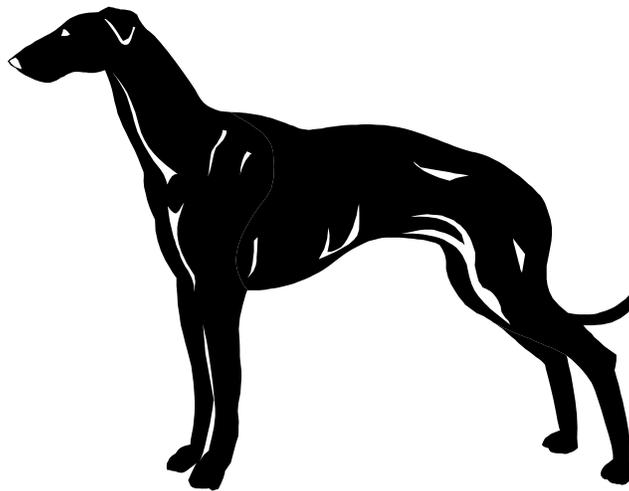


Greyhound

Medical Idiosyncrasies



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Please save a copy for your records and feel free to share a copy with your veterinarian as well.
This packet is made available through Greyhound Adoption of Ohio, Inc. by Dr. William E. Feeman III, DVM.

www.greyhoundadoptionofoh.org
www.animalmedicalcentreofmedina.com
www.ghrin.org
www.greyhealth.com

June 18, 2005

Congratulations on the adoption of your new Greyhound. If this is your first... you will soon see why people who are owned by Greyhounds rave about them so frequently. Provide a Greyhound a home and they will live in your heart.

Greyhounds have a unique physiology that can largely be attributed to their breed history as sighthounds and as a racing breed. They have developed enlarged muscle mass, hemoconcentrated blood, lengthened carpal/tarsal and metacarpal/metatarsal bones, and a heightened sense of sight to help accommodate these evolutionary challenges. Here are a few of the most common idiosyncrasies that you and your veterinarian should be aware of:

1. **Greyhounds normally have thyroid levels lower than other breeds.** The most overdiagnosed disease in Greyhounds today is hypothyroidism. **Greyhounds have a normal thyroid level that is lower than the reference ranges used for other breeds.** You should not start your Greyhound on supplementation for hypothyroidism unless your Greyhound is showing clinical signs of the disease, for example hair loss, lethargy, or weight gain (despite exercise and appropriate feeding) and a full thyroid panel has been run (T4, fT4 by equilibrium dialysis, TSH, etc.; I recommend using the lab at Michigan State for all thyroid testing). Many veterinarians will falsely interpret the lack of hair on Greyhound thighs as a clinical sign of hypothyroidism. This hair loss is not commonly caused by hypothyroidism (although hair may grow with supplementation). If your veterinarian recommends thyroid supplementation, be sure that they have read or are aware of the journal articles listed at the end of this packet and that the appropriate clinical signs of hypothyroidism are truly present. There are some truly hypothyroid Greyhounds out there... just not very many!
2. Greyhound Bloodwork I: **Greyhounds can have high normal BUN, creatinine, and AST levels.** Some veterinarians may falsely interpret some high normal values as early kidney disease. **If your Greyhound has high normal or just above normal kidney values ... ask your veterinarian to run a urinalysis.** A urine specific gravity that is >1.030 likely indicates that the blood levels are normal for the breed and not likely caused by kidney disease.
3. Greyhound Bloodwork II: **Greyhounds can have low platelets** (as low as 100,000) and still be normal. **A primary differential for a low platelet count would be some tick borne diseases, therefore, running tick titers on "low" levels is never a bad idea.**
4. Greyhound Bloodwork III: **Greyhounds normally have a higher than normal number of red blood cells (PCV, Hct) and a low normal number of white blood cells (WBCs) in their blood.** **The PCV/Hct of normal Greyhounds can frequently be over 60% and potentially as high as 70%** whereas non-Greyhound dogs rarely exceed 45% to 50%. The neutrophils and lymphocytes (both white blood cells) of Greyhounds very commonly are a little low or are on the low end of normal. **Total WBC counts of 3.0-10.0 are common** and an Auburn study of 50 retired racers (March 2000 Compendium) showed ranges of 1.8 to 14.6. Greyhound eosinophils (another type of white blood cell) frequently lack the typical orange granules seen in other breeds. The eosinophils instead have empty granules which may be confused for "toxic neutrophils" (a type of white blood cell seen in overwhelming infections).
5. Greyhounds are exposed to many **tick borne diseases (TBD)** while they are racing. If your dog is experiencing any **neck or back pain or a low platelet count (lower than**

