With a resounding fanfare, this July saw the conclusion of the sampling sessions for the pANCA Longitudinal Study Group. This has been a mammoth undertaking for all involved. Dogs and their owners have taken part every six months in the sampling sessions; the majority at events provided by the WHI and some who were unable to attend, through their own veterinarians.

Their efforts have provided crucial data, which will continue to enable the RVC team to draw conclusions about the current health of our breed and the role that pANCA may play in securing a healthy future for the Soft-Coated Wheaten Terrier.

Everyone who owns or breeds a Wheaten, now or in the future, owes a huge debt of gratitude to all who have diligently donated blood samples. Everyone at the RVC and Wheaten Health Initiative both salute and thank you for your tenacity.

Jan Thackray

The first dog to be tested as part of the pANCA project on the 3rd June 2007, was Jo and Graham Dowdy’s, Denzil. He is sadly no longer with us but in a fitting tribute, his granddaughter, Maddie, pictured above with her owner, Michelle and members of the RVC team, was the last to donate blood.

For further pictures from pANCA sessions see page 8
Progress report on the evaluation of the prevalence of anti-neutrophilic cytoplasmic auto-antibodies (pANCA) in the population of Soft Coated Wheaten Terriers in the United Kingdom

Report on sampling 5 of the longitudinal study (February 2010)

A familial predisposition for Protein Losing Enteropathy (PLE) and Protein Losing Nephropathy (PLN) has been suggested to occur in Soft Coated Wheaten Terriers (SCWT). The main characteristic of these two syndromes is the excessive loss of proteins (albumin and globulin) via the gut and the kidneys. The most important clinical signs are: vomiting, small intestinal diarrhea, weight loss, ascites and peripheral oedema. The affected animals are in the age range of 4-6 years and there is a slight predilection of females. As there are no early diagnostic tools for these diseases available and because PLE/PLN carries a poor prognosis, an early serological marker for predicting these syndromes would be helpful for the prevention of these syndromes in the SCWT.

pANCA has been previously shown to be a useful marker for this disease in SCWT. In a study in 2008, Allenspach et al. have reported that dogs affected with PLE/PLN had a pANCA positive status and pANCA positive dogs were 3 times more likely to have hypoalbuminaemia. Moreover, it was noticed that the first pANCA positive result was seen 1-2 years before the onset of the disease. Thus, detection of pANCA in this breed seems to be a useful test for predicting the later development of PLE/PLN.

In order to estimate the prevalence of pANCA in SCWT in UK, in 2007 our research team carried out a baseline study with SCWT, in which we were able to collect clinical data and blood samples from 188 healthy dogs. In this study, the prevalence of pANCA in this breed in UK was estimated at 20.7%. Interestingly, this prevalence was much higher than expected. The samples have been collected during sampling sessions organised by the SCWT Club of Great Britain and the Wheaten Health Initiative or directly at the RVC. Since then, a longitudinal study was started in order to evaluate the usefulness of pANCA as an early serological marker for the development of PLE/PLN. General health status, pANCA status and serum albumin concentrations have been tested in approximately 80 dogs every six months. For the detection of pANCA indirect immunofluorescence assays were used. Until now (June 2010), 102 dogs have been enrolled in the longitudinal study. As it was not feasible for all the owners to bring their dogs to all the sampling sessions, we have some missing pANCA results in our longitudinal study. Thus, 37 out of 102 (36.3%) dogs have been detected as being pANCA negative and 2 (1.96%) pANCA positive at the times they participated in the sampling sessions. Seven out of 102 (6.8%) have converted from negative to positive, 6/102 (5.9%) from positive to negative and 6/102 (5.9%) have changed their pANCA status twice over the study period. From the dogs that have participated in all our sampling sessions, 2 (1.9%) have repeatedly tested pANCA positive and 42 (41.2%) have tested negative at all sampling sessions until now.

