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*The Official  
Newsletter of the  
Bearded Collie  
Foundation for  
Health*

*VOLUME XII  
ISSUE II  
Fall 2012*



Maddie



Sienna



Oakley

Tiara

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## **President's Reflections by Elsa Sell**

From the front cover you have most likely by now noticed the new newsletter format. With this issue we introduce a new series of articles focused on owner experience with their Beadie's health problem. Photos of the four Beardies with stories in this issue are on page 1 with owner permission. We hope that these first person accounts of living with one's favorite Beadie who has been ill will be interesting to our readership.

We welcome newest director, Lynn Zagarella, to the Board.

BeaCon's new website launched in May. There is monthly updating of the number of dogs in the open registry (2127 early Sept) and a scrolling ticker at the top of the pages to alert readers to important topics.

The SLO research project has two components, both involving affected and control dogs. DNA collection is through Dr. Oberbauer's lab. Clinical history surveys are through BeaCon. More DNA samples are needed from biopsy proven affected dogs and from healthy controls; clinical history surveys are needed from both groups.

Reminder email notices to update your open registry info will be coming January 2013. Be sure to update any email address changes by clicking your personal information button in the registry. If you do not update, your update notice will float off into the galaxy. If you've forgotten your log in information, there is a link to retrieve it—just click the link on the log in page at: [www.beaconforhealth.org/sqlweb](http://www.beaconforhealth.org/sqlweb)

## **Maddie's Life with Addison's Disease. By Sue Winstanley.**

One day in August 2005, we were all running around in a field, Dyllan, Maddie, Tony and I. The next day we were at the vets. The following day we were being asked by the vet to say our goodbyes to Maddie, our 14 month old Bearded Collie. We had noticed on that morning when we went out to the field that all was not well with Mads; she had suddenly started with a really bad upset tummy and with it, diarrhea and vomiting. There had been no previous signs that anything was wrong.

Before we had gotten Dyllan in 1999, I had read up on the Beardie. Now I had remembered reading that the diagnosis of Addison's can be difficult because the clinical signs are nonspecific and can mimic those of many more common ailments. As Mads was now going into kidney failure, I asked them to check for Addison's. The vet was brilliant, not sure how they did it so quickly, but a courier was called and samples were taken and sent down to one of the veterinary hospitals, someone there must have been hanging on late, did the tests and early hours of the next morning we were phoned to say it had come back positive, she was now on a drip (this saved her life countless times) and was starting to brighten up.

We thought that now we had the diagnosis we were home and dry, how wrong we were. For the first couple of months we couldn't get the medication right, Mads was in the vets on her "life saver" IV fluids, more than she was home with us, there was even a cage at the vets with her name printed on (I know from the times I sat in it with her). If we went for longer than 4 days with her at home we considered ourselves lucky. I worked in Warwick, a 100 mile round trip each day, so it was decided that I look for a job locally as Tony had to do all the caring and it was so unfair on him.

One morning the following March, Mads was taken ill again. The vets did an x-ray and called me in. The x-rays showed a blockage just before going into the stomach, it almost looked like an egg. They had to open her up, they couldn't find anything so then had to search through intestines etc in case it had moved through, nothing was found. Mads was left with a wound from just under her chest right down. This was then nightmare time, the internal stitches dissolved before she had healed, they tried normal stitches but again everything burst, the third time they stitched her with plastic, these held but if you tickled her tummy you could feel them through her tummy, these she lived with for the rest of her life. We all learned a lesson, she had very poor healing qualities, 6 months for her to eventually heal, and even then she was left with a hernia. Occasionally one of these stitches would pop through the skin, as she had no layer of fat between the skin on her tummy and internal bits.

We continued to have problems stabilising her Addison's. There's a calculation called the sodium potassium ratio (Na:K ratio), and the result should be within a certain range (normal range is 28:1 to 40:1; primary Addison's range untreated is < 25 or 27:1). When Maddie was in this range she was really poorly; she seemed to be a lot better when her results fell below. We were then referred to Sarah Gould at Swindon, an AI expert who specialised in Addison's. She read her notes and then looked at our little

girl, and asked what we thought.

I mentioned that she seemed better below the normal Na:K ratio, at which Sarah replied, dogs are not all the same, it's like us, what suits one person may not suit another, you know Maddie, you do what you think is right, if she is falling below, but appears well in herself, then for her to have a good quality of life, don't keep trying to fit her to the wrong readings. At that point I felt like a whole weight had been lifted off my shoulders, I looked at Tony and he had a grin on his face from ear to ear. Maddie was attacking Sarah's shoes. This was the turning point.