- 100,000) you should request that your dog be tested for TBDs. Other potential clinical signs associated with tick borne diseases include: high fever, depression or lethargy, anorexia, anemia, diarrhea or constipation, weight loss, vomiting, nose bleeds, skin hemorrhage or any other unusual bleeding, swollen legs or lymph nodes, nervous system disorders, such as stiff gait, head tilt, seizures or twitching, and pale gums and/or inner eye membranes. **Any positive titer for Ehrlichia is worth treating. Doxycycline** 5-10 mg/kg every twelve hours for 4-8 weeks is the ideal treatment. It can take as long as five to seven years for clinical signs to develop from Ehrlichiosis after a tick bite, so even if you do not have TBDs in your area, they are still worth testing for. Treatment for Greyhounds who have positive Babesia titers without supportive clinical signs is controversial.
6. **Greyhounds are overly represented in cases of osteosarcoma** (a form of cancer that attacks the bone) (ACVIM 2005). It is most commonly found toward the shoulder in a front leg or toward the knee in a back leg but can occur in other places (such as the ankle/distal radius). **If your Greyhound shows signs of significant lameness, an x-ray should always be taken to rule this out as a possible cause.** A diagnosis of a “sprain” or “strain” should not be made without an x-ray. Many Greyhounds are diagnosed with an osteosarcoma for the first time when they are seen to be mildly or significantly lame at home.
 7. **Greyhounds commonly suffer from dental disease. You will need to clean their teeth at home and either use gels or medicated chews to help keep the teeth as clean as possible.** Your Greyhound will also likely need periodic dental cleanings requiring anesthesia.
 8. **Greyhounds can have a lesion on their pads called “corns” which very often cause lameness.** These may need to be surgically removed (surgical removal using a punch biopsy has been shown to be effective) but surgery is controversial as these lesions can reoccur after surgery. Other treatment options include use of anti-viral medications and application of a small circle of duct tape over the corn which will need to be changed every 2-3 days. The duct tape treatment typically takes several weeks but is easy, inexpensive and non-invasive. **Be sure to have your veterinarian examine the pads of your Greyhound if they become lame.** <http://www.therapaw.net/docs/Corns,%20and%20warts.pdf>
 9. **Greyhounds can have a form of skin acne on their chests (most commonly where the chest rubs on the floor).** This form of **skin acne looks like little black heads.** This is best treated with a hydrogen peroxide containing product (e.g. Pyoben gel, Sulfoxydex shampoo) and is largely only a cosmetic problem.
 10. **Some racing greyhounds have had old racing injuries that can flare up from time to time.** One of the most common injuries is **a fractured central tarsal bone.** This will present as a swelling just below the right hock. This condition is normally chronic and by the time they reach a pet home there is little that can be done to correct the problem. These dogs may benefit from Glucosamine/Chondroitin supplementation but may need stronger medications in some circumstances to keep them comfortable.
 11. **Some Greyhounds can do an activity known as “trancing.”** This is often seen as a dog that will appear to be in a trance. They may stand under an object that is able to

- touch or brush along their backs. This is not indicative of a seizure disorder and can be normal in the breed.
12. **Greyhounds are predisposed to an ocular condition known as “pannus.”** This presents as a pigmented lesion that starts on the outside part of the eye and spreads across the cornea. This is an immune mediated disease and eye drops (topical cyclosporine and/or corticosteroids) are needed to treat the condition. Some animals need to wear a dog form of goggles when they go outside as UV light can aggravate the condition. www.doggles.com
 13. **Greyhounds commonly have a condition termed Greyhound bald thigh syndrome.** You will note this on your Greyhound by the lack of hair on the backs of both hind legs (some Greyhound reunions will have a “best buns” competition to highlight some of the bald thighs). Some Greyhounds are more severely affected than others. This is largely only a cosmetic condition and sometimes resolves once the dog retires and a good diet is started. This condition is very rarely caused by a low thyroid level (hypothyroidism).
 14. **Female greyhounds commonly are affected by a condition known as clitoral hypertrophy.** This is an enlargement of the clitoris that is a result of testosterone supplementation. Most female greyhounds receive testosterone supplementation on the track to block their heat cycle. This condition should not affect their neutering and should resolve over time once the testosterone supplementation is stopped. Some greyhounds with this condition may be misdiagnosed as being “hermaphrodites.”
 15. **Many Greyhounds can have mild heart enlargement and a mild heart murmur that can be normal.** The murmur is known as an athletic heart murmur but the true cause is considered idiopathic (unknown). If your veterinarian hears a heart murmur, it is always a good idea to take a chest x-ray. If there is some left atrial enlargement (a chamber of the heart) then an ultrasound of the heart (echocardiogram) would be necessary. If only mild generalized heart enlargement is noted, then it is likely normal for the breed and additional testing may not be necessary. The heart murmur can be described as systolic (not holosystolic), loudest over the left base, and likely a grade I or grade II.
 16. **Most Greyhounds will commonly have, for lack of a better word, a “dent” at the transition from their thoracic to lumbar vertebrae (back bones).** You will notice this dent along the back midline just beyond the shoulders and is a completely normal finding in the breed. Explanations for this such as “it’s a genetic anomaly” and “it looks like he was hit with some kind of metal bar” have been given in some instances.
 17. **Many Greyhounds may have scars from their racing days.** These are very rarely evidence of abuse at the track. As you will soon learn, Greyhounds have paper thin skin and will cut themselves very easily. Some injuries that would be minor scratches in other breeds are significant tears in Greyhounds and require sutures and can leave scars. It is truly the exception to the rule if the scars seen on your Greyhound are actually the result of abuse while on the track.
 18. **Greyhounds are a breed which have been noted to develop malignant hyperthermia (MH).** This condition is a type of reaction to anesthesia in which the Greyhound will spike a very high temperature (>106) in response to exposure to the anesthesia. This condition is very rare and as your Greyhound most likely arrived to you already spayed or neutered, this is unlikely to be a concern. MH is a genetic condition which should

result in the same reaction to inhalant anesthesia every time. Therefore if a dog has had a previous anesthesia without incident, MH should not be a factor. Some Greyhounds can spike very high temperatures in recovery from muscle fasciculations but this is not MH. MH is most commonly a reaction to gas anesthesia and is over-diagnosed in the breed (if your dog recovers from a high temperature without treatment with a drug called *Dantrolene*, it was most likely not MH).