In the last sampling session 10/63 (15.9%) have been found pANCA positive and 53/63 (84.1%) pANCA negative. (Tables: 1,2).
Table 1: Number of dogs sampled and tested for the fifth sampling of the pANCA study in February 2010

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>No. of dogs</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/02/2010</td>
<td>Weedon Bec, Northampton</td>
<td>26</td>
</tr>
<tr>
<td>14/02/2010</td>
<td>St. Michael’s Church Hall, Highworth, Swindon</td>
<td>21</td>
</tr>
<tr>
<td>Diverse</td>
<td>Sent to Royal Veterinary College</td>
<td>15</td>
</tr>
<tr>
<td>5/3/2010</td>
<td>Samples taken at RVC</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>64*</td>
</tr>
</tbody>
</table>

*no sample available from one dog at this sampling session*

Table 2: Frequencies of pANCA positive and pANCA negative blood samples tested in the fifth sampling of the longitudinal pANCA study in February 2010

- pANCA positive: 10/63 (15.9%)
- pANCA negative: 53/63 (84.1%)
- Total number of tested dogs: 63

After the sessions all samples were also tested for their albumin concentration (the reference range for albumin in our laboratory is 28-39 g/l). At the last sampling, 1/62 (1.6%) of the dogs, had an albumin concentration slightly below the reference range (clinically insignificant), 35/62 (56.5%) were within the range and 26/62 (41.9%) were above it. Dehydration is a reason for the high results which seem to often see in healthy SCWT. One albumin result from a dog was not available due to insufficient serum sample. (Table 3)
Table 3: Frequencies of Albumin concentrations of the sampling session 5  
(reference range: 28-39g/l)  

The phenomenon of seroconversion of the pANCA status has also been noticed before in other studies with pANCA using immunofluorescence and it seems possible that it may be due to the level of the antibody in the blood at each time we test the dog. Thus, in order to determine the true pANCA status of a dog it is important that all study dogs are retested as many times as possible within the study period.

All results have been communicated confidentially to the owners by mail. In case you have not received your results yet, please do not hesitate to contact the Clinical Investigations Center (01707 666 605 or 01707 666 223, cic@rvc.ac.uk ) at the RVC. If you have any questions regarding the study, or if your dog develops any clinical sign indicative of possible PLE/PLN please do not hesitate to contact Anna Karagianni (akaragianni@rvc.ac.uk ) or Karin Allenspach ( kallenspach@rvc.ac.uk or 01707 666 366).

After the last sampling session we will be able to shed more light on how useful and accurate pANCA is as an early marker for the detection of PLE/PLN in SCWTs in UK. An important percentage of SCWTs has already been detected as pANCA positive and regardless of the results of the study, a lot of important information regarding general health and pedigree information on healthy and affected dogs of this breed will have been collected. Finally, this study will provide a basis for further investigation in the mode of inheritance for protein losing enteropathy and nephropathy in SCWTs.

As it is of major importance for our study to gather as much information as possibly, we would like to encourage you to participate in our last sampling session in July 2010 even if you have missed any previous ones.

The study will finish in September 2010 when we will communicate the results to the participant dog owners, the Wheaten Health Initiative and the SCWT Club of GB.

Anna Karagianni and the RVC team
June 2010
Wheaten Health Initiative
in partnership with the Royal Veterinary College

Presents

A Seminar

on

Saturday September 25th, Weedon Bec Community Hall, Northants

Tickets are free but must be booked in advance.
Buffet lunches available @ £5 pp, payable at the time of booking

Featuring

A report on the findings of
The pANCA Project in
Soft-Coated Wheaten Terriers
by
Dr K Allenspach, med.Vet FVH.DECVIM-CA PhD
Senior Lecturer in Small Animal Internal Medicine
and
Anna Karagianni, DrVetMed (Master of Research student)

To include

An explanation of the use of Longitudinal Studies in assessing breed health
by
Dr Barbara Wieland, med.Vet, PhD
Lecturer in Veterinary Epidemiology
also

Emergency First Aid For Your Dog
by
Fiona White, ABIPDT, APDT

For further details or to book, visit: www.wheatenhealthinitiative.com
or call: 01246 554742 or 01543 684864
In search of genetic diversity

The history of the Soft-Coated Wheaten Terrier with every Wheaten in the world today, being descended from little more than a handful of dogs in the 20’s and 30’s, means that true “outcrossing” in our breed is well-nigh impossible. Here breeders describe their own attempts to breed for genetic diversity.

