DIRECTOR’S UPDATE

Welcome to the 4th installment of The Healthy Hound Quarterly! For those of you who have only recently signed up, you can find an archive of our previous issues on our website under Resources. We have changed the format for easier reading and your feedback would be appreciated. As predicted, we’ve had a very busy 3rd quarter and I am really excited to share it with you.

Before we get to that, though, we could use your help! As we work toward reaching a larger number of Sighthound owners, I’d like to ask if you would share our information with your adoption group, specifically with your adoption coordinator, so we can send them important information to put in all new adopter packets. With your help, this kind of grassroots effort will be more effective than a $10,000 mail campaign. Thank you!

As I write this letter our new website continues to evolve as we work to make it more user friendly. This has been the culmination of many months of work and we hope you find it easier to navigate and easier to find all of the important information it contains. One big addition is a list of “Greyhound-savvy” veterinarians. We started the list with vets our Board members know to be very knowledgeable about Greyhounds from personal interaction. Similarly, our criteria for vets being added to this list going forward will be simple: they must have several recommendations from their patients telling us how knowledgeable they are about Greyhounds and why you recommend them to the Greyhound community as “experts”. We will look at other criteria to ensure certain standards are met, but we need to hear from you to get the ball rolling. As we continuously improve and update our web page, I hope that you will share it with your Sighthound friends and family and encourage them to visit often and sign up for our newsletter.

In July we hosted a seminar at our blood bank for 15 area veterinarians on transfusion medicine and hematology, presented by Dr. Couto. This was a CE accredited course that covered a range of topics from blood typing and testing to cross matching and when transfusions are called for. We are proud to have helped this group of dedicated professionals increase their knowledge on this important topic.

Speaking of blood… As most of you know Greyhounds do not have “normal” blood values and, as I mentioned in my last letter, Tina and I have started looking into whether other Sighthound breeds also have unusual normal reference intervals. As it turns out, Deerhounds definitely do and we are preparing a wallet card with the unusual numbers on them. What’s next? Maybe Galgos, maybe Whippets, or maybe AKC Greyhounds!

Did I mention “research”? At the end of July we concluded a month-long Sarcoma Awareness campaign that raised over $2,700 for cancer research. These funds will be added to those raised through the annual Miss Nellie Auction starting October 29th and then all of that will be put toward some exciting new research that will benefit our hounds! We can’t discuss specifics about the research project just yet, but we will be releasing more information on our website and Facebook pages as it becomes available. Email Janet at missnelliiauction@gmail.com if you would like to donate auction items.

We appreciate all of your support and your efforts to help us improve sighthound health and wellness.

Help us spread the word!

Thank you!

Brian Colvin
Executive Director
Save The Dates

The Miss Nellie Auction
Benefitting The Greyhound Health Initiative

Oct 29—Nov 6
2017

Announcement With Details To Follow

http://www.greyhoundhealthinitiative.org/
Hope for Hounds, now working together with The Greyhound Health Initiative, is again pleased to invite you to attend and participate in The Miss Nellie Auction 2017. This will be our eleventh auction and we are sure it will be as exciting as the past ten. To those of you who are new to The Miss Nellie Auction, we welcome you to join us in the auction and learn more about the mission and goals of Hope for Hounds and The Greyhound Health Initiative. To those who have participated in the past, we thank you for your continued support and welcome you back!!! The auction will take place online from October 29 – November 6, 2017. We will be using a new auction venue this year and the site and links will be posted as soon as they become available.

We are now accepting donations for The Miss Nellie Auction 2017. We ask that you please notify us of your donation(s) by e-mail at missnellieauction@gmail.com before October 10, 2017 if possible. Please include a detailed description and clear photo of each item you wish to donate. To avoid confusion when donating multiple item, it’s best to send separate emails for each item. We ask that you hold your items and ship it to the winner yourself. Please let us know whether or not you will be paying for the shipping of your donation or wish to be reimbursed. For questions about the auction, please send your inquiries, titling your email “Question” to the same email address and an administrator will reply as soon as possible.

To follow the auction and preview some of the awesomely stunning and fun items in this important and meaningful fund raising event, you may go to the official auction site which will be posted once it begins, or check for news and updates within the threads on the GreyTalk Forum or on the Hope for Hounds and The Greyhound Health Initiative’s Facebook pages as we move closer to the start of the auction.

Helen Keller said “Alone we can do so little; together we can do so much”

Join us in remembering the hounds we have lost and add your support to the important research for the hounds we love and the hounds to come.

LOVE, HOPE, BELIEVE – AND TOGETHER WE WILL MAKE A DIFFERENCE
FDA FIGHTING FRAUDULENT CANCER TREATMENTS

Companies told to stop making treatment claims for people, pets
By Greg Cima
Reprinted with permission
JAVMA • Vol 250 • No. 12 • June 15, 2017

Fourteen companies are accused of making fraudulent claims their creams, supplements, teas, or oils could help treat or prevent cancer. One of them, Nature’s Treasures of Glendale, California, is accused of claiming its topical antioxidant cream can help people and pets suffering from cancer, liver problems, arthritis, kidney disease, and inflammation.

In April, Food and Drug Administration authorities ordered that the companies stop making unproven claims about their products or else the agency could respond by seizing products, seeking injunctions, or prosecuting those responsible. Letters sent to some of the companies also warned against continued misuse of diagnostic tools.

In addition to the cancer-related claims were claims that products could “inactivate” HIV, lower cholesterol, eliminate arthritis-related pain, kill pathogens, cure impotence, protect against ultraviolet radiation, and cure dysentery, among a variety of others.

The FDA’s April 17 letter to Nature’s Treasures indicates the company was selling at least seven products through false medical claims—including the OxiCell cream the company is accused of claiming had cancer-fighting properties in humans and pets—as well as marketing an unapproved telethermographic system as a method of breast cancer detection. The FDA has cleared telethermographic systems only as adjuncts to other clinical diagnostic procedures, the letter states.

A sales page for OxiCell was removed from Nature’s Treasures’ website by April 25, when FDA officials publicized the warnings, but a version cached by Google April 19 indicates the company had been selling the skin cream at $40 per 1.6 ounce bottle with claims it “protects and preserves brain, liver, immune function, cellular, muscle & energy production.” The company also appears to have claimed the product protected mitochondria and restored antioxidant levels exhausted by influences ranging from cigarette smoke to exercise.

None of the other companies was accused of selling products as animal drugs, but the FDA letter to one, Caudill Seed & Warehouse in Louisville, Kentucky, states that one of the sites Caudill uses to market its broccoli seed–based supplement includes claims that substances in broccoli sprouts “protect animals against chemically induced cancer.”

Donald D. Ashley, director of the Office of Compliance in the FDA Center for Drug Evaluation and Research, and Douglas Stearn, director of the Office of Enforcement and Import Operations in the FDA Office of Regulatory Affairs, co-authored an FDA column that describes sellers of fraudulent cancer products as people who exploit fears to peddle untested and possibly dangerous products. Their column was posted in the FDA Voice, the agency’s blog.

“These companies used slick ads, videos, and other sophisticated marketing techniques, including testimonials about miraculous outcomes,” the column states.

http://www.greyhoundhealthinitiative.org/
These are some of the products sold with false cancer treatment claims, according to FDA authorities. OxiCell (second from left) was marketed for use in people and pets.

“Often a single product was promoted as a treatment or cure for multiple diseases in humans and animals.

“Hoping to skirt the law on a technicality, some sellers made false claims and then in small print provided a disclaimer that their products are not intended to diagnose, treat, cure or prevent any disease.”

The column also alleges these companies change the names of their products, companies, and websites in efforts to escape FDA enforcement. Still, the FDA has issued more than 90 warning letters over the past 10 years to companies marketing fraudulent cancer products, they wrote.

**Guilty plea for counterfeit drug packaging**

The CEO of a packaging company has entered a guilty plea to a charge he made counterfeit labels and packaging for veterinary drugs.

Paul S. Rodriguez, CEO of Action Packaging & Design of Santa Ana, California, had been accused of making the imitation labels, boxes, and documentation for Frontline and Frontline Plus, which are flea and tick control products from Merial, and labels for Rimadyl, a nonsteroidal anti-inflammatory drug from Zoetis. He is scheduled for sentencing Oct. 2.

He was accused of shipping the labels, documentation, and packaging he made to a location in Houston.

