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## PRESIDENT'S MESSAGE

**W**ow! What a glorious October week it was in Pennsylvania for the Foundation's Annual Board of Directors Meeting. Directors completed an ambitious agenda for most of the day followed by Dr. Andras Komaromy presenting a dynamic in-service "Common Eye Issues in Westies". Board education is a strong belief of the Foundation. Most importantly, such knowledge allows directors to speak with conviction about diseases threatening the Westie breed.



*Bebe Pinter*

Atopic Dermatitis—many breeders, owners, rescuers have had to deal with skin disorders and allergies. Indeed, it is a plague for many Westies, causing misery and pain. Therefore, Atopic Dermatitis is the focus for this issue of *Westie Wellness*. The topic is kicked off with an introductory article by Dr. Kay McGuire about the health seminar presented by Dr. Thierry Olivry. Recognized as an authority on Atopic Dermatitis, Dr. Olivry's comprehensive handout is included for your analysis. The actual slide presentation is posted to the Foundation website.

On a topic relative to Atopic Dermatitis, flea control is of paramount concern. Many dogs are allergic to fleas and their presence compromises the animal's health. Based upon the risk factor to a particular Westie, there are two articles addressing holistic flea control to assist you: (1) "An Alternative Approach to Flea Control" a testimonial by our own Tina McCain and (2) "Without Fleas—Naturally" authored by Dr. Patricia A. Cooper, a homeopathy veterinarian practicing without pharmaceuticals.

Consider for thought the courageous article "Breeding Reputably Versus Responsibly" penned by Loren Marino. Although breeders of sporting, working, and other such breeds have long embraced and required health clearances, Westie breeders are now getting seriously onboard thanks to the leadership of WHWTCA supported by the Foundation. We now know that hip dysplasia can silently exist in Westies without showing clinical signs, threatening the health and performance of future generations. Join us in

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congratulating Ms. Marino as the first Westie breeder to be awarded the esteemed Breeder of Merit status by the American Kennel Club.

The Cartoon Caption Contest is getting to be a big hit. Captions are rolling in. On the last page, find out the winner and runner-up for the last cartoon. Of course, a new cartoon is there to pique your creative juices, so enter to win!

In regard to this issue of the newsletter, please note that it combines the Fall and Winter issues for this newsletter only. Henceforth, we will begin each year with the Spring issue. Therefore, the Spring, Summer, Fall and Winter issues of Westie Wellness will be published during those calendar seasons.

It was an exciting evening at the WHWTCA Annual Meeting and Dinner. Participation was high for the Foundation's live and

silent auctions. Thank you to the WHWTCA board for sharing a portion of the auction tables with the Foundation. Learn the winner names of the raffle in this newsletter. On a sentimental note, the Foundation's board of directors awarded seven termed directors awards for dedicated service. Present to accept their awards were Wayne Kompare, past president; Anne Sanders, past treasurer; and Dr. Robert McCaskill, past vice-president health. Martha Black, past vice-president; Kim Smith, past vice-president fundraising and Dawn Diemer, past director were unable to attend and their awards will be mailed. On a sad note, the board also remembered Ed Sheldon, past vice-president, who we recently lost. His award will be forwarded with our gratitude and appreciation to Mrs. Sheldon.

As you are probably aware, the American Kennel Club (AKC) has implemented a Grand Champion

award. Henceforth, Westies who have earned their championship can continue competing for the title of Grand Champion. What this says to me is that as Westies continue even longer show careers, whether conformation or performance, their health may well be the defining factor that prevents fulfillment. For without health, be us man or beast, in this case a Westie, we are forced to modify lifestyles and face a shortened life. Although it is said that money cannot buy happiness, it can fund critical research to overcome diseases affecting the health and well-being of the Westie breed.

We are already into the holiday season. On behalf of the Board of Directors and the Advisory Council members have safe gatherings with family and friends. Be on the lookout for our Seasonal Greeting in your mailbox. It provides an opportunity for convenient end of the year giving. Please remember that your gift is always valued and is tax deductible!

*Bebe Pinter*

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## DO YOU HAVE AN ITCHY DOG?

*By Kay McGuire, DVM*

If you do, I certainly hope you had the pleasure to hear our world renowned speaker, Dr. Thierry Olivry, at our National Health Seminar, October 7, 2010 in Exton, PA. Dr. Olivry, on staff at NC State University, delivered a very informative talk on the **“Treatment of Atopic Dermatitis in Dogs: 2010 New International Standard of Care.”**

The WFA has funded Dr. Olivry’s research for the last three years with dollars as well as soliciting samples from both normal and affected atopic Westies. He and his team have been working hard to find the genetic link to the number one health issue of our Westies. His lecture gave guidelines for treating both acute and chronic disease, including

some very new items that show promise. Currently, new grant money is being sought to continue his research, but all sample DNA is safe and waiting for a possible European consortium. Please read his lecture notes carefully and look to our website at [www.westiefoundation.org](http://www.westiefoundation.org) for his power point presentation.

The WFA is proud of our involvement in our new cohort participation in the Craniomandibular Osteopathy study with the Institute of Berne, Switzerland. We have organized collection and shipment of blood of affected CMO dogs and their relatives. We are expecting to make our second group shipment the end of October.

The Westie Foundation has been in existence since 1997 and has funded over \$230,000 in research projects, health e-books, and sample collections on diseases commonly affecting Westies. A complete list of all grants through the Canine Health Foundation will be listed on our website. Please take time to see where the Foundation has gone and hopefully where we will be going. A sample request chart is posted for easy use. If your Westie suffers from a chronic disease, and you do not find information on his/her specific disease, please post a message to the website so that we will be made aware. We depend on the Westie public to keep us informed.



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# Treatment of Atopic Dermatitis in Dogs:

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## 2010 New International Standard of Care

By Thierry Olivry, DrVet, PhD

Department of Clinical Sciences and Center for Comparative Medicine and Translational Research,  
College of Veterinary Medicine, North Carolina State University, Raleigh, North Carolina, USA



*Note: this is a short summary of an extensive article that can be downloaded with open access at: <http://www3.interscience.wiley.com/cgi-bin/fulltext/123371643/PDFSTART>*

Atopic Dermatitis (AD) is a common chronic relapsing pruritic skin disease of dogs for which treatment has varied over time and geographical location. Recent high quality randomized controlled trials and systematic reviews have established which drugs are likely to offer consistent benefit. In 2010, the International Task Force for Canine AD published guidelines

recommending a multi-faceted approach to treat dogs with AD. Treatment recommendations vary depending if one is dealing with acute flares or chronic AD, and whether skin lesions are localized or extensive.