AN INTERVIEW WITH TRACY HAMMOND & STEVE EVANS CALVENACE WHEATENS

conducted by Kate Watkins

Tracy and Steve are experienced breeders of both Wheatens and Italian Spinone and in 2007, in partnership with Debbie Evans and Frank Barry, they decided to import a stud dog from Sweden.

Q. Why did you decide to import a dog rather than using one from the UK?

A. We wanted to broaden the gene pool currently available in this country and by doing so, hopefully minimise the chance of health issues, particularly kidney disease. We felt that our foundation bitch’s lineage would benefit from the influence of a stud dog whose lines showed little evidence of Renal Dysplasia, PLE and PLN, which can affect some Wheatens.

Q. Was that a successful venture?

A. Yes, Debbie and Frank went off to Sweden and came back with Villa Rosas Qorey. He has subsequently sired several litters with different bitches and has produced some lovely puppies with fantastic temperaments.

Q. Why did you then decide to use Artificial Insemination for your next mating?

A. We felt that this was another way we could try to introduce new bloodlines into the UK. However, this method only has a 60% success rate and although it is a lot less expensive than buying and importing a dog, we only achieved one litter from three separate matings. This was why our next move was to import a dog from the USA and in late 2009, Cody, Soldiersong Calvenace Wearing of the Green, finally arrived in England.

Q. What advice would you give other breeders who were considering importing a stud dog?

A. DON’T DO IT. No seriously, we are very pleased with Cody and looking forward to using him on our lines when he is ready but it HAS been a steep and very expensive learning curve. The costs involved in bringing Cody to this country have been huge, around £7,000. Roni and Jim Andrews, Cody’s breeders, wanted to meet us before agreeing to let us have one of their dogs. Tracy won the toss and subsequently flew off to America with Sandra Jeffries to keep her on the straight and narrow. That was the first expense.

Then there was the pet passport to be sorted, vet’s fees for rabies shots and preliminary hip luxation, the cost of transporting him back to England and the ongoing training sessions. When he arrived at Heathrow, we discovered his pet passport hadn’t been completed correctly so we had to find another £80 for a signature from a British Vet. We also had to pay VAT for both Cody and his flight as dogs are considered a luxury item!!

Q. How did Cody adapt to his new environment?

A. At first Cody was bemused and puzzled, after all, we don’t have American accents although Steve did his best. He’d had a complete change of lifestyle and found himself in a house full of strange dogs. He refused to eat for a few days and housetraining was a problem as there are so many interesting smelling ladies in the house that Cody felt compelled to mark any doorpost of his presence. The other aspect was introducing Cody to our two entire males, Flynn (SCWT) and Dan (Spinone) who were not quite so enthusiastic about meeting Cody. Flynn will tolerate Cody but Dan is just not keen.

Q. If you decide to repeat the experience, is there anything you would do differently?

A. Yes, we would definitely arrange to visit the breeder when the litter was around 7 weeks old. At this point, you can detect the temperament of the puppies and hopefully, choose one to fit in with your other dogs. Because of quarantine requirements, it is about six months before the pup can be imported and by then a significant part of their learning has taken place. You then have to teach the pup new habits and routine. You could, of course, import a puppy at 10 weeks old but they then have to go into quarantine kennels in this country for six months, before you can take them home. We feel it is better for the pup, to leave it at home with the breeder during this time but you do need the help of a supportive breeder, who will keep the puppy in a routine similar to the one he will have in his future home. Whether you choose to import a stud dog, use Artificial Insemination or take your bitch abroad for the mating, it is an expensive decision but one we feel is worth doing to improve the genetic diversity of the breed.
In search of genetic diversity Part 2

It was June 2008 and I was excited to be in Stockholm for the World Dog Show, in company with a group of fellow breeders and exhibitors from the UK.

