

ANNUAL HEALTH REPORT 2017

Firstly I would like to inform you that a new Club Health Website will be available on the internet in time for the AGM. I will broadcast full details of how to find it and we would much appreciate your input, comments and thoughts on additional content to improve it's value to otterhound owners at any time.

Over the year I have had 3 cases of pneumothorax one in a puppy. Pneumothorax is the medical term for an accumulation of air in the *pleural space*, the area between the chest wall and the lungs. It may be categorized as traumatic or spontaneous, and closed or open. Large, deep-chested dogs, are believed to be more susceptible to spontaneous pneumothorax.

Symptoms and Types. There are four main categories of pneumothorax: traumatic, spontaneous, closed, and open. Symptoms vary depending on the type of pneumothorax, though some common signs include rapid breathing, difficulty breathing, shallow rapid breathing from the abdomen, and rapid heart rate.

Traumatic pneumothorax, which occurs when air accumulates in the pleural space and is due to some sort of trauma, such as a car accident, may be evident by the signs of shock. Dogs with spontaneous pneumothorax, on the other hand, may show signs of lung disease. Spontaneous pneumothorax is due to a non-traumatic cause, and may be primary (meaning it occurs in the absence of some underlying lung disease) or secondary (meaning it is associated with some type of underlying lung disease). Open pneumothorax occurs when there is a defect located in the respiratory system, such as a puncture in the chest wall, resulting in contact between the pleural space and the outside atmosphere; closed pneumothorax, meanwhile, is identified as pneumothorax without any respiratory defects. Traumatic pneumothorax is generally open, while spontaneous pneumothorax is always closed.

Another type of pneumothorax is tension pneumothorax, in which air is transferred into the pleural space during regular inhalation, becoming trapped, and creating a one-way transfer of air into the pleural space.

Causes vary depending on the type of pneumothorax. Traumatic pneumothorax may be due to a traumatic incident, such as a car accident, leading to penetrating injuries of the neck or chest. A surgical incision to the chest, or perforation of the *esophagus* during surgery may also lead to traumatic pneumothorax.

Spontaneous pneumothorax, meanwhile, may be caused by a foreign body in the lung, lung cancer or *abscess*, lung disease caused by parasites, or the development of blister-like structures in the dog's lungs, known as *pulmonary bullae*.

Two primary diagnostic procedures may be done in cases of suspected pneumothorax: *thoracocentesis* and bronchoscopy. Thoracocentesis, in which an intravenous

(IV) catheter attached to an extension is inserted into the pleural cavity, can confirm diagnosis, and can also be used to remove air from the pleural space. Bronchoscopy involves the use of a thin tube with a tiny camera attached to it, inserted into the airways by way of the mouth. This is best done if there is evidence of tracheal or large airway trauma. Additional diagnostic techniques may include X-ray imaging of the chest, and urine analysis.

Also I have had requests from hound owners to look into CDM, all forms of Cancer and the incidence of heart conditions. Canine Degenerative Myopathy is characterised by non-painful degenerative hind limb paralysis in older dogs, it is a progressive degenerative spinal cord disease. Ultimately it is a fatal disease with devastating consequences for the dogs and can be distressing for owners caring for them. What causes Degenerative Myelopathy? Degenerative myelopathy is associated with a genetic abnormality in dogs. The most common form is due to a genetic mutation in a gene coding for superoxide dismutase, a protein responsible for destroying free radicals in the body. Free radicals are part of the natural defence mechanism but become harmful when they are produced in excessive quantities causing cell death and a variety of degenerative diseases. The same gene mutation can also cause a form of motor neuron disease in humans. It is no longer considered a “large breed” problem and many breeds are affected.

With regard to Cancer I attended a Spaniel owner breeder symposium at Nottingham University Vet School in November and following very interesting and wide ranging discussions on breed health it was decided initially to concentrate on cancer in all it's forms. As the only representative of a breed other than one of the Spaniel breeds it was decided that they would very kindly include otterhounds as honorary spaniels. The next step will be to carry out specific Cancer surveys of each breed and when this has been drawn up, I hope as many of you as possible will participate to firstly allow us to formulate an accurate fact based picture cancer in our breed and to assist in research into cancer.

