

Spring 2016

Questions? Comments?
Suggestions?

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PRESIDENT'S MESSAGE

We could not be who we are nor do what we do without YOU! Thank you to our wonderful donors who are listed in this issue. Years ago I thought that if I gave once to a non-profit organization then that was that! I had done my charitable deed. I now know that for me it becomes a commitment. I carefully choose the organization for which I am passionate about its mission and support that non-profit on a regular basis. Hence, here I am working with the non-profit that I chose to commit support – the Westie Foundation of America, Inc. (WFA). Our work to improve the health and well-being of all Westies is proving to be one of the most satisfying undertakings of my life.



Bebe Pinter

This Spring issue of *Westie Wellness* focuses on Cancer! We lead off with the article “Canine Lymphosarcoma (Lymphoma, LSA)” reprinted by permission of the Veterinary Teaching Hospital, Washington State University. According to the article, “The cause of LSA in dogs, as is true for most canine tumors, is not known.” Areas discussed include clinical presentation, biological behavior, clinical staging, treatment options, prognosis, future treatment options, and key points associated with lymphoma.

We are so grateful to Pam Groves for sharing her touching story about her beloved ZOOM! In the article “ZOOM!'s Lymphoma Journey”, Pam describes how she and ZOOM! challenged his cancer diagnosis and the chosen treatment with courage and Westitude. Thank you, Pam. We understand your loss for most of us also have special Westies that “live in our hearts forever.”

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(President's Message continued from page 1)

A third article “Cushing’s Disease” is also reprinted by permission of the College of Veterinarian Medicine, Washington State University. Unfortunately, Cushing’s Disease is a relatively common disease in our breed. The article is comprehensive and includes the two types of Cushing’s disease, process to diagnose, cortisol’s effects on the canine body, treatments, and prognosis.

Once again, I must thank the WFA Board and the Advisory Council for its hard work. The fundraising committee, chaired by Marianne Jacobs, managed the March Facebook auction and surpassed last year’s auction total! I was privileged to assist and can tell you that not only did we accomplish the task – we had great fun doing it. It was a joy to work with the item donors, bidders, and WFA directors and Advisory council members who were involved.

Thank you for your continued involvement and support of the WFA but most of all, your love of Westies!

DON'T LET ALL THAT CUTENESS GET LEFT BEHIND!

The Westie Wellness is in need of pictures of your “Cutie Pie” to enhance future articles of the newsletter. Large high resolution images work the best.

Please Consider Sharing!

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 advance and support medical research 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.



Request for Samples

RESEARCH PROJECT	SAMPLES NEEDED	CONTACT INFORMATION
Genetic marker for Atopic Dermatitis	Saliva swabs or blood samples from dogs with skin disease or from normal dogs 5 years of age or older from family lines free of allergies	Kim Williams North Carolina State University 919-513-7235 kdwilli4@ncsu.edu
Genetic susceptibility of Transitional Cell Carcinoma (TCC) (Bladder Cancer)	Blood samples from dogs diagnosed with TCC and dogs over the age of nine who have no known cancers	Gretchen Carpintero Ostrander Lab National Human Genome Research Institute 301-451-9390 Dog_genome@mail.nih.gov
Study to validate the diagnosis of Transitional Cell Carcinoma	Free-catch urine sample, access to dog’s clinical records relating to the cancer, and access to biopsy specimen	Breen Lab NCSU info@breenlab.org
Genetic marker for Addison’s Disease	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 http://cgap.ucdavis.edu/
Genetics of Idiopathic Pulmonary Fibrosis (IPF)	Cheek swab samples from dogs diagnosed with IPF	To order DNA kits go to the following website: Canine.Tgen.org Click on IPF study
Clinical Features and Genetic Basis of Pulmonary Fibrosis	Blood samples from dogs diagnosed with PF and healthy dogs over age 8 without lung disease	Katie Minor University of Minnesota 612-624-5322 minork@umn.edu
Dry Eye Syndrome (keratoconjunctivitis sicca)	Dogs diagnosed with dry eye and dogs over 7 years old with no ocular abnormalities *participants must be available for appointments at UC Davis Veterinary Center (CA)	Dr. Sara Thomasy UC Veterinary School (Davis) 530-752-1770 smthomasy@ucdavis.edu

For more information about any of the above projects visit www.westiefoundation.org

News On The Healthfront

By Kay McGuire, DVM, MS

Please peruse the article on Transitional Cell Carcinoma Early Detection by Dr. Matthew Breen in our last newsletter. We are pleased to relay that the Early Detection Screening test is about to be launched with the assistance of the AKC. The cost per dog per year will be \$299 which will include supplies and shipping. The "subscription cost" covers the supplies for three separate urine tests per dog per year and the cost of shipping the samples. Individual tests will also be accommodated at approximately \$145. We will supply more information as it is provided. The Westie Foundation of America (WFA) is excited to have Dr. Breen as the speaker for our health seminar in October of Montgomery Week.