Some years before, I had travelled to the United States to see the Montgomery and associated shows. This had been a hugely rewarding experience; affording me the opportunity to see many wonderful Wheaten dogs with superb temperaments.

At that time, I had just used an American dog, Am Ch Starlight Wild Basil, (bred by Ann Leigh and imported into this country by Barbara and Steve Bradford), in my breeding programme. The mating between Basil and Chloeanco Winter Jasmine, produced C Stars ‘N’ Stripes and C Wish Upon A Star, who later went on to become a Champion and the top winning bitch in 2004.

At Montgomery, I saw Am Ch Bonney Sunswept Sage, who later was also imported into the country by Barbara and Steve and was the sire of Jasmine’s second litter which gave us Teazle, (C Sunswept Dreams)

The trip to Stockholm was principally a chance to visit a country I had never been to and to see the Wheaten in Europe, it was in no way a search for a stud dog. However, there was the additional attraction of a seminar on Health and Breeding with speakers from around the world, which was being hosted by the Swedish Wheaten Club.

So when I rocked up to the first show on the circuit, The World Terrier Show, I was not really prepared for “falling in love”!

Many lovely dogs caught my eye that day but just one floated past me outside the ring and my head snapped around so swiftly, I got a crick in my neck! To me, this boy was the canine equivalent of a Greek God!

I had no catalogue, so the mystery male remained unidentified but I watched him keenly throughout the day’s proceedings, all the way to BOB.

A chance conversation with Beth Verner at the end of the day, provided the information I was looking for; he was Norton, a.k.a. Int & Nordic Ch Cameron Hunnicut.

I went over to introduce myself to his owner and breeder, Helene Hulthén and found, as is often the case in the Wheaten world, that we had friends in common; among them, Basil’s American breeder, Ann Leigh and Barbara and Steve Bradford.

I am certain that these links facilitated what followed. I had chance for only the briefest of conversations with Helene over the time I spent in Sweden; she was very busy showing many of her lovely dogs and rounded off her week at the World Dog Show with Norton again gaining BOB and another title to add to his growing collection.

When that was done, there were more long telephone conversations with Helene. The things that had to be considered were rather mind-boggling; not least the difficulties of transporting Teazle to Sweden and getting the timing right.

However, there was one big stumbling block for me; Teazle was unvaccinated and I could not reconcile my feelings about the whole issue of vaccination just to meet the requirements of a Pet Passport.

How could I agree to her having all of those substances, including, for me, the most problematic; Rabies, introduced into her system right before attempting to put her in whelp?

I knew that the AI route was a possibility and started to make tentative enquires but it just wasn’t the way I really wanted to go. It seemed that this might be the end of the dream and then a totally unexpected miracle happened; Helene offered to allow Norton to travel to the UK. The original plan was that he would come over with Maria who isHelene’s partner in Kennel Cameron but when that proved to be unfeasible, Helene agreed to send him to stay with me. I was stunned by the offer and very, very grateful for her trust.
He lived in our home as if he had always been there and though he couldn’t understand the words we spoke, he was totally unfazed by the change of surroundings.

He slept on our bed at night and it was as if he had always been ours. Both of us felt bereft when we took him to the airport for his return to Sweden.

But he didn’t leave us without anything to remember him by!

On 13th April, Teazle produced seven lovely puppies. Two of the boys decided to stay with us and we see the resemblance to Norton and elements of his character more and more as they grow and mature.

The other thing that reminds us of his stay is our bank balance - which will take a long time to recover! His air fares alone came to almost £2,000.

