



Rocky Mountain Wrinkle

October, 2006
Volume IV, Issue 4

A publication of the Centennial Chinese Shar-Pei Club, Inc.



**Centennial Club Winner of Best
CSPCA Affiliated Club Website**

Contest

&

1st Runner-Up in Best Newsletter

Contest

To the surprise of many people at Nationals, the Centennial Club's website handily won the best website contest with our new website. The Northern Washington Club has long held that title, so this was an upset victory for our club. The Northern Washington Club took 1st Runner up in the contest this year. A big congratulations to our webmaster-Laura Brown! If you haven't looked at the website yet, you can see it at: www.centennialsharpeiclub.org

The Star of the North Club in Minnesota was the winner of the Best CSPCA Club Newsletter contest, and the Rocky Mountain Wrinkle came in as the 1st runner-up. We know some of the mistakes we made, and will work harder this year to try to win this title back again. Thank you to all the people that contributed to these projects.

Table of Contents

| | |
|--|-------------|
| Website Contest Winner..... | Page 1 |
| Newsletter Contest- 1 st Runner Up..... | Page 1 |
| Rescue Corner..... | Pages 2-5 |
| Plea in Dogs Magazine- April, 1973..... | Pages 6-9 |
| Dr. Vidt's Corner- Bloat..... | Pages 9-14 |
| Helpful Websites..... | Page 15 |
| Sangers with new puppy..... | Page 15 |
| Thanksgiving Warning..... | Page 16 |
| Qualifications for CHIC..... | Page 17 |
| Shar-Pei with CHIC Numbers..... | Page 17 |
| Part 2- CHIC Requirements- CERF..... | Pages 17-22 |
| Photo from Nationals 2006..... | Page 23 |
| Dog Food Rating System..... | Page 23-27 |
| More News on Dog's Eyes..... | Page 27-28 |
| FSF Treatment Plan- Dr. Tintle..... | Page 28-31 |
| Officers and Directors..... | Page 32 |



Rescue Corner

It was a nice warm summer morning. The sun was shining, and I had been outside already and had a nice breakfast of lamb and rice by my pappy's side. We were having a good

day because I even got a piece of cantaloupe as a treat. I found a nice piece of sunlight shining through the window, and had settled down for a snooze. I was happily dreaming of bones, biscuits, and chasing a few squirrels. Dream is about all I can do anymore, as I am blind. I have to use my imagination and memory to help me vision what is going on around me.

I was startled out of my nice snooze by all kinds of people barging through the door. What in the world was going on? I didn't know these people, and had never heard their voices before. Faintly through all the noise and commotion I could hear Lisa's voice. She was crying, and giving some kind of instructions. Lisa is Pappy's little girl. I hear that she isn't so little anymore. She is grown up and lives in her own house now, but she comes to see us regularly. There were all kinds of stuff clanging around, and they were rolling something through the door. Lisa was saying "He's in here, hurray!", and down the hall they went. I was afraid to get up and go see, because I didn't know what they were doing, or if I would bump into some of that stuff that they brought in. I got up and made my way to the edge of the room so I could hear what they were saying better.

One of the men were saying something about a stroke, and that they were going to have to take Pappy to the hospital. I could hear them rolling something down the hall towards me. I ran to get in the corner so I wouldn't get run over. Out the door they went with Pappy. I tried to follow them, but Lisa came and told me that she would be back soon to take care of me. She said that she had to go with

Pappy right now, but promised that she would be back. Lisa shut and locked the door, and away they all went.

I was so scared and confused. I didn't understand what was going on, but I did know that I missed my Pappy. We had been the best of friends for 8 years now. Pappy was always there to help me since I am blind, so I should do something to help him, but I just don't know what to do.

I waited and waited for Lisa to come back. Finally when it was getting time for my dinner, I heard the door unlock. Lisa came in calling my name. I ran right to the sound of her voice. She sat down on the floor with me, and began to explain that Pappy wouldn't be able to care for me anymore. Pappy had had a stroke, and now needed someone to take care of him. He was going to have to live in nursing home so the nurses could help him. Lisa assured me that I had been the best of friends with Pappy, and that he loved me very much. Lisa then told me that she was going to find me a new home, with someone that loved me as much a Pappy did. She got a leash and hooked me up to it, and took me to the car.