19. **Greyhounds are very sensitive and sometimes will not eat in the hospital.** Once a Greyhound retires and leaves the racetrack... they can quickly become very attached to their new family and may not eat well in a hospital setting. **Failure to eat while in the hospital alone is not a reason to keep a Greyhound in the hospital.** If your Greyhound is not eating well, ask your veterinarian if you could take your Greyhound home for the night and return for a recheck the next day.
20. **Greyhounds can be affected by a condition known as Lumbosacral Stenosis (Cauda Equina) which may be misdiagnosed as “hip dysplasia”.** These dogs normally present as weak, wobbly, or painful in the rear end. It is caused by a narrowing of the end of the spinal cord which results in compression of the nerve roots. This can be difficult to diagnose as it may not be apparent on x-ray. **It can be diagnosed by application of pressure over the sacroiliac joint.** If sharp pain is noted, this can be treated with surgery or local injections of a steroid, Depo-Medrol. The steroid injections will need to be repeated as needed (every 3-6 months on average). **This condition will be unlikely to respond to Rimadyl/Etogesic/Deramaxx or oral steroids.** Remember that hip dysplasia is very rare in Greyhounds.
<http://home.comcast.net/~greyhndz/lumbosacral.htm>
21. **Many Greyhounds are very temperature sensitive.** You will find that your Greyhound will very likely not want to spend very much time outside when it is very cold and will quickly heat up in the hot summer weather as well. **You will need to closely monitor your Greyhound in any extreme of temperature.**
22. **Idiopathic cutaneous and renal glomerular disease (“Alabama rot”) is a rare disease that can be seen in Greyhounds.** Should your Greyhound develop ulcerative lesions on their legs (rear>front) this condition should be considered. It can be potentially fatal as 25% of Greyhounds will develop kidney failure with this condition. There is no specific treatment for this disease. The ulcers should be flushed daily with an anti-bacterial agent and antibiotics should be started if infection is present. Recovery should occur in two to three weeks in Greyhounds with no kidney damage. This condition is very rare.
23. **The most common cause of multiple toe nail loss from multiple feet in Greyhounds is Pemphigus (symmetrical lupoid onchodystrophy).** This condition may be misdiagnosed as a “bacterial or fungal infection”. Greyhounds can have infections but those not responding well to appropriate treatments should be considered strong suspects for Pemphigus. **Definitive diagnosis requires a biopsy (amputation of a toe) which is rarely recommended due to the classic presentation of the disease and the aggressiveness of the biopsy.** Treatment will consist of appropriate anti-microbials, high doses of fatty acids, tetracycline and niacinamide (be sure that you are given Niacinamide and not Niacin). Steroids and anti-histamines may be necessary in some cases.

24. **Male Greyhounds can suffer from a condition known as Dysuria or “tying up.”**
This condition is more common in active racers but can occasionally carry over into pethood. The clinical signs seen with this condition are normally associated with some stressful event (hospitalization, anesthesia, a long haul, over-exercise) and consist of urethral spasms which prevent the dog from urinating normally. Greyhounds suffering from dysuria will strain to urinate with only drops coming out. Some of these dogs may also continue to leak urine slowly over an extended period. Some veterinarians not familiar with the condition may mistakenly recommend urethral scoping or a bladder biopsy. Treatment consists of catheterization three times daily and drug therapy (typically some form of a muscle relaxer). The condition often takes 2-5 days to resolve.
25. **Greyhounds can suffer from muscle cramps.** This condition is more common in colder weather. Their leg muscles stiffen which causes them to awkwardly hike up their legs frequently vocalizing. This condition should be treated by warming the dog up and applying warm (not hot) compress. If you look up these dogs racing records you may find several “OOPS” where they did not finish the race due to cramping. If this is a chronic problem, potassium supplementation may be beneficial.
26. **Some Greyhounds suffer from excessive bleeding following surgical procedures.**
The Ohio State University Veterinary Teaching Hospital is doing a lot of research to discover why this is. Most standard tests done to evaluate clotting function in veterinary medicine have been normal in these dogs (therefore prescreening your dog will not be helpful). Although the cause is so far unknown (as of 2/05) these dogs do seem to respond to intravenous infusions of fresh frozen plasma.

Greyhound Anesthesia

Some veterinarians and some Greyhound rescue groups make specific recommendations in regards to a “Greyhound anesthetic protocol” because they believe a specific drug is safer than another. In my opinion, any drug is only safe if the person using it is comfortable with it. A number of anesthetics are suitable to be used in Greyhounds and depending on which your veterinarian is most familiar with will dictate which would be the safest. No specific protocol will be cited in this packet; however, some general guidelines will be listed to help reduce the risk associated with anesthesia.