### **Treatment of acute flares of AD** *Identification and avoidance of flare factors*

*Identification and removal of allergenic causes of flares*

When an exacerbation of signs occurs in a dog that previously had a disease in remission, one must look for, and eliminate if at all feasible, the cause of such flares. Currently recognized sources of flares of canine AD include fleas, food and environmental (e.g. house dust mites, pollens) allergens.

*Evaluation of use of antimicrobial therapy*

Skin and ear infections are common reasons why lesions and pruritus acutely worsen in dogs with AD. If bacterial or yeast infections are identified

with some combination of clinical signs, cytology and/or culture, antimicrobial therapy is indicated, normally using topical with or without oral medications. The latter are used if infected lesions are severe or extensive.

### *Improvement of skin and coat hygiene and care*

*Bathing with a non-irritating shampoo*

Bathing dogs with AD might reduce their pruritus (itch) manifestations. This benefit appears to lie in the mechanical action of washing the pet. Outside of a lipid-containing shampoo (Allermyl, Virbac), there is currently no evidence of benefit of other shampoos or conditioners containing ingredients such as oatmeal, pramoxine, antihistamine, lipids or glucocorticoids.

### *Reduction of pruritus and skin lesions with pharmacological agents*

*Short-term treatment with a topical glucocorticoid*

To reduce skin lesions and pruritus of canine AD, there is evidence for

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the high efficacy of two medium potency glucocorticoid sprays: triamcinolone (Genesis, Virbac) and hydrocortisone aceponate (Cortavance, Virbac). These sprays are especially suitable for localized skin lesions and for short durations. Clinicians must tailor the frequency and duration of application to the severity of clinical signs. Caution is advised with long-term use, as adverse effects, such as skin thinning, are likely to occur.

#### *Short course of oral glucocorticoids*

If signs are too severe or extensive to be controlled with topical formulations, then oral glucocorticoids are recommended. Either prednisone, prednisolone or methylprednisolone can be given at 0.5 mg/kg once to twice daily until clinical remission occurs. Side effects of oral glucocorticoids are usually proportional to drug potency, dosage and duration of administration.

#### *Interventions likely to be of little or no benefit to treat acute flares of canine AD:*

**Antihistamines:** When examined as a group, there is no conclusive evidence of efficacy of oral type-1 antihistamines for treatment of active AD in dogs.

**Essential Fatty Acid Supplements:** As their mode of action necessitates several weeks of treatment, essential fatty acids (EFA) are unlikely to be of any benefit for acute flares of AD in dogs.

**Tacrolimus and Ciclosporin:** Because of their slow onset of treatment effect, topical tacrolimus and oral ciclosporin are unlikely to offer

any benefit for treatment of acute flares of canine AD.

## **Treatment Options for Chronic Canine AD**

### *Identification and avoidance of flare factors*



#### *Performance of dietary restriction-provocation trials in dogs with nonseasonal AD*

Food allergens can cause flares of AD in dogs hypersensitive to such allergens. As a result, one or more restriction-provocation dietary trials (e.g. 'elimination diets') must be performed in all dogs with nonseasonal AD to determine whether food allergens contribute to clinical signs in these patients. Normally, dietary changes should be carried out for six to ten weeks using either commercial or homemade diets employing a low number of novel or hydrolyzed ingredients.

At this time, there is no clear evidence of a superior benefit of hydrolysate-based compared to non-hydrolyzed commercial diets, or of homemade over commercial diets. In theory, the main value of performing trials with homemade diets is if hypersensitivity to a minor component of a commercial diet (colorant, preservative, etc.) is suspected, but cutaneous hypersensitivity to additives has not yet been reported in dogs.

#### *Implementation of an effective flea control regimen*

There is evidence that the atopic status predisposes dogs to develop hypersensitivity to flea saliva if exposed repeatedly to flea bites. As a result, where flea infestation is endemic, all dogs with AD should be treated with year-round flea adulticides combined with relevant environmental measures.

#### *Performance of allergen-specific intradermal and/or IgE serological tests to identify possible environmental allergen flare factors*

Environmental allergens, such as house dust mites, have been shown to cause flares of AD in dogs hypersensitive to these allergens. The performance of allergen-specific intradermal testing (IDT) and/or IgE serological tests is helpful to identify hypersensitivity to environmental allergens in dogs with AD. Importantly, positive immediate IDT reactions and IgE serologies to environmental allergens are also common in dogs without signs of AD. As a result, these tests cannot be used to differentiate dogs with AD

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from normal dogs. Serological and intradermal tests to determine hypersensitivity to food allergens do not reliably predict food allergies, and therefore they cannot be recommended.

#### *Implementation of house dust mite control measures*

Dermatophagoides, house dust mite proteins, are the most common allergens in dogs with AD. Household dust mite control measures 'theoretically' should be effective for miteallergic patients. However, even when specific products have been shown to measurably decrease dust mite allergen in the environment, this might not necessarily lead to an improvement in clinical signs in hypersensitive individuals. Nevertheless, if mite avoidance measures were to be attempted, it would seem logical to restrict this intervention to dogs sensitized to house dust mites alone, and to use a combination of measures

that might include acaricides, impermeable pet mattress covers, and frequent and thorough pet mattress and environment washing and vacuuming. A benefit, if any, is likely to take some months to occur due to the long persistence of mite allergens in the environment.

#### *Evaluation of use of antimicrobial therapy*

The skin and ears of dogs with AD are commonly infected or colonized with *Staphylococci* and *Malassezia* species. It is suspected that these microorganisms might contribute to the severity of AD outside of "classical" superficial infections (e.g. bacterial folliculitis). Veterinarians are encouraged to: 1) identify skin lesions suggesting microbial colonization (e.g. erythema, oedema, scaling, greasiness) at particular sites, including the ears, 2) document the presence of bacteria/yeast at these

lesional sites, 3) implement specific antibacterial/antifungal interventions, 4) using cytology, observe the disappearance of organisms from previously positive sites following antimicrobial interventions, and 5) document the eduction/disappearance of skin lesions at the previous sites following antimicrobial interventions. The systematic prescription of antibiotics and antifungal drugs to every dog with AD is not recommended, however, as such routine use of antimicrobial drugs is likely to increase the prevalence of drug-resistant microbes.