The next thing that I know, we are at the vets, and Lisa is leaving me there. She told me that she would find me a home right away. I hear someone at the office saying that it wouldn't be easy to find a new home for a blind 8 year old dog. I am very worried as to what will happen to me now. I have no sunshine to sleep in, and dogs are barking all day long. This is a very scary place. Some lady named Beth walked by my run and asked about me. She said that she was going to call her friend Alice. The very next day,

Lisa comes to get me. She is taking me to a new home to meet a new lady and her blind dog.

She was telling me that Alice knew a lady named Louise. And Louise knew a lady that was looking for a blind dog to be friends with her blind dog. I don't know about all of this, but I guess I have to go.

Sure enough there was another blind dog there. His name is Max, and he is 10 years old, and he knew all about being blind. We had a lot of things in common. I liked this lady. I didn't like her as much as I loved Pappy, but since I couldn't live with Pappy anymore, this place was much better than the vet's. Lisa let us play for awhile, and then she told me if it didn't work out that she would be back to get me, and off she went.

I had to learn that Max isn't happy unless he gets to eat first, but now that I know, that is okay with me. We have a good time together. There is enough room where the sunlight comes through the window for both of use to take our naps. It is nice to have a dog friend. I haven't had one of those for a long time. Max and I both have doggie beds by Mom's bed, and that is where we sleep at night. I miss my Pappy, but I also like living with Max and my new mom. Lisa doesn't have to worry about me anymore, because I can see that I am going to be just fine here. I hope that Pappy is going to be fine too, because I know that he misses me, and wants the best for me. I think I have found that, thanks to Beth, Alice, Louise, Lisa and my new family.

Reminder: Our Christmas party is coming up in January. When you are cleaning your closets and doing your holiday cleaning, don't forget to look for your White Elephant Christmas present for the gift exchange. One persons trash could be another person's treasure.



**Plea in Dogs Magazine
to
Help Save the Chinese
Fighting Dog-
April, 1973**

Often there is a point in time that will affect your entire life. On the April 1973 an event happened that has affected the lives of everyone reading this newsletter. On that date, Dogs magazine published an appeal by Matgo Law to the American Dog Fancier's to save the Chinese Shar-Pei from extinction. Whether we would have ever been able to own a Shar-Pei without his appeal can only be speculated. But what is clear is that because of that appeal, the Shar-Pei came to the attention of American dog breeders, and the rest of the story is sitting on the floors and sofas in our homes.



Introducing the seldom, if ever seen in the United States, Chinese Fighting Dog. This is Down Home Anne Revival Two weeks before she had a litter. Dogs – April, 1973

That one appeal will forever be written in the timeline of the Chinese Shar-Pei. Once we American's got our hands on the dogs, we were quick to realize their endearing qualities, which helped to grow their popularity. It is important to know the history in order to understand the present.

The following is the wording from the plea in Dog's Magazine by Margarie Farnsworth:

Matgo Law who owns the Down Homes Kennel in Hong Kong, is desperately trying to save the Chinese Fighting Dog from extinction. He and a group of other enthusiast, hope that some will be imported to the U.S., where one day these ancient dogs might become as popular as the Pekingese or the Chow Chow.

A poignant plea for help came in the form of a letter from Hong Kong the other day. Could Dog's magazine possibly

help save from extinction the Chinese Fighting Dogs? It was signed by Mr. Matgo Law.



Head shot of
Down Home
Anne Revival
Dogs- April, 1973

Mr. Law and other breed enthusiasts are desperately attempting to revive this ancient breed. Uppermost in importance to the dog's owners is that Hong Kong, now a British colony, might one day be given back to the Chinese. Should this happen, their beloved dogs would be destroyed. Dog's are a luxury in communist China.

"Who knows?", wrote Mr. Law. "If we can ship out some of our dogs to your country they may some day become as popular as the Pekingese or the Chow Chow. We can only hope."

The breed existed by centuries in the southern provinces near the South China Sea. The origin is believed to be in a small town named Dah Let, in the Kwun Tung province. Here dog fighting was the favorite sport of farmers since no other form of entertainment was available to them.

With the blue black tongue of the Chow Chow and the same excellent guarding instinct, it is believed that both

breeds are from the same origin. However the Chinese Fighting Dog is not a smooth coated Chow Chow. In character, these dogs are not born fighter, but should his owner wish him to, he will fight to the finish. He is a well balanced dog with a scowling yet dignified expression; loyal yet aloof; reserved with strangers but devoted to his family. He need not be trained, but is an excellent guardian in his home and he housebreaks himself as a puppy.