Assistant U.S. Attorney Daniel Rodriguez said in court that Paul Rodriguez was the subject of an undercover investigation, and he had sent the counterfeit materials to a warehouse operated by the Department of Homeland Security, according to information provided by Angela Dodge, spokeswoman for the U.S. Attorney’s Office in the Southern District of Texas.

No information about the basis for the undercover investigation was available at press time.
As all Sighthound lovers can attest, it is easy to fall in love with a Greyhound. They slip into the role of beloved family member without even the slightest twitch of their tail. They snuggle into your heart, never to be pried loose and push you forever into the “Greyhound Cult” This is exactly what a deliciously handsome brindle boy named James Bond did when he was adopted by Matthew Becker and his wife, Rachel Cipolat. He was their first Greyhound and he was to become a valued and much loved family member in both their personal, as well as their professional lives.

Matthew is the owner of Industrial Athletics, a CrossFit gym operating for the last four years in Pittsburgh, Pennsylvania. As a valued family member, this extraordinary hound “worked” at the gym alongside Matthew. This was the perfect place for a retired athlete to work! “As the gym’s mascot, he spent time at the gym, visited with members, and traveled with us to all of our local CrossFit competitions” said Matthew. His pay check was constant attention, petting and adoration. However, all that was to change.

In August of 2016, as summer was rushing toward fall, James Bond, at 7 years old, was diagnosed with advanced lung and abdominal cancer. They knew his time with them was short. There was little to be done except to keep him comfortable and continue to love him well. With great sadness, Matthew and Rachel said goodbye to James Bond a short time later, at home, surrounded by the family he loved and who loved him, on Labor Day weekend.

In the midst of their sadness and loss, Matthew wanted to do something to honor James Bond. “Often times, CrossFit will create a workout and name it after the fallen individual. We then perform that workout in remembrance” stated Matthew. “At Industrial Athletics, we have a special Labor Day workout every year. Last year, to remember James Bond, we created a workout for him. After consideration, the decision was made “to make James Bond’s workout a fundraiser to raise money to help animals. “We thought the Greyhound Health Initiative would be the perfect organization to be the subject of our first fundraiser” said Matthew. This event on September 4 is a special Labor Day remembrance of James Bond which brings together not only his family and friends, but also the members of Industrial Athletics who spent so much time with him at the gym. He is a hound who is greatly missed and will be remembered in a very supportive, generous and meaningful way. Matthew and Rachel continue their work at Industrial Athletics, supervised by their second and adored brindle Greyhound, Billy Goat.
The Greyhound Health Initiative would like to thank Matthew, Rachel and the whole Industrial Athletics family for their support.
With the increasing popularity of retired rescued Greyhounds, veterinarians are likely to evaluate dogs of this breed more frequently in their practice. Therefore, it is important that they recognize the physiological peculiarities of this breed. Spontaneous or delayed postoperative bleeding is one of them.

In the Greyhound community, the term “Greyhound bleeder” is typically used for dogs that bleed either spontaneously or 1-2 days after minor trauma or a simple surgical procedure. We have seen severe bleeding after routine major or minor surgical procedures, lacerations, tooth extractions, biopsies, blood draws, and even microchip placement.

We worked on hemostasis (clotting) in Greyhounds for over a decade, and determined that approximately 25% of retired racers will bleed 36-48 hours after a spay or neuter procedure; despite this, all the tests of hemostasis (clotting) are normal, and they do not differ between bleeders and non-bleeders. We have also seen this syndrome in Deerhounds, Italian Greyhounds, and other selected sighthound breeds.

The bleeding typically starts around the surgical site, and becomes extensive and disseminated. When confronted with a dog with disseminated bleeding, most veterinarians tend to diagnose them as disseminated intravascular coagulation (DIC) a serious, and oftentimes fatal syndrome of simultaneous clotting and bleeding. We have conclusively excluded DIC as a mechanism of bleeding in sighthounds.

In normal dogs, the strength of a clot increases 24-48 hours after trauma of surgery, since effective clotting is the first step in healing (scarring). Our studies revealed that Greyhound “bleeders” are not able to increase the clot strength after surgery, as the “nonbleeders” and other non-Greyhound dogs do.

We extensively evaluated a pro-coagulant (epsilon aminocaproic acid-EACA or Amicar®), at dosages of 500-1,000 mg, orally or intravenously, every 8 hours, for 5 days, starting the day of or the day after the surgery.
Thus drug significantly decreases the severity and frequency of bleeding in Greyhounds undergoing limb amputation for bone cancer, after spays/neuters, and other surgeries. It is also effective in dogs who bleed due to lacerations, dental extractions, etc. If EACA is not available, tranexamic acid (650-1,000 mg, PO, q8h) can be used.

**PREVENTION OR TREATMENT OF SPONTANEOUS BLEEDING IN GREYHOUNDS:**
Aminocaproic acid or tranexamic acid, 500-1,000 mg, orally, 3 times a day for 5 days, starting the day of the surgery or the bleeding.

We also worked on the issue of thrombosis (clot formation) and thromboembolism (clot formation and migration) in Greyhounds. We recognized aortic, iliac, or femoral thrombosis as a cause of intermittent rear leg lameness in Greyhounds, and also identified the fact that retired racers are at high risk for brain or spinal cord thromboembolic events. The latter are acute, and cause severe neurologic signs (incoordination, paralysis, inability to move, excessive salivation, abnormal eye movement, etc). Mini-dose aspirin (1/4-1/2 cardio aspirin once a day) results in rapid, marked clinical improvement in these patients. We evaluated another drugs (Plavix), but in our hands it was not very effective in Greyhounds (however, it works well in non-Greyhound breeds and in cats).

**PREVENTION OR TREATMENT OF SPONTANEOUS THROMBOSIS (CLOTS) IN GREYHOUNDS:**
Aspirin ½ to 1-81 mg tablets, orally, once a day.

**MRI OF 10 YEAR OLD GREYHOUND WITH PERACUE ATAXIA.**
NOTE WHITE AREA OF INFARCTION

IF YOU WOULD LIKE TO SHARE DR. COUTO’S ORIGINAL JOURNAL ARTICLE ON THIS SUBJECT WITH YOUR VET, PLEASE FOLLOW THIS LINK

http://www.greyhoundhealthinitiative.org/
REFERENCES


Where to find Aminocaproic Acid

Epsilon-aminocaproic Acid (EACA) can treat conditions that cause excessive bleeding and help control bleeding during or after surgery in both humans and animals. But because EACA is not frequently prescribed it can be difficult to find in the US (it is both relatively easy to find and much less expensive in Canada). As we’ve noted before, most vets have never heard of it and therefore do not stock it at their clinics. Likewise, though the drug is used in humans, many regular pharmacies also do not carry it, but can get it within a couple of days. For that reason it’s best to get EACA prior to a scheduled surgical procedure and know where to find it in case of an emergency. Some owners of multiple retired Greyhounds have a five day supply on hand in case of an emergency.

If you’re planning ahead for a surgical procedure, it’s best to have your vet order EACA from a reputable veterinary pharmacy such as Diamondback Drugs or Amatheon Pharmaceuticals, both of which offer great prices (around $2/dose). If you’re in an emergency situation and need it immediately, EACA may be found at most major pharmacies, like Walgreens or Wal-Mart, but availability varies, as does cost: Some pharmacies only carry the brand name, “Amicar”, which can cost over $40/dose. If you have to go this route, be sure to check out goodrx.com for coupons on prescription medications.

However, if you have a local compounding pharmacy, they should be able to make EACA on demand, generally for about $5-$10/dose — just be sure to verify their capabilities before an emergency arises.

And finally, similar to GoodRX is Pet Drug Card, a free program that will help reduce the cost of your pet's prescription medication at most major pharmacies nationwide.

Don’t wait until it’s needed emergently to find out where you can get Amicar. Check your local pharmacies for availability and cost. Discuss with your vet if he/she would be willing to keep a 5 day supply on hand. Do your homework, shop around, and plan ahead, so you are your Greyhounds best medical advocate.

PREVENTION OR TREATMENT OF SPONTANEOUS BLEEDING IN GREYHOUNDS:
Aminocaproic acid or tranexamic acid, 500-1,000 mg, orally, 3 times a day for 5 days, starting the day of the surgery or the bleeding.

http://www.greyhoundhealthinitiative.org/
Hyperfibrinolysis describes a situation with markedly enhanced fibrinolytic activity, resulting in increased, sometimes catastrophic bleeding.

