Mid-Atlantic Chinese Shar-Pei Rescue Operation Inc.

Non-Profit, Tax Exempt

Quarterly Newsletter

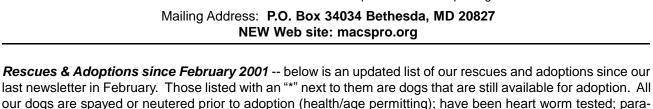
Volume XIII

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116-00: **Cluie** is a crème female who was given up in Fairfax, Virginia. She was adopted and began to have behavior problems. She was returned to us and is currently being re-evaluated.

site tested and have all necessary shots.

117-00: **Moonlight** is a small fawn, black muzzle female from Prince William County, Virginia. She was being fostered by Nancy Ellis who decided that Moonlight had found a permanent home at Nancy's home.

119-00: **Cuddles** is an apricot female that could not stand kennel life. She is still living with the Figgatt family in Maryland. They are such good people; we are hoping they will keep her.

130-01: **Keisha** is a shy, young female who was brought into a shelter in West Virginia. A worker there thought she was such a nice dog that she drove five hours to bring her to us. She was adopted and brought back to us due to a behavior problem. She was taken home by Jim Pearl and Deb Pope and under their care has turned into a lovely gal.

131-01: **Junior** is now living happily in New Jersey with the Fazekas family. He has a bed on the first and second floors but prefers the couch. Something in his past has caused him to hate people in baseball caps. Who says only an elephant remembers?!

132-01: **Della** is a young black female who came to us from West Virginia. General and Ms. Sennewald of Alexandria, Virginia adopted her.

133-01: Champ became Max when he moved to

Rockville, Maryland with Chris Hanes and Heather Mueller. Max enjoys long walks in Rock Creek Park and playing with children.

134-01: **Nina** was adopted by a busy family and every time the door opened, she ran away. So back she came. Now she lives with an adult family in Pennsylvania and goes on vacation in a motor home.

135-01: **Bear** was just that — a bear coat chocolate Shar-Pei. He cleaned up real well and was adopted by Ellen and Donald Clugh of Thornburg, Virginia.

136-01: **Judge** is a big loveable guy who found a big backyard that came with the Inkpen family in Alexandria, Virginia.

137-01: **Reno** was an 11-month-old male who came to us from the D.C. Shelter. They reported that he had been chained inside a house. He is so gentle and loving and so glad to be free. Reno was adopted by Peg Perez of Easley, South Carolina where he now lives with a female 11-month-old Shar-Pei (and yes, they are both "fixed").

138-01: **Red** was a stray that came to us from Prince George's Shelter. Since we knew nothing about him except that he had a beautiful red coat, he became "Red". The Goedken family of Washington, D.C adopted him.

139-01: * Cecil is a horse coat fawn male with beautiful longing eyes. He was a stray from Cecil County, Maryland and has missed a lot of meals. He just needs a loving home where he can get lots of love and food!

140-01: **Stormy** was a 14-week old puppy that was brought into us from Westmoreland County, Virginia as a Shar-Pei pup. Unfortunately, poor Stormy, who was so small you could almost hold her in your hands, never had a Shar-Pei in her ancestry. She was so young and sick, with no hair on her little body that if we did not take her, the only left to do would be to put her down. So, Barbara Sellers could not let that happen and took her home. Stormy had to have a lot of Vet work to save her life. We realized that she did not have much of a chance of adoption from us, as the contacts we receive are Shar-Pei specific and this little gal looked more like a hairless Chihuahua. We were contacted by PAL and asked to take a Shar-Pei that had come into their all breed rescue. It was, therefore, agreed that we would exchange dogs. So, little Stormy is now in a foster home with PAL.

141-01: * **Tenchii** is our "exchange" dog from PAL. He is a black male from Prince William County, Virginia. He has had eye surgery and is in good health. Tenchii appears to be about two years old.

142-01: * **Gin** is a horse coat, fawn female who we believe is between 2 and 3 years of age. She came to us from a private rescue group in North Carolina who rescued her from a shelter. She is heartworm positive and has prolapsed female organs. She appears to have suffered a lot but is in great spirits. We really need a foster home to give her a quite environment while she undergoes the heartworm treatments. There is no unusual care required except she must be kept quite and brought in every few weeks for her treatment.