1. Never use thiobarbiturate anesthetics in Greyhounds. Never never never! Oh yeah and did I say never? Some specialists believe that a one time only dose of a thiobarbiturate in a Greyhound is acceptable; however, there are many other safer options!
2. **Premedications:** these medications provide sedation, analgesia (pain relieving properties) and allow a lower dose of an anesthetic to be used. The most commonly used premedications include sedatives (Acepromazine, Medetomidine), opioids (Torbugesic, Butorphanol, Buprenorphine, Morphine, etc.) and anti-cholinergics (atropine and glycopyrrolate). The anti-cholinergics provide cardiovascular support. These medications may be used in various combinations. Caution should be used when dosing Greyhounds with premedications as they can be more sensitive to their effects.
3. **Induction agents:** Telazol, Propofol and Ketamine/Valium are all perfectly appropriate anesthetics for Greyhounds. I would recommend using whichever your veterinarian is most familiar with... just remember no thiobarbiturates (Thiopenthol).
4. **Gas anesthesia:** Isoflurane and Sevoflurane are both perfectly acceptable and there is no significant clinical difference between the two in their use in general practice.
5. **Intravenous catheters:** it is always a good idea to have an intravenous catheter placed for surgery. This gives the surgeon instant venous access in case of an emergency and allows your Greyhound to receive fluids during surgery which help in maintaining normal blood flow and blood pressure.
6. **Presurgical bloodwork:** it is always a good idea to have presurgical bloodwork done. In human medicine this is not voluntary, it's required. The bloodwork allows for a quick check of liver and kidney functions among other things which may influence which anesthetics are used or if surgery should even be performed. The bloodwork should have been drawn within two weeks of the anesthetic event.
7. **Temperatures:** ask to have your Greyhound's temperature monitored periodically during and after surgery. In rare instances, Greyhounds have been known to have a reaction to an anesthetic or muscle fasciculations which allowed their body temperatures to climb in excess of 106 degrees. Monitoring of the patient allows for quick recognition and treatment of this problem.

Thyroid Function Testing in Greyhounds

Sm Anim Clin Endocrinol 12[1]:4 Jan-Apr'02 Review Article 0 Refs

C.B. Chastain, DVM, MS, Dipl. ACVIM (Editor) & Dave Panciera, DVM, MS, Dipl. ACVIM (Assoc. Editor) Sm An Clin Endo

Gaughan KR, Bruyette DS.; Am J Vet Res 2001; 62:1130-1133

BACKGROUND: Thyroid function tests are frequently evaluated in greyhounds because of alopecia, infertility, and poor race performance. In most cases, hypothyroidism is not present, despite the finding of decreased serum total thyroxine (T4) concentrations. Sight hounds, including greyhounds and Scottish deerhounds are known to have serum T4 concentrations lower than other breeds of dogs. This can result in an erroneous diagnosis of hypothyroidism.

SUMMARY: Basal serum T4, free T4 (fT4), and the serum T4 and fT4 response to thyroid-stimulating hormone (TSH) administration were evaluated in a group of healthy pet dogs and in two groups of healthy greyhounds. All pet dogs and 56 greyhounds had serum T4 and fT4 response to thyrotropin-releasing hormone (TRH) administration evaluated. Serum concentration of endogenous canine TSH (cTSH) was measured in 18 pet dogs and 87 greyhounds. The pet dog group consisted of 19 dogs of various breeds (no greyhounds), with a mean age of 5.2 years. One group of greyhounds consisted of 37 female dogs with a mean age of 1.4 years that were actively racing and currently receiving testosterone for suppression of estrus. The second group of greyhounds consisted of 61 dogs with a mean age of 4.9 years that were not receiving testosterone. Greyhounds receiving testosterone were significantly younger than those not receiving testosterone and pet dogs. Of the greyhounds not receiving testosterone, none of the females (n = 35) were racing, while 10 of the 26 males were actively racing. No dog had received thyroid supplementation, glucocorticoids, or anabolic steroids with the exception of testosterone within 3 months of study. The mean basal serum T4 concentration was significantly lower in the greyhound groups than in the pet dog group. The mean basal serum fT4 concentration was significantly lower in the greyhound groups than in the pet dog group. The mean serum T4 response to TSH was significantly greater in pet dogs than in greyhounds either receiving testosterone or not. Greyhounds receiving testosterone had significantly higher serum T4 concentrations post-TSH than greyhounds not receiving testosterone. While there was no difference between the mean serum fT4 concentration after TSH administration in pet dogs and greyhounds receiving testosterone, the fT4 concentration in greyhounds not treated with testosterone was significantly less than the other groups. The mean serum T4 concentration in response to TRH administration was significantly lower in both groups of greyhounds than in pet dogs. The mean serum fT4 concentration after TRH administration was significantly lower in greyhounds not receiving testosterone than in greyhounds treated with testosterone or pet dogs. Mean serum cTSH concentrations were not significantly different between any of the three groups. The reference ranges for all greyhounds were established as basal concentrations of T4, fT4, and cTSH were 2.1 to 37 nmol/L, 1.3 to 32.2 pmol/L, and 0.03 to 1.3 ng/ml, respectively. The authors concluded that greyhounds have a lower reference range for serum T4 and fT4 concentrations than that of other breeds.

CLINICAL IMPACT: This study shows that serum T4 and fT4 concentrations in greyhounds are considerably lower than in non-greyhound dogs and clearly demonstrates the difficulty in diagnosing hypothyroidism in this breed. The lower limit of the reference range for T4 and fT4 concentrations in greyhounds is near the lower sensitivity of the assays. Therefore, it may be impossible to establish a diagnosis of hypothyroidism based solely on these hormones. Because the serum TSH concentration was similar to that of other breeds, an elevated cTSH combined with T4 and fT4 concentrations at the low end of the reference range combined with appropriate clinical signs is necessary to diagnose hypothyroidism in greyhounds. Dynamic testing using TSH or TRH stimulation testing may also be useful, but less practical. Testing when appropriate clinical signs are present is of particular importance in greyhounds. Caudal thigh alopecia, common in greyhounds, is not caused by hypothyroidism, and infertility is likely to be only infrequently caused by hypothyroidism in female dogs. Exogenous testosterone used to suppress the estrous cycle does not appear to alter basal serum concentrations of T4, fT4, or c-TSH, but responses to TSH or TRH stimulation may be increased by testosterone administration.

Thyroid function testing in Greyhounds.