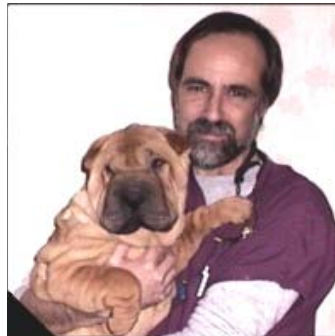
Then the article lists the Hong Kong standard for the Chinese Shar-Pei. I will not include it at this time.

At the end of the article, it says that the dogs pictured were bred by Matgo Law. The price for a Chinese Fighting Dog, either dog or bitch is HK\$ 700 or about \$ 125 in American money. Air freight charges, according to the dog's weight are around \$ 2.25 per pound of the dog.

Editor's note: In 1973 the base price for a new Honda Civic was \$2,200. Today's base price for a Honda Civic is \$15,114. If you use that comparison, the cost of a Shar-Pei in 1973 would have been equal to \$875 today.

Dr. Vidt's Corner:

BLOAT



This condition is one of the most devastating acute syndromes seen in dogs. It is also known as gastric torsion,

gastric dilatation-volvulus, or GDV. Torsion or volvulus refers rotation of the stomach on its mesenteric axis which results in malposition of the stomach obstructing the inlet at the cardia and the outlet at the pylorus. Dilatation refers to stretching the stomach beyond its normal dimensions. In my experience it is not uncommon to see post-anesthetic gastric dilatation without torsion in Shar-Pei. As they recover from anesthesia many have “stormy” recoveries with excessive air swallowing and salivation. Whether these go on to twist the stomach and result in GDV is unknown but I usually pass a stomach tube in these guys to relieve the distension. The mortality rate in treated animals is 30-45% and much higher in untreated cases. It is imperative that these dogs get to an emergency center as quickly as possible and therapy instituted immediately. As an owner you are faced with many decisions in a short period of time and with a financial commitment of potentially several thousand dollars with a guarded prognosis. **This is a critical condition and as an owner you must act decisively to save your dog – there is no time for second opinions.**

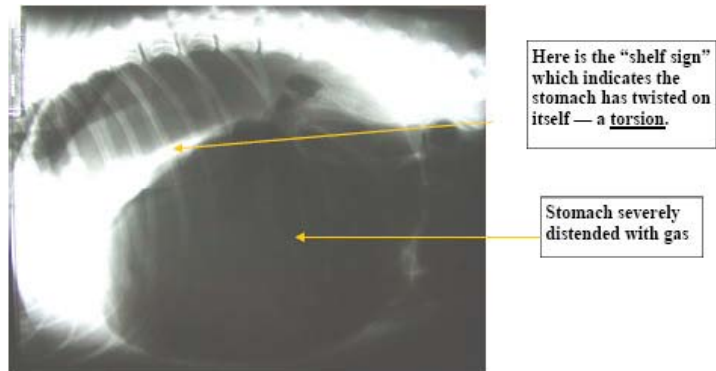
The clinical presentation of bloat is an acute, progressively distending and tympanic abdomen. By tympanic I mean the abdomen resonates like a rubber kickball full of air when you tap it. These dogs are painful and there also is nonproductive retching, hypersalivation and restlessness. Sometimes the owner finds the dog recumbent and depressed with a distended abdomen or dead. Often these dogs are displaying signs of shock – weak pulses, increased heart rate, prolonged capillary refill time, pale mucous

membranes and difficult breathing. Enlargement of the stomach with air, food and secretions is thought to be associated with a functional or mechanical outflow obstruction. The inciting cause is unknown but can be related to feeding, drinking, and exercise.



In Shar-Pei, I have heard of bloat being associated with gastrointestinal amyloidosis. I can't say with certainty whether this occurs or not. Trauma, ileus (paralysis of the gut), vomiting and stress are other factors associated with GDV. The gas probably comes from swallowing air although bacterial fermentation of carbohydrates, diffusion from the bloodstream and metabolic reactions may contribute. I've seen several cases in middle-aged Shar-Pei that have occurred in conjunction with abdominal tumors and enlarged spleens secondary to splenic infarction/thrombo embolism. Once the stomach dilates, normal mechanisms for removing air, such as belching, vomiting and stomach emptying are hindered because the esophagus and pylorus are obstructed. No studies have supported a connection between feeding soy-based dog foods and DGV.