The vet visits became less frequent, but we had to regiment everything, Mads wasn't very good with changes to her routine. We changed the front door to a solid one as the existing one had a lot of glass above waist height, She could see if anyone was outside but couldn't handle it, we then found that it was worse, she could hear anyone outside but couldn't see anyone, so we then changed to a door with 2 glass panels that let light in, and she could see but not enough to frighten her. Both doors came without a letter box, door knocker and a bell without batteries! We had a post box made and put outside the house, well away from the door.

If we had to do any decorating, one of us had to take the two dogs somewhere else, as she was fine coming into the house with things already changed but not being there while changes were happening. Holidays and sometimes even days out, we had to confirm that there was a vet with Approved Veterinary Hospital Status by the Royal College of Veterinary Surgeons (RCVS) within a short distance, details were then faxed by our vets to them, just in case. Meal times were always at 7.30 and 18:15, tablets at 7.15 and 19.15, this meant we were always up at 6 am every morning. Her food was soaked in warm water with glucose and salt, this was to prevent her from dehydrating, which can be a big problem with Addisonian dogs.

Family and friends that came let us know well in advance as good stress had the same effect as bad stress (another tablet would be popped). If there were any family dos, then only one of us would go while the other stayed with the dogs, we couldn't get dog sitters as everyone was too frightened in case anything happened. When we bought the Motor Home, we had to have a tow bar fitted and front fittings on the Beardie Taxi so that we could tow her behind (not Mads the Taxi!) as the Motor home was too big to get onto some car parks and through some very narrow roads. The phone was unplugged when we were at work. The Groomer was really good, she would do Dyllan at her place but always came to us to do Mads, and so it goes on.

Did we neglect Dyllan, no, he was our life line, he knew when Mads was poorly and always let us know too. The first few times when we took her to the vets, with her tail wagging ten to the dozen and a grin on her face, the vet would look puzzled, but when tested she said "How did you know" the answer was always, Dyllan, after that she would just ask "Dyllan?" we would nod and off she would go to her second home.

Some of the signs that she was out of balance, if they hadn't been so tragic, you would

laugh at, for instance, one of her back legs would suddenly shoot out at 90 degrees, she would look at me as if to say, why are you doing that mum? We would just rub her leg (not much muscle there) and it would come back down again, her head would suddenly start shaking, resembling a nodding dog in the back of a car. This was because her electrolytes had somehow gone wrong.

We became good friends with Niamh our vet, and one day another vet came in excited to say that they had just diagnosed another dog with Addison's, I was horrified until Niamh said, it's not what you are thinking, this means that the dog will have a life, okay he will have to live with it, but he at least will be given a chance.

Now for the technical jargon which I have copied from one of the Addison's sites. The adrenal gland produces both glucocorticoids and mineralocorticoids. Glucocorticoids such as **cortisol** have an effect on sugar, fat, and protein metabolism. They are partially responsible for the reaction known as fight or flight response during stressful periods. If the level is too low the dog acts stressed. Mineralocorticoids such as **aldosterone** act via the kidneys to regulate electrolytes sodium and potassium in the body. Balancing sodium and potassium is important for normal nerve and muscle function everywhere in the body, including the heart and gastrointestinal system. Addisonian dogs do not produce enough aldosterone and cortisol producing weakness, kidney and gastrointestinal disease, slowing of the heart and making the dogs far more susceptible to stress. If untreated the heart will stop and the dog will die. There are several medications used to treat Addison's. The first type acts as a mineralocorticoid and replaces the aldosterone – the hormone responsible for maintaining electrolyte levels. It is replaced with either an oral medication called Florinef™ (fludrocortisone acetate) or the injectable Percorten-V™ (desoxycorticosterone pivalate or DOCP).

In addition to replacing the aldosterone, the cortisol or glucocorticoids, normally secreted by the adrenals must also be replaced. This is typically done with an oral form of prednisone/prednisolone or hydrocortisone. Florine-f also has glucocorticoid function, and unless there is unusual stress the dog usually will not need additional prednisone/prednisolone. Percorten has no glucocorticoid function so dogs will need low levels (usually 2-5 to 5 mg every other day) prednisolone unless they have abnormal stress when the dose must be raised.