Cracker Jack, (WWW Firecracker) is a New Year’s Day Greyhound, whelped January 1, 2010. With 35 races under his belt, he sustained a compound fracture to a toe on his left hind leg. It was a career ending injury that required amputation, so his retirement started in February of 2012. He was placed in a foster home through the adoption group Greyhound Adoption League of Texas (GALT). My wife Amanda and I met Cracker at our very first meet and greet and he immediately stole our hearts. There was just something very special about Cracker, so we decided to adopt him and he came home with us on February 2, 2013. Over the next few months we learned what all first time greyhound owners learn, that these dogs are a very special breed. They are so loving, caring, and smart that they will change your life forever, and he has. Because we loved our Grey so much, we started looking for a second Greyhound to go with Cracker and our Bassett Hound, Oliver. In May 2013, I went to a meet and greet alone and instantly fell in love with a 3 year old female named Bessie. I told my wife about her and we went back the next week and decided to adopt her.

For three years Cracker had absolutely no health issues. Then in mid-September 2016 Cracker started limping. Out first thought was that he had a corn, so we looked over his foot very carefully and found nothing. I made the decision to watch him closely for a few days to see if it got better. After a few days the limp didn’t go away so we set him up an appointment with our vet, Dr. D. When we looked for a vet 3 years prior, we knew we had to find a vet that understood the medical differences between Greyhounds and other breeds. We choose Dr. D because he assured us he was greyhound savvy and had had some recommendations through Greytalk. We were not able to get an appointment until September 23rd another 3 days wait. While we were waiting his limp was definitely getting worse. Over the time from first limp to the 23rd he had gone from a slight limp to not wanting to put weight on it at all. When we finally did see Dr. D, he diagnosed it as most likely a strain of the ACL and put him on tramadol (a pain killer) and Carprofen (an anti-inflammatory). He assured us it was not cancer and to give him the medicati ons for 2
weeks to give the leg time to heal. He told us if it was not better in two weeks, we would do X-rays. I know now that we should have had the x-rays done immediately at the first signs of the limp.

Over the next two weeks we gave Cracker his medication exactly as prescribed but his limp kept getting worse. By the end of the 2 weeks he was holding the leg up all the time and would not stand on it at all. We did as the vet had instructed and called him back expecting him to say bring him in for x-rays. Instead, he told us that he can’t do x-rays at his facility and recommended we take him to the emergency animal clinic because it might be osteosarcoma. At this point we were very confused and heartbroken. I knew the emergency vet was not likely to be Greyhound savvy so that was not an option in my mind. We decided to look on GALT’s website for a recommended vet in our area. One vet was only 30 minutes away and came highly recommended by a lady we knew from GALT. We will call him Dr. W. We set up an appointment but Dr. W could not see Cracker until October 18th, a full month after he first started to limp.

While waiting for the appointment, we continued the medications. On October 18, the x-rays were done. Once Dr. W had reviewed them, he came back in and told us the bad news. Cracker Jack had osteosarcoma in his right rear leg. He told us our options were to either amputate the leg or manage the pain until the cancer spread and it became too painful, then at that point, we would euthanize. Dr. W also told us that based on the healthy state and age of Cracker, if we amputated, Cracker could live another 18 months while without amputation he would probably not last until Thanksgiving. Dr. W also stated that there was no evidence that chemo extended either of these time frames. He informed us that if we choose amputation, he would have a surgeon come to his facility and perform the amputation with a total cost of around $2,000 dollars. He suggested we go home and think about our options and when we make a decision just give him a call.

It is at this point that I started doing my own research on osteosarcoma and first came across Dr. Couto’s articles. The first thing I found was an article entitled “Bone Cancer in Greyhounds”. This three page article by Dr. Couto and his colleagues, was very informative and it explained everything very well. It also let me know that what Dr. W was saying may not have been accurate. My wife and I spent several days researching and debating what to do. At first we were thinking not to amputate because we did not want to put Cracker through that for our own selfish reasons. Then as we were discussing it we looked at Cracker and he looked back at us with a look that said "I'm not done. I'm ready to fight! We decided to go ahead with the amputation and called Dr. W back to schedule it. Dr. W said the surgeon would come to his clinic, perform the amputation and that Cracker would go home the same day. From the research we had done we knew going home the same day didn’t sound right, and it was a big red flag to us. We scheduled an appointment but cancelled it a short while later.

Crackers foster mom from Galt is truly a wonderful lady. She has always stayed in touch with us and wanted to know how Cracker was doing. She also was there to answer questions when we had them, since this was our first greyhound. At this point we were confused, devastated, and felt lost. When we contacted her, she gave us some advice and connected us to another wonderful lady at Galt. As we continued to research osteosarcoma, we spoke with these ladies at length. One had recently lost a grey to osteosarcoma that was two years post amputation with chemo. Needless to say, she had a lot of knowledge on the subject. She told us who Dr. Couto was and about the programs he ran through Ohio State University. She also told us about the greyhound blood disorder and that Amicar was absolutely necessary if we were going to amputate. Through our research and conversations, we decided the best plan would be to take Cracker to the same surgeons group that Galt used. We set up an appointment for as soon as possible but that appointment was 6 days away and they said if necessary they could do the surgery that day.

The next 6 days were horrible. My wife and Cracker never slept more than 30 minutes to an hour at a time. Cracker cried out in pain almost constantly, and occasionally with a greyhound scream of death. Anyone who has ever heard that heart wrenching sound knows exactly what I’m talking about. I continued to research osteosarcoma, now armed with the information from GALT about the greyhound blood disorder and knowledge of Dr. Couto. We looked up everything we could find about osteosarcoma and its treatment options. We found most of it involved Dr. Couto and his OSU research. The problem was, every time I found a link to any of it at OSU the link was dead. I believe this is why we did not find much on the blood disorder other than that he should have Amicar.
On the day of his appointment I had to work so my wife took Cracker and met with the surgeon Dr. B. and his assistant, Dr. L, a vet student in residency. During the consultation, my wife told the vet what we had learned about Amicar and also gave them the generic name for it, aminocaproic acid. Dr. L went into the hall to talk to Dr. B about it. When she came back in, she told my wife that Dr. B had been doing surgeries on Greyhounds for 26 years and had never used that medicine. Dr. L told us that it was not necessary, that our friends were over reacting and they could not even get Amicar in time if it was needed. Given the amount of pain Cracker was in, we went ahead and trusted Dr. B and Dr. L and left Cracker there to have the surgery later that day. The whole drive home it kept bothering Amanda that they said Amicar was not necessary. I say somewhere deep inside she had a mother’s intuition and knew this was not good.

My wife’s concerns and strong feelings about the blood disorder led me to continue to dig even deeper, focusing specifically on the blood disorder. Maureen, one of our GALT foster moms, mentioned we should join The Greyhound Health Initiative. Julie, our other foster mom, and Maureen were a constant source of information and support as we went through this journey with Cracker. I looked up GHI as suggested and found that Dr. Couto had retired from OSU and had since founded The Greyhound Health Initiative to continue the research and programs he once ran at OSU. This was the start of a tidal wave of information. I read a research paper by Dr. Couto that had been published in the Journal of Veterinary Medicine entitled “Post-operative Bleeding in Greyhounds” about the blood disorder. Although I had to google a lot of words, I was able understand most of it. A google search on that paper lead me to an article written by John E. Dillberger, DVM, PhD, Chair of the SDCA Health and Genetics Committee, entitled “Post-Operative Bleeding in Greyhounds, and What It Means for Deerhounds.” He had taken Dr. Couto’s published paper and explained it in a way your average dog owner could understand. I wish I had found that sooner. That article also had a follow up article that explained some more recent findings by Dr. Couto on Hyperfibrinolysis. I had learned a lot in a short amount of time and now we were even more scared and concerned that he would not be given the Amicar. But now we were armed with the research to back up the need for Amicar.

November 1 - Cracker’s surgery finished up around 5:30 pm and we received a call that everything went well and we would be able to see him the next day. They called us again around noon the next day and told us we could come see Cracker but that he would be staying one more night at the hospital. I got off work early and we made the hour and fifteen-minute drive to see him. We arrived at the hospital around 4:30pm and we were greeted by Dr. L, the student resident. She took us to see Cracker, and told us she had good news. Cracker was doing amazing and would be able to go home with us that day. She also told us that she had done some research on Greyhound bleeding and we were right, it is necessary in some cases to give Greyhounds Amicar. We then made a comment about how red his belly looked and she said it’s because it’s a major surgery and that was “just normal bruising”. Keeping in mind that I had learned Hyperfibrinolysis typically shows up 12 to 48 hours post-surgery with the bulk of greys showing signs around the 24-hour mark, and it had been 23 hours. They let us take him out to potty and he looked amazing and the pain he had been in was absolutely gone so we took our Cracker Jack home.