In this issue of *Westie News* we are highlighting the endocrine disease Cushing's Disease, or hyperadrenocorticism. This is a common malady for many Westies, especially those that receive long term corticosteroids like Prednisone or Depomedrol used for treating allergy problems. This is called iatrogenic Cushing's Disease because it is created by factors from "outside the body." Over 90 percent of Cushinoid patients are due to the presence of a tumor on the pituitary organ located in the brain. This tumor causes excessive production of the hormone that stimulates the adrenal gland to produce too much cortisol. The most frequent symptoms noted by high cortisol levels are increased thirst, a voracious appetite, a "pot-bellied" appearance and more frequent panting. Without diagnosis and treatment, Cushing's

Disease can lead to multi-organ failure. Diagnosis involves blood testing to measure the response of the hormone Adrenocorticotrophin Hormone (ACTH). Treatment requires the suppression of ACTH secreted by the pituitary gland which in turn must be monitored closely with repeated blood work.

There is a new interesting study being conducted on Pulmonary Fibrosis (PF) at the University of Alabama under the direction of Dr. V. Thannickal. The purpose

of the study is to determine if similar enzyme concentrations found in human PF patients are also present in our Westies affected with fibrotic lung disease. If it is confirmed that both dogs and humans have the same tyrosine elevations, it may be used as an indicator for early detection and/or prognostic treatment effects for PF. The WFA is proud that this "One Health" approach is being



considered more often after our sponsored 2014 **Fibrosis Across Species** workshop held in Louisville, KY. We will coordinate collection and shipment of blood samples from Westies with PF in the near future. If you have a dog with confirmed PF, please contact us at health@westiefoundation.org.

The West Highland White Terrier Club of America in collaboration with the WFA, will be holding an eye certification clinic in conjunction with hosting our National Specialty weekend at Kimberton Fire Hall on October 8, 2016.

Canine Lymphosarcoma (Lymphoma, LSA)

By College of Veterinary Medicine, Washington State University



Incidence/cause

Lymphosarcoma, (LSA) a tumor caused by a cancerous proliferation of lymphocytes (cells that normally function in the immune system), is one of the most common tumors seen in dogs. It affects dogs of any breed and age, although most dogs will be middle-aged or older at the time of diagnosis; Golden retrievers are considered a breed at increased risk of developing LSA. The cause of LSA in dogs, as is true for most canine tumors, is not known.

What you might see/ Clinical presentation

The presentation of dogs with LSA is highly variable as lymphocytes can be found in virtually any organ in the body. Nonetheless, the most common

form (referred to as stages) of LSA causes a non-painful enlargement of one or more lymph nodes that can be seen or felt from the body surface. Occasionally, a lymph node becomes large enough to impair function (obstruction of blood flow or airway, for example). Other forms of LSA can involve the liver, spleen, bone marrow and gastrointestinal tract, skin or nervous system (and other organs) and the clinical signs will reflect the organ system involved (e.g. vomiting or diarrhea with gastrointestinal forms; weakness or pale mucous membranes and others that reflect impaired production of blood cells from the bone marrow); many dogs will simply feel ill (lose appetite, become lethargic) with any of the different forms. In some dogs, lymph node enlargement is an incidental finding when an otherwise healthy-appearing dog is seen by a veterinarian for an unrelated reason (e.g. vaccination).

Lymph node staging

Stage I: single lymph node enlarged

Stage II: multiple nodes enlarged on either the front half or back half of the body

Stage III: multiple nodes enlarged on both front and back halves of body

Stage IV: involvement of the liver and/or spleen

Stage V: bone marrow involvement, or involvement of other organs (e.g. gastrointestinal, skin, nervous system)

Each numbered stage can be further divided into substages, of which there are two: a and b. Patients with substage a feel well while patients with substage b are ill.

Biological behavior of LSA

LSA is viewed as a systemic disease, and as such is not really viewed to “spread” to other organs. This tumor is not generally viewed as a curable tumor in dogs, although occasional dogs will experience what seems to be a cure with appropriate treatment (see below). A dog can start with one stage of the disease and progress over time to another (usually more advanced) stage of LSA.

Clinical staging (determination of the extent of the tumor)

Because of the organs that LSA commonly involves, staging a dog with a LSA can involve aspiration of one or more lymph nodes, thoracic radiographs, abdominal radiographs or ultrasound (to look for big nodes in the abdomen and to look at the liver and spleen), or bone marrow examination. Often, obtaining blood for a complete blood count and biochemical profile, and a urinalysis will be advised as these can help assess overall health and provide information that potentially influences treatment recommendations. Sometimes, special stains to determine if the LSA is of B-cell or T-cell origin (B-cells and T-cells are specific types of lymphocytes) are recommended because of prognostic

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(Canine Lymphosarcoma continued from page 4)

significance, although treatment recommendations are the same for either type.

Treatment options

The mainstay of treatment of LSA is administration of chemotherapy drugs; the best responses in terms of length of tumor control and survival are generally seen with protocols that entail administration of more than one chemotherapy drug, although there are approaches that involve administration of a single drug. Chemotherapy drugs commonly used include: doxorubicin, vincristine, cyclophosphamide, prednisone, and L-Asparaginase, but many others are also used. In some dogs with very localized disease, surgery or radiation therapy can play a role in treatment, although chemotherapy is still often recommended in these cases.