#### *Investigation of the relevance of other flare factors*

In human patients with AD, environmental (e.g. low humidity, clothing, detergents) and psychological factors (e.g. stress) are known contributors to the severity of clinical signs of AD. At this time, there is insufficient evidence on the role of such factors as a cause of flares of AD in dogs.

#### *Improvement of skin and coat hygiene and care*

##### *Bathing with a non-irritating shampoo*

Weekly bathing with a mild non-irritating shampoo and lukewarm water is likely to be beneficial for a direct soothing effect to the skin, the physical removal of surface allergens and microbes and an increase in skin hydration. At this time, there is no evidence of superiority of any particular shampoo or



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protocol to achieve these goals. If the skin is greasy and scaly, antiseborrheic shampoos are indicated. If infections are deemed to contribute to clinical signs, antiseptic shampoos are preferred. In some cases, moisturizers might alleviate any skin dryness that would occur after the baths.

#### *Dietary supplementation with EFA*

In normal dogs, dietary supplementation with EFA, or the feeding of EFA-rich diets (especially those rich in the omega-6 EFA linoleic acid) usually results in improvement in coat quality and gloss. Two diets have had this improvement documented in good quality clinical trials: Specific Skin & Joint Support (Dechra Veterinary Products) or the Hill's Prescription Diet Canine d/d Salmon & Rice. Not all EFA-rich diets appear to have such coat improvement effect. At this time, there is no evidence of superiority of any particular EFA combination, dosage, ratio or formulation (including enriched diets) to improve skin and coat quality in dogs with AD, but, in general, EFA-enriched diets provide higher amounts of EFA than oral supplements. The benefit of EFA, if any, might not be seen before two months of supplementation.

#### *Topical lipid formulations*

At this time, there is insufficient evidence supporting the use of topical formulations containing EFA, essential oils, or complex

lipid mixtures for improvement of coat quality, barrier function or any other clinically relevant benefit in dogs with AD.

#### *Other dietary supplements:*

Several nutritional supplements (e.g. pantothenate, choline, nicotinamide, histidine and inositol) have been shown to increase the production of skin lipids *in vitro* and to decrease transepidermal water loss *in vivo* in healthy dogs. Additional studies are needed to confirm the

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*...there is good evidence supporting the efficacy of topical glucocorticoids for treatment of AD in dogs.*

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clinical benefit of diets containing these supplements in dogs with AD.

#### *Reduction of pruritus and skin lesions with pharmacological agents*

##### *Treatment with topical glucocorticoids or tacrolimus*

As discussed above, there is good evidence supporting the efficacy of topical glucocorticoids for treatment of AD in dogs. Clinicians must tailor the frequency and duration of application of topical glucocorticoids to the severity of clinical signs. Such formulations are best suited for focal (e.g. foot) or multifocal lesions and for

relatively short durations (e.g. less than two months).

The most common and important adverse events following the prolonged application of a potent topical glucocorticoid on the same area are thinning of the skin (cutaneous atrophy), black heads (comedones) and superficial hair follicle cysts (milia). The risk is lower with intermittent application of topical glucocorticoids.

As an alternative to topical glucocorticoids, 0.1% tacrolimus ointment (Protopic, Astellas) has been shown to be effective, especially in dogs with localized AD. The efficacy of tacrolimus ointment appears highest when used twice daily for one week with later reduced frequency of application as needed to control signs. The application of tacrolimus might be followed by signs suggesting mild irritation.

##### *Treatment with oral glucocorticoids or ciclosporin*

There is strong evidence of the efficacy of oral glucocorticoids and ciclosporin for treatment of AD in dogs. Such oral medications are especially suited for dogs with generalized AD, and when other flare factors have been identified and eliminated. The onset of clinical benefit arises earlier with glucocorticoids than with ciclosporin.

As discussed above, oral glucocorticoids (e.g. prednisone, prednisolone,

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methylprednisolone) should be started at approximately 0.5 mg/kg once to twice daily, and then reduced, as signs decrease, to the lowest dose and frequency (e.g. twice daily to once daily to every other day) needed to maintain good quality of life, control of signs and minimal side effects. Side effects of oral glucocorticoids (e.g. increased appetite, drinking and urination, predisposition to urinary tract infections) are common and normally proportional to dosage and duration of administration. At this time, because of the risk for adverse effects, the use of long-acting injectable glucocorticoids is not recommended unless there is an inability to treat the patient orally.

In an attempt to reduce the dose of oral glucocorticoids needed to control clinical signs of AD, veterinarians are encouraged to investigate medications or supplements proven to have a steroid-sparing effect, for example, the



glucocorticoid-antihistamine combination Tamaril-P (Pfizer), the EFA-combination Viacutan Plus (Boehringer Ingelheim) and the Chinese herbal supplement Phytopica (Intervet-Schering).

Modified ciclosporin (Atopica, Novartis) should be started at a dosage of 5 mg/kg once daily and continued at this dosage until a halving or a satisfactory decrease of severity of signs is achieved. After this improvement is reached, the dose should be reduced by either increasing dosage intervals (e.g. going from every day to every other day) or by decreasing the daily dose by half. After a further reduction of signs exceeding approximately 75%, the administration could be reduced to twice weekly or a 75% reduction of the original daily dose. After beginning ciclosporin administration, the onset of satisfactory clinical benefit normally cannot be expected before four to six weeks. To increase the speed of clinical sign improvement, the administration of a short course of oral glucocorticoids – as described above – during the first two weeks of ciclosporin administration might be beneficial. Minor adverse events (e.g. vomiting, diarrhoea) are common after initiating ciclosporin therapy; most improve spontaneously upon further administration of this drug.