We arrived home around 7 pm and noticed the redness on his underside had spread a little bit and we were very concerned that it could be Hyperfibrinolysis. We decided to watch it closely and I started franticly doing even more research, looking specifically for pictures of Hyperfibrinolysis. By 9 pm the “bruising” had spread up to his ribcage and we were positive it was Hyperfibrinolysis. We called the on-call number and DR. L answered. After I explained what was happening, she told me to take some pictures and she would call me back. When she called back, to my surprise, she told me she thought we were correct and we needed to get Cracker to a 24hr hospital that had Amicar and plasma, fast. It was now 10:30 pm and we were in complete panic mode. We called several hospitals and luckily found one that had both, and it was only 35 minutes away. I printed out several articles about Hyperfibrinolysis, including the study Dr. Couto had conducted, and we raced to the hospital.
When we arrived the vet techs met us outside and helped us get Cracker onto a gurney and into a room. When the doctor came in we asked her if she knew about the blood disorder and she said she did, but it was clear she didn’t. We proceeded to tell her about it and she just kept rolling her eyes. It was obvious she did not believe us. We demanded that Cracker be given Amicar and begged the vet to read the articles I had brought. I believe the only reason she even considered reading them was because of one of them we gave her was from the Journal of Veterinary Medicine of Dr. Couto’s published study results. The vet took Cracker to the back and told us she would give him the Amicar. It seemed like forever before she came back in. I think it was because she was reading the articles. She told us she had put Cracker on an IV of fluids and Amicar. She said initial tests were good and she did not believe he needed any plasma. Her recommendation was to leave him overnight and call in the morning to see how he was doing. Reluctantly we left and headed home.

As my wife drove us home and, using my cell phone, I continued to search the internet for anything I could find on either Hyperfibrinolysis in Greyhounds or the Greyhound blood disorder. When we got home we put our daughter back to bed and continued to research everything we could find on the subject. We stayed up all night reading, taking notes and printing articles. We also called the hospital a few times to see how Cracker was doing. We realized we were probably annoying them, but we were so concerned and scared we didn’t care. Every time we called we were told the same thing which was that he was resting well and still receiving his fluids and Amicar. During our overnight research marathon, we kept coming across the same research over and over, along with a few stories from greyhound owners that had experienced the disorder. For the most part, every bit of true research data we found we had already found posted on the GHI web page. It was clear the only real research that had been done was by Dr. Couto and even the anecdotal stories were mostly from around the Ohio area.

In the morning, the hospital called us and told us it was best to wait until noon to come see him so he could rest. First thing that morning we also called Dr. B’s office and told them what had happened, asking that he call us as soon as possible. Dr. B called back a few hours later as we were headed to see Cracker. He told us that their surgery center happened share the building with the hospital Cracker was in and that they had taken over his care. We told him again of the need for Amicar and that we felt this was their fault since we told them he needed it. Dr. B then asked us what we wanted him to do and I begged him to do some research on the disorder and treatment. I said it may be too late for Cracker, but for all the future greyhounds, would he please look up Dr. Couto and read the article in the Journal of Veterinary Medicine. I even gave him the exact issue it was in. Dr. B responded by telling us he would “look into it, but he had done thousands of greyhound surgeries in his 26-year career and he had never heard of Amicar being given to greyhounds”. He also stated if I was correct he would cover the emergency hospital visit, but he highly doubted there was anything he didn’t know about greyhounds. I said “well sir, with all due respect, prepare to be surprised and I will wait for your call”.

We arrived at the hospital to see Cracker and spoke with a colleague of Dr. B’s, another surgeon named Dr. R. I again explained the blood disorder and encouraged her to please do some research on it. She was much more receptive than the
other doctors and said she would. I asked what dosage of Amicar Cracker had received overnight and she gave me some numbers that didn’t match anything I had read about Amicar dosing in Greyhounds. They brought Cracker into the room and he looked about the same as the night before with one exception being, his two front legs were swollen. Dr. R told us that was probably from the IV and it was in both legs because they had to move it from one leg to the other that morning. While my wife and daughter were visiting with Cracker, I was using my phone to try to make sense of the dosage information the vet had given me. I eventually figured out that because it was given to Cracker in an IV with fluids and the dosing info I had from GHI was in milligrams. I would have to do some conversions. I found out how to do the conversions and discovered overnight Cracker had been given the equivalent of 2650 milligrams of Amicar in an 8-hour period. That’s 3 to 4 times the amount GHI and Dr. Couto recommended be given every 8 hours.

When the vet eventually came back in I told her my findings, she dismissed what I was saying and told us they were out of Amicar but had ordered more that morning and it should be in by 4 pm. Dr. R also told us to find a compounding pharmacy to get Amicar from for when he went home. This turned out to be a lot harder than we expected. The last thing she told us was “some Greyhounds are just excessive bleeders” and that the redness was just “normal bruising for a Greyhound.” I again urged her to read the articles I had printed and she said she would. Why weren’t they listening?

We stayed with Cracker a bit longer then decided it was best if we left so he could rest, knowing that the treatment would be 3 days at a minimum and could take up to 5 days. When we arrived home, I began calling pharmacies in the area to find one that could supply us the Amicar. I called dozens of pharmacies and when I finally found one that said they could compound it. I told them the dosage and the pharmacist told me that dosage was so high that a 3 day supply would be 850 dollars. I was in complete shock but, it should be noted, I found out weeks later the cost for the generic Amicar is more like 60 dollars total. Late in the afternoon, we called the hospital back just before 5 to speak with Dr. R one more time before she left for the day. She told us the blood work looked normal and he was resting. I do believe she read the print outs though, because she told me Cracker would be given 850mg of Amicar every 8 hours. That is the exact amount Dr. Couto’s paper suggested. We called the hospital again right before bed and were told Cracker was resting comfortably and doing ok.

November 4th - We went to see Cracker that evening. It was almost exactly 72 hours post-surgery. When they brought Cracker in it was clear he was worse. His whole under side was very dark red in color and his left hind leg and stomach area had swollen up immensely with fluid. It felt like a half full water balloon, but with less elasticity. The vet had also put him on Deromaxx and Gabapentin to go along with the Amicar and Tramadol he was already on. We spent 2 or 3 hours with Cracker that afternoon around 4 o’clock. We received a call from Dr. B that afternoon, and to my surprise, he told me he had done some research on the disorder, and thanked me for bringing this disorder to his attention. Dr. B also told me that given the fact it is estimated to affect 28% of retired racing greyhounds, and the low chance of side-effects, he would be giving Amicar to ALL Greyhounds he operated on from now on. Hearing this was a major victory for us and gave me the strength needed to continue to push the other doctors treating Cracker towards the proper diagnosis.
coming out of the pores on his back leg. This of course made us even more concerned because he had now been on Amicar for 3 days and we weren’t seeing any improvement and he was now bleeding through his pores. The vets assured us all his bloodwork was still normal and he was doing ok.

November 6 - The following morning the vet’s office called us and told us they did not like the way the swelling all over his body looked so they ran more bloodwork and now believed he may have vasculitis. This too, did not sound right to us at all. We knew from our research this was all from the blood disorder and probably not vasculitis. We went to see Cracker that afternoon and he was a lot more swollen. We knew that although the vets cared and were doing everything they could think of, they simply did not understand the greyhound blood disorder Hyperfibrinolysis. We knew from the GHI website that you could request an email consultation with Dr. Couto for a very reasonable price. We decided we needed to do just that and hoped he would be able to respond in time to save Cracker Jack. We were afraid we were losing him.

That afternoon, I composed a novel of an email to Dr. Couto explaining what was going on with Cracker and sent it out. To my surprise at 6:30 the following morning Dr. Couto replied. He told us he would be glad to help but he was flying out shortly to do some lectures abroad so communications would have to be via email. Dr. Couto asked for pictures and his most recent lab results. We were ecstatic to hear from Dr. Couto so soon and worked quickly to get him the requested information.

