

HEALTH REPORT 2011

I have not received any reports of any new health issues over the past year and of the death reports I have received there are no common or especially worrying factors. One young hound did very unfortunately die of DIC which is described as:-

Disseminated intravascular coagulation (DIC) is often fatal, but it doesn't just happen spontaneously. The BSAVA Manual of Small Animal Clinical Pathology says the following:

"DIC may be triggered by a wide variety of diseases, including endotoxaemia, neoplasia (especially haemangiosarcoma), acute infections (eg infectious canine hepatitis), haemolytic anaemia, pancreatitis and heat stroke."

There is a syndrome, variously referred to as peripheral vestibular syndrome (the current "preferred name"), geriatric vestibular syndrome and idiopathic vestibular syndrome. This disorder is more common in older dogs and thus the name geriatric vestibular syndrome -- but it can occur in middle aged dogs, too, so the name was changed. Idiopathic just means "happens for no known cause" -- so it is a good name but not the preferred one. It does sum up the situation well, though. For some reason dogs can suddenly develop [vestibular disease](#). The problem seems to be due to inflammation in the nerves connecting the inner ear to the cerebellum (which controls balance and spatial orientation). It usually lasts between a couple of days and three weeks. A few dogs have residual signs beyond this time, such as a head tilt. This disease normally affects dogs that seem normal up until the signs appear. Then there is sudden loss of balance with many dogs unable to even stand up. Rhythmic eye motion known as nystagmus is usually present. Dogs may be nauseous from the "sea sickness" effect of vestibular disease. Most dogs will not eat or drink unless hand fed or given water by hand because they have a hard time with the fine motor movements necessary to eat or drink from a bowl. As long as they are nursed through this condition almost all dogs will recover. There is no known treatment. Some dogs do have relapses but most do not.

Recent discussions show that hounds have suffered from this syndrome in the past and we currently have a hound diagnosed thus by an expert consultant in this field. I was in the fortunate position of being able to be present at a consultation and it was confirmed to me that this condition had no connection whatsoever with epilepsy.

You all received copies of the full final report from the World Health Survey and I would ask you all to respond regularly to the letter from Katy Evans at the AHT. You will see this in our next Newsletter and up on the Club Website when it is updated and I make no apology for also including it in this Health Report as it is going to be a real milestone for the breed to have regularly updated Health Survey Forms completed, both for hounds already included in the Original Survey and for all new hounds that can join in an ongoing World Health Survey. We are extremely fortunate to have our breed's health around the world so closely monitored by experts, especially as this comes at no cost to the Clubs.

1st February 2011

Dear Otterhound owner

As most of you will be aware, in 2009 we undertook a very successful international survey of Otterhound health and disease in collaboration with the Otterhound Club and the Otterhound Club of America. In my report of the survey results, I said that it would be very useful to follow the Otterhounds who took part in the survey forward through their lives,

and also to try to pick up new participants who did not take part in the 2009 survey, perhaps because they had not yet been born.

I have now set up an area on the Animal Health Trust's website through which an ongoing survey to do just this will be administered. The link to the survey website is: <http://www.aht.org.uk/otterhound.html>. Hopefully the instructions on the webpages are easy to understand! There are different forms to be filled in for Otterhounds who were part of the 2009 survey and for those who were not. You will need to print off copies of the forms, and when you have completed them you can either scan them into your computer and email them to me at katy.evans@aht.org.uk or post them to me at the above address.

This is a confidential survey. Return of a completed questionnaire will be taken as consent to use the data provided. The information provided will be kept strictly confidential and any published results will be anonymised.

I hope that many of you will be willing to take part in this ongoing longitudinal survey.

Yours faithfully

Katharine M. Evans BVSc MSc CertVA MRCVS

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Continuing from the first paragraph of my report last year, we were successful in obtaining a blood sample and sending this into the AHT from one of the fitting bitches and her DNA has been sent on to the University of Missouri to be paired up with that of her non fitting sibling in readiness for any further research work. Getting a blood sample into this country from the Czech Republic for the other hound proved impossible, however at the Kennel Club Seminar for Health Co-ordinators towards the end of the year we were informed that blood samples were no longer required and they could now accept 4 buckle mouth swabs from each hound. We succeeded in doing this for the Czech hound and the AHT are currently extracting the DNA from the samples obtained and will be sending some of this on to Missouri shortly for her also to be paired up with her non fitting sibling.