Generally the stomach rotates in a clockwise direction when viewed with the dog on its back and the person standing at the dog's side facing towards the head. The rotation may be 90 - 360° although 220-270° is most common. The pylorus moves ventrally and to the left and the spleen is displaced to the right side of the abdomen. These changes result in compression of the caudal vena cava and portal vein leading to decreased venous return to the heart, decreased cardiac output, decreased blood pressure and decreased perfusion. In other words all organ systems suffer and this is why GDV is such a devastating condition. Cardiac arrhythmias and reperfusion injury are often the cause of death after correction of GDV. Radiographs are necessary to differentiate GDV from a simple gastric dilatation. Blood work is seldom diagnostic.



Medical management includes intensive intravenous fluid therapy, broad spectrum antibiotics, oxygen therapy and gastric decompression. Initially the stomach can be decompressed with large-bore intravenous catheters, a trocar or a stomach tube may be passed. In GDV a stomach tube often cannot be passed. Decompression of the stomach with a trocar often relieves the pressure enough to allow

the stomach tube to be passed. Passage of a stomach tube does not rule out a stomach torsion. Once the stomach tube is passed the stomach should be flushed with warm water. If blood is seen in this fluid immediate surgical intervention is necessary due to the potential of stomach wall necrosis. If a stomach tube can still not be passed and immediate surgery is not possible a temporary gastrostomy is often needed. Here an incision is made in the body wall on the right side, the stomach is sutured to the skin of the body wall and a stab incision is made in the stomach wall. The contents of the stomach are removed and definitive surgery done as soon as possible. If the stomach tube can be passed but surgery has to be delayed the end of the stomach tube can be exteriorized through an opening in the side of the upper neck through the throat area. This serves as a pressure relief valve until surgery can be done.

Surgery involves inspecting the stomach and spleen to identify and remove any damaged or necrotic tissue, decompressing the stomach and returning it to normal position and to attach the stomach to the body wall (gastropexy) to prevent a recurrence of the GDV. There are a number of surgical procedures involved in GDV surgery including splenectomy, partial gastrectomy (removing some of the stomach wall) or invagination of stomach tissue if the blood supply is compromised and various gastropexy techniques. Gastropexy should always be performed in conjunction with GDV surgery. Complications of surgery include sepsis and peritonitis due to perforation or necrotic (devitalized) tissue, cardiac arrhythmias, disseminated intravascular coagulation, and

recurrence of GDV. Prognosis is fair with timely surgery and poor if treatment is delayed. The hardest part of dealing with bloat is making a decision to pursue treatment including surgery or euthanizing the pet. Conservative management is usually not an option. Recommendations for clients regarding prevention include:

1. Feed several small meals a day rather than one large meal.
2. Avoid stress during feeding.
3. Restrict exercise before and after meals.
4. Limit consumption of large amounts of water after exercise.
5. Be aware of the signs of bloat and seek medical attention immediately.

With the current availability of emergency facilities home treatment of bloat is usually not necessary. Know where the closest emergency veterinary clinic is and their phone number. Calling ahead allows the staff to prepare for your arrival. Most emergency clinicians can do bloat surgery or have surgeons on call for that purpose. If you have to do home treatment for bloat I would talk with your veterinarian about putting together a bloat kit consisting of a stomach tube, mouth gag, lubricant jelly, a trocar, surgical scrub, gloves, gauze sponges and instructions on passing a stomach tube and/or placing the trocar. These supplies when properly used may allow some additional time to get to an emergency center if it is some distance away.

Jeff Vidt, DVM (7/8/06) <http://www.drjvw.com>

Helpful Websites

Centennial Chinese Shar-Pei Club-

www.centennialsharpeiclub.org

Chinese Shar-Pei Club of America, Inc.

www.cspca.com

Dr. Jeff Vidt- Shar-Pei Health issues

<http://www.drjwv.com>

Dr. Todd Hammond & Dr. Brad Graham – The Eye
Clinic: <http://www.eyevets.info>

Chinese Shar-Pei Charitable Trust:

<http://www.cspcharitabletrust.org>

Link to the webpage for our rescue dogs:

<http://www.petfinder.com/shelters/CO151.html>



The Sangers and Molly (black dog) with their new puppy, Samson



Rich, fatty foods can be very dangerous to dogs susceptible to attacks of pancreatitis. Often you may not know that your dog is susceptible until he is very sick with his first attack. It is often the smaller, more energetic breeds like miniature or toy poodles, cocker spaniels, miniature schauzers, and other small terrier-type dogs who seem particularly prone. However, any dog may have a problem. It is best to avoid these foods altogether.