November 7 - I can honestly say Dr. Couto is an amazing person. He and I emailed back and forth all morning even though he was about to fly out of the country. We went to see Cracker and sent Dr. Couto the lab results as well as some current pictures noting he was slightly redder. Dr. R told us they had lanced him that morning and drained some of the fluid to do a culture. She also told us she had put Cracker on Prednisone and the Chinese herb Yunnan Baiyao which is supposed to help with bleeding issues. Dr. Couto looked over everything and told us the blood work looked surprisingly normal given his current condition and the severe swelling. We had now began including Dr. R on the emails so everyone could be on the same page. Dr. Couto told us to stop the Prednisone and not to lance him anymore, saying “this is NOT LIKELY vasculitis. I have biopsied dozens of Greyhounds like Cracker and have never found any evidence it happens.” He asked us to send him a list of medications he was on as well. He said he should be on an antibiotic because “a lot of the rear limb amputations in hounds develop secondary bacterial infection due to fecal contamination.” and that as long as he is stable to “ride the wave.” By the time we left the vet office that morning Dr. R. was telling us she thought Cracker would be able to come home in 1 to 2 days.
All the emails that morning had confirmed exactly what we thought. The vets in charge of Crackers’ care truly did not understand what was really going on. We felt so grateful that Dr. Couto had taken the time to help us because without him, we felt we would lose Cracker. With Dr. R. saying Cracker may go home soon we were finally starting to feel Cracker may make it through this.

That evening I went back to see Cracker and noticed he was bleeding from his stump to the point it had seeped through the bandages and was actually leaving drops of blood on the floor. Over the last 6 days we had never seen his stump bleeding like this so once again, we began to get worried. I sent another email to Dr. Couto, not really expecting to hear from him for several days. I was again surprised as Dr. Couto responded the very next day. He told us to have the fluid looked at under a microscope because it could be an infection.

November 8 - When we saw Cracker this morning, we were pleasantly surprised to see the redness in Cracker’s chest had lightened up some. He was still bleeding from the stump area just like the night before, but for the first time in a week we saw improvement in the blood disorder. Were we finally going to turn the corner and start the road to recovery?

November 9 - We had another mixture of ups and downs. The redness had lightened up more in his chest but his legs were still swollen with blood. He was also still bleeding from the incision area. While we were visiting, he seemed to be more awake and even rolled over into a “roach” position and laid his head on our daughters lap. When we spoke with Dr. R she told us they were concerned that the incision was still bleeding and they were going to watch it for another day or two. Over the next two days there was really no change in Cracker’s condition. The incision had not improved but it hadn’t gotten any worse either. The culture they had done was starting to show signs of growth and his temperature spiked so we assumed he was probably fighting a mild infection.

On November 12th, we were told both Dr. R and Dr. B were concerned that the incision area was still bleeding and it may be an indication that the skin around the incision may be dying. They told us if that was the case they would have to perform a 3rd surgery on him to open the incision, cut the dead skin off, cut more muscle back and re-staple the skin. They decided to continue to monitor the incision over the weekend.

The biggest question now was that if this surgery is necessary, when would be the best time given Crackers’ weakened state. I had received an email from Dr. Couto asking how things were going and I informed him of the developments. He told us that due to the fever we should have his white blood cells checked. The following day, the intern overseeing Crackers care over the weekend, told us they were still concerned about the skin because now it was getting soft and mushy, and that the surgeons would evaluate it on Monday morning.

This felt like a major setback to us, and raised a lot more questions than answers. We started thinking that it had now been almost two full months since Cracker first started limping. We knew how fast osteosarcoma could spread to the lungs and that at this point, his lungs were surely covered in cancer. Now he may need another surgery and it would be even longer before he could start chemo. We began to question ourselves. We wondered if we should put him through another surgery? Was there a chance the chemo could still be successful? Were we putting him through all this just to lose him? We once again emailed Dr. Couto with our concerns, and a copy of the latest blood work. I was thinking he was back in the states by now but that was not the case. He did email us back that evening though. He said he was in South America doing more lectures and would not be back for another week. He told us the blood work looked good. Once again it only showed minor inflammation. I had asked him his opinion on what we should do given how long we knew Cracker had had the cancer and he emphatically told us we should continue with the plan. This once again gave us a small ray of hope as we waited to see what the surgeons said on Monday morning.
November 14 - Now full two weeks after the amputation we met with Dr. R and she informed us that the incision was not healing and another surgery would be necessary. They decided to schedule the incision repair surgery for that Wednesday the 16th. It seemed the blood disorder was continuing to improve, the swelling had reduced some and the redness had lightened up even more, however the incision was still bleeding a decent amount.

November 15 - There was only one odd development that day. The middle toe on his remaining hind leg had swollen up to about 3 times its normal size overnight. Dr. R was not too concerned about it so they would proceed with the surgery the next day.

November 16 - We received a call from Dr. R as soon as the surgery was completed. She told us that it went well but there was a lot of dead tissue and muscle that had to be removed. She also said that there was a pocket of pus at the back end of the incision. They put a drain tube in and did not staple that area so it could drain.

Just as Dr. Couto had suspected a slight infection had developed due to its proximity to fecal matter. They told us that during the surgery they also took a biopsy of the toe and sent it off for analysis. We went to see Cracker that evening and the swelling on his toe had gone down some but it was still about 2 times the normal size. Over the next several days, Cracker continued to slowly improve. He had less redness in his skin and the drain tube was continuing to drain well.

On the 20th I received an email from Dr. Couto letting me know he was back in the states and asking what the current status was. I told him about the toe and the drain tube. The most amazing thing though was given how bad the blood disorder was during the first surgery without Amicar, this time there was ZERO bleeding under the skin because he was already on it. In fact, he was doing so well that we were told he might go home soon.

November 21 - Three full weeks after Cracker’s amputation and ten weeks after he first started limping we were finally able to take Cracker home. They had removed the drain tube but left it open as there was still a small amount of drainage. The toe biopsy had come back as completely normal, which left only one question. When should we start chemo? We again emailed Dr. Couto and asked him what he thought. Dr. Couto responded and told us chemo could start “as soon as he is fully healed.” Cracker was doing amazingly well considering what he had been through. I think our hardest issue at this point was trying to keep his e-collar on him so he couldn’t lick the staples. Cracker was once again happy, energetic, and playful. Over the next 7 days the incision continued to drain, sometimes it was clear and sometimes it was red like straight blood, which of course made us concerned. That led to more calls to the vet’s office and an email to Dr. Couto. Everyone agreed this was normal and Cracker was doing great.

November 29th, we took Cracker in to have the staples removed and were told everything looked to be healing up nicely. The section of the incision that was left unstapled had begun to close and was no longer draining. I began to think what constitutes “fully healed” so I could get him in for chemo. We had our first appointment with the oncologist the next day, and we wanted to make sure Cracker was ready for the chemo. Once again, I emailed Dr. Couto for clarification, and to ask what chemo medications he should receive. About 10 minutes later he responded to me and said as long as the incision was closed and not puffy we should be good. His recommendation was to only give Cracker carboplatin for chemo therapy.

November 30th, we meet with the oncologist and gave him Cracker’s complete story. He was already familiar with the blood disorder and knew exactly who Dr. Couto was. When we told him we were consulting with Dr. Couto, he was really eager to hear what Dr. Couto opinions were with regards to the treatment. He told us there was some debate about how many rounds
of chemo to give an osteosarcoma patient. Some doctors’ say 4, some say 5 and still others say 6. Again, we contacted Dr. Couto one last time to get his opinion on the number of rounds cracker should receive. He responded by suggesting that we do 6 rounds of chemo.

Cracker started chemo treatments on December 7th. He did remarkably well as it turns out, dogs don’t have near the side effects humans do when going through chemo. For the next 2 months, we repeated the same process every three weeks. Cracker would get treatment and for about 3 days would be very tired, then back to normal. One week after treatment he would have blood work and two weeks after that another treatment. Everything was going GREYT!! at his 3rd treatment. He was x-rayed again and still showed no signs of cancer in his lungs. Then after his 4th treatment his blood work came back showing his white blood cells were too low so we had to delay his 5th treatment by a week. We felt like this was not a good sign but the oncologist assured us it was common. After he received his 5th, and 6th treatments, another set of x-rays were done. Just like before there were no signs of cancer anywhere in his body and he was declared to be in remission!!

That was March of 2017 and since then Cracker has shown no signs of the cancer returning. He is a happy 7-year-old greyhound. The missing leg has not slowed him down at all. He still runs and plays with our other greys and has just as much energy and excitement as our 4-year-old grey, Pyrite.

