

# Mid-Atlantic Chinese Shar-Pei Rescue Operation Inc.

*Non-Profit, Tax Exempt*

Quarterly Newsletter

Volume XV

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**Rescues & Adoptions since October 2001** -- below is an updated list of our rescues and adoptions since our last newsletter in October. Those listed with an "\*" next to them are dogs that are still available for adoption. All our dogs are spayed or neutered prior to adoption (health/age permitting); have been heart worm tested; parasite tested and have all necessary shots.

135-01: \* **Bear** is our bear coat male from D.C. who was adopted but kept running away and getting into trouble. He is a beautiful boy who needs a high fenced yard and someone who is willing to work with him until he learns that there is no place like home.

142-01: **Gin** has totally regained her health and has been adopted by Ashley Mullinax of Dumfries, VA

145-01: **Nelly** has been adopted by her foster "mom", Nelly Mori.

146-01: **Molly** was returned to us due to the illness of her adoptive parent. She has since been adopted by the Hess family of Montgomery County, MD, who met us at the book wrapping at Christmas.

148-01: **Breezy** had also been adopted by the same family that had Molly and so, due to owner illness, he was returned. Breezy, although quite young, seems to get attached to one person. Despite this affinity for one, when Keith & Melanie Dunn brought their Shlab (Shar-Pei/Lab mix) there was an instant connection. Thus, Breezy has gone home with the Dunn's.

149-01: **Zen** so deserved of a good home, having been tied in a yard for so long. We hope he has found one with the Clarke family of Westminster, MD.

151-01: \* **Hitch Hiker** was brought back to Dumfries as he kept digging out of his yard (I guess he really does like hitch hiking). He is an energetic young male who need lots of walks and attention.

155-01: \* **P.J.** is our crème meat mouth male who is back with us in the kennel. He seems to prefer an adult family. But he would love to be someone's forever companion.

156-01: **Beauty** was our 10 year old who came to us from New York after the 9/11 tragedy. She was adopted by the Manen family of Potomac where she will share a big fenced double yard with a neighbor and get lots of attention from both families.

157-01: **Chin** also came to us from New York but did not make the adjustment from his deceased owner's home. He was 10 years old and just could not adjust to either a new home or the kennel. He became very aggressive at his new home and when placed in the yard he refused to come in. He would not allow anyone to even enter the yard or to touch him. He had to be fed by placing the food outside the door. Finally, tranquilization was required in order to return him to Dumfries where he was put to sleep to release him from his mental torment.

158-01: **Parker**, the stray that came to us from Montgomery County, MD has been adopted by Ms. Perdue of Manassas, VA.

159-01: **Ripley** had an adoption application in place and then died unexpectedly before she ever got to go to her new home.

160-01: **Roscoe** has found a loving home with the Easlick family in Bethesda, MD.

161-01: **Petey** had been on the road so long that he had no social graces and is just a big affectionate oaf. Leslie Albertson realized he would make a good jogging companion and took him to have his forever home with her.

162-01: **Little Girl** has recovered nicely and has had her eye surgery. Everyone who sees her falls in love with her - Ms. Nemitz fell in love enough to adopt her.

163-01: **Precious** is a black brush coat meat mouth small female who came to us from All Breed Rescue. The Brown family of Woodbridge, VA adopted her immediately.

164-02: **\*Mr. Bones** is a black bone mouth horsecoat who was so starved when he was found that he was barely alive. He had completely forgotten how to eat and had to re-establish his ability to eat. Mr. Bones is rapidly gaining weight and he is in good health and ready for his "forever" home.

165-02: **Buddy** was brought to us as a 6-week-old puppy with ulcerated eyes, a hernia and bleeding stools. Sam commented that the people who brought him in were driving a big, new car but couldn't afford to take the dog to the vet. He is fully "repaired" and was adopted by Francis Costin in Richmond, VA.

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### Letter from the President

I hope all of you and your Peibabies had a Merry Christmas and a Happy New Year. I want to thank all of our friends who helped us with the gift-wrapping during the holidays at Barnes & Noble. We believe it was very successful. Besides raising needed funds, we got to inform a lot of people about our work and even had an adoption as a result of our presence at Barnes & Noble. We will try to get lined up next year in some of the Virginia stores for Christmas.

Our Christmas cards were also a success. If there is a hidden artist out there that would like to design a new card for us, please create away! We would like to get an earlier start this year.