Am J Vet Res 62[7]:1130-3 2001 Jul

Gaughan KR, Bruyette DS

OBJECTIVE: To evaluate thyroid function in healthy Greyhounds, compared with healthy non-Greyhound pet dogs, and to establish appropriate reference range values for Greyhounds.

ANIMALS: 98 clinically normal Greyhounds and 19 clinically normal non-Greyhounds.

PROCEDURES: Greyhounds were in 2 groups as follows: those receiving testosterone for estrus suppression (T-group Greyhounds) and those not receiving estrus suppressive medication (NT-group Greyhounds). Serum thyroxine (T4) and free thyroxine (fT4) concentrations were determined before and after administration of thyroid-stimulating hormone (TSH) and thyroid-releasing hormone (TRH). Basal serum canine thyroid stimulating hormone (cTSH) concentrations were determined on available stored sera.

RESULTS: Basal serum T4 and fT4 concentrations were significantly lower in Greyhounds than in non-Greyhounds. Serum T4 concentrations after TSH and TRH administration were significantly lower in Greyhounds than in non-Greyhounds. Serum fT4 concentrations after TSH and TRH administration were significantly lower in NT-group than T-group Greyhounds and non-Greyhounds. Mean cTSH concentrations were not different between Greyhounds and non-Greyhounds.

CONCLUSIONS AND CLINICAL RELEVANCE: Previously established canine reference range values for basal serum T4 and fT4 may not be appropriate for use in Greyhounds. Greyhound-specific reference range values for basal serum T4 and fT4 concentrations should be applied when evaluating thyroid function in Greyhounds. Basal cTSH concentrations in Greyhounds are similar to non-Greyhound pet dogs.

Platelet concentration and hemoglobin function in Greyhounds

J Am Vet Med Assoc 205[6]:838-841 Sep 15'94 Clinical Study 16 Refs

*Patrick S. Sullivan, DVM, PhD; Heather L. Evans, DVM; T. P. McDonald, PhD

*Centers for Disease Control and Prevention, Division of HIV/AIDS, 1600 Clifton Rd. Mailstop E-47. Atlanta. GA 30333.

Hematologic characteristics of 36 Greyhounds were studied and compared with characteristics of 22 non-Greyhound controls. Fourteen of the Greyhounds were tested and found to be seronegative for Ehrlichia canis and Babesia canis. Compared with the non-Greyhounds, Greyhounds had higher mean hemoglobin concentration, PCV, mean corpuscular volume, and mean cellular hemoglobin, and lower mean RBC count, hemoglobin P50 value, Hill coefficient, platelet count, and total plasma protein concentration. The

lower mean hemoglobin P50 value in Greyhounds suggested that the higher mean hemoglobin concentration and PCV were not solely a result of selective breeding for superior racing abilities, but that Greyhound hemoglobin may have a greater affinity for oxygen than does the hemoglobin of non-Greyhounds.

Hematologic and Serum Biochemical Reference Values in Retired Greyhounds

Compend Contin Educ Pract Vet 22[3]:243-248 Mar'00 Review Article 9 Refs

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Research has indicated that results of blood tests for retired greyhounds may fall outside the established normal ranges for the general canine population and that specific parameters for retired greyhounds may need to be established. Based on the study discussed in this article, the authors determined that hemoglobin, creatinine, sodium, total carbon dioxide, and anion gap tend to be elevated whereas globulin tends to be decreased in healthy retired greyhounds. Practitioners need to be aware of these breed-specific differences in order to make accurate diagnoses in greyhounds.

Bald Thigh Syndrome of Greyhound Dogs: Gross and Microscopic Findings

Vet Dermatol 11[1]:49-51 Mar'00 Short Communication 6 Refs

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Bald thigh syndrome (BTS) is a disease limited to Greyhound dogs. It is characterized clinically and grossly by bilateral hair loss on the lateral and caudal thighs. The cause of BTS is unknown but may be associated with hypothyroidism or hyperadrenocorticism. Samples of skin, thyroid glands, and adrenal glands from 43 Greyhound dogs with BTS were examined microscopically. Microscopic changes were characterized by dilatation of follicular infundibula, presence of catagen follicles and epidermal hyperplasia. Changes in the skin from these Greyhound dogs suggest an endocrinopathy as the cause; however, we were unable to confirm which one.

Skin Diseases in Greyhounds

Vet Med 95[2]:115-124 Feb'00 Review Article 15 Refs

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A Comparison Of Echocardiographic Indices Of The Nonracing, Healthy Greyhound To Reference Values From Other Breeds

Vet Radiol 36[5]:387-392 Sep/Oct'95 Review Article 25 Refs

*Patti S. Snyder, DVM, MS, , DVM, MS, Clarke E. Atkins, DVM

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Echocardiographic evaluation of healthy, nonexercising, awake greyhounds revealed substantial differences in left ventricular cavity dimensions, wall thickness, systolic time intervals and fractional shortening as compared to previously reported normal echocardiographic values obtained from mongrels and various other dog breeds. Despite corrections for body surface area and body weight, these

differences remained, suggesting that breed and body conformation should be considered when interpreting echocardiographic studies in the dog.

Metabolic and physiologic effects of athletic competition in the Greyhound ***Companion Anim Pract 2[8]:7-11 Aug'88 20 Refs***

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Review article examining the peculiarities of the greyhound, a sprint racer. Racing greyhounds in the US run counterclockwise, on an oval track 5/16 to 3/8 mile long, and the typical race lasts around 45 seconds. Track surfaces, maintenance, length and banking of turns are extremely variable, as are the conditions of temperature and humidity under which races are run.