- turkey skin
- bacon, sausages, hot dogs
- fruit cake, plum pudding
- deep-fried

Signs of pancreatitis generally include an acute onset of vomiting (sometimes with diarrhea) and abdominal pain, which may be evidenced as a hunched posture or "splinting" of the abdomen when picked up. The dog may become very sick quickly and often needs intensive fluid and antibiotic therapy.

Our Bracelet Fundraiser earned more than \$200 for Rescue and the Charitable Trust. Thank you to Kristin Reynolds for this great fundraiser



The following are the requirements for a CHIC number:

1. Patellas
2. CERF
3. Hips
4. Elbows
5. Thyroid

The following 5 Chinese Shar-Pei have completed all these tests and have been given a CHIC number:

| Name | Sex | DOB | CHIC # |
|--------------------------|------------|------------|---------------|
| Blugrass Friendly Wager | Male | 8- 6-99 | 24897 |
| Chi-Kuan's Baaad Fur Ewe | Female | 9-15-99 | 24898 |
| Dynamites All Bets R Off | Female | 11-27-00 | 24899 |
| Penpei's Light My Fire | Male | 10-25-03 | 27046 |
| Shenanigan's Billy Gunn | Male | 8-16-99 | 24896 |

CERF- 2nd Qualification for a CHIC Number

Since the CSPCA has recently signed on to the CHIC program, operated by the OFA -Orthopedic Foundation for Animals, we are running a series of the different requirements of the CHIC program for the Chinese Shar-Pei. There are 5 different health tests that must be taken in order to get a CHIC number. You do not have to pass all of the tests, but instead just get the official tests taken on your dog and submit

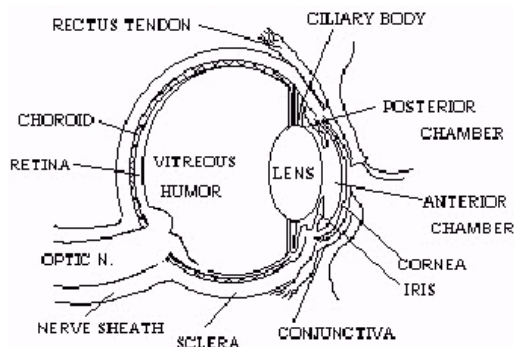
them to OFA, or the appropriate agency that records them.

These CERF tests must be done by a certified veterinary ophthalmologist. Locally, our good friends at the The Eye Clinic, with Dr. Todd Hammond and Dr. Brad Graham, regularly do these tests in their office in Wheat Ridge, and at many health clinics in the area at a reduced cost. The cost of the in-office CERF eye test is around \$35- \$40. At health clinics and local shows you can often get a CERF test for \$25.

This article is about CERF, and the things CERF tests for. The purpose of these tests and getting a CHIC number is so that breeders and buyers will know which dogs are free of the most common diseases in their breed. CHIC identifies which breeders are trying to eliminate any hereditary traits that could be passed on to future generations.

Dogs that have good healthy eyes are more likely to produce dogs with good eyes, than dogs that have a known eye disease or defect. Breeding to dogs that have had health testing can help improve the overall quality of our breed, and help to eliminate costly corrections and surgeries to correct the problems.

CERF is dedicated to the elimination of heritable eye disease in purebred dogs through registration and research.



WHAT IS CERF?

The Canine Eye Registration Foundation (CERF) is an organization that was founded by a group of concerned, purebred owner/breeders who recognized that the quality of their dog's lives were being affected by heritable eye disease. CERF was then established in conjunction with cooperating, board certified, veterinary ophthalmologists, as a means to accomplish the goal of elimination of heritable eye disease in all purebred dogs by forming a centralized, national registry.

The CERF Registry not only registers those dog's certified free of heritable eye disease by members of the American College of Veterinary Ophthalmologists (A.C.V.O.), but also collects data on all dogs examined by A.C.V.O. Diplomates. This data is used to form the CERF data base which is useful in researching trends in eye disease and breed susceptibility. Not only is this data useful to clinicians and students of

ophthalmology, but to interested breed clubs and individual breeders and owners of specific breeds.

HOW DOES CERF WORK?

After the painless examination of the dogs eyes, the A.C.V.O. Diplomate will complete the CERF form and indicate any specific disease(s) found. Breeding advice will be offered based on guidelines established for that particular breed by the genetics Committee of the A.C.V.O. Bear in mind that CERF and the A.C.V.O. are separate, but cooperating entities. The A.C.V.O only provides their professional services and expertise to ensure that uniform standards are upheld for the certification of dog's eyes with the CERF organization.

