

Mid-Atlantic Chinese Shar-Pei Rescue Operation Inc.

Non-Profit, Tax Exempt

Quarterly Newsletter

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Barbara Sellers
President

Phone & FAX: (703)583-2035
Email: mompuppy@aol.com

Joyce Hanes
Secretary/Treasurer

Phone: (301)881-1221
FAX: (301)770-2731
Email: momofmai@aol.com

Debra Pope

Vice President
Web Administrator
Phone: (703)330-3694
Email: peipal@blkmgk.com



Email: peirescue@macspro.org

Mailing Address: **P.O. Box 34034 Bethesda, MD 20827** Web site: **macspro.org**

RESCUES & ADOPTIONS since September 2003 – below is an updated list of our rescues and adoptions since our last newsletter in February. 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.

202-03* Peabody our flowered bear coat male is still waiting for a forever home. He has a temporary foster home but will have to return to the kennel if he does not get a “forever” home soon.

213-03 Cornwall found a home quickly with the Deleuis family in New Jersey.

214-03 Robin, while being treated for heartworm, was adopted by the Lanigan family who already has one MACSPRO Shar-Pei.

215-03 Bucky came to us in very bad condition due to total lack of medical care by his owners. Bucky underwent several surgeries but passed away.

216-03 Belle a fawn female came to us from Hartford County MD and was soon adopted by the Tankersley family who has been long time supporters of MACSPRO.

217-03* Snow was a “first baby” give up who came to us from Rockville, MD. He is a beautiful crème male who is only one year old. He is currently in foster with the Robbins family.

218-03* Dudley, a four year old fawn male from Frederick County, MD., appears to be blind or have very limited sight. He is a quick study and gets around so well it is hard to know just how much he can see. He is scheduled to see an eye specialist next week.

219-03* Chance came to us from Gloucester County, VA shelter. He has only three legs (due to an auto accident). But boy does he get around. He can run, jump and get in and out of the car with no trouble at all. He is a beautiful meat mouth fawn who doesn't know or believe he is handicapped.

220-03* Toad is a neglected 7-month old creme dilute born with subluxated patelas, two extra dew claws on each foot, advanced entropion as well as mange. He has undergone two surgeries and is scheduled for at least two additional surgeries. We are looking for Guardian Angels for Toad and Dudley (see our web site for more information on becoming a Guardian Angel).

You can look for all our available dogs on our web site www.macspro.org.

Combined Federal Campaign of the National Capitol Area #7122

Government employees -- don't forget to list us as your designated charity. Thank you.

**When you donate to MACSPRO
where does your money go?**

1. Surgeries
2. General Medical (shots, etc.)
3. Kenneling

And what about overhead costs?
Overhead costs = None. The time spent
saving these dogs is done out of love.



Merry Christmas from the MACSPRO 2003 Rescues

INCOME AND EXPENSE STATEMENT

August 1, 2003 thru 30 November 2003

Prior Balance:	\$4,340.32
Income:	
Membership and Donations	\$ 1,300.00
United Way	\$ 806.51
Adoption Fees	<u>\$1,350.00</u>
	\$9,538.74
Expenses:	
Dumfries Hospital	
Doctors, Meds, Surgery	\$ 1,051.26
Kenneling	\$ 1,848.21
Surgery bills in foster	\$ 925.48
Merchandise	\$ 30.00
Refund on purchase	\$ 55.00
Supplies for foster	\$ 125.00
Register micro chips (4 dogs)	<u>\$ 50.00</u>
	\$4,084.95
Balance:	\$ 3,711.88

A Christmas Gift for the Person Who has Everything

Pondering a gift that will bring lasting satisfaction – how about a donation to MACSPRO? Your recipient will get a lovely Christmas card indicating that you “thought enough to give the very best” and your recipient helped save a life.
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Can You Spare a Few Hours at Christmas to Help MACSPRO?