GREYHOUNDS DIFFER from other dogs in many respects. Compared to other dogs, their hearts are larger, stronger, and slower [resting heart rate 30 - 50 bpm], and they have a higher mean arterial pressure and lower peripheral resistance. The lower resting heart rate is at least partially a training effect; retired greyhounds have resting heart-rates closer to the average. Because they redistribute blood poorly, they compensate poorly for heat stress. They also have a greater muscle mass than the average dog.

LABORATORY FINDINGS. Compared with other breeds, greyhounds have higher PCVs and larger erythrocytes, larger total red cell counts, and higher hemoglobin values. These values are presented in a table.

POST-EXERCISE CHANGES measured after racing demonstrate transient increases in WBC counts, RBC counts, PCV, and hemoglobin levels. Proteinuria has been documented; myoglobinuria is reported, but has not been extensively studied. A dramatic increase in lactic acid levels is seen, from 7.97 +/- 0.04 mg/dl to 221.7 +/- 7.44mg/dl, followed by a rapid return to normal levels within 1 hour. Greyhounds are usually hyperthermic, as well as tachypneic after a race.

ANAEROBIC METABOLISM in greyhounds is the primary source of energy during racing. Studies have shown that energy requirements in sprinters may increase 20 times over resting levels, and only 5% of the energy used in a greyhound race comes from aerobic metabolism. Part of the greyhound's efficiency in using anaerobic metabolism is the result of a higher than average proportion of Type II muscle fibers, which use anaerobic metabolism to generate energy.

A discussion of aerobic and anaerobic glycolysis and oxygen debt is illustrated by diagrams.

Hematologic Values in Mongrel and Greyhound Dogs Being Screened for Research Use

J Am Vet Med Assoc 1971 Dec 1; 159(11): 1603-6

Porter, JA Jr and Canaday, WR Jr.

Hematologic and blood chemistry data were collected from Greyhounds and from mongrel dogs. Data were distributed according to sex and, in the case of the mongrels, according to weight. The Greyhounds' mean values for red blood cell (RBC) counts, for packed cell volume (PCV), and hemoglobin (Hb) determinations were greater than those of the mongrels, in most cases significantly so ($P < 0.01$). The mongrel dogs, on the other hand, had higher mean values than

Greyhounds in reference to the white blood cell (WBC) counts and relative percentage of eosinophils. The serum sodium, chlorides, bilirubin, and glutamic oxaloacetic transaminase values were greater, and in most cases significantly so, for the Greyhounds in comparison to the mongrels. The mongrel dogs had a higher total serum protein and a lower serum albumin content than did the Greyhounds. The female Greyhounds had a significantly higher blood urea nitrogen value than did the mongrels. The mean alkaline phosphatase activity values were significantly higher for male mongrels weighing less than 15kg than for male Greyhounds.

Fractures and Dislocations of the Racing Greyhound_Part I **Compend Contin Educ Pract Vet 17[6]:779-786 Jun'95 Review Article 25 Refs**

* Mark A. Anderson, DVM, MS, and Gheorghe M. Constantinescu, DVM, PhD, Drhc, Larry G. Dee, DVM, and Jon F. Dee, DVM, MS
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-Greyhounds sustain many fractures and dislocations that are uncommon in other breeds of dogs. The counter-clockwise direction of racing, the repetitive nature of racing, and track conditions predispose greyhounds to many atypical injuries. Most injuries that occur as a result of racing involve, or are distal to, the carpus and tarsus. The repetitive nature of racing predisposes greyhounds to stress fractures that are not seen routinely in nonworking dogs. A better understanding of injuries sustained by racing greyhounds gives the practitioner an appreciation of the unique nature of these injuries and how they affect the dogs that participate in this increasingly popular sport.

Fractures and Dislocations of the Racing Greyhound_Part II **Compend Contin Educ Pract Vet 17[7]:899-909 Jul'95 Review Article 24 Refs**

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Most pelvic limb injuries sustained by racing greyhounds are a result of the counterclockwise direction of racing. The central tarsal bone is one of the most frequently fractured bones in the pelvic limb because of the high compressive forces that are placed on the medial surface of the tarsus during racing. Central tarsal bone fractures lead to a loss of integrity of the medial buttress of the tarsus, which predisposes the other tarsal bones to injury. Similar to injuries of the thoracic limb, most pelvic limb injuries are distal to and include the tarsus. Because most injuries sustained by greyhounds are uncommon in other breeds, the orthopedic surgeon must have a good understanding of the anatomy of greyhounds and techniques used to repair pelvic limb injuries. Tarsal bone injuries as well as metatarsal and phalangeal injuries, which are commonly seen in the pelvic limb, are described. In addition, several unique as well as less common orthopedic injuries sustained by racing greyhounds and methods for repair of the various fractures are reviewed.

Induction of anesthesia with diazepam-ketamine and midazolam-ketamine in greyhounds.

Vet Surg 20[2]:143-7 1991 Mar-Apr

Hellyer PW ; Freeman LC ; Hubbell JA

Anesthesia was induced in 14 greyhounds with a mixture of diazepam or midazolam (0.28 mg/kg) and ketamine (5.5 mg/kg), and maintained with halothane. There were no significant differences in weight, age, or duration of anesthesia between the treatment groups. Time to intubation with diazepam-ketamine (4.07 +/- 1.43 min) was significantly longer than with midazolam-ketamine (2.73 +/- 0.84 min). Heart rate, respiratory rate, PaCO₂, and arterial pH did not vary significantly during anesthesia in either treatment group. Arterial blood pressures, PaO₂, halothane vaporizer setting, and body temperature changed significantly from baseline values in both treatment groups during anesthesia. Times to sternal recumbency and times to standing were not significantly different. These data suggest that both diazepam-ketamine and midazolam-ketamine are useful anesthetic combinations in greyhounds. In combination with ketamine, midazolam offers little advantage over diazepam.