We recently started fostering a puppy and Cracker runs, plays, barks and wrestles right alongside her. We truly hope and believe Cracker can beat the odds and remain cancer free for many years to come. I strongly urge you to become an advocate for your animals, because sometimes the vet doesn’t know everything. Cracker’s story is a cautionary tale for all of the Sighthound community to learn from. If something doesn’t feel right, don’t be afraid to ask questions, ask for explanations or demand answers. If you don’t know something, don’t be afraid to do your own research and don’t be afraid to give it to your vet. If your vet does not want to hear you out or rolls his eyes at your concerns, find a new vet. Use your resources! But above all, be your hounds advocate the way you would for any other member of your family.

Our family worked very hard and with all of our heart on behalf of Cracker an if it were not for the guidance and work of Dr. Couto and the wonderful people of both GHI and G.A.L.T, I know our Cracker Jack would not be with us today. Words cannot express how grateful we are to all of them and those who supported Cracker and our family through this frightening journey. What we know now about Hyperfibrinolysis today, we know solely because of Dr. Couto, and for that, we are forever grateful.

Dalton and Amanda Weems live in Decatur, Texas with their daughter Aleena, four Greyhounds, Bassett Hound Oliver and new mixed breed puppy, Lisa

http://www.greyhoundhealthinitiative.org/
I remember it like it was yesterday. Karen McDonnell of the Golden Hound and I were walking up the stairs at the Ramada in Kanab Utah during the Greyhound Gathering in May of 2001 and she says, "I'm thinking about this idea. An Art Show. We could do it at the Dewey event and the proceeds would benefit Greyhounds..." And so the ball was in play.

Karen is a visionary and quite the artist herself, many of us old-schoolers will remember her as the owner of the Golden Hound. I might also mention Karen’s sister-in-law is Pat Tyson, one of the original Dewey crew. While she’s not as active in the Greyhound Community these days and no longer attends Dewey she’s still busy with her art. Quite frankly, I miss that crazy perambulating idea machine and her converse sneakers!

So in October 2003 the first ever "Greyhounds in Art" was held at Dewey. At the time I had no inkling that I would play a larger role other than just that of an artist but in 2007 she asked me to take over as Director and I accepted. In the early years of the show it had the support of the Greyhound Project and the proceeds were directed to The Morris Animal Foundation in support of Canine Cancer Research. As time went on it was migrated the support to Dr. Couto’s Greyhound Health and Wellness program and then finally to the Greyhound Health Initiative.

It hasn’t always been smooth sailing, the Greyhound Project made the decision to stop organizing Dewey. We lost the space we had been using at the Rusty Rudder Complex, the storage locker all of our grid walls were stored over the rest of the year was closed. But we adapted and tried to make the show as...
successful as possible. The show currently has expenses of around $300 per year which is covered by the artists who pay a registration fee. This way 100% of what we raise is donated.

Post Greyhound Project, the Art Show soldiered on for two more years and at its pinnacle, with Nancy Hanson chairing the silent auction, was able to raise almost $7,000 collectively in just 2011 alone. Honestly, as I write this I’m not sure how we even pulled off such a herculean accomplishment in just 72 hours, but Nancy was one of the best Silent Auction Chairs in the book! I also want to take the time to mention the many volunteers who donate their Dewey time to help run the show, there are so many amazing people who help each year. Without them it would be impossible. It takes a village people, it really does. So, as previously mentioned as a result of a lot of things the show was closed after the October of 2011 Dewey event. Insurance, attendance and diminishing donation amounts were just a few of the reasons. Then in late 2014 I decided to start it back up again. Dewey had an organizer and there was insurance, this was my chance. In 2015 the show was re-launched and in 2016 we became an exclusive fundraising event for the Greyhound Health Initiative. This year will be the 12th show since 2003.

The 2017 Greyhounds in Art Show has an incredible line up of artists, some regulars and some new! I always try to find the best mix of people and generally give the new artists a 2 years rotation, regardless of their success. I myself was not that successful the first year in the show but sold out the next year. I firmly believe there is an owner for every piece of art!

This year’s line-up will be:
Returning:
- Kent Roberts, mixed media
- Suzie Collins, pencil
- Linda K. Evans, mixed media
- Nathanial Corn, photography and mixed media

And introducing:
- Joe Bushman, oil
- Andrea Bushman, acrylic
- Sandy Weld, acrylic

If you are going to Dewey Beach this October we hope you will be able to drop by and support the show while you’re there. The show runs Friday, noon-9pm; Saturday 9am-9pm. The silent auction will close at 8:30pm on Saturday. Better still if you would like to volunteer please contact Lynn Roick, lynn@mcnabbroick.com Also we are always on the lookout for new talent so please make yourself know but either emailing me or dropping by the show in October.

See you there!

Lynn Roick

http://www.greyhoundhealthinitiative.org/
OUR SPOTLIGHT IS ON!

THE WHIRLED FAMUSS UNRULY BOYS CHAT CLUB

By Susan Scheide

In the spring of 2007, I said goodbye to the best dog ever, Cosmo J. Kramer. He was a mixed breed that I adopted from a shelter when he was a very sick puppy. He grew up to be not only handsome, but as smart as any dog I've ever met.

I had time to prepare myself for his death as I knew well in advance he had a malignant nerve sheath tumor. I had researched adopting a retired racing Greyhound, and had gone as far as getting preapproved by the local adoption group that I selected. So when Kramer's final day arrived, I was ready to begin a new chapter in my life, and so I joined the Cult of the Greyhound.

People told me it would change my life. That I would soon find myself obsessed with all things Greyhound. That I would be attending functions all over the country meeting like-minded individuals. That I would be wearing Greyhound t-shirts and decorating my home with used racing silks and such. I smiled and nodded, believing none of those things would ever happen. You see, I am not a joiner. I treasure my solitary life, and I've always felt that I would never join a group that would allow someone like me in. I wanted a Greyhound because they are large dogs who can live in small spaces, and they're generally very quiet. Perfect for someone like me in a condo. Not because I wanted to become part of something I could not yet understand.

The adoption went forward, and 48 hours after bidding my darling Kramer farewell, I said hello to George, FKA “Driven by Chile.” Little did I know when I told his foster Mom I wanted to take him home that my life had just changed forever, and that the next seven years would be a trial unlike anything I'd ever dreamed of. Oh sure, George was wonderful. But George was also difficult, and despite all my best efforts and literally thousands of dollars in medical testing, George was never fully housebroken. And George had separation anxiety. And happy tail. More than once I came home to a urine soaked kennel, blood everywhere, and angry notes from neighbors. It was not a happy time, but in retrospect, I guess it was just what I needed to lift me out of my grief and force me to move forward.

At some point during the early trials of hound ownership, I discovered the internet chat board called “GreyTalk.” There are many excellent things about GreyTalk, and I remain, to this day, a daily visitor to the forum, because it is where I found my family of choice, The Whirled Famuss Unruly Boys Chat Club (WFUBCC).

Before you start writing your letter to the editor complaining they didn't proofread this article, the misspellings in WFUBCC are intentional. Why? Well, because as nutty as it might sound, the WFUBCC is a club for dogs. A place to go to discuss things like the pros and cons of the couch versus a dog bed. The tastiest
things you can find on the ground to eat. How to convince your human to give you more treats, and, back in the early days when George was alive, how on earth you can “hold it” while your human is at work. The name originates from the great Greyhound stud Unruly. In our early days, when I discovered there was more than one seemingly healthy adult Greyhound who couldn’t hold it, someone pointed out that all of the dogs involved were related to Unruly. Originally we were the Unruly Boys Chat Club. But one day someone used Google to search for the brand of cranberry supplements that George was taking in an effort to control his urine output (it didn’t work), and the first search result out of millions pointed back to the thread on GreyTalk and George talking about his cranberry” pills. So we added “Whirled Famuss” to the name.

That’s what you get when you put a bunch of creative people together with Greyhounds as a common interest, on a forum called “Cute and Funny,” and a willing suspension of disbelief. Perfectly normal, seemingly sane adults writing and replying to comments as if their pets were doing the writing.

I’ll never forget my mother being critical that “George’s spelling is terrible” after she was permitted to read something “he” wrote when he had his own blog. I said to her, “Mom, where on earth would a racing Greyhound learn how to spell?” and she blew me away with her instant response, “The same place he learned how to type!” Good one Mom!

So why would anyone care about the WFUBCC in this newsletter? Because after a few years, we realized something: we had the power to DO SOMETHING with our growing “fame.” We made a collective decision to become supporters of the Miss Nellie Auction (one of the largest annual fundraising events for the GHI) and the Greyhound Health Initiative. We started off just participating as individuals, but have since started to donate to and purchase from the auction items on behalf of the WFUBCC to honor our former members who have passed away, many from osteosarcoma, or “da ebil C” as we call it.