Trying to keep this simple for my benefit, dependant on what type of Addison's the dog is diagnosed with, they may only need florinef or a corticosteroid (e.g., prednisone or prednisolone), or both. In some dogs (atypical Addison's) only glucocorticoid and not mineralocorticoid hormone levels are affected, and treatment is solely with prednisone/prednisolone. Mads needed both, she was on 3 pred a day and 10 florinef, we knew this was high, but we kept tweaking and each time she had a crisis so we left her on the above dosage. We knew that she wouldn't have a long life as this would take a toll on her other organs, but what time she had she enjoyed. She also had vitamin B and an anti sickness drug. 17 tablets in all, 10 in the morning and 7 at night. Florinef has to be kept in a fridge at a certain temperature, so cooler bags went with us everywhere.

(Note: actually Florian-f is stable at room temperature but very high temperatures should be avoided.)

Because Addison's is so complex and the symptoms so non-specific, it's not always suspected by the vet early on. Dogs can die with kidney failure very quickly and though the cause will not always be Addison's, in the crisis, Addison's is worth testing for. Maddie had her first Booster the week before this all happened and we think this could have been the trigger needed to start it off.

Do I regret living with a dog with Addison's? – Never.  
Would I ever take on another dog knowing they had Addison's – not sure.

Maddie died in late 2011 of liver cancer at age 7 1/2. With her passing, Dylls has lost his best friend, and Flynn has lost his playmate. Both were lost initially without her, but they are recovering. So we are getting there. Dylls is still going to his swimming lessons although he is now down to 1 a week as he is making such good progress, Flynn is still going to Agility. Life has to go on.

Note (E. Sell). The owner's knowledge that Addison's disease occurs in Bearded Collies contributed significantly to establishing the diagnoses early on. Without that knowledge, it is quite likely that Maddie would have died of Addison's disease at the young age of 14 months. Any dog other than the elderly who is in or nearing kidney failure, should be tested for Addison's disease for the reason Sue has stated. Addison's is a costly disease on the family and dog alike – emotionally for all, financially for the family. Some dogs with Addison's have a normal life span; others like Maddie, have a shorter time on earth either dying from Addison's complications or other problems. Sometimes there are other diseases (e.g., hypothyroidism) happen along with Addison's. When these are diagnosed and treated, management of Addison's may be easier.

It has been known since 1998 (and suspected a whole lot longer) that Addison's disease in Bearded Collies has a heritability component although the mode of inheritance is still not known. The disease appears to be widespread in the breed and not limited to a single line. Other autoimmune disorders crop up in the families where Addison's is found. Thus, it is incumbent upon all breeders to be aware of Addison's and other autoimmune diseases, to understand that owners do not "cause" these disorders (so please don't blame the owners for the appearance of the diseases), and to track their puppies to learn if any develop an autoimmune problem and cooperate with research efforts.

**“The quality of a person's life is in direct proportion to their commitment to excellence, regardless of their chosen field of endeavor.”**  
**Vince Lombardi**

## **Sienna's Rapid Illness by Darlene Foley**

### **The Importance of Necropsy**

We lost our Sienna to a rare lung disease. Looking back, the first thing I noticed was her standing toward the wind and sniffing. I thought she was checking for coyotes at our herding site. I later learned that this neck stretching and sniffing could have been a very subtle sign of lung disease and difficulty in breathing. Then she began panting for no apparent reason. We thought it was a sign of pain, so we took her to the vet. X-rays showed that two thirds of her lungs were "fuzzy." The vet suspected a fungus or bacterial infection and sent out samples for testing, but also immediately sent us to a referral clinic. She was put into an oxygen chamber overnight and given oral antibiotics. We were able to bring her home the next day to continue the antibiotics. The following day, her tongue turned blue and we rushed her back to the specialist. She was put on IV antibiotics and put back into the oxygen chamber, but she continued to rapidly decline. X-rays taken hours apart showed rapid, progressive damage. That night, the vet staff resuscitated her twice and called us at 5:30 am to come to see her. She was hardly breathing and her eyes were glazed over. We told them to let her go. It was obvious we had lost the battle.

We had to know what had taken our girl from us, so we asked for a necropsy to be done. It came back as Idiopathic Interstitial Pneumonia, which basically means we know she had a type of pneumonia, but not what caused it. At this time, there's no clear, effective treatment for it. We have since heard of other Beardies who died after similar symptoms. The time from the beginning of the panting symptoms to her final breath was just 5 days. We hope that Sienna's death will lead others whose dogs die unexpectedly, especially with a "rare" lung disease, to request a necropsy, so that more information will be gathered to find a pattern to the disease and, most importantly, a cure.