I include the latest update from Missouri as provided to me by the US:-

EPILEPSY STUDY UPDATE - OCTOBER 20, 2010

As of today, the following is the most current and correct information regarding our Epilepsy Project.

New cases

Since the initial study concluded, 8 new instances of seizures have been reported and confirmed. Of these:

- 6 pairs of blood samples are currently at Missouri (2 from the UK and 4 from the US).
- The 7th hound resides in Eastern Europe and, although both the breeder and the owner have worked diligently, the exigencies of shipping schedules preclude any blood sample being received at either AHT or Missouri in the time frame required to ensure a viable sample.
- The 8th case is that of an older hound who was almost certainly the "unaffected" member of one of the original pairs. The blood sample is in (as are those from other siblings) and Missouri has been informed.

All American owners have been asked to complete the Seizure Survey and Missouri is to inform me if the British owners have not already done so.

There is one unconfirmed report of a seizing hound and efforts are being made to both verify that and obtain a blood sample from the hound and a same sex sibling.

Existing Case

There is one existing affected sample which cannot be used because there is no “paired” sample. One of the parents was sampled, but not the other so that method of analysis is not viable. There is one sibling but the owner, although having been asked (begged, actually) since the very beginning of the initial survey still refuses to submit a sample.

One of the siblings of the affected hound died during a seizure; another was euthanized for “temperament issues” which the attending vet reportedly likened to those seen in “Springer Rage Syndrome”, a condition considered epilepsy related.

Specialty Blood Draw

Thanks to Joey Gregory, a number of samples were obtained at the Specialty and they have been received at Missouri. As they are processed, follow-up efforts will be made to get all the paper work completed. All are from “unaffecteds” (as far as we know) but getting samples from every possible OH into the DNA bank for future research efforts, whether for epilepsy or something else, is a top priority.

What's Next

Dr. Johnson's lab at the U of Missouri is in the process of compiling all the necessary information (Seizure surveys, pedigree information, etc.) that will enable Dr. Johnson to make a determination about whether or not another analysis is likely to produce results. With the new technology (and the shared experience of researchers), re-running of previous samples has demonstrated about a 30% probability of finding significant information when none was found before.

The addition of our new samples would, one would hope, enhance this possibility.

JANUARY - FEBRUARY 2011

If Dr. Johnson determines that another analysis might prove worthwhile, he will supply us with a cost estimate. He now has the equipment necessary to run samples there at Missouri, so they no longer need to be sent to Finland. Due to the differences in the way the 2 labs are financed, it should be significantly more cost effective for our samples to be run at Missouri.

Future Updates and Information

Please understand that the Epilepsy Project is “fluid”, to say the least. Things may change from day to day. Sometimes these changes are permanent; other times they are not. (Those who were on the Board during the run-up to the initial study may well remember that this was the case --- and drove us to distraction). Updates will be provided when there is something at least semi-permanent and/or relevant to report or, of course, when requested. That being said, please keep in mind that information previously reported may (and does) go out of date and become inaccurate. This is true not only regarding the “science” but also in regard to the relationships of the 2 labs with which we have been working. Once again, I stand ready at all times to provide the most up-to-date information when requested to do so.

Nancy Scarci. OHCA Epilepsy Project

In November I attended the KC Breeders' Symposium with a fascinating programme – Estimated Breeding Values – Managing Genetic Diversity for long-term Health – IT Developments at the Kennel Club – DNA testing for inherited disease – an update KC Genetics Centre. Would anyone who would like a photocopy of the summaries of these talks please get in touch and I will send you a copy and be happy to discuss the talks with you as far as I am able.