A worrying anecdotal picture of heart disease in otterhounds is emerging and I would be grateful if you would write to me if your hound has suffered from or unfortunately died from heart problems with full information on diagnosis and treatment etc., so that I can draw up accurate facts and perhaps in the not too distant future set up a seminar to discuss the relative heart diseases and get expert advice.

A young hound in America was taken very ill Hypertropic Osteodystrophy (HOD), I have a full report of how it affected this young hound and his treatment which I will be happy to forward to anyone interested, especially breeders as this happened when he was about 8 weeks of age and still in his birth home.

The other thing of note this year is that the Kennel Club have changed their format for annual health reports. These now have to be sent in in the middle of the year and I have included below the form that Rae Ganna and I completed and submitted this in 2016. I have, however decided that I will continue to supply the members with a report in the same way as I have for the past many years to continue to be as informative as possible.

Annual Breed Health Report

This form should be completed by your Breed Health Co-ordinator and submitted via email to the Kennel Club's Health Team (email address tbc).

Section A (to be completed by all breeds)

1) Breed OTTERHOUND

2) Does the Breed have a Health committee/group/council? **Yes** No

3) Please list and rank the three health and welfare conditions that the breed considers to be **currently** the most important to deal with in your breed (condition 1 will be the most important and condition 3 will be the least important of the three). We ask that you provide **up to 3** conditions unless you have selected no current health concerns below.

Condition 1 EPILEPSY.....

Condition 2 CANCERS, particularly Lymphosarcoma & Haemangiosarcoma

Condition 3 AUTO IMMUNE DISEASE (ear & skin)

Or

No current health or welfare concerns Go to Q5

4) Please briefly outline what the breed has done in the last year to help tackle the listed health and welfare concerns (more space has been provided overleaf, or please feel free to attach any documents).

Condition 1 ACTIVELY INVOLVED IN ALL RESEARCH THAT HAS BECOME AVAILABLE OR IS BECOMING AVAILABLE.

Condition 2 COLLECTING EVIDENCE AS TO FREQUENCY & TYPE.

Condition 3 RAISING AWARENESS REGARDING THE INCREASE IN THESE CONDITIONS

5) Does the breed have a dedicated health website or a health section on any of the clubs' websites? **Yes** No

6) If you answered yes to the question above, has any of this information been updated in the last year? **Yes** No Unsure

7) In addition to a website, in the last year has the breed raised awareness of health matters using any of the following? **Breed Club newsletter(s)** Health seminars **Health leaflets**

Please list any others.....

8) Name of Breed Health Co-ordinator completing this form JUDITH E. ASHWORTH

9) Date (DD/MM/YY) 30/09/2016

If you represent a Breed Watch category 3 breed (previously known as a high profile breed) please also complete section B.

Section B (to be completed only by category 3 breeds)

If your breed does not organise visual health assessments please go to question 17.

Visual Health Assessment testing for conditions listed on Breed Watch

10) Number of visual health assessment sessions organised in the last year

11) Name of Club(s) or Society(ies) health assessment session was held at

12) Number of dogs tested this year

13) Total number of show dogs tested to date

14) Total number of pet dogs tested to date

15) Do you have an appointed administrator to ensure information is collected from visual health assessments Yes No

16) Name of appointed administrator

17) Judges Education - Have any health education seminars been held this year Yes No

18) If you answered yes to the question above, please provide details (i.e. topics covered, dates etc.).

19) Has health and welfare information been developed in relation to the points listed on Breed Watch, to be included as part of Judges education materials for the breed Yes No

20) Does your breed provide breed show Judges guidance on identifying health or welfare concerns Yes No Unsure

21) If you answered yes to question 2 in section A, please list the members of your health committee/ group/ council

Rae Ganna (currently the only member of the Health Committee)

General Comments

Additional space for continuations from any of the previous questions, or for any general comments.

ACTIVELY INVOLVED IN THE GENOME SEQUENCING PROJECT WITH TWO HOUNDS PAID FOR. THERE IS ALSO AN INDEPENDENT BREED HEALTH WEBSITE AND AN INDEPENDENT HEALTH FORUM PAGE ON FACEBOOK.

Judith Ashworth – KC Breed Health Co-Ordinator – 22/02/2017