We need people to help with gift wrapping at Barnes & Noble in the Rio Center in Gaithersburg MD. It's fun and your gift wrapping ability really doesn't matter. Barnes & Noble furnishes the materials and we get all the donations. The dates are December 19 through December 24. Two shifts: one from 3:00 to 6:00 p.m. and one from 6:00 to 10:00 p.m.. They close early on Sundays and Christmas Eve. We need two people on each shift. We made a good deal of money last year and with all the specialists that our dogs need to see and all the impending surgeries, we really need the funds. We could use your help. n

Health Article

Familial Shar-Pei Fever, Swollen Hock Syndrome and Systemic Amyloidosis

This is a reprint of an article in the “Health” section of JoAnne Redditt's book, The Chinese Shar-Pei - A Happy Healthy Pet published by Howell Bookhouse. If you are interested in getting a copy of this book, we believe they are sold out, but JoAnne still has a few copies. Contact her at Orientpubl@aol.com or at 703-671-0645. JoAnne is the author of several Shar-Pei books and the President of the National Capitol Chinese Shar-Pei Club.

The following, rather lengthy discussion will be most important to Shar-Pei owners and is a compilation of veterinary discussions that have taken place over the past six years. All of the above terms will be used individually and collectively to describe a medical phenomenon that although not unique to the Shar-Pei community has been devastating to those owners whose dogs have suffered from one or all of these conditions. All of the following information has been provided and approved by Linda Tintle, DVM, (Wurtsboro Veterinary Clinic in Wurtsboro, New York) a dedicated Shar-Pei owner who serves on the Health Through Education Committee of the CSPCA and has been collaborating with Dr. Ariel Rivas and Dr. Fred Quimby at Cornell University to explain the unusual and frustrating disorders affecting some Shar-Pei and is printed here for the first time in hard cover.

FSF refers to Familial Shar-Pei Fever, which is similar to Familial Mediterranean Fever (FMF), a disease of humans that is an inherited disorder (apparently an autosomal recessive) of Sephardic Jews and Armenians in the Mediterranean area. Recurrent episodes of fever, the one consistent abnormality in these people, usually begins between the ages of five and fifteen years and is sometimes accompanied by abdominal pain (95%), chest pain (75%), joint pain, and swelling and inflammation of the skin about one of the lower leg joints.

These afflicted individuals are usually free from symptoms between attacks and many suffered from systemic amyloidosis. Prior to treatment with colchicine, up to 25% of these patients died from kidney failure due to the deposition of amyloid deposits. First recognized in the early 1950s, the cause of FMF is unknown. It is generally accepted to be a disorder of the regulation of the immune system.

Now, compare this to what is experienced by some Shar-Pei and there is an indisputable similarity. If a Shar-Pei has the episodic fever disorder, they can begin as early as eight weeks of age, but the usual first onset will be between five and eighteen months of age. Adult onset at-

tacks are not unusual and occasionally some dogs will not experience these fevers until after six years of age. When compared to dogs of other breeds, Shar-Pei were twenty-eight times more likely to be presented to a veterinarian with acute fever of unknown origin. The dog's temperature can range from 103 and may approach 107 and the duration is usually 24 to 36 hours without treatment. Several Shar-Pei have died of hyperthermia when their temperature exceeded 108 degrees, this being the exception rather than the rule, but points out the necessity of monitoring the temperature of these dogs very carefully. Published reports of pedigree analysis has provided evidence that FSF is undoubtedly an inherited disorder and is probably an autosomal recessive.

Joint swelling labeled "Swollen Hock Syndrome" (SHS) and associated joint pain and lameness may or may not accompany the fever. This swelling of the skin about the tibiotarsal, or hock joint usually involves one hock, but both hocks may be affected and it has been reported that some cases involve the carpus, elbows, stifles or any combination thereof. The swelling seems to be cellulitis or simple inflammation of the skin without infection. Joint fluid analysis is unremarkable except that greatly increased levels of Interleukin-6 (IL-6), an immune system chemical messenger, is found in the Shar-Pei suffering from FSF as compared to normal dogs. Other symptoms might include abdominal pain as demonstrated by a roached or arched back, reluctance to move or walking very stiffly, sometimes accompanied by diarrhea and occasionally, vomiting and a firm, swollen and somewhat painful muzzle (less commonly reported.)