We have had a great many dogs this year, many of them with extreme health problems. This puts a lot of stress on both Joyce and me, as we are closest to the dogs – picking them up, meeting prospective new "parents" and doing follow-ups. Both Joyce and I need a "mental health" break to re-group and rest. As most of us know, growing old stinks. The body and minds slow down. I am facing back surgery in the next month, which will keep me homebound for a month or more. Joyce is recovering from several long-term injuries. After almost twenty years, we need a short break to recover and regroup. We cannot stop taking the dogs in our immediate area, but we will

not be able, for a while, to take dogs from all over the East Coast as we have been doing all these years. We also will be calling on friends and adoptive parents to help us when possible.

We are thankful for people like Robert Morcomb who comes to Dumfries on a regular basis to socialize and walk our dogs. We wish we had more like Robert.

In closing I would like to again thank the Dumfries Animal Hospital and all of the staff, especially the kennel help for the loving care they give our Peibabies. Also a very special round of applause for Bobbie, the practice manager, who always lets me bring in just one more dog after I have told her five times "no more dogs for now".

*Barbara Sellers, President  
MACSPRO*

<b>INCOME AND EXPENSE STATEMENT</b>	
October 22, 2001 through February 1, 2002	
<b>Prior Balance:</b>	<b>\$1256.69</b>
<b>Income:</b>	
Membership and donations	\$8465.65
Christmas card sales <sup>1</sup>	\$505.32
Book wrapping	<u>\$980.55</u>
	<b>\$11,208.16</b>
<b>Expenses:</b>	
Production of TV ad	\$91.00
Dumfries Animal Hospital <sup>2</sup>	
Medical	\$2,176.21
Boarding	\$5,665.19
	\$7,841.40
Bank Charge	\$30.00
D.C. Corporate 2 yr fee	<u>\$50.00</u>
	<b>(\$8,012.40)</b>
<b>Balance:</b>	<b>\$3,195.76</b>
<b>Accounts payable:</b>	January Vet bill
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<sup>1</sup> Christmas card sales:	
Income:	\$515.00
Expense:	
PayPal fee	<u>\$9.68</u>
	<b>\$505.32</b>
Donated expenditures:	
Heather Mueller: printing and packaging of cards	
Joyce Hanes: purchase of card materials, envelopes, stamps (\$98.19)	
<sup>2</sup> Between 10/22 to 12/31 we had 15 dogs in and out of Dumfries for medical work and boarding.	

## **Health Articles**

### **Canine Blastomycosis**

Recently, it has come to our attention that several cases of this fungal infection have been reported in Shar-Pei. This disease is not limited to Shar-Pei. But the loss of even one dog through the lack of knowledge and timely treatment of this disease, is one dog too many. The following articles by Drs. Vidt and Van Lienden, reprinted with the permission of "The Barker" magazine, identify the symptoms and treatment of this potentially fatal disease.

Following are several websites, which will provide much of the technical/medical information on blastomycosis.

<http://www.mc.vanderbilt.edu/peds/pidl/infect/blastomy.htm>

<http://www.drpetra.com/Dogs/Blastomycosis.htm>

<http://www.canismajor.com/dog/blstomyc.html>

<http://www.vetmed.wisc.edu/pbs/blasto/intro.html>

<http://pethealthcare.net/html/>

[body\\_canine\\_blastomycosis.html](http://pethealthcare.net/html/body_canine_blastomycosis.html)

### **From Jeff Vidt, DVM, Chairman of the CSPCA Health Through Education Committee**

Blastomycosis is a systemic fungal infection caused by *Blastomyces dermatitidis*. Infection generally occurs through inhalation of the infective spores which are primarily found in the soil. The organism requires high humidity such as is found in rotting vegetation, often enriched with bird droppings and protected from direct sunlight. The disease occurs in the mid-Atlantic seaboard, north-central states and the Ohio/Mississippi/Missouri river valley regions. Once the spores reach the lungs the yeast form of the fungus develops and spreads throughout the lungs resulting in a fungal pneumonia from where it can disseminate to other tissues of the body. Besides pneumonia, the disease can cause skin and bone lesions, disease in the eyes and central nervous system disease. Dogs appear to be highly susceptible to the disease and host factors such as immunosuppressive disease, defects in the host's immune system or other inherited or acquired defects appear to play a role. Larger breeds and primarily the hunting breeds seem to have a higher predilection for the disease.