#### *Treatment with subcutaneous interferons*

There are studies providing evidence of the efficacy of

injections of recombinant canine gamma-interferon (Interdog, Toray) to treat dogs with AD in Japan. Suggested effective dosages are 5,000 to 10,000 units/kg, subcutaneously, three times weekly for four weeks then once weekly. Side effects are minimal. Similarly, recombinant feline omega interferon (Virbagen Omega, Virbac) also appears effective to treat dogs with AD in Europe. Suggested doses of one to five million units three times weekly for four weeks and then every month are well tolerated.

#### *Interventions likely to be of little or no benefit to treat chronic canine AD:*

Results from clinical trials suggest that, as a group, first (i.e. sedating) and second (i.e. lower sedation) generation oral type 1 antihistamines are unlikely to be beneficial in dogs with chronic AD skin lesions. If veterinarians wish to use type 1 antihistamines, they should limit their prescription to those drugs with demonstrable antihistamine effect in dogs (e.g. hydroxyzine at 2 mg/kg twice daily or cetirizine 0.5-1.0 mg/kg once daily). Finally, antihistamines should be given as preventatives, that is every single day at the recommended dosage, to keep blocking histamine receptors before histamine is released. The main side effect of most antihistamines is sedation.

A systematic review of clinical trials provides evidence that EFA supplements, EFA enriched diets and nutritional or herbal supplements are unlikely to provide meaningful benefit

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if given alone for relief of inflammation and/or pruritus. As discussed above, EFA might be useful to improve coat quality and ameliorate dry skin, but, at this time, there is no evidence of superiority of any particular EFA combination, dosage, ratio or formulation (including enriched diets) to achieve skin barrier, coat quality or anti-allergic effect.

There is some evidence of anti-allergic efficacy of oral pentoxifylline, misoprostol and tepoxalin, but because of their modest benefit, potentially high costs and adverse effects, these medications should probably not be used as first line medications to treat dogs with AD.

Finally, there is some evidence of very low, or complete lack of efficacy of leukotriene inhibitors, dextromethorphan or capsaicin to treat dogs with AD. Consequently, these drugs should not be used to treat dogs with this disease.

### *Implement strategies to prevent recurrence of signs*

#### *Avoidance of flare factors*

Avoidance of known flare factors is the strategy most optimal to prevent recurrence of signs in patients with AD. As discussed in the sections above, the maintenance of the dog on a diet not containing ingredients to which it is hypersensitive, the implementation of an effective flea control and a reduction of contact with provocative environmental or

microbial allergens would be ideal, wherever and whenever possible.

#### *Implementation of proactive (preventive) pharmacotherapy*

In humans with AD, there is evidence of high benefit, low cost and low risk of proactive intermittent applications of topical glucocorticoids and tacrolimus to skin areas repeatedly affected during flares of AD. Whether or not a similar strategy would be equally effective in dogs with AD has not been established at this time, but because of the possible

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## *Subcutaneous ASIT appeared effective and safe to reduce signs of AD in dogs.*

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benefit, low risk and low cost, such interventions are worth considering in dogs with recurrent moderate or severe AD.

#### *Implementation of allergen-specific immunotherapy*

Allergen-specific immunotherapy (ASIT) is the practice of administering gradually increasing quantities of an allergen extract to an allergic subject to ameliorate the symptoms associated with subsequent exposure to the causative allergen. Subcutaneous ASIT appeared effective and safe to reduce signs of AD in dogs. It should be considered in any dog in whom intradermal test or IgE serology have permitted the identification of allergens likely to contribute to the disease

and in whom allergen contact is unavoidable. The dog's owners should be able to afford the time, expense and technical aspects of this regimen. In addition, when symptomatic anti-inflammatory therapy is ineffective, or associated with unacceptable or potentially unacceptable side effects (e.g. glucocorticoids), or is impractical to maintain for an extended period of time, then ASIT is indicated, even in dogs with seasonal disease of short duration. Finally, due to its unique mode of action, ASIT is the only intervention that has the potential to prevent the development of signs and alter the long-term course of the disease.

It is expected that between approximately 50 and 80% of dogs with AD that have been treated with ASIT for six to twelve months will exhibit an improvement in signs and/or a decrease in anti-inflammatory or antipruritic medication use. At this time, there appears to exist no clear advantage of a particular ASIT protocol (traditional, rush or low-dose). Most importantly, injection frequencies and amounts injected must be tailored to each patient depending upon the clinical improvement observed and the presence of adverse events (e.g. increases in pruritus after each injection). Because of the delay in ASIT effect, anti-inflammatory drugs should be given temporarily, as needed to maintain good quality of life until ASIT might offer clinical benefit. Immunotherapy must be continued for at least one year before dismissing it as ineffective.



# Without Fleas - Naturally

By Patricia A. Cooper, DVM

Every day I am asked how to combat fleas in a more natural way. A more natural way does not involve a magic product that will miraculously eliminate the fleas or ticks but rather it involves a whole different approach. This approach focuses on controlling the pests in the environment and house rather than using your pet as a chemical carrier. Flea control is typically carried out by using a number of chemicals on the pets topically or even orally. I discourage the use of these pesticides because of exposure to the toxins to both you and your pet.



This method involves a little more work and effort but will result in a safer environment for your family and pet. A clean house, a well maintained yard and a well groomed pet are instrumental to achieving control over the fleas. Here are some steps to take----

1. Thoroughly shampoo your pet every 1-2 weeks depending on the severity of the flea infestation and the effects that it has on your pet's skin.
2. Use a mild, conditioning shampoo (can contain essential oils to help repel fleas)
3. Brush daily and inspect the skin for irritation or hot spots. Trim away mats and tangles.

4. Essential oils (therapeutic grade) such as lavender, pennyroyal, peppermint or eucalyptus can be used to discourage fleas from living in and around your pet. Add several drops to each load of laundry or to the mop water or a bottle of water to use as a spray to wipe directly on your pet.

As for your house, keep it clean and uncluttered to discourage fleas from nesting in hard-to-reach places.

1. Daily vacuuming in your house can be the single most effective action you can take. Be certain to toss out the bag each time or thoroughly clean the vacuum depending on the type of machine that you have.
2. Hard flooring can be mopped with an orange oil or limonene product to help control fleas and roaches. Carpeted areas can be treated with boric acid - work the powder into

the carpet pile by putting on a pair of socks and doing some fancy footwork.