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## **Aggressive Behavior and Hypothyroidism**

### **Life with Oakley**

**By Lyn Smith**

Oakley was a very well socialized dog right from the beginning. I have been involved in numerous dog sports with my other Beardies, Bailey and Marty; Oakley automatically become involved in these activities as well. When things started to change he was competing in conformation shows and close to gaining his Championship. He was just starting competition level obedience and was training in both agility and herding. He had been an 'over the top' dog right from the beginning which I now understand to have represented high anxiety, but I did not realize that at the time. He was always fine with any other dog that he met as a younger dog.

He was rather cyclic in his behavior though; sometimes nothing bothered him and at other times the slightest thing would spook him. He also suffered from separation

anxiety when left at home either with one or both of the other dogs. He was never left on his own. I would come home to damaged walls and door frames and a dog that had been drooling profusely. I also had the same problem in the car if I took him to training with me but left him in the car whilst I worked one of the other dogs

Around 18 months old he had changes. He started flagging his tail around other dogs and he started to give an odd growl at some dogs and certain breeds he would really growl at - especially any dog that had a spitz type tail. One day when he was around 2 years old he stood over, growled at and then bit (no puncture marks) an Australian Shepherd. The next month he was with his father at a show and something happened between them and his father had a snap at him. At that point he growled when anywhere near his father that day. This was significant because the next month when we went to a show and his father was there, Oakley went totally over the top. It was quite frightening as I had never seen him like this before. The very next day, I was at the Vet's. I went there asking for a thyroid panel to be done but the Vet would not. She insisted that it was because he was an entire male and a high arousal dog. Her recommendation was to chemically castrate him with the Suprelorin implant (6 months). Putting my faith in this Vet I went along with it (Nov 2007). Two weeks later we were at the Bearded Collie Club Christmas party and there were a few Beardies happily running around together - including my 3 and someone let 2 youngsters into the yard (litter brother and sister around 6 months old) and Oakley flew at and pinned the male to the ground - again no puncture wounds. They were separated and the youngsters were put in a crate and as soon as Oakley was released he went straight to the crate to have another go at this dog. As the implant had only been in for a couple of weeks it was too early to tell if it was going to have an impact.

After 5 weeks of the implant, I could see no change in him and his testicles had not shrunk as expected. I phoned and talked to the Vet about what was/was not happening and she said that testicle shrinkage does not happen in all cases. She decided it was possible that the implant had been faulty and put a second one in (Jan 2008) after assuring me that it would be OK. So after another few weeks went past and no change in Oakley, I took him to another Vet who was happy to listen to what I told her about having his thyroid tested but insisted on just a T4 test which was normal. I then wrote to Dr Dodds about it and she said that I needed to do a complete panel and sent me all the information that I took to my Vet and we had the panel done which showed that he was hypothyroid (March 2008). The autoantibodies were normal so he did not have autoimmune thyroiditis. By this time he was quite growly in the presence of any new dogs. After starting him on thyroxine (0.4 mg twice daily), there was improvement in his behaviour within about 2 weeks.

It must have been about 4-5 weeks after being on thyroxine that I noticed when grooming him that his testicles had started the shrink. That week he displayed aggressive behavior again. Blood was taken again for a complete thyroid panel; he was still hypothyroid. After talking to both Drs. Dodds and Linda Aronson, they both said they had never come across a dog that was both hypothyroid and chemically castrated. It was decided that his whole pituitary, thyroid, hypothalamus feedback system was



completely out of whack. The thyroxin dose was increased to 0.6 mg twice a day until the implants were out of his system.

We also started working on his behaviour with a trainer (Deb) (end of May 2008) who had worked with another Bearded with the same problem with great success. On Deb's advice Oakley was pulled from all the activities, including walks around our block. It is worth mentioning here as I now believe that an incident had occurred early in his life that impacted his behaviour later on. As a young puppy we were walking one morning in the dark and a person who was out jogging went past. This person coming out of the dark gave both Oakley and I quite a fright. Unfortunately this happened to us a 2nd time and I now wonder if these two incidents happened at a fear imprinting stage as I have always had problems with him passing people and dogs in the street and this reactive behaviour got progressively worse.

The implants were Nov 2007 and Jan 2008. The desensitization program started end of May 2008 and was continued for about 33 months (ended Jan 2011). I think that during this time and although his exposure to other dogs has been very limited, that he became more reactive before he improved. At first it was only some dogs that he reacted to but eventually he reacted adversely to any unknown dog. He has however never had a problem with any dog that he was 'friends' with before the age of 18 months.