Clinical signs depend on the organ system affected. The respiratory form (pneumonia) is characterized by coughing, labored breathing, fever, weight loss and lymph node enlargement. Bone involvement results in lameness due to osteomyelitis. Skin lesions usually appear as abscesses or draining, ulcerated areas that exude fluid on

the face, limbs, and nail beds. The most common clinical sign involving the eye is uveitis or inflammation of the eyeball itself. Signs include a "blood shot" eye, corneal edema, pain, and hemorrhage in the eye.

Diagnosis is based on the clinical signs, history and laboratory findings. A positive serum antibody titer provides a presumptive diagnosis but is not definitive. Chest x-rays are very helpful as area bone radiographs in cases of lameness due to bone involvement. Lymph node biopsy or fine-needle aspirates of enlarged lymph nodes may reveal the presence of the organism as can cytology of the fluid from draining skin lesions. The organism as can cytology of the fluid from draining skin lesions. The organism may be found in tracheal washes from those patients with the respiratory form of the disease.

Treatment usually involves the IV administration of amphotericin B, an antifungal drug. This drug is extremely toxic to the kidneys and is given with intravenous fluid therapy. The dose and frequency varies and depends on the protocol the veterinarian follows, the severity of the disease and the clinical condition of the dog. Other drug therapies involve the use of ketoconazole and itraconazole. These drugs can have adverse effects on the liver. Treatment is over several months and relapses are common. In most cases, animals that are still healthy one year after completion of therapy will remain free of disease. **n**

### **From Raymond Van Lienden, DVM of the Clifton Animal Clinic, Clifton, Virginia**

*What is blastomycosis, and how does an animal get this disease?*

Blastomycosis is a fungal disease caused by *Blastomyces dermatitidis*. This fungus most commonly infects humans and animals through the respiratory tract. After spores are inhaled, they settle in the small airways and begin to reproduce. Subsequent to this, the organism spreads throughout the body to involve many organs. Infrequently, infection occurs through inoculation of an open wound.

Although researchers in human medicine have been mostly unsuccessful in reliably isolating the organism from the environment, it does appear that both humans and animals become infected from particular environmental sources, probably the soil. In the United States, the disease is most prevalent in the warm, moist environment found in the Ohio and Mississippi River valleys. It is very common in the Southeastern United States.

*What can I do to rid the environment of the fungal organism?*

Nothing. The organism is ubiquitous, meaning it lives everywhere.

### *What are the signs of this disease?*

The fungus seems to have preferences for certain body systems, although it is usually disseminated (spread) throughout the entire body. Fever, depression, weight loss, and anorexia are common. Draining lesions on the skin are seen in most cases. Some degree of respiratory distress is present in advanced cases. Blindness may occur suddenly because the eyes are frequently involved. Lameness, orchitis (testicular inflammation), seizures, coughing, enlarged lymph nodes, and a variety of other signs are reported.

### *How is blastomycosis diagnosed?*

The only tests, which conclusively diagnose blastomycosis, are cytology and histopathology. Cytology, the microscopic study of cells, may be performed in the veterinarian's office on some of the fluid draining from an open wound or aspirated from a nodule or lymph node. Histopathology is the study of cells and tissue architecture; a tissue sample is sent away to a veterinary pathologist. Because the organism is shed in large numbers in the draining lesions, blastomycosis is usually diagnosed in the office with cytology.

Be aware that there is a screening blood test (AGID) to determine potential exposure. A positive result on this test does not equate to the organism. Many humans and animals have positive screening tests, but this does not mean that they have (or had) blastomycosis.

### *Can the disease be treated?*

Yes, although not all animals will survive. Fortunately, the newest antifungal agent being used is well tolerated by most animals and has relatively few side effects when compared to the agents being used several years ago. The drug, itraconazole (Sporanox), is quite expensive. Dogs may require several months of therapy. The drug is given once daily with food.

### *How do I know if my animal will survive?*

There is no way to determine this before treatment is begun, although an animal in poor condition and with advanced disease is less likely to survive. For many, the critical period comes in the first 24-72 hours when the drug takes effect and the fungi begin to die. The lungs harbor a large number of organisms. A severe inflammatory response may occur as treatment takes effect and the organisms begin to die in the lungs. Respiratory distress may be a significant problem in the first few days of therapy. The animal's chest will be x-rayed prior to therapy to determine the presence and significance of a fungal pneumonia, although the chest x-ray cannot predict the outcome of treatment.