3. Foggers that contain an insect growth regulator like Nylar can be used to establish control in a house if the infestation is severe. These foggers do contain some chemicals but are considered low toxicity. Repeat in 2 weeks for 2-3 treatments. Follow the directions carefully.

The yard should be trimmed and well maintained. Fleas do not like clean, bright places to live - they thrive under decks, under houses, garages, storage sheds, etc. So do not forget to address those areas.

1. The decks and concrete can be sprayed with a citrus product (limonene). This product will kill the fleas and roaches by dissolving their outer shell without using highly toxic products as well as thoroughly clean the surface.
2. Nematodes are beneficial microscopic organisms that can be applied to your yard to help control fleas. These insects actually feed on the flea larvae. However, the yard must be well watered and the temperatures not to exceed 80-85 degrees for them to survive long enough to do their job.
3. Diatomaceous earth (DE)

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powder can also be applied around the yard and under the house. These razor sharp particles actually slice into fleas and roaches causing enough damage to eliminate them.

4. A new product has recently hit the market that has proven to be effective for flea control. This is a natural cedar oil that can be used to treat the animal, the house and the yard. So it covers all the bases with one single product. No harm is done to beneficial or pollinating insects or amphibians. The only thing to remember is that treatments must be done more often on a regular schedule.

A little more work and time may be required in the methods discussed above but you can be assured that you, your family and your pet will not risk being exposed to a toxic environment.

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The Westie Foundation of America, Inc. is a nonprofit corporation, recognized by the IRS as a 501 (C) (3) organization. The mission of the Foundation is to provide financial aid and other support for medical research in order to benefit the health and quality of life of West Highland White Terriers; and to further develop and communicate information regarding the health, care, breeding and quality of life of Westies to Westie owners, Westie breeders and veterinarians.

## Westie Foundation Fundraising Report October 2010

Tina McCain, WFA VP Fundraising

**M**y! Things come and go so quickly around here! It seems like we prepared for the Montgomery County weekend for the longest time and then in the blink of an eye it was over.

Thanks to everyone who participated in making the weekend such a huge success!

Marcia Lozes Estate  
Chris & Lisa Christensen  
Hunting Horn  
Suzanne Renaurd  
Barbara Hands  
Joan Graber Estate  
Tom & Barbara Barrie  
Terrier Toys  
Katie Wyatt  
Kirsten Fox

All participants who purchased raffle tickets  
Regional Club Liaisons for selling raffle tickets  
Jacqueline Winkler  
An anonymous donor  
Suebeth Jordon  
WFA Board Members  
WFA Advisory Council Members

We are already planning for next year's event! So, if you were in attendance at the WHWTCA Annual Dinner & Auction Friday evening, you saw one of the potential raffle items for our 2011 raffle. The quilt we had on display is absolutely beautiful! If you didn't get to see it, we'll have more information and a picture in a future newsletter.

Again, thank you everyone!



The lucky winners of our 2010 WFA raffle are Julie Smith of Tennessee, Keith Lezette of California and Betty Miller of Ohio. Julie won the note pad computer, Keith won the Nintendo Wii and Betty won the Amazon Kindle. Many thanks to everyone who has supported Westie Foundation fundraising this year and in the past. Your contributions are so important to the health of our precious Westies!

A special thank you to the high bidder of the WFA live auction. Sil Sanders took home the beautiful Westie carousel donated to the Foundation by the estate of Marcia Lozes.



# An Alternative Approach to Flea Control

By Tina McCain

Photo by Paul O'Mara



**Y**ou met my Westie “Dandy” in the last edition of the WFA newsletter. He is the primary reason I embarked on a more

natural approach to caring for my Westies. He is the reason I researched dog foods, vaccination protocols, and natural medicine. I have said many times that my dogs have taught me much more than I could possibly teach them!

While there are as many different opinions on diet, vaccinations and medicine as there are stars in the sky, I am always searching for what works best for my dogs. I have learned over the years that there is no one answer for every dog, person, or any other living being.

My “Dandy” for instance, suffered seizures after his last round of puppy vaccinations at the age of 4 months. While traditional medicine was necessary to control his seizures, I learned from Michelle Tilghman, DVM, a holistic veterinarian and one of the Westie Foundation’s Westie Docs, that “Dandy” could no

longer use topical or oral flea control products. She told me that since “Dandy” already had a jeopardized neurological system, it would be unwise to use any insecticide on or in him. Dr. Michelle informed me that since the insecticide affects the neurological system of the flea, it could potentially affect “Dandy’s” neurological system as well.

So, in 1998 I stopped using any flea control products on my dogs. I researched many avenues of implementing a flea control program, but I didn’t want to use chemicals in my yard either. I even went the opposite direction and tried Nematodes. Boy, that was a pain! Therefore, I chose not to do anything for many years.

Then, about two years ago, I discovered a “natural” line of products that I, and my staff, have personally used with great success. I also recommend these products to my clients in controlling fleas and other insects.

The active ingredients in the products are: cinnamon oil, cedar wood oil, clove oil, and vanillin.

*“All of these natural botanicals are from the EPA’s 25B list which contains ingredients that are pre-approved by EPA as effective and safe.”*

*What do these natural flea and tick products all have in common?*

- All made from natural botanicals
- Kill’s quickly
- 100% kill for 7 days (maybe longer)
- Use on any age, puppies & kittens
- Kill or repel harmful insects

*There is nothing else that has an EPA approved kill statement on the label that kills fleas, ticks, lice, and mites and is safe to use on puppies, kittens, small animals and reptiles.”<sup>1</sup>*

No one product is failsafe in every situation. I am in no way trying to endorse any one company as the one and only company or product out there. Consider what is best for you and your pet’s situation. And always have a good conversation with your veterinarian.

I always try to educate my clients as to what their options are, so they then have the information to make an educated decision.

Tina McCain, WFA Board Member  
MerryMac Dog Training & Nutrition Center  
Marietta, Georgia

<sup>1</sup> Quoted and used with permission by Natural Chemistry Products.  
[www.naturalchemistry.com](http://www.naturalchemistry.com)





## Breeding Reputably Versus Responsibly... and Why they are not Interchangeable in the West Highland White Terrier Breed but should be!