Prognosis

The prognosis of dogs with LSA is highly variable, and depends on

the clinical stage (ill dogs fare more poorly than dogs that feel well, and dogs with Stage V disease are generally considered to have a poorer prognosis), the type of tumor (dogs with B-cell LSA usually do better than dogs with T-cell LSA). Most dogs treated with chemotherapy will experience a remission, a period in which there is no detectable cancer and the dog feels well. Remission times are variable, but most dogs with the lymph node forms of LSA will have initial remissions lasting in the range of 6-9 months before evidence of the tumor is seen again; second remissions can be achieved in many of these dogs, but any subsequent remission is expected to be shorter in duration than the first remission. Survival times for most dogs treated with combination chemotherapy protocols are in the range of approximately 1 year. And even though an individual dog will have received a lot of chemotherapy over that year, their quality of life

is generally very good. Statistics, while useful, can never predict how an individual dog will fare with or without specific treatment.

Future treatment options:

New protocols are tried with great regularity in canine lymphoma but results have been similar with each drug regime investigated. Most likely our survivals will always be similar until we either accept greater toxicity (meaning most dogs will be very sick from the treatment and some may even die), or a completely novel treatment is invented. Using half or whole body radiation therapy may prove helpful. The development of an antibody specific for dog lymphoma, which could recognize all dog lymphomas and yet no normal lymphocytes, and be attached to a toxin or other cell killing mechanism, is a far off dream.

Key points

LSA is one of the most chemotherapy-responsive tumors seen in veterinary medicine, and most dogs tolerate chemotherapy very well with minimal impact on their quality of life. If you notice fast growing lumps on your dog that seem to be in the area of the major joints (at the neck, in front of the shoulders, in the armpits, at the back of the knees or in the groin) have your dog examined soon by a veterinarian even if he feels well. Remember, lower stage disease, and dogs that feel well, will do better with treatment than dogs that are ill and/or have more advanced disease.

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ZOOM!'s Lymphoma Journey

By Pam Groves

This unwanted and uninvited journey began on August 15, 2015, when I noticed my nine year old Westie named ZOOM! had swollen lymph nodes in his jaw area. At the time I had no idea what this symptom could be.

Naturally it was a Saturday afternoon after our vet's office had closed. I jumped online to try to figure out what could be the cause. First thing on Monday I got in to see our local veterinarian who ran a complete lab panel, checked for tick borne illnesses, and took a chest X-ray. All his labs came back normal. However, when she did a needle aspiration of one of the swollen lymph nodes, she concluded the abnormal looking cells might indicate lymphoma.

Taking a more natural rearing approach, ZOOM! hadn't received vaccinations after his 1st year boosters in 2006. He did get a 3-year Rabies vaccination in May 2015, but no other vaccinations other than that. I used no bug sprays or herbicides in the environment ZOOM! was always on high quality grain free treats and grain free dry kibble. He received a monthly oral heartworm preventive which I stopped once he was diagnosed with lymphoma. A topical flea/tick preventive was applied in the summer months and this too was stopped once he was diagnosed with lymphoma.

The veterinarian gave me a referral to the University of Illinois Veterinary School Cancer Care Unit (U of IL) and we were able to schedule an appointment that same week. The entire drive home from the vet's I was in tears. I had prepared myself for the worst, but had hoped it was just an infection. We drove the 90 miles to the U of IL. The visit lasted from 10 am until 5 pm. The student went

over all the tests my vet had sent and did a lengthy exam of ZOOM!. All of this was then presented to the resident oncologist who talked to us about treatment options, costs, time commitments, and remission rates. They did another needle aspiration of one of the swollen lymph nodes to be reviewed by their Board Certified Pathologists.

They told us ZOOM! had Stage 3, Sub-stage A lymphoma. In a very short time we had to decide if we wanted to start chemotherapy, as the sooner it is started the better. We had to consider the courses of treatment, the costs, and how the logistics of the 180 mile round trip once a week to the U of IL might impact my job. My previous Westies had lived to be 15 and 17 years of age, and ZOOM! was only nine. I felt I needed to at least try the chemo with him.



ZOOM!

The oncologist suggested five protocols: First, the University of Wisconsin Madison/CHOP chemotherapeutic protocol which is the gold standard and the most effective. CHOP is the acronym for a combination of four drugs: Cyclophosphamide, doxorubicin, vincristine and prednisone. This is also the most expensive in terms of cost (\$3000-\$4000) and time (at least 26 weeks) to put the dog in remission. The second was a single agent, Doxorubicin, with a cost of \$1500-\$2000. The third was CCNU (Lomustine) with a cost of \$750-\$900. The fourth was Prednisone alone. The fifth suggested alternating Doxorubicin and CCNU. None of these costs included any local labs done and sent to the University of Illinois.