HIP AND ELBOW SCORES

	<u>R Hip</u>	<u>L Hip</u>	<u>Total</u>	<u>Elbows</u>
KEEPCOTT EDWARD	11	11	22	0
TECKELGARTH WISHFULL	35	37	37	2
WILDAN'S JUST JOKING	37	42	79	2
TECKELGARTH DIOMEDES	8	15	23	2
TECKELGARTH DIONYSUS	47	39	86	0
TECKELGARTH DULCIMER	24	25	49	1
TECKELGARTH CERY'S	17	20	37	2
TECKELGARTH CHARITY	16	15	31	0
KINGSTREE U'THER	36	34	70	1
TECKELGARTH EROS	21	25	46	1
TECKELGARTH WARLORD	32	27	59	3

OTTERHOUND - DECLARED FITTERS FROM ANY CAUSE

(in alphabetical order)

BALTHAZAR SORCERER Ottersdream Playboy of Balthazar ex Ottersdream Prudence of Balthazar

Siblings: Swashbuckler, Solomon, Sultan

Full Siblings later litters: Teaboy, Teddyboy at Cairo's, Tomboy, Topboy, Toyboy, Taffeta, Maestro, Magnum, Masquerade, Musketeer, Mimosa at Dineleas, Minuet at Cairo's, Mistletoe

BARILLA DESTINY Actaeon's P'Nash ex Boravin Dancer

BARILLA DECOROUS

Siblings: Barilla Dominant, Dynasty, Dance Away, Dauntless at Ladestar, Destiny, Dewdrop, Donna, Dutiful

BLACKCAP OF TWINRIVERS Kentenes Razor ex Falconcrag Nutmeg of Nanhelen

First seized at approximately 5 years following trauma. Medicated for epilepsy, drugs so altered her personality she was put to sleep.

Siblings: Blazor of Twinrivers, Blackberry, Bryony at Teckelgarth Kingstree Belmont, Barley, Bilbery of Carlbay, Bluebell, Bramble

Full Siblings earlier litter: Annan Kingstree, Acorn, Allspice, Angler of Twinrivers, Amethyst of Drakesleat, Aniseed, Wise of Nanhelen, Amber of Nanhelen

BORAVIN DRAYMAN Boravin Ostler ex Actaeon's Promise

One "funny turn" as a youngster. First fit at 6 years. Had possibly another two fits during the next 2 years. Probably had a further two fits aged 8 years and had to be put to sleep.

Siblings: Daggler, Dancer, Daylight

BORAVIN GALA Boravin Yankee ex Boravin Easter

Recorded fitting in the U.S.A

Siblings: Gaoler, Goshawk, Galaxy, Gossamer, Graceful, Greybird

BORAVIN PLAINSMAN Dumfriesshire Clansman ex Kendal Pastime

Severe liver damage at an early age prevented definitive diagnoses

Siblings: Peeler, Plover, Puffin

Full Siblings from an earlier litter : Kendal Tempest, Kendal Testa

BORAVIN QUINTAIN Dumfriesshire Tracker ex Boravin Oakleaf

Fitting occurred when there were bitches in season in the kennel, ceased after castration.

Siblings: Quantock, Quarryman, Queensbury, Queller, Quail, Quaintly, Quarley, Quaver, Quicksilver, Quillet

BORAVIN UMPIRE Boravin Ostler ex Vison Treasure

Seizures occurred during the first year only – no loss of consciousness – believed to be diet related. Died of old age.

Siblings: Urchin, Unity, Useful

BORAVIN VANNER Dumfriesshire Cypher at Trevereux ex Boravin Nutshell

BORAVIN VANITY

Recorded fitting in the U.S.A.

Siblings: Valesman, Vanguard, Verderer, Villager at Teckelgarth, Vivid, Vixen, Viva of Trevereux

BUNNAHABHAIN RANSOM PCOH Donald Bunnahabhain ex Bunnahabhain Liberty

Siblings: Ramsay, Ranger, Ricochet, Rafferty, Rangle, Ruthven

CAIRO'S DUMBLEDORE Lutrakai Maskell ex Balthazar Minuet at Cairo's

Dumbledore

Medicated for epilepsy for some time, died age just 3years.

Gryffindor started fitting age just over 2 years, diagnosed idiopathic epileptic, died within months.