143-01: **Grunt** is a black meat mouth female who came to us from the D.C. Shelter. It was necessary to do laser eye surgery on her immediately and when she was sufficiently recovered, the Coucett family of Kensington, Maryland adopted her.

See pictures of all our available dogs at the end of this newsletter and also on our web site.

Thanks!!

We want to take this opportunity to thank all those who have helped us these past few months, either financially, or with foster care and transportation:

Duncan Redditt, Julie Neff, Arnold Turner, "Smily" El-Abd, Janice Jackson, Stephen & Elizabeth Small, Kelly & Janette King, Douglas Clark, Mark Fontenot, Debra Pope, John & Crystal Wilkinson, Lucky Pet Co., Fannie Mae, Dennis & Beverly Sparks, Susan Jan Walker, Keith Figgatt, Bradley & Mitzi Walker, Terry & Frank Nicholson, Sharon & Ronald Coombs, Chris Hanes, Franchon O'Donoghue and iGive.com.

And a big wet dog kiss to Michael Morcomb who goes to the Dumfries Animal Hospital to walk and socialize our dogs. And most of all, to keep their spirits up!

INCOME AND EXPENSE STATEMENT

February 1, 2001 through May 21, 2001

Prior Balance:	\$3,039.72
Membership, Donations	\$4,241.67
ļ,	\$7,281.39
Expenses: Release fees to shelters for dogs Dumfries Hospital, surgery, medi-	\$130.00
cal care, spay/neuter, boarding	\$4,471.60
Ad in The Barker AOL fees, set up of new web site	\$20.00 \$658.75
fees, care of rescue dog in Mass.	φ036.73
	(\$5,280.35)

\$2,001.04

Balance in Account:



"If you consider that we cannot save them all, and what difference does one make? You ought to know the joy of the one who is saved.

Mourn those we cannot save.

It is a eulogy to their being.

Do not let their loss be in vain."

From "We Are Their Heros" --A new prose by Jim Willis; [Online] Available: http://jimwillis0.tripod.com/tiergarten/id13.html

Health Articles

In each issue we try to bring you a health or medical article which may be valuable to a dog owner. In this issue we are printing two medical articles that pertain specifically to Shar-Pei. Besides being the smartest dog around, they also have the dubious honor of being the only breed to get the below listed medical condition and one of the few breeds that get the second listed condition. We hope that these articles may help you to identify any problem that may exist in your dog. If you have further questions, contact a Shar-Pei knowledgeable Veterinarian.

Mucinosis

What is cutaneous mucinosis?

In this condition there is a build-up of abnormal amounts of mucin (thick, clear, sticky fluid) under the skin. It occurs primarily in the Chinese Shar Pei, which has more skin mucin than other breeds to begin with.

How is cutaneous mucinosis inherited?

Unknown. There is probably a relationship between the increased mucin under the skin of the Shar Pei, and the pronounced skin folds of the breed.

What breeds are affected by cutaneous mucinosis?

Chinese Shar Pei.

For many breeds and many disorders, the studies to determine the mode of inheritance or the frequency in the breed have not been carried out, or are inconclusive. We have listed breeds for which there is a consensus among those investigating in this field and among veterinary practitioners, that the condition is significant in this breed.

What does cutaneous mucinosis mean to your dog & you?

Most often this condition is only cosmetic – that is, it will affect your dog's appearance but not his or her health. Shar-Peis with mucinosis have excessive skin folding and/or lumps and bumps (vesicles or pockets of mucin). Many dogs seem to outgrow the condition by ~ 5 or so years of age.

Excessive mucinosis can interfere with breathing if the vesicles are in the back of the mouth. This may cause your dog to snort and snore, and can increase the risks associated with general anesthesia.

How is cutaneous mucinosis diagnosed?

Your veterinarian will take a skin biopsy (a simple procedure, done with local anesthetic) for examination by a veterinary pathologist. With this condition, the biopsy will show excessive mucin in the layers of the skin.