I decided to go with the best protocol with the best chance of remission. I picked him up after his first chemo treatment, and except for the shaved hair and vet wrap on

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(ZOOM!s Lymphoma Journey continued from page 6)

his leg, a person would never know he'd been treated. They sent Metronidazole, an antibiotic, if needed for diarrhea and Cerenia for nausea. We were told 80% of dogs have no side effects. They do not give huge doses of the drugs like they do with people



ZOOM!

since with animals they aren't trying to cure but create remission. Side effects would show up 3-5 days after treatment, and they sent a prescription for Predisone. He did lose hair on his face, but that was all.

The second chemo treatment came in the form of a pill to be given after he had local labs done and got the OK. I resumed ZOOM!'s agility classes, and tried to keep his life as normal as possible. He had no side effects in the 4 weeks we did the CHOP protocol.

By the fifth week he should have been in remission, but at our next U of IL visit I was told the treatments had failed, and he was not in remission. The treatment plan was changed to CCNU with an injection of Elspar. Since this treatment can raise liver enzymes, Denamarin was added to help protect his liver. The enlarged lymph nodes went down very fast, but in October we had to stop the CCNU as it dangerously elevated his Alkaline Phosphatase (ALK) enzymes.

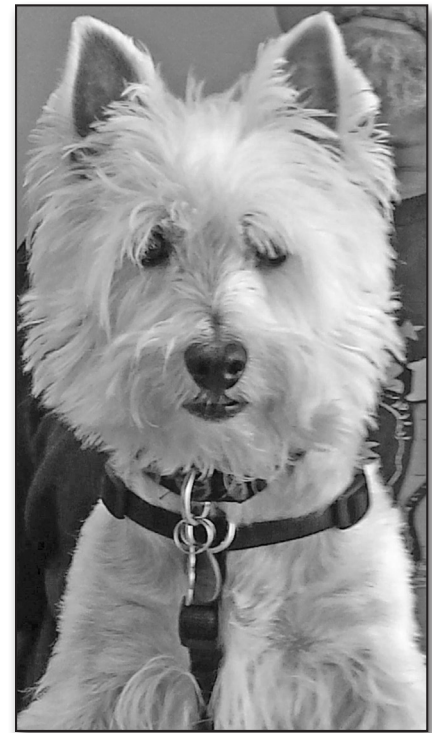
The following Monday he returned for a DTIC treatment, which involved a 5 hour infusion given to avoid nausea. He did get sick, but after I got him home that night, he was in good spirits and ate his dinner. Three weeks later ZOOM! returned for an all day session, but the head of oncology called to report his lymph nodes were starting to enlarge again as well as his liver and spleen. She felt

that none of these protocols would help him. At this point I decided to do the Predisone only with him starting in December. I also visited a holistic vet who recommended diet changes, herbal and nutritional supplements and essential oils. The plan was to wean him off the Predisone, but that never happened.

In the middle of January, ZOOM! had a very rough day, and he got an injection of antibiotics and a higher dose of Predisone. He began to feel better, and I began cooking his meals with some recipes from the holistic vet. However, on February 16 when I went into the kitchen that morning, he wasn't himself. He wouldn't eat or drink water, and I noticed his breathing was very loud and labored. I made the decision we all dread: I made that final vet appointment for late the next afternoon.

I got home early and held him on my lap, telling him how much I loved him, I said that he had fought a long, hard fight, and it was OK to stop fighting. I continued to hold him for an hour, and at 3:00 pm, February 17, 2016, he took his last breath of air in my arms. I feel blessed that he died at home in my arms. It was exactly six months to the day that he was diagnosed with this horrible disease. Looking back I can say I learned more than I ever wanted to know about cancer and lymphoma. Do I regret the expense and time commitments: No. If I had done nothing, he probably would have lived only three or four weeks. I had six months of quality life with him, doing agility and Barnhunt and living a relatively normal life.

I cherish my time with him, from a four month old pup on Petfinder to a courageous, happy ten year old. ZOOM! Tear N Up Terrain will live in my heart forever.



ZOOM!