There are no tests available to diagnose Familial Shar-Pei Fever or Swollen Hock Syndrome. The Shar-Pei is in the same situation as our human counterpart that suffer from Familial Mediterranean Fever. Dr. Tintle says that when a Shar-Pei with a family history of FSF and/or SHS is presented to her with fever, lameness of the hind leg with swelling about the hock, the diagnosis is rather easy. She will monitor the dog's temperature for a 24 to 36 hour period and if they fully recover, then she is relatively certain of the diagnosis.

But what about the not-so-typical cases? If the family history is unknown or there are other factors to take into consideration such as an outbreak of Lyme Disease, a more thorough diagnostic workup is needed. There are many other causes of fevers and Shar-Pei are certainly not limited to this one cause. However, routine diagnostic tests will be unremarkable in most cases. Results may show an increased white blood cell count with a left shift. Blood and joint fluid cultures are negative and joint fluid analysis usually unremarkable.

Immune panels will be normal in almost all cases. A mild elevation in the alkaline phosphatase level is common in Shar-Pei after fever events. Significant elevations in liver and kidney enzyme levels should be evaluated with amyloidosis in mind.

Now to Dr. Tintle's recommended method of treatment for the Shar-Pei presented to the veterinarian with Shar-Pei fever. She recommends 50% dipyrone injectable. It is speculated that dipyrone acts by inhibiting the actions of neutrophils, one of the white blood cells of the immune system. She has found dosages much less than that recommended by the manufacturer to be equally effective in treating this disorder, but should only be prescribed and administered by a veterinarian. She administers the injection, monitor's the dog's temperature for about an hour-and-a-half and repeats the injection as needed up to, but not exceeding, the manufacturer's recommended dosage. She says that a second injection is rarely needed.

Treatment of the fever by owners depends upon the severity of the symptoms and here I will digress from veterinary reports to relate my personal experiences with Shar-Pei that suffer from fevers without the accompanying swollen hocks experienced by some Shar-Pei. Several of my dogs have had recurrent fevers beginning ten years ago with one of my bitches. Her first episode occurred shortly after she arrived from Kansas at eight weeks old. I was alarmed when it first occurred, but she was treated with an antibiotic and returned to normal. As time has gone by, I have come to expect these periodic fevers which can occur as often as every three months or as far apart as nine months. I have come to recognize the early symptoms such as: not eating her evening meal, becoming very quiet and often wanting to be alone. Then I watch for shivering which is a certain signal that the fever is beginning. Even before this happens, I may take her temperature, but do not begin any treatment unless the fever exceeds 102.5. The fever usually begins in the late afternoon or early evening and by the time it has reached 103, it is evident that she is uncomfortable and walks very stiffly. By this time the situation is such that I either treat her myself or head for the emergency clinic. Since dipyrone should only be administered by a vet, I rely on one coated aspirin such as Ascriptin® and an antibiotic which I keep on hand and is provided by my veterinarian. By bedtime, I can usually see that the fever has reversed its direction and is coming down and by the next morning, her temperature is back to normal (101), and she is apparently feeling better and ready to eat her breakfast. This routine has become a rather familiar one in our home, especially since we have added other Shar-Pei that from time to time have the same symptoms and all of whom respond in the same way to this treatment. Only once did her fever reach higher figures when I was not as observant as I should have been. Earlier in the

evening, she had disappeared into my bedroom and when I readied for bed I noticed she was shivering. Her temperature registered 106, so I went through the usual routine of aspirin and antibiotic, but an hour later, it was 107. I called the veterinarian and immediately left for his office where she spent the night hooked to IV fluids and constant monitoring. In spite of these recurrent bouts with fever, she is now ten years old and seems otherwise healthy. Only time will tell if she will develop the dreaded renal amyloidosis.