Relapse of infection is more common when the organism involves the nervous system, the testicles, or the eyes. Many drugs have difficulty penetrating the natural barriers

of the nervous system, and infections here are hard to treat. Male dogs may need to be castrated to remove this potential source of organism. For similar reasons, one or both eyes may be removed, especially if the animal has already been blinded by the disease. The risk of relapse is very real with this disease, even though treatment appears successful.

### *Am I at risk of infection from my animal?*

Studies on the fungus have found that once an animal is infected, the organism enters a different form or phase; this does not appear to be infectious to other animals or to humans. However, common sense would dictate that strict hygiene should be followed in handling the draining lesions. Thorough hand washing should follow contact with these animals.

The infected pet does not need to be segregated from the owner or other household pets. The true risk of infection to others probably comes from sharing the same environment, which infected the pet (i.e., soil, etc). Because the *Blastomyces* organism may be harbored near your home, we would recommend that you advise your family physician of your pet's diagnosis. Also, if anyone in your family falls into one of the following categories, we would recommend that you consult with your physician:

- Infants or small children
- Transplant patients
- Chemotherapy patients
- HIV/AIDS
- Elderly family members
- Anyone with a known immunosuppressed state. n

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## *A Note from the Secretary/Treasurer*

Angela Wright and I have been applying for grants and financial aid with every charitable foundation found on the net. We have been turned down by all for the following reasons: 1. Too small an organization; 2. Not physically located in the state where the foundation is located even though we take dogs from the shelters in that state; 3. Budget already established; 4. Only give a percentage of our annual funds and we don't have enough money to qualify – in other words, we don't have enough money for them to give us money! I recently tried to apply with the Federal combined Campaign and was told that we had to have an audit and file a 990 Federal tax form (even though the IRS says we don't have to with less than \$25,000 yearly income). The best price I could get on an audit was \$2,000. We cannot afford that. So if you, or anyone you know, is a CPA and is willing to help our group with an

audit for the year 2002, we would be very appreciative. There is no way we can get on the Federal fund without an audit. The Combined Campaign for the National Capitol Area is still open for next year and does not require an audit; only a 990EZ, which I can prepare. I have filed our necessary IRS forms to continue our 501C (3) tax-exempt status.

We want to take this opportunity to thank Deb Pope, our Editor, who has donated not only her services in putting this newsletter together but has totally covered the cost of the last several issues thereby freeing up more money for our dogs.

Also, in our annual expenditures, the Dumfries Animal Hospital's total bill is 75% to 80% in boarding. We need more foster homes or someone to win the lottery and give us a piece of land for kennels!

Joyce Hanes, Secretary/Treasurer

### **Nylabone "Plaque Attacker" Recall**

This is a very popular product and many vets have seen a rise in lodging and choking. There are numerous reports of purported injuries and deaths; one law suit settled; a class action in the works. Nylabone has announced they are pulling the product off the market. This information is from: [http://www.king5.com/localnews/investigators/10015581\\_IN1122dogbone.html](http://www.king5.com/localnews/investigators/10015581_IN1122dogbone.html). n

### **One Last Note - iGive.com**

Thank you to all who purchased on line through iGive.com shopping service. When you register your charity as MACSPRO, we get a percentage of each purchase. If you have not tried iGive.com, please do. There are hundreds of stores listed there, you get prompt service and as an added benefit, MACSPRO gets a donation from the store. n

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## **"Our Gang"**

**Available for Adoption through the Mid-Atlantic Chinese Shar-Pei Rescue Operation**  
**Website: [www.macspro.org](http://www.macspro.org) Phone: (301)881-1221**



**Bear**

**Adopt me now!**



**Mr. Bones**



**Hitch Hiker**



**P.J.**



*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 the Year 2002: \$25.00

We can not continue without your support. Your entire contribution will be used for medical and boarding expenses. If you enjoy the various information available in the newsletters, please show your appreciation by sending in your contribution today. Thank you.

Contribution enclosed: \_\_\_\_\_

*(You may pay by credit card via our web site: [www.macspro.org](http://www.macspro.org)) Thank you for your support.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing address: MACSPRO, P.O. BOX 34034, BETHESDA, MARYLAND 20827

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**Annual dues for 2002 is due now**