According to those in the know, the WFUBCC has become one of the biggest supports of the Greyhound Health Initiative. A group that is sometimes ridiculed as “silly” or even “stupid” for speaking in “houndish” has raised thousands of dollars for the cause. We do so knowing any one of us could be the next person to announce with a broken heart that the limp that didn’t go away was in fact “that which shall not be named.”

With each loss to cancer, we all feel the pain. And with nearly every loss, we send a donation either to an adoption group, or to the Greyhound Health Initiative (based on the dog owner’s preference).

It may be silly to pretend to be a dog who can type. But for those of us who have needed and received emotional support through the pain of loss (death of pets, parents, partners, spouses) that we did not get from our real life friends and acquaintances, it isn’t silly at all. I refer to it as good clean fun. Silly? Perhaps. But harmless, and with a very important secondary purpose.

None of our original dogs are still alive, but many of our early members are still active and have adopted different greyhounds, or in one case a poodle puppy. But if you ask the boys (and girls) they will tell you that we welcome everyone in the WFUBCC—dogs, cats, hedgehogs, and even stuffed animals have been or are members. We do not require you to speak houndish either. The whole gang understands human English although they might pretend not to when asked to do something like get off the kitchen table.

http://www.greyhoundhealthinitiative.org/
My brother once said to me, “You know, those aren’t REAL friends.” Sorry brother dear, but you’re wrong about that. When he said that, I got many of the club members to send him birthday cards that year, and they all signed their cards with funny things like “George’s real friend.” He was not nearly as amused as I was.

The WFUBCC has seen me through at least four surgeries, the loss of George, the loss of a couple cats, and the death of my father. The kindness that has been bestowed upon me overwhelms me when I think of it. Not a single “real friend” even sent me a card when my father died. But my WFUBCC friends all did.

We come from very different backgrounds, and from California to Connecticut, and many places in between, and Canada, and “Reel England” (versus New England!). We are primarily women ranging in age from late 20s to … much older than that! Many of us have one greyhound, but one member has so many I won’t even hazard a guess at this point!

Some of us have met in person. We’ve had some amazing situations—like the great US/Canada puppy smuggling operation! I dare not tell you exactly where, but there is a park in Canada that has absolutely NO border control whatsoever, and if you send people with a greyhound puppy to the Canada side of that park, and other people looking to adopt a puppy from the US side of that park, you can meet in the middle, exchange a puppy and an adult dog, no ID, no security, no nothing! And we have the photos to prove it.

The most amazing thing we’ve done was collect money, conspire with an adoption group and a Canadian WFUBCC member to adopt and deliver a Greyhound (with giant pink bow on her collar) from one Canadian city to another as a surprise. I was fortunate enough to be chatting with the recipient of this hound when she said to me, “Oh my God. There’s someone out on my street with a black Greyhound!” and I said, “Oh really?” or something. And then she said, “Oh my God, she’s walking up my sidewalk!” and when she opened the door, she realized it was her friend Debbie and that the dog was for her! You see, she had lost not one, but two Greyhounds to osteo in very short order, and her heart was broken. And she has very particular requirements—she will only adopt black greyhounds! We knew her well enough to know what sort of dog she would like, and we took a chance. It was amazing, and it couldn’t have worked out better.

Scoff if you want, but we’ve built a support system that works, and we’ve also turned it into something that helps the hounds we all love. I was a painfully shy child. I was the only girl in the family. I didn’t have friends, and I spent most of my time alone reading. To find a group that I actually wanted to be part of at my age seems nothing short of a miracle. We don’t always agree on everything, and there have been occasional spats, as you have in any group. But the motto of the club is “Fru Fick and Fin” (through thick and thin) and even after 10 years, we remain united by our shared love of Greyhounds and our devoting to each other.

Susan Scheide lives in Canton Massachusetts with her Greyhound Buck and kitty Mr. Bigglesworth. Susan is also a contributing writer for the Canton Citizen Newspaper.

http://www.greyhoundhealthinitiative.org/
HOW TO KNOW IF YOUR GREYHOUND IS AT PROPER WEIGHT

By Joanne Johnson
for Greyhound Crossroads
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Obesity is a huge problem in dogs that WILL shorten your Greyhound's lifespan. Unfortunately, about 33% of pet dogs are overweight. We have gotten so used to seeing overweight dogs that most that most of us prefer not to see or feel bones. Most breeds of dogs are shown slightly overweight so that is what we see on the TV dog shows and is what people think their dog should look like. Your vet may not mention your pet’s weight problem until it approaches obesity and is causing health problems. Because Greyhounds are supposed to look a lot thinner than other breeds, it is a bigger problem for them.

If your Greyhound looks “healthy” to most people, it will be anything but. When you have a Greyhound, you have to be prepared for strangers to tell you your dog is too thin and to take it as a compliment.

How can you tell if your Greyhound is at the proper weight? Your Greyhound should have just the tips of its hipbones barely visible and the outline of a couple of ribs. If your Greyhound is smooth across its hind end with no bones showing at all, it may be too fat. If it has no ribs visible, it is probably overweight. A dog with a more rounded ribcage like the one above, can have the outline of ribs showing even when obese. If your hound doesn’t have a pronounced tuck (waist), it is definitely too fat. If your greyhound has put on 10, 15 or even more pounds above its racing weight, it is overweight. Use your dog’s tattoos or racing name to find out its racing weight here. [http://www.greyhound-data.com/](http://www.greyhound-data.com/)

It is dangerous to race a fat greyhound. Making sure a greyhound is racing at the proper weight is something that trainers and track officials take seriously. Greyhounds are weighed before every race and they must be within a pound and a half, either way, of their set racing weight, or they will be scratched from the race by racing officials. Like human athletes, it is better for them to run thin, than slightly overweight. It is also better for your retired greyhound to be on the thin side, than overweight. Occasionally we do run into a greyhound that did race too thin, like the one below that just couldn't keep weight on at the track. Most greyhounds are at their fittest and most athletic when racing and our goal is to keep them in that condition their entire lives.
Unless your retired greyhound continues to participate in performance events like lure coursing or agility, it will lose a lot of muscle when it retires from the track to a couch. That muscle will be replaced by fat. Muscle is heavier than fat, so replacing 5lbs of muscle with 5lbs of fat will make your greyhound look less bony, even if it doesn't gain a pound over its racing weight. Some very muscular racers can look overweight after they lose all that muscle, without actually gaining a pound. Unless your greyhound was exceptionally thin at racing weight it is best to keep him within a couple of lbs. of his racing weight for the rest of his life. "Pet weight" should be thin and fit, not fat and flabby. Retiring from racing and becoming a pet doesn't mean your greyhound should gain 10lbs and be fat.

As greyhounds get older and more lazy, they naturally lose even more muscle mass. Senior greyhounds can be hard to keep weight on. Be aware that as your dog ages and loses muscle mass, its' ideal weight is likely to fall below racing weight. If your older dog loses a significant amount of weight quickly it could be a sign of a health problem and should be checked by your vet.

Most greyhounds still enjoy racing around in their yards or running with other greyhounds at one of our greyhound playgroups. Your greyhound will try to run at the speed it did when it was at the track and very fit. A 50lb female that gains 10lbs is the equivalent of a 150lbs person gaining 30lbs. That is a LOT of extra weight to carry at a sprint and can lead to injury, heat stroke and even death.

On the left, a recently retired male in 2008 at its racing weight 71 lbs. On the right, the same dog in 2013 at 8 years old a very fit 65 lbs.