Shar-Pei with FSF are at risk for premature death from amyloidosis. Amyloidosis is a broad term for a collection of diseases that result in the abnormal deposition of amyloid protein throughout the body. When inflammation occurs, certain chemicals are produced and released from the liver into the bloodstream. These chemicals, the acute phase reactant proteins (APP), are normally broken down and excreted by the body after the inflammation has gone away. Interleukin-6 is a trigger for the production of the APP. Dogs with amyloidosis are presumed to have a defect that prevents them from breaking the APP down into a form that can be eliminated by the body. Amyloid is then constantly deposited outside the cells of the body. It builds up like a garbage heap in an alleyway until it starts to squeeze the adjacent cell walls. The compressed cells can't work properly. The damage or disease that results depends on what kind of body cell is most severely damaged or killed. Kidneys can't heal themselves by growing new kidney cells. If a kidney cell dies, it is gone for good and can't be replaced. This is why the amyloid protein usually causes kidney failure first. Less commonly, the liver fails from amyloidosis.

Shar-Pei with amyloidosis most commonly die between three and five years of age, but deaths have been reported from eight months to twelve years of age. Not every dog with Familial Shar-Pei Fever will die of amyloidosis, but they should be monitored closely by their owners and veterinarian.

Dr. Tintle is currently conducting clinical trials with the drug colchicine which seems to decrease the severity and frequency of fever episodes and shows great promise in blocking the deposition of amyloid. It is a potent drug, but has been very safe when used as prescribed and has almost eliminated amyloidosis in those human patients that suffer from Familial Mediterranean Fever, even if they continue to have fevers while on colchicine. Early indications suggest that this may also be true in Shar-Pei. Further study is needed and planned.

The studies of pedigrees have lead Dr. Tintle to believe that in order for the animal to develop amyloidosis, both parents must be at least carriers of the recessive gene. Therefore, if a dog has an offspring with amyloidosis,

that animal would at least be a carrier whether they have exhibited fevers or not. For this reason, she recommends that any Shar-Pei that suffers a premature death should have tissues checked that have been stained with Congo Red for amyloidosis and if found, the owners of the sire and dam should be notified nonjudgmentally. If a Shar-Pei is affected with amyloidosis, all of its offspring are at least carriers and if bred to another carrier, 50% will be affected and if bred to another affected animal, almost 100% will be affected.

Obviously, it would be very helpful if we had a screening test to identify carriers and affected animals, but we must be realistic. This disorder has been the focus of research for fifty years in people with FMF and they have not yet developed a test. We hope that by using the Chinese Shar-Pei as a model for the human disease, it will allow more rapid progress and benefit both species. To that end, the Chinese Shar-Pei Club of America established a Charitable Trust in 1994 to help fund research to develop such a test.

Jeff Vidt, DVM and Central Director of the Chinese Shar-Pei Club of America also serves on the CSPCA Health Through Education Committee. He is another dedicated veterinarian and Shar-Pei owner who works diligently to improve the lives of those animals he treats. He developed a "Plan of Action For Amyloidosis" which he presented to Shar-Pei owners and is printed here with his permission.

"Renal amyloidosis has hit the Shar-Pei fancy in recent years and left many of us feeling helpless as we watch young Shar-Pei weaken and die before our very eyes. We don't have to sit and take it, but can gather the facts and formulate a plan of action. What I propose is based on the information available today about renal amyloidosis. Currently, there is no test available to help pinpoint Shar-Pei at risk for developing the condition and due to ethical considerations; information concerning pedigree analysis is not available to help determine those dogs that have the condition in their background. What we are left with is to try to uncover the condition in our dogs as early as possible and to institute steps to minimize the effects on our dogs and increase longevity. The following plan has no guarantees and certainly will change as new information becomes available, but it represents a starting point and a step to build on further. As a Shar-Pei owner, you can do the following simple steps:

1. Monitor weight. This involves weighing your dog at regular intervals using a scale. Do not rely on eyeball judgments. Too often I see dogs in an advanced state of weight loss which the owner has just noticed, but which has been going on for several weeks. Remember, we are trying to uncover this condition at its earliest point—

minor weight loss can indicate early renal amyloidosis.