Excessive mucinosis can also occur with hypothyroidism, a condition to which the Chinese Shar Pei is prone.

For the veterinarian: The vesicles look similar to those seen in the various autoimmune disorders; however the content (mucin) is thick and sticky rather than serous.

Concurrent hypothyroidism may lead to severe mucinosis.

How is cutaneous mucinosis treated?

Dogs with breathing problems are treated with gradually tapering doses of corticosteroids over several weeks, to reduce the amount of mucin. Usually only 1 course of treatment is needed.

For the veterinarian: Treatment should be considered in dogs with oropharnygeal involvement, that may experience respiratory arrest under general anesthesia. If repeated treatment is required, hypothyroidism should be ruled out.

Breeding advice

It is preferable not to breed affected dogs or close relatives. **n**

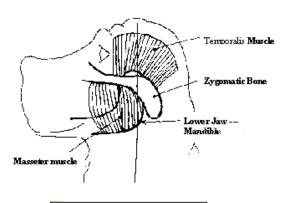
This second article is by Dr. Jeff Vidt, whose articles also appear on our web site, www.macspro.org.

Masticatory Myositis

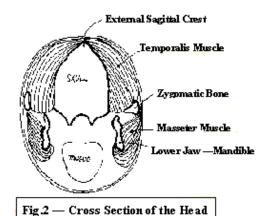
Masticatory myositis appears to be a breed problem in the Chinese Shar-Pei. While Dr. Vidt is hesitant to say it's an inherited condition, he has seen it in lines and in litters of affected individuals. This condition used to be described as two separate disorders: (1) **eosinophilic myositis** and (2) **atrophic myositis**. It is currently felt that these are manifestations of the same disease now called **masticatory myositis**. This is an inflammatory muscle disease, most likely immune-mediated, involving the muscles of mastication – these muscles are used to grind and chew food prior to swallowing. Five muscle groups in the dog are involved in the process of mastication – four muscles

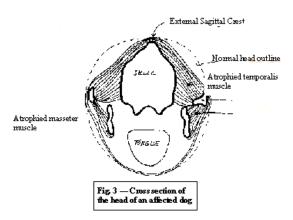
Masticatory Myositis -- continued

are responsible for closing the mouth and one with opening the mouth. The temporalis muscles and the masseter muscles are primarily the muscles used to powerfully close the jaws and are especially well developed in the Shar-Pei (Figs. 1 and 2).









Bear in mind that these muscles must also relax in order for the mouth to open. Since these two muscles are the largest muscles which close the jaw, when they become involved in masticatory myositis, the primary clinical sign clinical sign is trouble in opening the jaws.

Masticatory myositis can be divided into an acute and chronic form. It must be remembered that one acute attack can lead immediately into the chronic form of the disease, although, more often than not, multiple, recur-

rent acute attacks are necessary. Symptoms of the acute form involve the swollen, firm and painful temporalis and masseter muscles. The dog's head often appears swollen and larger than normal. The dog will be reluctant or unable to open his mouth. Opening the mouth more than 1 inch or so elicits an extremely painful response. This results in difficulty in eating and often the owner notices increased drooling as well. This swelling may even cause exophthalmia or the eyes to "bug out". Usually a fever is present and the lymph nodes in the head and neck region are enlarged. The tonsils are often enlarged as well, but it is difficult to visualize them due to the inability to open the mouth. The patient is often depressed and may resent palpation of the head musculature.

Laboratory findings are variable, but very often are normal. The white blood cell count may be elevated and often there is an increase in eosinophils (a type of white blood cell often seen with inflammation). Most often there is a dramatic increase in a skeletal muscle enzyme known as creatine kinase or creatine phosphokinase (CPK-MM). Smaller amounts of this enzyme are also located in the brain (CPK-BB) and in the heart muscle (CPK-MB). This enzyme has a short life span in the serum and is most often elevated in the acute form of the disease due to the magnitude of muscle damage and because the owner usually presents the dog while the disease is present. CPK may not be part of the normal serum enzyme panel your veterinarian uses and may have to be requested separately. Your vet should also request the CPK enzyme be reported in terms of the various isoenzymes (heart, brain and skeletal muscles).