So – was it worth it? Absolutely! We adore our boys and know that our puppies’ owners feel the same about theirs.

The success of the genetic diversity, we sought to encourage by this breeding, is a question that only the future can answer. It may be many, many years, possibly long after these dogs’ lifetimes, or even our own, before any conclusions can be made about the genetic impact that this mating, or indeed any other, might have on the Wheaten breed.

However, all we can simply say is, that we have not taken the easy route but we have always done our very best to try and open up new lines within the breed.

Lynn Carter
The Role of the Animal Assisted Therapy Dog in the USA

What Have We Learned Animal Assisted Therapy

Maximillian d’Aragon (“Max”) [From Ann Leigh’s Starlight Kennels]

There are few dogs who are less likely to become an Animal Assisted Therapy (AAT) dog than the Soft Coated Wheaten Terrier. The first rule is “Dog must be bathed within 24 hours of visiting a hospital”

After half a dozen or more calls, Ann casually mentioned that if we (Audie & I) wanted to “drop by”, she would talk to us about the breed. Given that Ann was living in Bell Canyon, over an hour’s drive from us, it wasn’t very likely we’d ever be in the neighborhood. But, on a hunch, I asked Audie to wash the car, look sharp & figure out how to get to Bell Canyon.

We arrived at Ann & Sam’s beautiful home, and entered offering flowers as a gracious gesture, only to see two bubbly litters of puppies, one group all dolled up with colorful ribbon collars, the other still nursing. Ann, as usual, was busy everywhere. We followed Ann, marveling at her energy and staring at one gorgeous pup after another. She chatted us up as she moved about and, after a while and without a hint, pointed to one: “If you want Blue Boy, he’s available.” Audie started to ask about different puppies completely unaware that Ann had quietly determined we would be acceptable adoption parents. But I had researched every book, blog and relevant web page and knew we had just hit the Wheaten lottery: an Ann Leigh puppy! “Yes, he’s perfect”, I said calmly, betraying my inner squeal of delight!

A few weeks later, Ann decided Blue Boy was ready to leave. When we arrived to sign the puppy-equivalent of adoption papers, Ann patiently answered every question, clearly aware that she had just placed her puppy with another over-bearing, nervous mother who would spend the next year calling to ask about every poopy, sneeze, and uped up mess of flowers and grass. I’m certain if Ann knew my true hope for me and Max, and the Animal Assisted Therapy dog team, she would have staged an intervention.

Completely ignorant to the ways of a happy Wheatie, I had plans to start training as soon as possible; Max had plans to play, jump, and show off forever. Still, undeterred, I waited a few months and THEN enrolled us in a basic obedience training class.

Max had a great time ignoring commands, sniffing other obedient pups, and pulling me everywhere. Not surprising, Max & I stood out as the only puppy team to fail the class.

But our “failure” had a bright side because it gave us time to grow together as a team. Perhaps the best command I worked was one I learned from Ilza Baron. She was preparing a dog for show as I hovered over. Ilza, always too polite to push people away, simply placed herself between me and the dog, patted its back and said “Calm”. The dog stood ready, completely ignoring everyone other than Ilza. Although there are over 20 commands necessary to pass the AAT exam including basics such as heel, sit, down, stay, leave it and come, for me and Max, our most important command is “calm”.

In the hospital it’s not just the sound of a frantic family, or the whiplash scurry of doctors, nurses & EMTs (all of which can easily distract a dog), it’s the noise of a gurney in the middle of an 8’ hall, or the blare “Code Blue” inside an elevator. These things make me jumpy. But for a dog, granted the trusting approval of hospital staff to walk the halls without incident — no barking or growling or peeing or playing or pestering or pooping or jumping, the busy trauma of a hospital must become as normal as trees and grass. And forget about treats to make all of this happen. The smells of alcohol and benzene, puke, urine, blood even death, all must become one and the same as the smell of chicken or lamb or carrots or kibble.