2. Monitor appetite. Daily fluctuations in appetite do occur, but a change in what is normal for your dog may indicate early kidney problems.

3. Monitor water consumption. A normal dog consumes approximately one ounce of water per pound of body weight per day. This varies with activity level, the season of the year, type of food being fed (canned vs. dry), etc. I advise measuring water intake periodically by measuring how much water is put down in the morning and measuring it again at night. Obviously, this will involve a little more ingenuity on the owner's part when multiple dogs are involved. Increased water consumption may indicate early kidney failure.

4. Monitor urination. This means to monitor both frequency and amount. This often will correlate with water consumption and often increased frequency and/or volume of urine will indicate early kidney failure.

In addition to the above home monitoring program, I also advise having your veterinarian check a urine sample every three months on any Shar-Pei over two years of age. The main parameters I watch in the urine are the urine specific gravity and the urine protein reading. Urine specific gravity is a measure of the concentration of the urine. If the kidneys were not functioning at all, this reading would be 1.008 to 1.012 (a dilute urine). Normal concentration should be above 1.025 and usually is greater than 1.045 (a concentrated urine). Ideally, the urine sample should be a morning sample collected after the dog's water bowl has been removed overnight (remember to close the toilet lid!). By depriving the dog of water overnight, we force the kidneys to concentrate the urine, if they are able to do so. Inability to concentrate urine indicates that approximately 75% of the kidneys are non-functional. This is still compatible with life, but treatment needs to be started quickly to preserve the remaining kidney function.

The other urine test I heavily rely on is the urine protein level. The stick test routinely run by veterinarians primarily measures urine albumin levels. An elevated urine albumin level means that protein is being lost in the urine and correlates with glomerular damage (the glomerulus is the filtration unit of the kidney and serves to filter out the waste products of the body). High levels of protein in the urine indicates significant kidney disease and additional testing needs to be done to obtain a diagnosis.

It appears that there are three separate syndromes associated with renal amyloidosis in Shar-Pei:

A. Glomerular - if the amyloid deposits occur primarily in the glomerulus, we see increased protein levels in the urine.

B. Tubular - if the amyloid deposits occur in the tubular part of the kidney, we see loss of concentrating ability which manifests as a dilute urine.

C. Combination - this occurs when amyloid is deposited in both the glomeruli and the kidney tubules and we see increased protein levels in the urine and dilute urine.

The clinical signs and the routine urine check constitute the first level of diagnostics. If the urine sample is abnormal and one or more clinical signs are present, then we immediately proceed to the second level of diagnostics. The level incorporates the following tests:

1. A complete blood count. This includes a packed cell volume, a white blood cell count, red blood cell count, platelet count and a white blood cell differential count.

2. A health panel. This includes at least a BUN, creatinine, sodium, potassium, calcium, phosphorous, cholesterol, total protein, albumin, globulin and glucose. It often includes liver tests and thyroid hormone levels.

3. An immune panel. This should consist of a direct Coomb's test, an anti-nuclear antibody test (ANA) a rheumatoid arthritis factor test (RA) and an LE prep for systemic lupus.

4. A urine protein/creatinine ratio. A value above 1.0 is considered abnormal and indicates excessive urine protein loss.