The **chronic** form usually is evident when the dog's head appears "sunken", especially the top of the head. Severe and recurrent muscle damage leads to scar tissue formation and atrophy or shrinking of the muscle. This scar tissue is non-functional and these dogs often cannot open their mouths more than 1/2-1 inch. The dog's head often appears "skull-like" with a prominent external sagittal crest (the bony ridge on top of the head) and the eyes are sometimes enophthalmic or sunken due to loss of the muscle mass behind them (Fig 3). In the chronic form, laboratory findings are often normal. The CPK-MM is usually normal due to the fact that there is little muscle left to produce the enzyme. The dogs are normal otherwise and non-painful, although the mouth cannot be opened. The cause of masticatory myositis is uncertain, but is

thought to be immune-mediated because:

- The type of cellular infiltrate in the affected muscles.
- The disease is responsive to immunosuppressive doses of corticosteroids.
- In some cases, autoantibodies are present,

Masticatory Myositis -- continued

fixed to the unique muscle fibers present in the muscles of mastication (Type II M fibers) and the presence of anti-Type II M antibodies in the serum of some dogs with the disease. These antibodies may play a role in the immune system attack on these muscle fibers.

Definitive diagnosis of this condition is based on muscle biopsy — usually of the temporalis and/or masseter muscles. Also a 2M Antibody test is available which can be done utilizing a serum sample — this must be done before therapy is initiated!

This test available from:
Comparative Neuromuscular Laboratory
Basic Science Building, Room 1057
University of California, San Diego
La Jolla, CA 92093-0612

Phone: (858) 534-1537 Fax: (858) 534-7319

Treatment invariably involves the use of corticosteroids at high (immunosuppressive) doses. Prednisolone is usually preferred. In the acute form, there is usually rapid clinical improvement. The dose is subsequently reduced gradually and in some dogs, prone to relapses, must be maintained on continuous alternate day therapy. In the chronic form the prognosis is much more guarded. Surgery is usually done to allow some return of jaw function. Often the insertion of the temporal muscle on the lower jaw is surgically incised and released. This may free up the jaw enough for the dog to be functional. Fortunately, this is not a common disease, but one that veterinarians and owners need to be aware of. n

A note from the Secretary:

I would like to extend a note of thanks to those "adoptive parents" who have taken the time to write us about their experiences with their rescue Shar-Pei. We would like to share a few with you in each newsletter.

Scott Haigley, who lived in Baltimore Md., adopted "Bullwrinkle" in 1998. Recently Scott was transferred to Alaska. He didn't want to leave Bullwrinkle and didn't want to take the chance of flying him so they both DROVE to Alaska. Scott sent us a picture of Bullwrinkle in Alaska wearing a red sweater.

Jennifer Stone writes, "My husband who was not real fond of getting a dog has fallen in love with China from the first day we saw her. And she has fallen in love with us. Lucky China.

The Brandis family travel during the summer with Bruiser in a motor home.

In Closing:

It seems that most of the dogs we have received recently have come to us with medical problems. Some problems are not so bad (such as eye surgery) and some have been quite bad (such as heartworm and prolapsed urinary tract). Many rescue groups and shelters would put these dogs down rather than spend the time and money on them, but you know we don't — we take these dogs. Many of you have some of the dogs we have helped. Would you consider helping us help the ones we have now, and even the next ones that come to us? Thank you. n

"Our Gang"

Currently Available for Adoption

Tenchii



Gin



Cecil





The Mid-Atlantic Chinese Shar-Pei Rescue Operation, Inc. Non-Profit, Tax Deductible Application for Membership

Name:			
Address:			
City:	State:	Zip:	
Home Phone:	Work Phone:	Occupation:	
Annual Renewal Dues for	r the Year 2001: \$25.00		
	nout your support. Your entire contrib various information available in the non today. Thank you.		_
G ,		ion enclosed:	
(You may pay by credi	t card via our web site: www.macs	spro.org) Thank you for you	r support.
Signature:		Date:	
NACTO e a deles es NAAA	20000 DO DOV 24024 DET	THEODA MADVIAND CO.	207

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