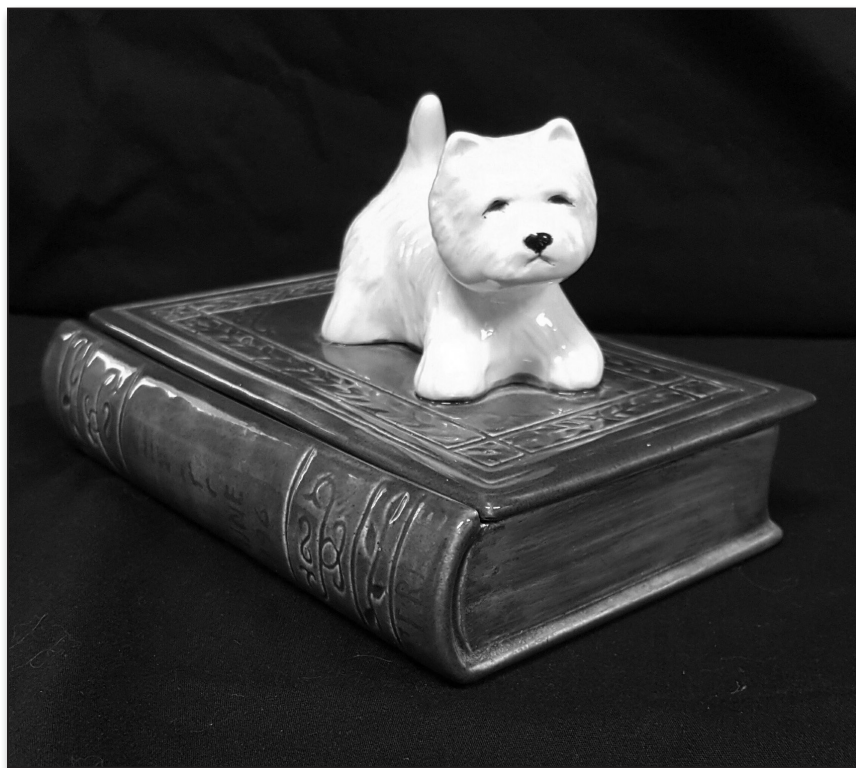
Fundraising Report

By Marianne Jacobs

The fundraising committee has been very busy this spring! Members worked to organize the fundraising auction and to expand membership to include even more talented people dedicated to improving the health of all Westies.

Fundraising Auction

The Westie Foundation of America Fundraising Auction on Facebook was held March 4-6, 2016 with great success; Westie lovers bid on more than 400 donated and buy it now items.



Thanks to our loyal donors, dedicated bidders, and hardworking committee members. Congratulations to the winning bidders. The auction raised approximately \$14,089, a 43% increase from last year's total.

If you would like to donate items and/or participate in our next auction, please "like" our Facebook page called "Westie Foundation of America Fundraising Auction" so you will receive all the posts and updates on the auction.

Or you can always make a donation directly to the Westie Foundation of America (WFA) by visiting our website. www.westiefoundation.org or mailing a check to our donor manager Jim McCain, 720 Creekwood Lane, Canton, GA 30114. Your donation is tax deductible.

And, don't forget to shop on Amazon, via the www.westiefoundation.org website as the WFA gets 4 – 15% of each purchase made on Amazon. To realize the benefit for the WFA, you must go to www.westiefoundation.org and click the Amazon button on the top right of the home page.

Committee Members

The Fundraising Committee is gaining two new members and saying goodbye to two dedicated members. Welcome Dennis Dale and Marcia Reimer as our newest members. We also wish to thank David Butterfield and Nora Hackathorn for all their work on the committee.

Westie Wellness, the official publication of the Westie Foundation of America is mailed or emailed quarterly to all contributors. Westie Wellness is printed by Art Communication Systems in Harrisburg, PA. The opinions expressed in the articles herein are those of the authors and not necessarily of the editor or the Officers or Directors of the Westie Foundation. The editor reserves the right to edit all materials submitted for publication. The editor welcomes comments, suggestions, and expressions of opinions from the readership. No portion of Westie Wellness may be printed without the written permission of the editor.

Cushing's Disease

By College of Veterinary Medicine, Washington State University

This information is not meant to be a substitute for veterinary care. Always follow the instructions provided by your veterinarian.

Cushing's disease (hyperadrenocorticism) is the overproduction of the hormone cortisol by the adrenal glands that are located in the belly near the kidneys. Cushing's disease occurs commonly in dogs, but is rare in cats. Most dogs with Cushing's disease are about 6 years old or older but sometimes Cushing's disease occurs in younger dogs. Cortisol affects the function of many organs in the body, so the signs of Cushing's disease may be varied. Some of the more common signs of Cushing's disease include hair loss, pot-bellied appearance, increased appetite, and increased drinking and urination called polydipsia and polyuria (PU/PD). Hair loss caused by Cushing's disease occurs primarily on the body, sparing the head and legs. The skin is not usually itchy as it is with other skin diseases. If you pick up a fold of skin on a dog with Cushing's disease, you may notice that the skin is thinner than normal. The pet may have fragile blood vessels and may bruise easily.

Less common signs of Cushing's disease are weakness, panting, and an abnormal way of walking (stiff or standing or walking with the paws knuckled over). Some dogs with Cushing's disease develop a blood clot to the lungs and show a rapid onset of difficulty breathing.

Dogs that are given prednisone or similar drugs can develop signs that look like Cushing's disease (called iatrogenic Cushing's).

There are two types of Cushing's disease that are treated differently. The most common form of Cushing's disease is caused by the overproduction of a hormone by the pituitary gland in the brain that in turn controls the amount of cortisol produced by the adrenal glands. This is called pituitary-dependent Cushing's. A small percentage of dogs with Cushing's disease have a tumor of one of the adrenal glands which is called adrenal-dependent Cushing's.