Once the implants had gone out of his system and things were physically back to normal, a T4 was at the top end of normal. The thyroxin dose was reduced gradually to 0.4 mg twice daily. A full thyroid panel showed the T4 level low once again. With his improved behavior it was decided to leave the dose at 0.4 mg twice daily.

Just before thyroxine was begun, his house separation anxiety had begun to improve and since thyroxine started, he's had no incidents in the house. He also improved at remaining in the car either on his own or with one of the others. Now I have no problems with him at all being left in the car.

I had wanted to get him surgically castrated as I would not breed from a dog with these issues and I figured that it was one more variable out of the picture but I was worried about how he would cope with the whole experience being such a anxious dog. As he continued to improve with his desensitization training and his self-control strengthened I decided towards the end of last year that it was time to have it done. I had a thyroid panel done again and for the first time, all values were in the normal range. There have been the huge changes since the surgery, which suggests that the chemical castration had not been complete. His focus at training has improved so much that we have been able to have him on the outskirts of a class at quite a distance to being able to calmly participate in a very small class at the end of the year. We have also resumed our walks around the block and we have managed to pass other dogs on a few occasions now

**"If you can dream it, you can do it."  
Walt Disney**

without him reacting. It's a long slow process but all our hard work is paying off and he is becoming a much calmer and controlled dog and along the way he has taught me so much.

Oakley is now 4 years after the diagnosis of hypothyroidism. In Oct 2010 he successfully completed his CGC certificate, a huge thrill. Desensitization classes were stopped when it was clear all that could be accomplished had been done. A set-back happened June 2011 when one of my older Beardies (Bailey) passed away. This had a big impact on Oakley's behavior. He became quite unruly, forgot his basic manners, and overreacted to many situations. After consultation with our Vet we placed him on Clomicalm which resulted in an instant improvement in his behavior. He continues on a very low daily dose and his behavior around new dogs can be controlled.

I worry as Oakley has never been an 'only dog' and Marty turns 16 soon; so in the not too distant future Oakley will be on his own and I hope he can cope. I never returned to competitions as I felt this would be too much stress. His exposure to other dogs has to be closely managed to insure a positive outcome and he is never placed into a situation where he is overwhelmed. It is very interesting that he accepts any dog into our house with no reservations and he continues to have no issues with any dog he knew before the problems started around 18 months of age.

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### **Squamous Cell Cancer of the Gums** **By Chantal Andrew**

I was checking out the teeth on my 11 year old bitch "T" when I noticed a lump growing on her gums just behind her upper right canine. It had not been there 2 months ago when I scaled her teeth. It was the size of a pea and deep red. So two days later, after making an appointment, we rode down the 25 miles to my veterinarian, Dr. S. "T" had nothing orally after midnight as I expected her to have anesthesia to remove the growth. Two minutes into the appointment Dr. S looked at me and stated "When she no longer stops bleeding, call me and we will put her down". Needless to say I was in shock and did not believe what I just heard. Dr. S must have seen the look of bewilderment on my face and then stated the dreaded "Squamous cell carcinoma". I know I blanched and sat down as I felt a sense of gloom and doom immediately. He couldn't be right with just a glance, even though I know he is an excellent diagnostician.

"I need a second opinion" said the nurse in me. This was the first time I questioned his prognosis in any of my dogs. "Of course, go to the University of Florida and see their oncologist as soon as possible" Dr. S replied. So two days later we were at the U of F in the oncology department, discussing the diagnosis and prognosis for my bitch. The vet there, Dr. V, who turned out to be an oncology surgeon, agreed after looking at her, but we still took a biopsy to confirm his and Dr. S' opinion. I got a phone call that night- They were both right. Prognosis was 3 months maximum. BUT there was a chance if we did surgery and removed a quarter of her upper jaw. That, if the margins

were clear, would give her a chance to live out her days to old age, though her eating habits would be changed for life, to soft foods.

A week later, after innumerable tests (CT Scan, EKG, Blood work etc.) to see if she could survive the surgery, and no metastasis had occurred, she had the upper part of her jaw removed. Of course they shaved her back which looked even worse. If she approached you from the left she looked normal, and from the right she looked grotesque. That did not matter to me. I cut the rest of her coat back so that the jaw, or lack of it, would look less remarkable, which it did. You would never know if you saw one side of her only. Good luck was our way, as the margins were clear and the U of F surgeon thought we were in the clear. Not only that, but she was stealing the hard kibble from the other dogs and chomping down on regular food within a week without any discomfort. Marvelous recovery!..... NOT

Eight months later I noticed she was eating slower and appeared to be licking the top of her jaw more than I thought was normal. I can only say that it was as if she had peanut butter on the roof of her mouth. I checked her gums daily and saw no growth until one day I was able to see the upper side of the roof of her mouth and noticed another lump. I too ended up with a lump in my throat as I knew what that meant. The cancer had spread. Off to the U of F again to confirm what I knew was happening. The cancer was back and in force. She acted 'normal' for another three weeks, eating, drinking, but lethargic until she stopped eating one day. I knew that was it and she would not get any better.

