophagus but sometimes this diagnosis is ruled out after fluoroscopic (moving picture) investigation. The usual causes of megaesophagus (myasthenia gravis etc) are always tested for and invariably excluded as possibilities.

Blood tests usually reveal very elevated creatine kinase (CK) levels. This is an enzyme produced during muscle breakdown. Infectious causes of muscle inflammation (such as neosporosis or toxoplasmosis) are invariably ruled out.

Eventually the dog's head takes on a very typically bony appearance. There is very marked muscle atrophy especially in the temporal (head) and masseter (jaw) areas.

Owner accounts have been revelatory. They all describe swallowing difficulties particularly in relation to drinking. Comments such as "he would stand at the water bowl for hours but the level never went down" are universal. Slobbery water bowls with "bits of food in" are standard.

Difficulties with eating are also across the board and owners have to devise ways and means of ensuring adequate nutrition. Hand feeding is not uncommon.

Clinical records invariably say things like "Whilst he seemed to be keen to eat and drink no normal swallowing could be observed" Veterinary consensus is that the dysphagia is at the level of the pharynx.

Some owners have also described an odd wrenching movement that the dogs make with their neck. One of our case's vets wrote a paper on Sialadenosis and called this movement turtleing. It is a good description. The dog extends his neck and tries to pull back. It is spasmodic in appearance. It is part of a choking episode.

## Diagnosis

To begin with individual vets were either stumped or would come up with different diagnoses. Phenobarbitol responsive ptyalism (ie drooling) and dysphagia was one such and a couple of our patients did indeed seem to respond for a while to barbiturate administration. Sadly neither of them survived.

It is still much too early to embrace all the aspects of the illness into a single definable condition. However where the patients have been referred for further specialist investigation (with muscle biopsies submitted for analysis to the Comparative Neuromuscular Laboratory in San Diego) it is usually the case that an inflammatory myopathy has been a conclusion and myositis or polymyositis a diagnosis. Myositis is a general term for inflammation of the muscles. It is interesting to note that a top European Veterinary Neurologist to whom one of our cases was referred said as long ago as 2001 that she had come to the conclusion that pharyngeal dysphagia is not uncommon in dogs with polymyositis.

It also seems possible that the condition is an immune mediated illness. Some of our dogs have suffered secondary conditions such as polyarthritis or IBD and these are typical immune related problems. Certainly in terms of treatment the best success has come from early corticosteroid administration with a very gradual tapering of the dose. Of course long term steroid administration brings with it its own problems especially at the high loading dose that treatment of our condition seems to require.

## Developments

As we go to press a very exciting development has been that much respected Dick White Referrals in Newmarket have agreed to look at the extensive evidence that we have provided for 14 (more now) vizslas (full clinical records, specialist reports, veterinary contact information, many pictures showing muscle wasting, owner accounts, ancestry analyses etc) and give us their opinion.

We invited them to consider that the breed might have a specific health problem and almost immediately they got back to us to say that "At first glance it appears there may be enough here to get on with a good bit of clinically relevant research and a publication in a journal to notify other vets and breeders"

This is very good news. Dick White's study will take time and early 2007 is a target date for the project to be turned around. They have promised to keep us in touch with progress and we hope in the next newsletter to be able to provide more information as to where our investigations have led.

## Where next

We still need as many cases as possible to come forward so that the very widest picture can be discerned.

If any of these signs or symptoms sound at all familiar for any vizslas that you know please contact either [di.addicott@gmail.com](mailto:di.addicott@gmail.com) (Tel 01576 202258) or Sue Millson ([sue@lutra.me.uk](mailto:sue@lutra.me.uk)) (Tel 01892 834178)

We must not lose the momentum afforded by the willingness of Dick White Referrals to look at the evidence that we have provided. Further research and gene studies seem possibilities for the future. These projects will cost money and the HVC committee has suggested that we set up a fund in anticipation of future activity. Should anybody wish to contribute, cheques should be made payable to "HVC Health Fund" and sent to Sue Millson.

There follow 3 accounts from owners of affected dogs and these graphically describe the realities of living with this very distressing condition. Their pictures are shocking and tell the biggest story.