On the left, this hounds racing weight was 60 lbs. There is too much hipbone showing at 58 lbs. On the right, the same dog at an obese weight of 80+ lbs. Those are fat rolls, not ribs!

http://www.greyhoundhealthinitiative.org/
For a dog, obesity is a weight 15% above their “optimal body weight”

<table>
<thead>
<tr>
<th>Healthy Racing Weight</th>
<th>Overweight</th>
<th>Obese (dangerously overweight)</th>
</tr>
</thead>
<tbody>
<tr>
<td>50lbs</td>
<td>50-57.5 lbs</td>
<td>57.5lbs+</td>
</tr>
<tr>
<td>55lbs</td>
<td>55-63.25lbs</td>
<td>63.25lbs+</td>
</tr>
<tr>
<td>60lbs</td>
<td>60-69lbs</td>
<td>69lbs+</td>
</tr>
<tr>
<td>65lbs</td>
<td>65-74.75lbs</td>
<td>74.75lbs+</td>
</tr>
<tr>
<td>70lbs</td>
<td>70-80.5lbs</td>
<td>80.5lbs+</td>
</tr>
<tr>
<td>75lbs</td>
<td>75-86.25lbs</td>
<td>86.25lbs+</td>
</tr>
<tr>
<td>80lbs</td>
<td>80-92lbs</td>
<td>92lbs+</td>
</tr>
<tr>
<td>85lbs</td>
<td>85-97.25lbs</td>
<td>97.25lbs+</td>
</tr>
<tr>
<td>90lbs</td>
<td>90-103.5lbs</td>
<td>103.5lbs+</td>
</tr>
</tbody>
</table>

You are putting your greyhound’s health in jeopardy by letting it get fat! If it has passed the obese mark, it is in serious trouble. Not all vets are familiar with racing, fit, greyhounds, so they may not tell you to take weight off your greyhound until it is already obese. Just because your vet tells you your greyhound looks “OK” doesn't mean it really is at the optimal weight for a healthy, fit greyhound. A couple of lbs. under ideal weight is better than a couple of lbs. over unless your dog is older. It is hard to keep weight on most senior greyhounds.
Below is a 78 lb., tall, narrow Greyhound that is 30 inches at the shoulder and is at the proper weight for its build.
How To Get The Weight Off

It is easy to get a dog overweight without even realizing it. When you see an animal every day, you may not even notice as the pounds add up. What do you do when you suddenly realize that your greyhound has accidentally gotten overweight?

- **Check with your vet to rule out a health problem first.** They can rule out metabolic problems, give you suggestions, help make a weight reduction plan and make sure your greyhound is healthy enough to start an exercise program.

- **If you are free feeding your greyhound... stop.** "Free feeding" is when a bowl of food is left out all day so your dog has constant access to food. Like humans, greyhounds will be tempted to snack more when food is always within reach. It is better to feed regular meals so you can control how much your dog is getting and cut back when necessary.

- **Cut back on your greyhound's food** to slowly get it back to a good weight. You are likely to get the sad hound eyes, but don't give in. Love your dog enough to do what is best for its health, even if you prefer not to see bones on a dog. Resist the temptation to fatten up a greyhound, even if you prefer dogs on the pudgy side!!

- **How much do I feed?** First of all make sure that the cup you are using is an 8oz measuring cup, and not a larger cup or scoop. Most male greyhounds weigh 65 to 78lbs and do well on 2 cups of food fed twice per day (4 cups total per day) for maintenance. If your dog is fat, you will need to feed LESS than this for a while, to get the weight off. Smaller females may need only a cup and a half of food, or even less, fed twice daily (3 cups total per day) to maintain their weight. They would need to be fed even less to lose weight. A larger male or greyhound that gets a lot of exercise every day may need a little more food than average. We are talking bigger by racing weight, not bigger because of over eating. If your dog has been gaining weight on what you have been feeding you must cut back well BELOW what you have been feeding and a little below your dog's maintenance level to get weight loss. Cutting back only to the maintenance amount will just make him stop gaining weight, but will not allow him to lose weight. Once your dog has gotten to a good weight, the best way to keep him there is to do a daily hipbone and rib check and cut back on food a little as they start to disappear. Note: Fat rolls do not count as the outline of ribs!

- **Pay attention to treats and things you add to your dog's meals.** Adding a large Milkbone or a handful of treats every day can be equal to a half a cup of additional food or even more. If you give lots of treats you will have to cut back on the actual meals to make up for it. If you add half a can of moist dog food to your kibble or half a cup of yogurt, be sure to cut back on the amount of kibble by that much. Low calorie treats like carrot sticks are better to use for treats than high calorie, high carb Milkbones and cookies.

- **The food you are feeding can affect your dog's weight** nearly as much as the amount you feed. Feed less of rich foods, because of the calories. You may also need to feed less of the cheaper foods, because of the high amount of carbs from rice, wheat or corn that may be used as a cheap filler. High quality meat protein builds muscle for dogs. Carbs can make your dog flabby just like they do with humans. This is why the so called "diet" foods often don't work very well to help your dog lose weight. They have too many carbs, even though there may be fewer calories. It is better to feed less of a higher protein food than to feed a high carb, lower calorie food. Some people find it helpful to add low salt canned green beans or canned pumpkin (not pie filling) to their dog's food. These are both low calorie, fiber rich foods that will make your dog feel fuller without putting on the pounds.

- **Exercise is important for weight loss too.** Getting more muscle on your dog is important, since muscle burns more calories than fat, even when the dog is resting. Greyhounds are famous for being couch potatoes and getting no exercise at all is not healthy and is likely to cause them to look like a potato.

We would love to have more good before and after photos of greyhounds that have gained too much weight. I won't use your name or your dog's. We want to educate not embarrass anyone. Please send before AND after body shots to Joanne

Joanne Johnson lives in Greenville, South Carolina and works directly with Greyhound Crossroads
THE GREYHOUND HEALTH INITIATIVE
ANIMAL BLOOD BANK

Did you know that your dog could help save another dog’s life by becoming a blood donor? Animal blood banks are just as necessary as human blood banks, and for all of the same reasons. Each time a dog donates blood it could help up to four other dogs who are in potentially life-threatening situations.

The Greyhound Health Initiative Blood Bank opened in June of 2016 in Dublin, OH in an office above Riverside Animal Care Center. It provides a much-needed service for veterinarians nationwide who need blood products to perform lifesaving procedures. We mainly recruit Greyhounds as donors not just because of their many favorable qualities — which include a high RBC, large carotid arteries, a calm demeanor when donating and, of course, up to 86% of them are "universal donors", meaning they have a blood type that any breed can receive — but also because we bank samples of their blood, serum, and plasma to be used in future research. But any breed of dog that meets the Donor Qualifications is welcome to come in and get screened as a potential donor. *

We do not make a profit off of the blood products we sell and in many months we don’t even break even due to the high costs associated with processing the blood. We rely on another kind of donor to help us cover our expenses so we can keep the cost of the product low for the veterinarians and, by extension, the patients in need. We have also donated plasma to veterinarians who do charitable work within the Greyhound community or discount their work for shelters.

Our process is very similar to a human blood donation in that our donors are not kept in a kennel; they come in to our office for their appointment every other month. They are happy, healthy pets living in homes mostly around central Ohio, though we do have donors that drive several hours to get to us. When they come in for their appointment, they are examined, a small spot on their neck is shaved where the needle will be inserted and then our techs begin the donation process. We always have two techs with them during the process to ensure the dog is safe, comfortable and spoiled rotten at all times. There is no need for anesthesia and though the actual donation time is only about 10 minutes, some dogs have been known to fall asleep to the classical music we have playing in the background. After their donation they are fed and either returned to their waiting owners or provided comfy beds to lie on in our office until their owners pick them up (we can accommodate almost any schedule requests). On any scheduled donation day we may see up to 10 dogs and all of that blood is processed into packed red blood cells or plasma and refrigerated or frozen immediately.

Each dog can donate up to 6 times per year and we offer them many perks, including: hundreds of dollars worth of blood tests, a physical exam with every visit, free heartworm, flea and tick preventatives, free annual membership to GHI, free vaccines, free blood products for life and more.

*Donors must live within a comfortable driving distance of Columbus, Ohio. Donors must be between one and six years old to start donating blood, weigh at least 55 lbs., be healthy and friendly and be available to donate every other month. All donors must also be on heartworm, flea and tick preventatives year-round and should be at ease in the vet’s office — we want this to be a comfortable experience for everyone. Please call 1-800-41116-5156 Ext. 1 to speak with one of our technicians if you think your dog would make a good blood donor.

TO LEARN MORE ABOUT THE GHI BLOOD BANK AND DONATION PROCEDURE, PLEASE VISIT OUR BLOOD DONOR PAGE

http://www.greyhoundhealthinitiative.org/
"Articles and product information within the Healthy Hound Quarterly are not intended as a substitute for medical advice and, while the information contained herein is provided as a reference, it should not under any circumstance replace proper veterinary care and diagnostics".

TO OUR READERS

We value your feedback and suggestions.
Is there something about GHI that you would like to learn more about?

Are there topics you would like to see covered or updated?

As we advance with the GHI Newsletter, we would like to hear any ideas and suggestions that you have. Please feel free to contact us with your feedback.

We Value Your Support!

Help us help your Sighthounds and spread the word!

http://www.greyhoundhealthinitiative.org/