If the dog is certified to be free of heritable eye disease, you can then send in the completed owner's copy of the CERF form with the appropriate fee (\$10.50 for the original CERF Registration, or \$8.00 if it is a recertification). [CERF has adopted a policy effective Jan. 1st, 2001 \(by post mark\) that a permanent identification in the form of microchip, tattoo or DNA profile will be needed for any dog to be registered with CERF.](#) The certification is good for 12 months from the date of the exam and afterwards the dog must be reexamined and recertified to maintain its' registration with CERF.

Regardless of the outcome of the dog's exam, the

research copy of the CERF form will be sent to the CERF office at V.M.D.B (Veterinary Medical Database) where its information will be entered into the database for that specific breed. This information will be used in generating research reports, but the individual dog's identities will become confidential and will never be released.



This puppy needs entropion surgery. This is the most common eye problem in the Chinese Shar-Pei.

CERF Categories- The CERF test of the eye includes checking for all of the following things:

Eyelids:

- Entropion
- Ectropion
- Distichiasis
- Ectopic cilia
- Eury/Macroblepharon

Third Eyelid:

- Cartilage anomaly/eversion
- Prolapsed gland

Cornea:

- Corneal dystrophy-epithelial/stromal
- Corneal dystrophy-endothelial
- Inherited/Pannus
- Exposure/Pigmentary Keratitis

Iris:

- Iris/Ciliary Body Cyst
- Iris Coloboma
- Persistent pupillary membrane iris to iris
- Persistent pupillary membrane all others
- Iris Hypoplasia

Lens:

- Punctate cataract*significance unknown

Vitreous:

- Persistent hyloid artery
- Vitreous degeneration syneresis
- Vitreous degeneration ant chamber

Fundus:

- Retinal dysplasia-folds
- Choroidal hypoplasia
- Staphyloma/Coloboma
- Retinal hemorrhage
- Micropapilla

In order to get a CERF certification, a dog must be free of all of the things on this list. For more information, you can find the CERF website at: <http://www.vmdb.org/cerf.html>



Photo provided by Bob Watson

Louise Watson and Alice Fix at Nationals 2006, waiting to collect our awards at the Awards Banquet.



Dog Food Rating System

Good nutrition is as important for pets as it is for people. With so many different brands available, choosing the right food for your dog or cat can be a challenge. Quality nutrition can help to optimize the health of your pet. This system was developed to help you see how your dog food rates as a good quality dog food. Use the scoring guidelines below to see how your food scores. A few foods are already done for you at the end of the scoring system.

Start with 100:

- 1) For every listing of "by-product", subtract 10 points
- 2) For every non-specific animal source ("meat" or "poultry", meat, meal or fat) reference, subtract 10 points
- 3) If the food contains BHA, BHT, or ethoxyquin, subtract 10 points
- 4) For every grain "mill run" or non-specific grain source, subtract 5 points
- 5) If the same grain ingredient is used 2 or more times in the first five ingredients (i.e. "ground brown rice", "brewer's rice", "rice flour" are all the same grain), subtract 5 points
- 6) If the protein sources are not meat meal and there are less than 2 meats in the top 3 ingredients, subtract 3 points
- 7) If it contains any artificial colorants, subtract 3 points
- 8) If it contains ground corn or whole grain corn, subtract 3 points
- 9) If corn is listed in the top 5 ingredients, subtract 2 more points
- 10) If the food contains any animal fat other than fish oil, subtract 2 points
- 11) If lamb is the only animal protein source (unless your dog is allergic to other protein sources), subtract 2 points
- 12) If it contains soy or soybeans, subtract 2 points
- 13) If it contains wheat (unless you know that your dog isn't allergic to wheat), subtract 2 points
- 14) If it contains beef (unless you know that your dog isn't allergic to beef), subtract 1 point
- 15) If it contains salt, subtract 1 point

Extra Credit points:

- 1) If any of the meat sources are organic, add 5 points
- 2) If the food is endorsed by any major breed group or nutritionist, add 5 points
- 3) If the food is baked not extruded, add 5 points
- 4) If the food contains probiotics, add 3 points
- 5) If the food contains fruit, add 3 points
- 6) If the food contains vegetables (NOT corn or other grains), add 3 points
- 7) If the animal sources are hormone-free and antibiotic-free, add 2 points
- 8) If the food contains barley, add 2 points
- 9) If the food contains flax seed oil (not just the seeds), add 2 points
- 10) If the food contains oats or oatmeal, add 1 point
- 11) If the food contains sunflower oil, add 1 point
- 12) For every different specific animal protein source (other than the first one; count "chicken" and "chicken meal" as only one protein source but "chicken" and "" as 2 different sources), add 1 point
- 13) If it contains glucosamine and chondroitin, add 1 point
- 14) If the vegetables have been tested for pesticides and are pesticide-free add 1 point