Every article about AAT seems to focus on happy, smiling children or grateful elders, or wheel-chair bound teens. But, not much is said about the sick babies, crying parents, red-eyed nurses, brusque doctors or brave kids going through embarrassing dialysis or painful chemotherapy treatments.

Nobody can fully understand the meaning of love unless he’s owned a dog. He can show you more honest affection with a flick of his tail than a man can gather through a lifetime of handshakes.”

Gene Hill
At those moments, seeing a dog is not just a welcome relief; it’s almost astonishing.

To this day, all hospitals have areas where dogs simply are not allowed. But Max & I are regulars in the paediatric intensive care unit at Children’s Hospital Los Angeles.

We visit doctor-selected kids who are suffering extreme pain. At other hospitals, we spend time with high-risk pregnant women who along with their nervous husbands are confined to the hospital for months before birth.

Other patients are undergoing chemotherapy waiting for a transplant, or recovering from cardiovascular surgery. Some patients have no one and Max is their first visitor. The women feel ugly and the men embarrassed; after all tubes and gowns and Jello and our dog is everything to everyone (except our dog) human is invisible to our dog.

So, what does a good therapy dog team do when visiting a hospital? We know the medical results: the presence of a dog sends a signal to the brain which releases an enzyme causing a sense of relaxed euphoria. This, in turn, lowers blood pressure and heart rate which, in turn, elevates the immune system. In effect dogs assist in creating a cycle of better health and well-being.

To achieve this result, as a dog team we enter the room quietly, ask the patient “would you like a visit from a dog?” sanitize patient hands before touching; cover the chair or bed with clean sheets; move tubes aside and drop safety handrails. Then, the human watches from the side while our dog patiently works his magic. No tricks, no games, no treats, no clickers, no loud commands or sharp tugs on a leash. The human is invisible to everyone (except our dog) and our dog is everything to the people in that room.

And, we’re not talking about quick pats to the head. The staff always need serious hug-time!

The families are just so curious and ask question after question, all while touching Max from top to tail, nose to toe. As Wheaten owners, we know there’s something so unusual about that soft coat. We know its history and its purpose. We know it can sparkle like diamonds and glow in the sun. That’s part of what makes our Wheatens so special. So, bringing the great Wheaten personality with their gorgeous soft coat into the blandness of hospitals with their air of fear and respect, it’s not hard to understand why I’m so proud of Max and his outstanding personification of the breed in his AAT capacity.

Every visit, every hour of volunteering, is so rewarding because there is no better feeling than being with Max as he gives absolute unconditional love. In reality he’s the volunteer and I’m the transportation. His leash is our cell phone. He has earned the privilege of “driving” by wearing his badges and vest (or bandanas). Most important, Max is happy using his energy and smarts in a meaningful and productive way. After our visits, he yawns his way onto his favourite pillow and melts into a well-deserved, undisturbed nap.

The rambunctious Max has taught me how to talk silently, live peacefully, love quietly and give graciously.

As a final thought, when Max and I are out for our walk, he always falls back into being his silly self, in love with life and enjoying every whiff in the air. When it’s time to focus, I’ve created some walking cadences: “One, two, three, four; Volunteers are who we are. Five, six, seven, eight; Badges, vest and don’t be late!” “Two, four, six eight, who do we appreciate? One, three, five, nine, people who enjoy our time.” And, in honor of Ann Leigh, “Ears and feet, ears and feet, we know we’re the team to beat. Wag that tail, hold it high, Starlight is our battle cry!”

Thank you to all of the members of the Soft Coated Wheaten Terrier Club of Southern California. From the beginning all of you welcomed Audie & I into your world. Without you, I would not have learned so quickly, or understood so thoroughly just how really special our dogs are, and what a responsibility we have to show them in a light which dignifies their uniqueness. I think Max, as an AAT dog, does just that.