There is no single test to diagnose Cushing's disease. The history, physical exam, and results of initial blood and urine tests often provide a strong suspicion for the presence of Cushing's disease. Laboratory tests that are most commonly altered by Cushing's disease are an increase in white blood cell count, increase in the liver enzyme ALP (also called SAP or serum alkaline phosphatase), increased blood sugar (although not as high as the blood sugar levels of diabetic patients), increased cholesterol and dilute urine. See *What Do Those Lab Tests Mean?* (<http://www.vetmed.wsu.edu/outreach/Pet-Health-Topics/categories/miscellaneous-health->



[care-topics/what-do-those-lab-tests-mean](#)) for additional information about laboratory tests.

The large amount of cortisol in the body suppresses the immune system and allows the pet with Cushing's disease to get bacterial infections. The most common location for infection is the bladder. Pets with Cushing's disease may have a silent bladder infection meaning they don't show signs of having the infection such as straining to urinate. A culture of the urine may be necessary to diagnose the infection.

X-rays of the belly often show a large liver. Occasionally the x-ray will show calcium in the area of one of the adrenal glands that is suggestive of an adrenal tumor. Ultrasound of the belly may show enlargement of both adrenal glands in pets with pituitary-dependent Cushing's or enlargement of just one of the adrenal glands in pets with an adrenal tumor. The adrenal glands are NOT always seen during an ultrasound exam in pets with Cushing's. In some pets with an adrenal tumor, the tumor can be seen growing into large blood vessels close to the adrenal gland or spread from the tumor may be seen in the liver.

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(Cushing's Disease from page 9)

Specific tests for Cushing's disease are performed to confirm the diagnosis and to determine the type of Cushing's disease that is present, pituitary-dependent, or adrenal-dependent. Specific tests for Cushing's disease have varied results. In some cases the results are clear cut and the diagnosis is made, but in other cases the test results are not clear cut and a series of tests must be performed. Some of the specific tests for Cushing's disease include urine cortisol/creatinine ratio, low dose dexamethasone suppression test, high dose dexamethasone suppression test, and an ACTH stimulation test.

The treatment of the most common type of Cushing's disease (pituitary-dependent) is lifelong oral medication. The most common drugs used to treat Cushing's disease are o, p'-DDD (also called Lysodren or mitotane) and Trilostane. Occasionally ketoconazole or L-Deprenyl are used to treat Cushing's disease but are less effective than Trilostane or Mitotane. o, p'-DDD is initially given daily or twice daily for about a week (sometimes more, sometimes less). The initial treatment is called induction. o, p'-DDD can have serious side effects, so pets being treated for Cushing's disease must be closely watched. After induction o, p'-DDD is given less often, usually once or twice weekly for the life of the pet. Some pets will have a recurrence of signs of Cushing's disease later in life, even though they are receiving o, p'-DDD. Trilostane tends to have fewer side effects than o, p'-DDD but is more expensive. Discuss with your veterinarian which treatment is best for your pet.

Treatment of adrenal dependent Cushing's disease is by surgical

removal of the cancerous adrenal gland. Adrenal gland tumors can spread to other parts of the body in which case all the cancer cannot be removed by surgery. Medical treatment may be given before surgery to reduce hormone levels before surgery. o, p'-DDD is not as effective in reducing signs in pets with adrenal-dependent Cushing's disease as it is in pets with pituitary-dependent Cushing's disease. Trilostane may be effective in controlling the signs of Cushing's in some dogs with adrenal tumors.

The prognosis for pituitary-dependent Cushing's disease with treatment is usually good. Some signs will disappear quickly and others gradually. Appetite and water consumption usually return to normal in a few weeks where as full return of the fur may take several months.

Washington State University assumes no liability for injury to you or your pet incurred by following these descriptions or procedures.

Washington State University is currently the only veterinary hospital in the country performing transsphenoidal hypophysectomy, a surgery used in the treatment of pituitary tumors and other masses near the pituitary gland. The most common pituitary tumor in dogs is a functional pituitary mass that causes Cushing's disease. For cats, the most common pituitary tumor is a functional mass that causes acromegaly, where the pituitary produces too much growth hormone. Dr. Owen has performed transsphenoidal hypophysectomy surgeries on nearly 60 animals over



the last five years. She was the first veterinarian in the United States to perform this surgery, initially at VCA West Los Angeles Animal Hospital under the guidance of Adam Mamelak, MD from Cedars Sinai Medical Center, a renowned neurosurgeon and expert on transsphenoidal hypophysectomy.

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Our Surgical Team

Our board certified team, led by pituitary surgical specialist Dr. Tina Owen, includes neurologist Dr. Annie Chen-Allen and critical care specialist Dr. Linda Martin. The team also includes neurology residents and veterinary technicians specializing in surgery, neurology, anesthesia and critical care. We work collaboratively with board certified veterinarians specializing in internal medicine, radiology, and anesthesia to be able to offer our patients the best treatment options.