Scoring Grades

94-100+ = A

86-93 = B

78-85 = C

70-77 = D

69 = F

Here are some foods that have already been scored for you:

Dog foods scoring with an A+

Authority Harvest Baked / Score 116 A+
California Natural Lamb & Rice/ Score 102 A+
Canidae / Score 112 A+
Chicken Soup Senior / Score 115 A+
Dick Van Patten's Natural Balance Ultra Premium /
Score 122 A+
Dick Van Patten's Duck and Potato / Score 106 A+
Foundations / Score 106 A+
Innova Dog / Score 114 A+
Innova Evo / Score 114 A+
Nature's Recipe Adult Lamb & Rice / Score 111 A+
ProPlan Natural Turkey & Barley / Score 103 A+
Royal Canin Bulldog / Score 100 A+
Royal Canin Natural Blend Adult / Score 106 A+
Wellness Super5 Mix Chicken / Score 110 A+

Dog Foods scoring with an A

Diamond Large Breed 60+ Formula / Score 99 A
Sensible Choice Chicken and Rice / Score 97 A
Wolfking Adult Dog (bison) by Solid Gold / Score 97 A

Dog Foods scoring with a B

Diamond Lamb Meal & Rice / Score 92 B
Hund-n-Flocken Adult Dog (lamb) by Solid Gold /
Score 93 B
Nutrisource Lamb and Rice / Score 87 B
Nutro Natural Choice Large Breed Puppy / Score 87 B

Dog Foods scoring with a D

Iams Lamb Meal & Rice Formula Premium / Score 73 D

Dog Foods scoring with an F

Bil-Jac Select / Score 68 F

Diamond Maintenance / Score 64 F

Pet Gold Adult with Lamb & Rice / Score 23 F

Purina Beneful / Score 17 F

Purina Dog / Score 62 F

Purina Come-n-Get It / Score 16 F

Science Diet Advanced Protein Senior 7+ / Score 63 F

Science Diet for Large Breed Puppies / Score 69 F

More News on Dog's Eyes

25 September 2003 ABC News- Reporter- Jonica Newby

Everyone wonders what it's like to see the world through the eyes of another creature. Now it appears the textbook accounts of how dogs see the world has been wrong. It was thought, that like humans, all dogs have the same eye structure and see the world the same way. But to Veterinary Scientist Paul Mc Greevey that just didn't make sense. He measured different kinds of dog's skull, nose, and shape of their head, and he collected eyes from dogs that had died, and measured their eyeballs. Remarkably he found eye shape did change with the breed of the dog. It was a finding that overturned the standard texts on dog eyes. But then his collaborator Perth neuroscientist, Alison Harman examined the cells from the retina at the back of the eye. She found different dogs had a completely different retina. Amazingly, it means different dogs see the world completely differently. As this very amusing story explains this work goes a long way to explaining why some

dogs chase cars and other just sit in your lap staring into their owners face.

To read more on this new finding, go to:

<http://www.abc.net.au/catalyst/stories/s953902.htm>

FSF Treatment Plan

By Dr. Linda Tintle

Familial Shar-Pei Fever or FSF is an autoinflammatory syndrome (not autoimmune). The underlying genetic defect is most likely a disruption in how the messengers of inflammation are controlled which causes chronic elevations of these mediators in the bloodstream. It is characterized by random inflammatory events with fever, sometimes with joint swelling, that usually last 24-36 hrs. The chronic inflammation puts them at risk for developing reactive systemic amyloidosis which can lead to early death from kidney failure. Not every dog with FSF will develop amyloidosis but the fevers are a big red flag that they are at high risk.

Your veterinarian will usually make this diagnosis after ruling out other causes of fever with diagnostic tests indicated by your dog's condition but a baseline of first morning urinalysis, CBC, chemistry profile, T4 +/- panel for tick-borne diseases is most common. Other tests, such as those for autoimmune disorders, may be needed. It is a diagnosis by exclusion now but scientists are working on developing DNA and other tests.