Anesthesia of the Sighthound

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The sighthounds are an ancient group of dog breeds that have been selectively bred for high-speed pursuit of prey by sight. Probably as a consequence of this selection process, these dogs have a number of idiosyncrasies that can potentially adversely affect their anesthetic management. These include (1) nervous demeanor which can lead to stress-induced clinical complications, such as hyperthermia; (2) lean body conformation with high surface-area-to-volume ratio, which predisposes these dogs to hypothermia during anesthesia; (3) hematological differences such as a higher packed cell volume and lower serum protein compared with other dog breeds which may complicate interpretation of preanesthetic blood work; (4) Impaired biotransformation of drugs by the liver resulting in prolonged recovery from certain intravenous anesthetics, especially thiopental; and increased risks of drug interactions. Safe anesthetic management of sighthounds should include sedative premedications and appropriate use of analgesic drugs to minimize perioperative stress. Thiopental, or any other thiobarbiturate, should not be used in these dogs. Propofol, ketamine/diazepam combination, and methohexital are recommended alternative intravenous anesthetics. Avoid coadministration of agents that inhibit drug biotransformation, such as chloramphenicol. Inhalation anesthesia using isoflurane is the preferred anesthetic maintenance technique. Core body temperature should be monitored closely and techniques to minimize hypothermia should be employed both during anesthesia and into the recovery period.

Serum creatinine concentrations in retired racing Greyhounds.

Vet Clin Pathol 2003; 32(1): 40-2

Feeman WE 3rd, Couto CG, Gray TL.

BACKGROUND: Greyhounds frequently have laboratory values that are outside reference intervals established for dogs. Our recognition of increased serum creatinine concentrations in several Greyhounds posed a problem when evaluating a Greyhound with suspected renal disease.

OBJECTIVE: The purpose of this study was to compare serum creatinine concentrations between Greyhound and non-Greyhound dogs.

METHODS: Thirty retired racing Greyhounds and 30 age- and gender-matched control non-Greyhound dogs were evaluated. Serum creatinine concentrations in both groups were measured using a standard biochemical method and compared statistically using a Kruskal-Wallis test.

RESULTS: Creatinine concentration was significantly higher in the Greyhounds ($P < .01$) than in the control group.

CONCLUSION: Greyhounds have a higher serum creatinine concentration than do non-Greyhound dogs. This idiosyncrasy should be taken into account when evaluating healthy Greyhounds and those with suspected renal disease.

Morphologic Characterization of Specific Granules in Greyhound Eosinophils.

Vet Clin Pathol 2005; 34 (2): 140-3

Cline Iazbik MC, Couto CG.

Comparison of Glomerular Filtration Rates in Greyhounds and Non-Greyhound Dogs.

JVIM under review

Drost WT, Couto CG, Fischetti AJ, Matoon JS, Iazbik C.

Greyhounds and those pesky cuts and scrapes

As you may already know, or will learn, Greyhounds have VERY thin skin and very often come up with little scrapes and cuts while out running around. Here are a few tips to help you decide whether your Greyhound will need to be seen by a vet following such an injury. **If you are ever worried, it is always best to err on the side of caution and to be seen by a vet**, but many of these cuts and scrapes can be managed at home. If you answer yes to any of these questions, you should see a vet:

1. Is the cut actively bleeding (not is there blood present, but if you clean the blood up, does more run down the leg)?
2. Is there ripped muscle or tissue? You will know it if you see it!
3. Does your Greyhound appear to be in pain or distressed by the injury?
4. Is the cut more than an inch in length?
5. Does the cut smell or is swelling developing?

If you answer “no” to all of these questions, here is what I recommend: clean the scrape with a cotton ball or gauze square soaked in hydrogen peroxide. Then apply triple antibiotic ointment or Neosporin to the cut 2-3 times a day for 4-5 days or until a scab forms (whichever comes first). Liquid Band-aid can also be placed over scrapes to help protect the injury. Some Greyhound owners have found using the product “Facilitator” has improved healing times.



Lumbosacral Stenosis (cauda equina)

-by Suzanne Stack, DVM

As our greyhounds age, quite a few of them, especially the males, become weak, wobbly, and/or painful in the rear end. Many of these are affected by lumbosacral stenosis (LS), a narrowing of the last part of the spinal canal, which causes compression of the nerve roots.

Signs are rear end pain, lameness, weakness, "shuffling," knuckling over, foot dragging, and muscle wasting. Both urinary and fecal incontinence are possible and carry a worse prognosis. Greyhounds may even lose their appetite from the pain and "waste away."

The difficulty in diagnosing LS is twofold. Many veterinarians simply do not recognize the signs. LS looks neurologic, and technically, it is. But a rare and obscure neurological disease, it is not. Beware a diagnosis of "hip dysplasia" in a greyhound - greyhound hips are by and large excellent. The second problem is that unless your greyhound is "lucky" enough to have visible arthritis on lumbosacral x-rays, the only techniques to confirm LS are pretty high tech - CT, MRI, discography, etc.

Not only can LS be difficult to "nail down," the other problem is that oral medications such as Rimadyl, Etogesic, glucosamine, aspirin, prednisone, etc. do little for LS since it is not arthritis, but rather, "doggy sciatica" i.e., pinching of the nerve roots.. It presents a sad problem. The "cure" is referral spinal surgery to free up the trapped nerve roots, not something many owners will consider in a geriatric greyhound. Many if not most greyhounds simply get worse and worse until euthanasia becomes necessary.