Hogwarts Xpress started fitting age 13 months, vet considered it was epilepsy, but did not treat, died age 17 months

CAIRO'S GRYFFINDOR FOR SPINNOTTA

CAIRO'S HOGWARTS XPRESS

Siblings: Arry Otta, Padfoot, Hufflepuff, Madam Pomfrey, Ravenclaw

CULMSTOCK WATCHMAN Boravin Woodman ex Songstress Songbird

Medicated for epilepsy lived to approx 9 years

Siblings: Wader, Wellington, Wizard, Saucy, Seagull, Sunset, Seaweed of Cilgwri

DUMPDON SCANDAL Sothic Sailor ex Boravin Echo

Had grand mal fits

HALSDON SANDPIPER

Had grand mal fits

LOVERSPIT SHOWMAN

Had grand mal fits

WINDGATE SONNET OF CILGWRI

Had grand mal fits

Siblings: Beacon Sinbad, Dumpdon Scandal, Hensemoor Stormer

KINGSTREE CLUDEN Boravin Peeler ex Acorn Kingstree

KINGSTREE CHESTNUT OF MAYCUP

Cluden first seized at approximately 5 years, had on average three to four seizures per year, never treated, died of old age.

Chestnut first seized around 6 years of age, seizures only occurred during or after her seasons.

Siblings: Chieftain, Craftsman, Cedar, Classic, Clover, Credit

KINGSTREE FOREMAN AT CAVANERO Otterbobs Orbit with Kingstree ex Actaeon's Precocious with Kingstree
First seized at approximately 6 years, died shortly after.
Sired two young fitting hounds, both dead before 3 years.
Siblings: Ferryman, Fisherman, Footman, Freesia at Cairo's

KINGSTREE HULOFF Kingstree Governor ex Kingstree Dewdrop
First fit age 10 months. At 11 months diagnosed idiopathic epileptic at the Animal Health Trust, Cambridge. Treatment not recommended at that stage, went into stasis overnight at 13 months, put to sleep.
Siblings: Hannibal, Highlander, Hoddom, Hussar, Hazel, Heather, Holly

KINGSTREE KENTUCKY Am. Ch. Scentasia's Doonesbury ex Am. Ch. Aberdeen's English Ivy
Started fitting 3 weeks short of his 7th birthday shortly after his lifelong canine companion died. Fitting controlled by medication, died aged 9 years.
Siblings: California, Michigan, Nevada, Texas, Connecticut, Indiana, Minnesota

KINGSTREE ROWENA Teckelgarth Damacles ex Kingstree Nutmeg
Started fitting at 2 years of age, treated for epilepsy
Siblings: Rugger, River, Reiver, Rebel, Rascal, Rapid, Rambler at Ottaryx, Russet

OTTERS DREAM PAVLOVA Ottersdream Pedro ex Lyonesse Columbine
Siblings: Pippicorn, Poet, Protégé, Prelude of Crosswinds, Parthan, Perfection of Dinaleas

OTTERS DREAM PHANERA Ottersdream Protégé ex Ottersdream Phloozie
Started having seizures age over 2 years, medicated for epilepsy died just 3.
Siblings: Potiphar, Pandemonium, Pandia, Pavalla, Pendle, Preponsa, Prote, Pinup at Keppcott, Pizzazz of Crosswinds, Primadonna of Crosswinds

SAFRANIN SAFFRON Boravin Verderer ex Boravin Silverleaf
Started fitting age 2 years
Siblings: Sandpiper Tussock, Slipstream Bullrush, Sothic Sailor, Vansitart Magnum, Viking Warrior, Songstress Songbird, Venus Venusian

SHREENWATER CAPRICE Hazzard at Otterbobs ex Boravin Frolic
SHREENWATER CALAMITY with Clunebrae
Caprice died in stasis, had been on medication which caused severe personality changes.
Calamity, fitted, but died of heart failure.
Siblings: Chancer, Caprice, Careful, Caution, Cautious, Chaotic

JUDITH ASHWORTH.
[Health Co-Ordinator](#)