Did I wait until it was unbearable for her or gave her the biggest gift I could ever give her...peace without suffering. That is the one decision each owner must make and to me the hardest. I owed her that much after all these years. The vets had given me another 9 months to say my good byes and cherish her time with me and the other dogs as if each day was the last.

Would I do it again? I do not know. Did I put her through a second surgery to stay around longer for ME or for her? Was it worth it to HER? That is something I would have to consider again if it happens to another of my dogs. Could I afford another \$6000 vet bill over and above the vet bills I already have to keep my animals in good health, especially now that I will soon be retiring and on a fixed income? If nothing else, my age, the age of the dog and unfortunately finances would dictate the avenues open for me and my dogs. As my regular veterinarian Dr, S, who was right after a two minute inspection, says "It isn't easy".

He was by my side comforting me after we put her down. He was as distraught as I was and had tears in his eyes to match the downpour from mine. To this day he adds in a "You did the right thing." when I leave his office, whether with pups or with an older dog. I think he says that more for me than for her. At least she is now at peace and in no pain.



Left side



From above



Right side from with jaw missing

### **Rabies Challenge Trust Fund**

<http://www.rabieschallengefund.org/>

The Rabies Challenge Fund Charitable Trust will determine the duration of immunity conveyed by rabies vaccines. The goal is to provide scientific basis to extend the legally required interval for rabies boosters from 1-3 years (in the US) to 5 and then to 7 years. This project depends primarily upon grassroots gifts for funding the costs of conducting the requisite vaccine trials. Contributions to date have come mostly from kennel clubs and private individuals. The Rabies Challenge Fund Charitable Trust is a federally registered 501(c)(3) charitable organization [Fed. EIN # 84-6390682].

The research began in November 2007 under the direction of Dr. Ronald Schultz and The University of Wisconsin Foundation and is now in year five. The Trust is seeking donations to fund year six. A total of \$1.25 million is needed to complete the 5 and 7 year challenge studies. With your help for year six, we are another year closer to making this goal a reality!

## **Get Your Newsletter by Email**

You can contribute to BeaCon being by changing your snail mail newsletter subscription to email. Gordon Fitzgerald, the long-time editor of *Lighting The Way*, generously has provided printing at cost through his KwikKopy business since 2009. BeaCon pays for postage, around \$500 each issue. Last issue 310 were sent by email; 1455 snail mail in the USA; 118 snail mail overseas. Contact Fitz to change to email: [fitz@kwikkopy.com](mailto:fitz@kwikkopy.com)

## **BeaCon's Income and Expenditures**

The Directors thought you might like to know where our funds come from and what types of projects we have supported in light of the missions: education, tracking health, and research. Income is primarily from donations (82.5%) and the on-line auction (16.2%). Largest donors have been the BCCA and Beardie Camp, CJ del Valle's auction work and boutiques, an estate, and the BOW Calendar Crew.

Expenses by category have been: education (newsletter 34.6% and internet hosting 3%), research (11.2%), tracking health (6.7%), and operations (41%) (liability insurance, Beardie angel pins for first time donors, software, supplies, etc.). Cost for tracking health is minimized by volunteer administration of the open health registry and recruiting via the internet and newsletter. Newsletter costs have varied over the years; with printing done at cost since 09 by the editor, expenditures now are 50% lower. Research expenditures have been for projects administered by AKC CHF and the Rabies Challenge Trust Fund.

We have opted to retain 26% of our total income for research, to be donated when the opportunities arise. SLO is the primary research "cause" at the moment—see notices below & next page. It is up to Beardie owners to bring this project to fruition.

BeaCon has no paid staff with the routine work done by directors (web site, writing for newsletter, administration of open health registry, reports, responding to inquiries) and external volunteers. Among the latter are Gordon Fitzgerald (newsletter editor), Mark van Orden (auction website), and John Wilkins (MacLean and Company cartoons).