The good news is that there is a simple palpation technique to detect LS and a way to inject Depo-Medrol intraliesionally to help it, similar to what is done in humans. It was taught to me by Dr. Mike Herron, a professor of small animal orthopedic surgery at Texas A & M for 32 years, owner of racing greyhounds, and all around "greyhound guru." You may want to clip this out for your vet to see should one of your greyhounds begin showing signs of LS.

This is an easy procedure that you do with the dog standing up, basically an intramuscular injection into the lumbosacral area. There is absolutely no danger of hitting the spinal cord or any important structures. The worst thing that can happen is that it doesn't help the dog.

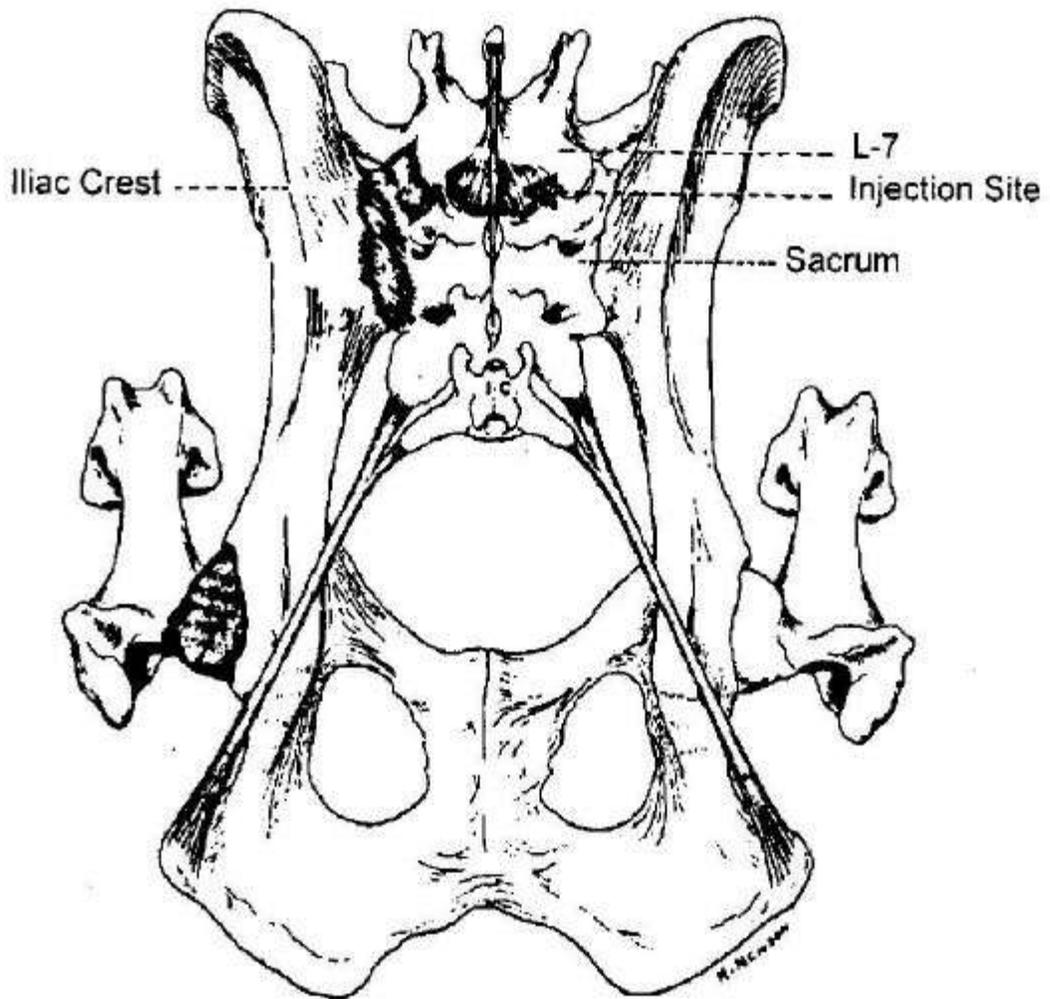
First, look at the diagram to see where the L-S joint lies in relation to the iliac crests so that you hit the right spot both with your thumbs for palpating and with the needle for injecting.

Put all your fingers on the ventral ridge of the greyhound's iliac crest. Put each thumb just medial to each iliac crest about halfway down its ridge. Your thumbs should be between the iliac crest and the vertebrae. Be sure to look at the diagram so you can see where the L-S joint lies in relation to the iliac crests. Try to "crack" (move) the L-S joint. If it hurts (or he falls to the ground!), chances are he has LS.

Draw up 20 mg of Depo-Medrol and using a 1" needle, inject half of this into each side. Go about halfway down the ridge of the iliac crest, go in (medially) 1", and inject just off the midline (this is where you put your thumbs to try to "crack" the L-S joint).

If the greyhound does not show improvement within 48 hours, the problem is something else. Repeat as needed as Depo-Medrol's effect wears off - usually every 3-6 months.

A footnote worth mentioning for LS is Ultram, a human "combination" drug with both a narcotic-like and an antianxiety component. Used sometimes for bone cancer in dogs - another very painful condition - I have tried it with good results on two LS dogs when Depo-Medrol injections were not enough. A greyhound dose is 1/2 a 50 mg Ultram as needed for pain, given up to twice daily.



Pelvis, Dorsal Aspect