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In Memory of Anne Van
Wellingham
Antoinette Yurkovic

In Memory of Annie
Rosemary Wisby

In Memory of Arnie
Jim & Tina McCain

In Memory of Ashcot's
Rowdy Sailor (Sailor)
Stevann & John Wilson

In Memory of Ashcot's Select
One (Treble)
Bebe Pinter
Stevann & John Wilson

In Memory of Back Bay's
Fleur De Lis
Candace Cappello

In Memory of Caroline Walls
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Joyce Schurk
Bill Moyher-Vechiola
Nicholas Nappos
Richard Kokel
Thomas Rodia
Edith Schpero

Eric Voge
Donald & Debra Squezzello
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Marianne Hefferman

In Memory of Cesar's Roman
Gladiator VCD2 RAE MXP
MJP NFP SE
Jody Brinley

In Memory of CH Ashdown
Keep on the Sunnyside
(Beanie)
Stevann & John Wilson

In Memory of CH McAlpin's
Claim to Fame at Kirkton
TD, NJP (Spenser) and
CH PAHPrint;s Candy Bar
(Snickers)
Stevann & John Wilson

In Memory of CH Ashgate
Stroneba (Abbey)
Bebe Pinter
Stevann & John Wilson

In Memory of CH CT
Kirkton's Contested

Election
Stevann & John Wilson

In Memory of CH Czarcrest's
Can U Keep a Secret? NA
NAJ
Carol J Walker

In Memory of CH Dawn's
Born N' the USA VCD2 RE
TDX ME
Jody Brinley

In Memory of Charlie Wells
Mary Raimondi

In Memory of Corky
Mahmoud Loghman
Adham

In Memory of Cuss
York County Dog Training
Club

In Memory of Daisy
Judith Arenz

In Memory of Daphne Gentry
Geof & Cynthia Reynolds

In Memory of Dixie Dynamite
Naomi Rottman

In Memory of Dot owned by
Stephanie Capkovic and
Rob Kripaitis
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In Memory of Fraser
Lindy Barrow

In Memory of Guy Stone
Laurie Redmond
Elizabeth Wittemer

Carolyn Blanco
Barbara J Silk
Avis Boesmiller
Peter Drennen
Patricia Davidson
Walter Rosypal
Scott Saunders
Diane Cote
Anne Dowd
Susie Stone

In Memory of Hannah
Judith Arenz

(Continued on page 13)

MEMORIALS continued

(Memorials continued from page 12)

- | | | | |
|--|---|---|---|
| <p>In Memory of Huey Wilkes
Ellen Sloan</p> | <p>In Memory of Kirby
Allyson Mullis</p> | <p>In Memory of Mary Sue
Blutman
Barbara & Sam Callaway</p> | <p>In Memory of Our 3 Westies
and in Honor of Robert
McCaskill, DVM
Steve Schroffel</p> |
| <p>In Memory of Jo Ann
McKinley Curtis
Brenda Camacho
Herbert Armstrong
Lindy Barrow
William Lutz
Greg Shively</p> | <p>In Memory of Lily
Deirdre B Robertson</p> | <p>In Memory of Maxwell Street
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Loves Pebbles (Pebbles)
Stevann & John Wilson</p> |
| <p>In Memory of Kassie &
Keeper
Jeanne Pinkerton</p> | <p>In Memory of Loch Lea's
Albus Erymanthus (Brodie)
Kevin Bishop</p> | <p>In Memory of McDuff
Jim & Tina McCain</p> | |
| | <p>In Memory of Louis Herczeg
Louis Herczeg Estate</p> | <p>In Memory of Molly
Lindy Barrow</p> | |

HONORARIUMS

- | | | | |
|---|--|---|--|
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WFA's Wills, Gifts and Bequests package can help you make arrangements to ensure our Westie breed's health will be cared for into perpetuity.
www.westiefoundation.org/legacy-alliance



Getting to Know the Foundation Board



Anne C. Sanders

Director

WFA Board Member

I guess I was destined to have Westies because before my husband, Sil, asked me to marry him I had to pass muster with his Westie and Scottie. His favorite was Mac, the Westie, because he could play soccer with him and had a more outgoing personality. When we decided to get a puppy in 1973, we attended the Golden Gate Bench Show and walked the benches looking at all of the dogs. We narrowed it down to a Westie or Cairn. Since the Westie people were friendlier, KarRic's Rimy Ryvoan entered our lives.

Rimy was our pet and we had no thoughts of showing him, but his breeder convinced us that he was a nice dog and so the adventure began. Then one Sunday afternoon we had nothing better to do, so we attended the first gathering of what would become the San Francisco Bay WHWTC. We were drawn into a circle of Westie

lovers and became part of the organizational effort to get the club sanctioned and licensed to hold AKC events. We were hooked and never looked back.

Sil and I started showing in conformation and bred one to two litters a year. My local mentors encouraged me to attend seminars on breeding, training, and health and the knowledge gained at seminars and reading extensively has helped immeasurably in our success. Almost all of our champions are breeder-owner-handled. As Sil & I became more involved in other aspects of the dogs (obedience, working terrier, tracking) we enjoyed the friendship and camaraderie of people with a wide variety of breeds.

When we had our first CMO affected puppy in 1987 we began to look into the causes and what we could do about it. That led to a collaboration with Dr. George Padgett at MSU who helped many breeders and breeds develop plans to reduce the incidence of genetic disease. At this time DNA research was in its infancy so test-mating was the only option to seek out carriers and identify clear stock. It only took 25 years to find the gene(s) responsible and develop a DNA test! That is how it goes with research. Results don't usually come quickly, but if you never start, you never find the answer.