### **SLO —DNA Samples for Comparison between Control and Affected Dogs**

#### **Healthy Control Dogs (over 8 years)**

Have—# 200+ from Addison and SLO studies

Need—more as not all above are 8 yrs or above

#### **SLO Affected Dogs**

Have—58 (6 biopsy proven; 52 clinically suspected)

Need—more, especially biopsy proven SLO

For Buccal Swab kits contact: [JMBelanger@UCDavis.Edu](mailto:JMBelanger@UCDavis.Edu)

Buccal swab kits cost money—Janelle says return rate is not good

Please do not waste resources— promptly return the swab kit you ordered

## **How I Encourage Support of the OHR**

### **Karen Drummond**

The Open Health Registry (OHR) has always been a concept that I have believed passionately in. When BeaCon was conceived, the OHR was a core element in the concept, and I have been honored to be one of the original directors who helped to shepherd it to what it is today. There is still much more work to be done, however, as it has not yet reached its full potential. One major issue facing us is encouraging as many people with a Beardie as possible to enter their dog's data so that we get a realistic picture of the health of the breed. As someone who recently had a litter I had a unique opportunity to help in this effort. Part of my contract for ownership includes a provision that requires all new puppy owners to update their dog's data yearly, but to make it simple for them I entered their puppy in the registry before they left for their new homes so that all they have to do now is to enter their updates. Given that the computer held all of the data in memory it took less than 30 minutes to register all 6. I would encourage all breeders to consider contributing to the health of the breed in such an easy way.

### **New Director**

BeaCon welcomed Lynn Zagarella to the board of directors in September. She brings a long time breeder's experience and has an interest in promoting participation in the open health registry by both healthy Beardies and those with health problems. Provided participation levels can be increased substantially, she views the open registry as a useful source for breeders in combination with their own data gathering for making breeding decisions.

## **SLO Study—Clinical History Surveys for Comparison between Control and Affected Dogs**

### **Healthy Control Dogs (over 8 years)**

Have—18

Need—at least 82 more

### **SLO Affected Dogs**

Have—87

Need—more, especially biopsy proven

For survey forms contact: [beaconbb@bellsouth.net](mailto:beaconbb@bellsouth.net) or see the web site. It takes < 20 min to fill in control survey, around 30 min to fill in affected dog survey if you have records at hand. Donate your time to the cause of healthier Beardies in the future. Is that too much to ask?

## **Rabies Followup**

In the spring 12 issue of *Lighting The Way*, there was notice about increasing incidence of rabies in severe drought areas. “If you live in Carlsbad, NM or other areas afflicted by severe drought (SD, TX, KS) and a mild winter, you are probably aware of an increase in rabid skunks. The outbreak in the county where Carlsbad is located has so far documented 33 skunks testing for rabies in 2011-12. This is in contrast to no confirmed rabies cases in the past 15 years. WJS, pA3, 4/6/12”

**Producers Should Take Precautions Against Rabies.** Excerpts from *Cattle Today*, SE edition, Aug 4, 2012, p 14., with permission from Journal Editor and the author, Heather Smith Thomas.

Rabies is a feared disease because it can occur in all warm-blooded animals and is always fatal. It is caused by a virus that affects the nervous system and it is transmitted by saliva of an infected animal—usually by a bite or by saliva coming into contact with mucous membranes such as the eye, or an opening in the skin.

After the outbreak in NM last year according to a veterinarian practicing in southwest NM, the vets stepped up rabies vaccinations for horses, cattle and pets. The grey fox population increased significantly and apparently that species carries a rabies strain that affected animals to make them more aggressive than the usual rabies. Fox were seen to chase people in towns and animals in the pastures.

The Am Assoc of Equine Practitioners added rabies to their list of core vaccines regardless of location or use because of the rabies problem. The importance of protection was for both the horses and the risk of human exposure.

Farm and ranch owners have been encouraged to take precautions to limit the number of employees or family members that may be exposed to a sick animal if rabies is suspected. It is vital to avoid contact with saliva so precautions suggested are to wear heavy gloves and eye protection to prevent exposure during treatment or handling. Any horse or livestock showing neurological signs or abnormal behavior should be considered as a possible rabies case. Initial signs in cattle may include appearing to be choked because they can't swallow, or seem blind, or just be depressed. Initial signs of rabies in a horse may be abdominal pain and colic, or excessive drooling because of difficulty swallowing, or lameness. Records should be kept of persons having contact with a suspect rabid animal for the health department as they would require post-exposure treatment if the animal is proven rabid.