My current recommended treatment is 0.025-0.03 mg/kg of colchicine twice daily. I recommend that the dog start on a low dose and try to gradually increase to the maximum recommended amount or the most of that that they can tolerate without gastrointestinal upset (usually diarrhea) twice daily. For most average wt. Shar-Pei, this is one X 0.6 mg tablet twice daily. Colchicine is a potent drug but it accumulates in white blood cells (the desired target for treatment) and GI signs occur long before other serious side-effects appear. I have never seen evidence of any damage from colchicine except for a transient treatable diarrhea that goes away when the drug is withdrawn in sensitive patients. Colchicine treats the underlying pathology by blocking the movement of neutrophils, decreasing levels of cytokines (the messengers of inflammation) and blocking the formation of amyloid protein. In humans, it has proven to be safe in infants, pregnant women and when given lifelong. Treatment is for life. I have been using the drug since 1993 and have had individual patients on the drug safely for over 10 yrs. Some dogs cannot tolerate colchicine without chronic diarrhea and they are given small amounts or none if it is severe. Clinical experience has led me to believe that this drug can prolong and improve the lives of FSF patients at the recommended dosage.

I treat the fever events with 50% dipyrone injectable (usually 1.0 ml under the skin) or Metacam (an NSAID) by weight per package insert instructions. Some fevers are very serious and can require emergency veterinary treatment if they approach or exceed 106 degrees F and in

very rare cases they can be fatal. You will need to discuss treatment with your veterinarian because treating the fever as early as possible in the inflammatory cascade can often stop it from becoming life-threatening and it is best to have medication available on-hand at home.

I would also recommend adding the following dietary supplements to his diet because lipid peroxidation by free radicals has been implicated in the pathogenesis of amyloidosis in current research: 100 mg alpha-lipoic acid, a good quality multi-vitamin with B-vitamins, A & D, 2000 mg high quality omega-3 fish oil (can be given 1 X twice daily and more may be needed in some patients) and 500 mg curcumin with bioperine (twice daily if you have trouble with diarrhea) per day with meals. Feed a good quality diet and avoid rancid polyunsaturated, hydrogenated or trans- fats. Colchicine can lower levels of vitamin B12 in the body and some Shar-Pei are already deficient in vitamin B12 so B-complex supplementation is important.

Your dog should get regular and routine monitoring of first morning urine and a CBC, chemistry profile and T4. A dilute urine can often be the first sign of kidney trouble and should be repeated to see if the dog has a consistently low specific gravity or any significant spillage of protein in the urine. FSF patients should be checked and tests run whenever they are not eating well or at all, if they are vomiting, having diarrhea for more than a few days or acting sick in any way – if they are just “not right”. The bare minimum is annually in the healthy active young dog and many dogs should be checked more often.

Let me know if you have other questions or I can help in some other way.

Linda

Dr. Linda Tintle

Wurtsboro Veterinary Clinic

163 Sullivan Street, PO Box 910

Wurtsboro, New York 12790

845-888-4884, Fax 845-888-5479

wvc@warwick.net

www.wvc.vetsuite.com

Editor's Note: As always Dr. Tintle welcomes all of your questions and comments. Feel free to contact her.



Wishing Everyone a great Holiday Season!

Coming in the next issue, look for the amazing story of Petey: from death row, all the way to a ribbon at Nationals. Also coming soon, a feature story on Who in the world was Betsy Davidson, and why should we know her name.

Officers of the Centennial Chinese Shar-Pei Club

President- Alice Fix

Vice President- Jeanne Hill-Jurik

Secretary- Kay Rosenberger

Treasurer- Louise Watson

Board of Directors- Kristin Reynolds Bob Rosenberger

Committees::

Breeder Referral: Louise Watson

Fund Raising: Kristin Reynolds

Legislative Liaison: Alice Fix & Laura Brown

Public Education: Jeanne Hill-Jurik

Rescue: Louise Watson

Show Chairman: Kay Rosenberger

Show Secretary: Anita Cox

A note from the Editor:

We would like to thank everyone who has taken the time to contribute an article to this newsletter.

The Rocky Mountain Wrinkle is a club publication, and as such requires the participation of club members through out the year. Your participation will help to make this publication meaningful and worthwhile for the membership of the club. All contributions and ideas are greatly appreciated.

Please forward your input for inclusion to the Publisher at the address listed below.

The Rocky Mountain Wrinkle

Awarded Number 1 CSPCA Newsletter- 2005

Awarded 1st Runner-Up- CSPCA Newsletter- 2006

Alice Fix 1668 S. Kingston St. Aurora, CO 80012

Alleydoll3@aol.com

Publisher & Editor: Alice E. Fix