By Loren Marino

**H**ow many times have you heard the phrase:

“Buy from a Reputable Breeder” or “Breed Responsibly”? These phrases are draped all over AKC literature, websites, and are spouted by breed/kennel clubs, and breeders alike. In looking at the West Highland White Terrier breed however how many of the Westie breeders today can truly label themselves as both “Reputable” AND “Responsible”? The sad truth is not many. The fact is that many breeders assume that “Reputable” is defined the same as “Responsible”, but today the Reputable Breeder is not often fulfilling the definitions of the Responsible Breeder.

Let’s first look at the Reputable Breeder. This mantra is held by pure breed dog breeders as a standard definition for the Reputable Breeder:

The breeder will belong to a breed club (national, local, all-breed).

The breeder will have an intimate involvement with the breed and

often a reputation of conformation or performance merit.

The parents have conformation, obedience, working, agility, or other titles. (Quality dogs are usually working or have obtained a title.)

Breeders usually focus on one or two breeds.

The breeder can provide pictures and information on the parents, usually the grandparents, great-grandparents, uncles, aunts and cousins of the puppies.

Breeders ensure parents and pups are wormed, fecal samples checked and that they receive at least their first vaccination a week before going home.

A breeder will never let a pup leave its mother before 8 weeks of age and most breeders will wait until 10 weeks of age.

The breeder will provide when you are ready to take the pup home, at the minimum: information on training and raising, a contract, AKC papers,

a sample or information on what food the pup is being fed, vaccination and worming records, a vet schedule, pedigree and other useful information.

The breeder will carefully screen buyers to ensure the puppies will have the best homes.

The breeder will require spay/neuter contracts for pet quality puppies.

The Responsible Breeder on the other hand, goes beyond the reputable definition by keeping up with and using every available technology to make their breed healthier, better examples of the standard, and viable for generations to come.

Here are some of the accepted additional qualities that make a Breeder Responsible:

The Responsible Breeder will have specific qualifications that are required of a stud dog or dam. The breeder will choose their breeding stock by making an educated decision on which

*(Continued on page 14)*



*(Breeding continued from page 13)*

stud or dam is the right genetic example that would improve the conformation, health, and bloodline of the breeding female or male. They will not use a dog/bitch because it is one that they just "had on hand", or who is being sought after frequently, or who may have numerous achievements in the breed ring.

The Responsible Breeder will look to see if both the parents have both OFA ([www.offa.org](http://www.offa.org)) and CERF ([www.vmdb.org](http://www.vmdb.org)) certifications for health. The breeder will search both the OFA and CERF website for clearances and will seek the results of the clearances and will look to use healthy dogs. (Remember while a CHIC number means that a hip, patella, and CERF examination were performed, it does not mean the evaluations were of good health, nor does it mean that the CERF clearance was performed yearly and is being maintained.)

The Responsible Breeder will test all of their dogs for genetic disorders using the latest technologies and DNA testing/profiling.

The Responsible Breeder will keep current on modern breeding advances and use them to ensure future generations from good lines are possible. (ie. banking semen and/or eggs from dogs that are healthy, conform to the breed standard, and produce offspring of good health, good temperament, and conformation merit; banking DNA samples of breeding stock for future testing as modern advances become

available; participating in research studies to help develop further tests and health advances for the breed.)

The Responsible Breeder's dogs that are reported as having dysplastic hips are not bred, only dogs with Fair, Good, or Excellent hip ratings are bred.

The Responsible Breeder ensures dogs that are bred are of sound temperament.

In a Responsible Breeders program all of the dogs have up to date CERF exams and The CERF exam is done yearly and maintained even in dogs that have produced, but that are no longer being bred.

Responsible Reputable Breeders care about the future of their breed and the quality of puppies they bring into the world.

Responsible Reputable Breeders do genetic screening on the parents and offspring to minimize the chances of hereditary diseases.

Responsible Reputable Breeders DO NOT breed to make money, but to produce the best quality companions that conform to the breed standard, can perform the work their breed was intended for with good working aptitude, and are of good Health!

*According to OFA, CHIC, and CERF records, only a small percentage of West Highland White Terriers are being tested. Last year at the Centennial a wonderful opportunity was offered to Breeders, in way of a discounted CERF exam. Only*

*66 dogs participated. Of that 66 only 9 are reported on the CERF website. Of those 9 only 4 have enough evaluations to obtain a CHIC number. Of those 4 only 2 have totally normal health reports. This is one example of the stammering numbers that one will find (or will not find) on the OFFA and CERF websites. The WHWTCA has again approved a discounted clinic at this year's National. Don't let these good opportunities go to waste! Test your dogs not previously screened and bring current those that are due!*

*In addition, this year and every year after when you think about breeding ask and hold accountable, not only those around you, but your own self for the answers to these questions: Why aren't breeders testing their breeding stock? Why aren't more results made available on OFFA and CERF websites? What can you do to change this alarming trend?*

*Is the cause lack of knowledge and education?*

*One of the excuses most commonly heard is the cost of testing. This is an excuse that does not hold much merit. Certainly there are enough health clinics being offered these days. Clubs are offering them more and more, and clinics are published on OFFA's website, on club websites, and in premium lists. Again, discounted clinics, (including ones held by the WHWTCA) are far more reasonable than perhaps those offered in a straight office visit. Many vets will also give a similar breeder rate in their hospital; ask your veterinarian about his breeder discount policies. The cost of submission is also*

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(Breeding continued from page 14)

reasonable. If one were to think of the long term benefit to the breed, of testing and reporting, it would be evident that it's a small expense in comparison to the progressive steps gained towards eradicating long term problems or issues.

Let us make an effort in the next year to not merely focus on reputations, but to focus on our Responsibility to make the West Highland White Terrier breed healthier, stronger, and more viable for generations to come.