5. Abdominal radiographs. Used to evaluate kidney size and shape.

Based on the results of the first and second level diagnostics, the following steps are taken to manage the patient:

1. Diet. A low protein diet is initiated using Hill's Prescription Diet K/D or its homemade counterpart.

2. Vitamin-mineral supplementation.

3. Ascriptin® - one-half tablet once a day.

4. One cooked egg per day. This is used in cases where albumin is being lost in the urine.

5. Additional medical therapy may be instituted using either colchicine tablets or DMSO via injection or orally. The effectiveness of both these drugs in the prevention and treatment of renal amyloidosis in the dog has yet to be substantiated, but their use is justified given the grave prognosis of this condition in the Shar-Pei. Colchicine is a human anti-gout medication whose mode of action is largely unknown. It appears to prevent the formation of amyloid in the laboratory, but whether this occurs in the living animal is not known. Dimethyl sulfoxide (DMSO) is another drug, whose mode of action is unknown, but has demonstrated the property of dissolving amyloid in the laboratory. [Important! DMSO imparts an odor to the breath and skin of the patient.] Again, the effectiveness of these drugs in the treatment of amyloidosis has not been proven in clinical

studies and hence, they should be regarded as experimental drugs for this use. They should be used only under the supervision of your veterinarian.

6. Equally important is the avoidance of further kidney damage. Avoid dehydration and provide plenty of fresh water daily. Avoid kidney damaging drugs such as aminoglycoside antibiotics, methoxyflurane anesthesia, various chemotherapeutic agents, sulfonamide antibiotics, etc. Avoid stressful situation such as boarding, traveling, showing, etc.

Third level diagnostics may be done depending on your veterinarian or the availability of specialists in your area. Tests at this level may include:

1. Coagulation panel. Increased levels of fibrinogen may indicate impending thromboembolism (throwing of blood clots) especially if associated with increased cholesterol and decreased albumin levels (nephrotic syndrome).
2. Fractional clearances of various electrolytes.
3. Twenty-four hour urine protein excretion.
4. Creatinine clearance testing to evaluate kidney function.
5. Kidney ultrasound.
6. Kidney biopsy.

The kidney biopsy is the definitive diagnosis of renal amyloidosis and the decision to biopsy should be made early in the course of the disease for a number of reasons:

1. In the early stages of the disease, the animal is a much better surgical candidate and many complications of renal amyloidosis such as bleeding tendencies and uremia are not present.
2. There is a real danger in the Shar-Pei to blame every kidney problem on renal amyloidosis and fail to pursue other causes of kidney disease such as kidney infection, heartworm disease, and immune-mediated diseases such as systemic lupus.
3. The information from an early kidney biopsy can guide the medical and dietary management of the case and provide valuable prognostic information.

Almost as important as the early diagnosis of renal amyloidosis is the continued monitoring of the patient while on therapy. This allows us not only to monitor and watch for the progression of the disease, but also to evaluate the various therapeutic modalities and determine which are effective and which are not. Monitoring at one to two week intervals initially and then at monthly intervals thereafter is recommended. I usually repeat a kidney panel and cholesterol level, a CBC and a urinalysis including a urine protein/creatinine ratio.

Continued monitoring is also important in order to pick up the early signs of sequelae to renal amyloidosis such as:

1. Nephrotic syndrome - characterized by decreased serum albumin, increased serum cholesterol and increased protein loss in the urine. A serious complication of this syndrome is thromboembolism (throwing blood clots). Your veterinarian may do a blood fibrinogen level and coagulation panel to evaluate the blood clotting system. If the fibrinogen level is >300 mg/dl, aspirin therapy is strongly indicated. Another serious complication of this condition is the development of edema or fluid accumulation in the abdomen or chest and in the limbs. In this case, the use of diuretics such as Lasix may be necessary.

2. Uremia, or the accumulation of body waste products which are normally filtered by the kidneys into the urine. The buildup of these wastes causes clinical signs such as appetite loss, weight loss, vomiting, diarrhea, depression and lethargy. More serious effects include anemia and gastrointestinal ulceration. Treatment here may include intravenous fluid therapy, dietary therapy such as Hill's Science Diet U/D, phosphate binders such as Amphojel®, ulcer medication such as Carafate® and other therapy as deemed necessary by your veterinarian. Eventually, uremia will progress and lead to the death of the animal.