Reproduced from ‘Woof’ - Newsletter of the Soft Coated Wheaten Terrier Club of Southern California, Fall 2009.

With sincere thanks to Merrillee Ford, ‘Woof’ Editor.
Fund-raising Silent Auction

Did you know?
Witch Hazel, always well-known for its healing effects on lumps and bumps and a good cleanser for cuts and scrapes, is also a powerful coagulant and can quickly stop the bleeding if you have just cut a little too close to the quick when nail-trimming.

"Dogs are not our whole lives, but they make our lives whole. ~Roger Caras"

Start saving your pennies (and pounds) the eagerly awaited WHI Silent Auction is coming!

Hot Dogs

As the debate about dogs being left in cars continues with increasing calls for more to be done to deal with this problem, I wonder how many of you read the latest Dog World articles by one of its regular contributors and Veterinarian, Steve Dean.

He has examined the subject of “Hyperthermia” in dogs in detail over 2 weeks and I found many of the things he said extremely interesting and informative.

He began by explaining that, as the dog cannot sweat to cool itself in high temperatures, the main way for it to maintain a constant body temperature of around 38°C (101°F) is through the action of panting. “This has the effect of driving short, rapid breaths of air over the mouth and tongue.” (For more information on temperature ranges see the Keyfacts in the Health Matters section on the WHI website.)

The greatly increased amount of saliva which the dog produces at the same time, allows the effects of evaporation to cool the blood vessels in the mouth and tongue.

As the cooled blood circulates, the dog’s temperature is controlled. However, he explained that the main obstacle to this process is the level of humidity which is in the dog’s immediate environment and which its panting actually contributes to.

As humidity rises evaporation becomes less effective. Obviously, even on dull days, cars can get extremely hot and the temperature inside a car can reach 50°C, if any part of it is in direct sun. Mr Dean pointed out that leaving windows or even a hatchback open, would not prevent the car from reaching this temperature.

However, he then went on to describe a classic scenario which, he said, could happen just as easily on a bench at a dog show, as in a car. He explained that a dog in a crate, (even a soft crate with mesh ventilation), with a heap of bags and coats on top and possibly a blanket or towel over the front, could suffer from a lack of air circulation.

If the temperature rises in the crate and the dog starts to pant, then the humidity levels will rise. He added that the element of stress could cause the dog to become more restless, producing more heat and pushing up the humidity levels still further.

The result is a body temperature rising out of control. Mr Dean went on to describe the devastating effect on the dog’s tissues and organs.

Another warning was delivered as to the benefit of cold wet towels in aiding the dog to keep cool. Mr Dean explained that the thermal qualities of the canine coat meant that the beneficial effects are minimal and depend on good air circulation around the dog but in an area of poor ventilation, the effects could be disastrous in raising the humidity levels still further.

Remedial action is to effect the cooling of the dog as quickly as possible such as by immersing in water or under a cold hose or shower. This treatment, itself, can be dangerous as it can cause shock but if death is imminent, urgent action has to be taken. (See the WHI website which has links to further advice pages on the web.)

So the message is, don’t leave your dog in the car and make sure it always has access to plenty of drinking water and is in a well-ventilated, shady area with plenty of peace and quiet.

This year we are running our Auction through the E-bay website to ensure anonymity for bidders and ease of payment for those who are lucky enough to win one of the fabulous items on offer.

The auction will begin on 9th September and conclude on the 23rd. Winning bidders will be able to collect their items in person at the WHI Seminar on 25th Sept (or can arrange to have them delivered by post).

There are many unique and very collectable lots. Please keep an eye on the WHI website for further details.

www.wheatenhealthinitiative.com
WOHI Seminar
25th September
Contact us to book your place
NOW!!!

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“We have not to gain his confidence or his friendship: he is born our friend; while his eyes are still closed, already he believes in us: even before his birth, he has given himself to man.”

Maurice Maeterlink,
“Our Friend, The Dog”