Meanwhile, at one of the Hospitality gatherings Montgomery weekend, I was talking with Jim Diemer and Wayne Kompare. Somehow we shared how we had a lot of Westie art and memorabilia and no one to leave it to when we passed. That is where the idea of a charitable foundation to raise funds to sponsor medical and genetic research first bubbled to the surface. In 1997, the Westie Foundation of America (WFA) was launched and I took on the job of Secretary-Treasurer. I have been involved with WFA ever since, either as an officer, board member, or member of the advisory council. It has been a privilege to be part of the growth of one of the most successful breed health foundations in the world. That such a small group of dedicated individuals and so many generous financial supporters could do so much in relatively little time is a testament to Westie lovers everywhere. Westie people are not only friendly; they are dedicated to protecting and cherishing their beloved breed.

Getting to Know the Foundation Board



Jim McCain

Donor Manager

We got our first Westie in 1993 when my wife & I had decided to “downsize” from Labrador Retrievers. My sister had a Westie at the time and when we met her, it was love at first sight. Our first Westie was from a “backyard” breeder, not knowing any better at the time, who ended up having some health challenges. By virtue of 14 years with “Sam”, we learned a great deal about Westie health.

After searching for about a year, we bought our first “potential” show dog and put a championship on “Mike”. We also searched for our first brood bitch, we finished “Viva” and we have never looked back. In 2000 we were blessed with a litter of pups, one of which was our beloved MerryMac’s String of Pearls, “Pearl”. From Pearl, “Bonnie” and “Rose” were born in 2005 and we were fortunate to receive an inquiry from eventual co-owners and friends, the Higginbotham’s, to whom one of the puppies, “Rose” was delivered to in early 2006. Three years and her championship later, we bred “Rose” who delivered a puppy, “Bode”. “Bode” ended up being the #1 Westie in the country in 2011, and in 2012 Bode showed at Westminster to the delight of his owners and co-owners. Ours has truly been a rags to riches story and I am truly blessed to have been owned by Westies, for the past 23 years.

I am currently training & trialing one of our Westies, “Quinn”, in K9 Nose Work. We recently achieved our NW1 and NW2 titles. And, we are currently preparing for our NW3 trial later this year. I have also started training our “Bonnie” in K9 Nose Work and look forward to continuing the fun with her as well!

Professionally, I have been in the food business all of my life. I am currently the Director of National Sales for US Foods, a predominant National foodservice distributor. Being in the sales and service industry, I hope to be able to utilize my skills and experiences to successfully continue to serve the Foundation as I have done since 1997.

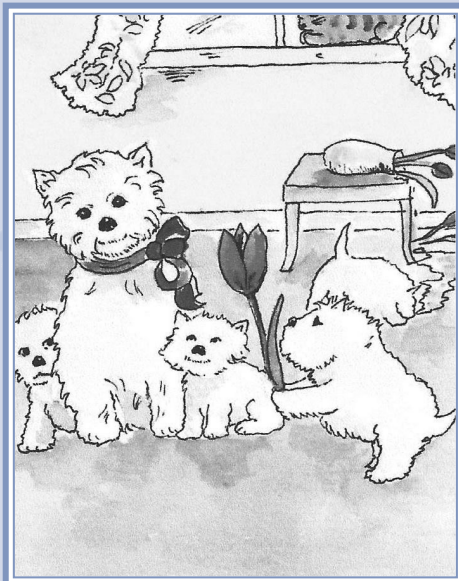
I am grateful for the opportunity to work with the Westie Foundation of America as we continue in our efforts to better the health and the quality of life for our Westies.

**PLEASE NOTE THE
NEW ADDRESS FOR
MAILING DONATIONS**

**Westie Foundation of America, Inc
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Westie Cartoon Caption Contest

Create the winning caption for this Westie cartoon. The winner will receive a WFA magnet. Please send your caption to bjpinter@msn.com before July 15, 2016. The winner will be announced in the next newsletter with his/her caption.

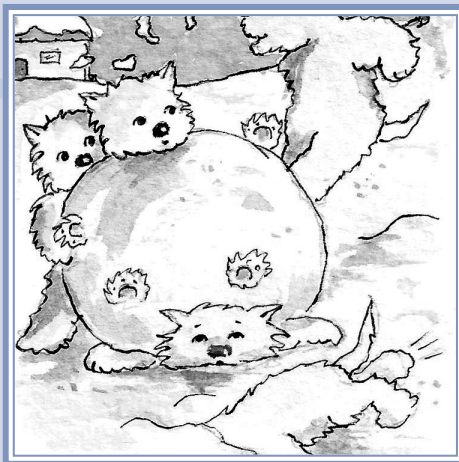


Create a Caption for this Cartoon

Copy of original watercolour by Ruth Sutcliffe, England

Winning Caption of Last Cartoon!

Elissa Miller



“Gangway! It’s the Polar Express!”



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