3. Hypertension. The kidneys are very important in the regulation of blood pressure. It is speculated that up to 80% of the dogs in kidney failure have significant hypertension as a consequence. The use of indirect blood pressure monitoring in animals has recently become available to the veterinarian and hopefully will lead to more advances in this area. Your veterinarian may wish to institute therapy using vasodilators and/or diuretic medication.

To what extent early diagnosis and monitoring contributes to the longevity and quality of life of renal amyloidosis patients is hard to quantify at this time. My feeling is that it is possible to slow the progression of the condition and improve the short-term prognosis for these patients. We can probably add several months to their life span. It's expensive and requires diligence and hard work on the part of both the owner and their veterinarian, but the reward is some extra time with a close friend.

Lastly, when the end does come, consider allowing your veterinarian to do an autopsy on your dog. Especially important is the evaluation of the kidneys through histopathology. We must verify cases if renal amyloidosis or other causes of kidney failure if we are to make headway in correcting this condition through breeding.

- Jeff Vidt, DVM n

Editor's note:

Having experienced Shar-Pei fever a number of times with several dogs, I have treatment advice which works well considering my Tigger was subject to bouts every other week.

First, obtain a rectal thermometer and mark it so that you remember it is for your dog. Then take the dog's temperature when he/she is feeling good so that you know the normal temperature – don't be alarmed, the normal is between 101° to 102°.

If your dog starts acting like they do not feel well, take the temperature. If it is up to 103°, give a coated aspirin or baby aspirin. Rub the dog down with an ice pack or wrapped crushed ice. If the temperature continues and goes higher, go to the Vet for a Ketoprofin shot which will help lower the temperature. The temperature may rapidly rise to 105° and besides that obvious danger; your dog could suffer brain damage if it goes up to 106° or higher. At that point the dog should be soaked down with cold water and placed in front of a fan. Ice packs should be used liberally, especially in the area around the head and major blood flow areas.

It is common for a fever to last 24 hours, possibly 48 and even 72 hours. The temperature can go down (especially after a shot) and then when you are not paying attention, go right back up again. That temperature must go down and stay down. Afterwards the dog will appear exhausted and then return to his/her normal behavior. But it would be wise later to have the liver and kidney values taken to ascertain if there is any damage.

Using no medications, I have lost dogs between the ages of 3 to 5 years. This time I have placed my dog on daily colchicine and glucosamine joint remedy with MSM. I have also been advised by my Vet to use Rimadyl, some people may choose this over Joint Remedy, but so far, with this treatment, we have avoided another attack for five months and counting. n

Holiday Shopping Online

Are you planning on doing Holiday shopping online? You might consider using iGive.com. At least one hundred stores are listed on their site. All you have to do is list MACSPRO as your charity when you sign in, then click through to the many stores listed. A portion of your purchase will be given to MACSPRO. It's easy to shop and you will be giving a donation to MACSPRO at the same time. n

T-Touch Therapy

You are invited to attend the next meeting of the National Capitol Chinese Shar-Pei Club which will be held at Joyce Hanes' house in Bethesda, MD on January 18, 2004. The guest at that meeting will be Pam Wanmeer who will talk about T-Touch Therapy and give a demonstration. This therapy is apparently very effective with timid or high-strung dogs, especially with rescue dogs. n

Success Stories

Just when we begin to wonder what the real value added is in what we do, we get a card or a letter or an email from some adoptive parent telling us just how wonderful their life is thanks to a rescue they have chosen to make a member of the family.

Remember Daisy's pups? How this for a couple of grown up "Dots" (Anoki and Kju-Jin)?



Let's back up to 2002. Remember Chocolate and her Chips? Here are a couple of chips, Gilly and Yoda, loving life on a boat in Thailand! Who said Shar Pei don't like water?



“Our Gang”

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



Dudley



Toad



Chance



Snow



Peabody

Adopt me now!



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 2003: \$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) Thank you for your support.

Signature: _____ Date: _____

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

MACSPRO
P.O. BOX 34034
BETHESDA, MD 20827