The typical route of transmitting rabies is through a bite from a dog, cat, skunk, bat, etc. Horses and cattle rarely bite, but their saliva can enter a break in the skin or get into the

**Did you know that BeaCon is registered with Goodsearch? Go to [www.goodsearch.com](http://www.goodsearch.com), register your favorite charities, search or whatever, and make a contribution.**



eyes, nose, or mouth.

The recommendation is for horses or any livestock that people are in close contact with—such as showing, 4-H, petting zoos, fairs, other public exhibition—be vaccinated against rabies. Since it takes time for rabies to develop sufficiently to affect an animal's nervous system after the initial bite, one may not know the bite happened. It can be weeks or months between bite and development of the symptoms. Although the vaccination may seem costly, in the range of \$3.50—\$20 depending on who gives the shot (normally should be the veterinarian), that is way cheaper than treatment of a person post-exposure (\$2000-\$2500 for the rabies immune globulin alone).

What is the relevance for you, a Bearded Collie owner? Some may herd with their dogs and are thus around livestock. Some may live in severe drought stricken areas. So, if you meet either or both of these criteria, this information should heighten your awareness of a potential hazard. Be sure your Beardie is vaccinated against rabies unless medically contraindicated.

### **Net Smart: How to Thrive Online** **By Howard Rheingold (ISBN 9780262017459)**

This book is about Web science. What does that mean? It is a relatively new field devoted to systematic, interdisciplinary and scientific approach to the study of the World Wide Web. Among topics in the book are the need to be smarter about use of networked technologies which arise from the tensions between the Web as a distraction and as an essential part of life. How does one distinguish seductive distraction and relevant knowledge flow competing for one's time and focus? The author suggests five literacies will help: attention, crap detection, participation, collaboration, and network smarts. So, give those literacies thought if you engage in the World Wide Web.

### **Epigenetics**

In biology, and specifically genetics, **epigenetics** is the study of heritable changes in gene expression or cellular phenotype caused by mechanisms other than changes in the underlying DNA sequence. It refers to functionally relevant modifications to the genome that do not involve a change in the nucleotide sequence. Conclusive evidence supporting epigenetics show that these mechanisms can enable the effects of parents' experiences to be passed down to subsequent generations.

These changes may remain through cell divisions for the remainder of the cell's life and may also last for multiple generations. However, there is no change in the underlying DNA sequence of the organism; instead, non-genetic factors cause the organism's genes to behave (or "express themselves") differently. From Wikipedia.



Two MacLean & Company bookmarks are available from the editor. Each is 8" long and 2" wide and is laminated. Each has 7 MacLean and Co. cartoons on it. They are available from the editor for \$3.00 each plus \$.64 in postage for each order up to 4 bookmarks. The samples above are resized smaller to allow them to fit into available space. All funds will go to BeaCon for their ongoing projects. Please send all orders to:

Fitz  
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 Houma, LA 70360  
 Make all checks payable to BeaCon

## BeaCon's Board of Directors

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Contact the Board if you have any ideas, questions, problems or wish to participate in any of BeaCon's ongoing projects.

Past directors are recognized on the website.

Visit BeaCon on the web at-  
[www.beaconforhealth.org](http://www.beaconforhealth.org)

**"The best and most beautiful things in life cannot be seen, not touched, but are felt in the heart."**

**Helen Keller**

**"Success is not the key to happiness. Happiness is the key to success. If you love what you are doing, you will be successful."**

**Albert Schweitzer**

## **Donations**

**Contributions to BeaCon and the open health registry should be mailed to:**

**Judy Howard  
2141 Moonstone Dr.  
Concord, NC 28025**

### **First time Donors**

**For \$15-\$99 you receive a logo pin  
For \$100-\$750 you receive a Sterling Silver angel pin  
For \$750 and up you receive a 14K Gold Angel pin  
The pins can be viewed on the BeaCon Web Site.  
<http://www.beaconforhealth.org/>**

## **DNA Bank—A Possible Future Project**

The Board of Directors is discussing the feasibility of establishing a Bearded Collie DNA Bank with a University or research laboratory.

Your thoughts and comments are invited.

## **Interested in Becoming a BeaCon Director?**

### Qualifications

Belief in and willingness to actively promote all BeaCon missions  
Time to attend monthly electronic meetings (av 2-4 hr/mo)

Special abilities—none essential though an interest in fundraising to assist CJ or in IT to assist Elsa with various tasks would be advantageous. Medical or research background is beneficial.

Contact [beaconbb@bellsouth.net](mailto:beaconbb@bellsouth.net) for more details.



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