## DID YOU KNOW?

### **OFA's list of tests recommended for the West Highland White Terrier Breed:**

- Hips/Elbows (after 24 months)
- Legg/Calve/Perthes (free evaluation from existing Hip films or if submitted at the same time as Hip x-rays)
- CERF exams (first done at 8 weeks and done yearly thereafter)
- Thyroid
- Patella Luxation
- Heart (via Auscultation or Doppler Echo)
- Globoid Cell Leukodystrophy
- Pyruvate Kinase Deficiency



## **WFA Health Seminar Announcement**

*The Westie Foundation of America is pleased to announce the sponsorship of the health seminar to be held at the WHWTCA Roving Specialty Show hosted by the Florida Suncoast WHWTC.*

*The seminar will be held on Friday, February 11, 2011 at 4:30 P.M., at the Red Rose Inn, Plant City, Florida (the specialty headquarters – 10 minutes from the show site)*

*Dr. Rosanna Marsella, DVM Diplomat, American College of Veterinary Dermatology, 1991, Department of Small Animal Clinical Sciences, University of Florida, Gainesville, Florida will speak on the topic of Skin Dysfunction in the Westie.*



# Significant Change to the Health Content on the Foundation Website



**H**ealth information on the Foundation's website is now much easier to reference in regard to diseases or health concerns. Previously, such information was found in various areas of the website requiring a user to search.

For our readers' convenience, just ONE CLICK on a disease/health concern topic, 17 are listed on the homepage, will magically transport the user to a separate webpage of information

on that topic. Information on each such webpage is organized in the following order: Health eBooks, newsletter articles, seminar information, funded research projects, veterinary specialists and other useful links to that disease or health concern.

If you know of any other useful links to information on the varied diseases and health concerns that we may have missed, please let us know by contacting either Donna Hegstrom ([kiloranleawesties@gmail.com](mailto:kiloranleawesties@gmail.com)) or Wayne Kompare ([wkompare@verizon.net](mailto:wkompare@verizon.net)).

## REQUEST FOR SAMPLES

Listed below are several of the current research projects supported by the WFA. If you would like more information about the studies, visit our website at [www.westiefoundation.org](http://www.westiefoundation.org). If you would like to participate by contributing blood or DNA samples from your Westie, call or email the contact person listed. Your participation will be greatly appreciated!

RESEARCH PROJECT	SAMPLES NEEDED	CONTACT INFORMATION
<b>Genetic role in Legg-Calvé-Perthes</b>	Blood samples from 20 affected dogs and 20 unaffected dogs	Dr. Alison Starr Clemson University 864-656-0191, <a href="mailto:astarr@clmson.edu">astarr@clmson.edu</a>
<b>Genetic susceptibility of Bladder Cancer (TCC)</b>	Blood samples from dogs with a diagnosis of TCC	Donna Viglietti, Ostrander Lab National Human Genome Research Institute 301-451-9390, <a href="mailto:Dog_genome@mail.nih.gov">Dog_genome@mail.nih.gov</a>
<b>Genetic marker for Addison's Disease</b>	DNA from cheek cells and/or blood from affected dogs and unaffected dogs over the age of 7	Dr. A.M. Oberbauer UC Veterinary School (Davis) 530-752-4997, <a href="http://cgap.ucdavis.edu/">http://cgap.ucdavis.edu/</a>
<b>Genetic marker for CMO</b>	Blood samples from affected dogs and their unaffected family members	Dr. Kay McGuire, DVM <a href="mailto:kmccash@aol.com">kmccash@aol.com</a> 281-821-3247

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# My Lily's Experience with Transitional Cell Carcinoma (Bladder Cancer)

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Lily, my Westie daughter, came into my life a little over 13 years ago. She has been the source of endless joy: innocent, but full of mischief, teasing, and play. I found out what every Westie owner knows: a Westie is your child, not a dog, and not a pet. That is especially true for my wife Emily and me, since we decided not to have children.

Emily and I married in our late 20's. Emily grew up having several collies as pets. The subject of the two of us getting a pet came up more than a few times. I was against it, but I did say "I love puppies, but I don't like big dogs. Puppies only stay puppies for a few weeks, then they become big dogs. If we could find a dog that stayed a puppy forever, I would consider it." (You can see where this is going.)

In 1993, Emily's sister Barbara, who lived about 100 miles from us, told us that she got herself a dog: a West Highland White Terrier, and she named her Tilly.

Then came the surprise. We went to visit Barbara at her home, and that's when I first met Tilly. Tilly came right over to me and licked my hand. I looked at her, and said "you're not too bad,

for a dog". When we were ready to leave, Emily said, "I agreed that we would baby sit Tilly for four weeks while Barbara was in France. I said "no way". Emily said, " We have to. Barbara is leaving tomorrow, she can't take Tilly along, and no one else can



take her." Reluctantly, I agreed, but I said, "There is no way that dog is coming to work with us."

The next day, as I was sitting in the driver's seat of the car, out came Emily with Tilly. I knew better that to argue, but figured "if that dog interferes with business, it is not coming in tomorrow". After a week, I said, "OK the dog can keep coming to work". After 4 weeks, I said, "Tilly is my dog, and I'm not giving her back". But when Barbara returned, we, of

course, gave Tilly back to her. As it turned out however, Barbara spent most of the next two years in France, and we had Tilly while Barbara was gone. Tilly became my buddy. She was definitely a "tom boy", not some prissy little thing. She loved swimming and getting dirty. She was with me practically every minute of the day and night.

When Barbara returned from France for good, there was no doubt in my mind that I would keep Tilly and buy another dog for Barbara. After all, Tilly had been with me over 2 years out of the first 3 years of her life. I am her father. But Barbara was adamant that she wanted Tilly back, not another dog. Reluctantly, we gave Tilly back to her.

About a year later, Emily said, "It's time we got another Westie daughter". She revealed to me that she already paid for a female puppy, and all we have to do is go down to Waukesha and get her. I agreed, it was time. We bought a book of baby names to help us find a name for our new daughter. We settled on "Lily", pure and white, like the flower.

We had also bought three books on Westies and read them all

*(Continued on page 18)*



*(Lily continued from page 17)*

several times. We learned a lot about them. We learned that 90% of the time that a Westie is sick, it is because they ate something that they shouldn't have. We learned that we need to pluck the hair out of their ears because they are prone to ear infections. We learned that we need to clean their anal gland often. We learned that they should not be unsupervised and that they love getting dirty when they are pursuing vermin. We also learned that Westies are prone to have skin diseases and arthritis in their later years.

When we arrived at the breeder's house, she interviewed us for over an hour before she brought Lily out and placed her in a basket on the living room floor. It seems that she was very fussy whom she released her puppies to. I went over to Lily and petted her, and she licked my fingers. It was love at first sight, and the love continues today.

We decided that we wanted Lily to have a long and wonderful life. This means an annual complete physical as well as trips to the vet whenever we were concerned about Lily's health. We also decided to feed Lily Wysong, and to limit her "people-food" intake to an occasional small piece of grilled chicken breast.

I guess the point of this longwinded introduction is that we love our Westie daughter and we spare no expense in trying to keep her healthy. I am a scientist, but I am not a veterinarian and only know what I remember

reading in the three Westie books.

Beginning last August or September, we noticed that Lily was urinating more often than normal. It's hard to say exactly when it started or how long we took to notice it, because it came on gradually.

We took Lily to our regular vet, and they gave her a "complete physical." They could find nothing wrong. We then took Lily to a holistic vet, who previously correctly diagnosed Lily with Giardia several years ago (which our regular vet missed). He diagnosed it as a yeast infection, provided medications, and said, she'll be OK in 4 weeks. Five weeks later, nothing had changed, so we took Lily back to the Holistic vet. He gave us another 4 weeks dosage of medication for yeast infection. Nothing changed.

We would be heading to Florida for the winter soon. We didn't know what to do, and we don't know any vets in Florida. Another vet clinic in our area had recently changed hands. We had not used them previously, because they had a very mixed reputation. A recent newspaper article stated that the vet clinic had just been purchased by a young Board Certified Veterinary Surgeon. We took Lily



there. They gave Lily a complete physical and did something the others didn't: they gave Lily an ultrasound. The vet said that there was a "small mass" in the bladder, and that it was either a bladder infection or bladder cancer. They took a blood sample, which they said would either confirm or eliminate the bladder infection.

We left for Florida the next day. After arriving 3 days later, the clinic called to say that there was no bladder infection, so by process of elimination, it had to be bladder cancer. To say we were devastated would be an understatement.

So, we are in Florida with our sick Lily, and we don't know any vets down here, or have feedback on any of them. Up north, one vet said nothing was wrong, one said yeast infection, and one said bladder cancer by process of elimination. That vet is very young, probably just out of school and I knew nothing about her, so

*(Continued on page 19)*



(Lily continued from page 18)

I didn't know how much weight to give to her determination. In addition, we were hoping against hope that she was the one who was wrong.

For lack of any other ideas, I went to "Google" on the internet and typed in "Westie bladder cancer". I was shocked and dismayed to find so many hits. I found so many statements like "My 13 year old Westie has bladder cancer", and "My 11 year old Westie has just had surgery for bladder cancer. It breaks my heart to see her just sitting there after being so vivacious and active". I clicked on several of these, and most of them lead me to a website called Cancer Compass. It appears that the website is mainly for humans, but there were a lot of postings for dogs. I joined, got a user name and password, and posted a message saying my Westie has bladder cancer and asking for advice. I hoped that someone would respond that they had the surgery a year ago and are happy (or unhappy) that they did it. I posted it last December, and have not received any replies to date.

A few days later, I clicked on another link and it took me to the website of the Westie Foundation. I was able to print out a book on Westies, which had a chapter on cancer, including bladder cancer. I read it, learned from it, and the prognosis did not look good.

I also sent a message asking for advice. By this time, I had

practically given up on getting any advice. Fortunately, I was wrong this time.

Within 24 hours, back came an email reply from Dr. Kay McGuire at the Westie Foundation. Dr. McGuire expressed her sympathy and concern for Lily's condition. She explained that Westies were prone to suffer from Transitional Cell Carcinoma (TCC), and that Westies, Scotties, and Shelties are

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***"ALL Westies have the TCC cells, but that they only develop into Cancer in some of the cases."***

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five times as likely to develop bladder cancer than any other breeds. She also said that ALL Westies have the TCC cells, but that they only develop into Cancer in some of the cases. She also said that there is an ongoing research project on TCC in Westies. The theory is that there is a genetic factor. By getting blood samples from Westies with TCC and well as those without TCC, they hope to pinpoint and eliminate the bloodlines which are prone to the disease. She asked that I consider participating in the study.

The more I found out about the surgery, the more invasive it sounded, and knowing how fragile Lily is, I doubted she would make it through the surgery. In addition, I read that

the TCC always comes back at some time, so do we want to put Lily through all of that risk and pain to gain a few more months in misery?

During the next 2-3 weeks there must have been a dozen or more emails between Dr. McGuire and me. I think I have saved them all. She always responded within a day. She gently coaxed me into the right course of action. She explained the surgery in detail. She did not offer me any false hope or assurances, but gave her realistic assessments. She did say that she operated on one Sheltie three times.

At one point I asked, "If the medication will be the same for the rest of Lily's life whether or not she has the surgery, why have the surgery". Dr. McGuire patiently responded that the surgery would improve the quality of Lily's life for a significant period of time.

Lily had the surgery February 14th. She popped right back from the surgery in her feisty Westie fashion. I know we won't have her forever. I am just thankful that Dr. Kay McGuire took the time and had the patience to convince me of the right thing to do for Lily.

Thank you, Dr. McGuire!

Sincerely,  
Lily, Emily, and Mike (Raynovic)



## Westie Cartoon Caption Contest

Create the winning caption for this Westie cartoon. Please send your caption to [bjpinter@msn.com](mailto:bjpinter@msn.com) before January 30, 2011. The winner and runner-up will be announced in the next newsletter with their captions.

### Create a Caption for this Cartoon



Copy of original watercolour by Ruth Sutcliffe, England



### Winners of Last Cartoon!

#### WINNING CAPTION

by Alan Droege

**“A good home is like  
heaven on earth.”**

#### RUNNER-UP CAPTION

by David Hegarty

**“So many choices, so little time.”**



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Westie WELLNESS

## Goes Electronic!

In an effort to be conscientious about the environment while also making the most use of our limited resources, the Westie Foundation plans to send the Fall and Spring issues of the newsletters electronically. The Summer and Winter issues will continue to be mailed. All quarterly issues will also be available and archived online at the Westie Foundation website ([www.westiefoundation.org](http://www.westiefoundation.org)).

**IMPORTANT NOTE:** Send us your email address so you’ll receive the electronic newsletter! Go to [www.westiefoundation.org](http://www.westiefoundation.org) and click on the “Contact Us”.

