

Health Concerns in Rescue Cavaliers

By Laurel Omert

If you are new to fostering a Cavalier spaniel from GCCR, you can be sure that the dog has been carefully examined by a veterinarian and has been given the appropriate vaccinations. If you are an adopter, the same is true, but your dog also will have been



watched by his/her foster family for less common conditions. If those conditions were found, your dog will have been seen by the appropriate specialist. The medical records will be provided to you. If the dog has any unresolved medical issues, these will be fully discussed with you prior to fostering or adoption to ensure that you are aware of them and that you are willing and able to seek appropriate treatment as needed. All rescue dogs

undergo a thorough dental check with teeth cleaning and extractions if needed and most are spayed or neutered. Foster families are expected to watch their rescue closely for symptoms which may indicate any of the conditions described below.

Cavaliers from reputable breeders can have the same health problems as those adopted from rescue organizations. But rescues, due to the poor breeding practices of puppy mills and backyard breeders, are somewhat more likely to have health issues and may have additional problems based on their recent history.

Health Concerns Common to all Cavaliers:

- **Mitral Valve Disease (MVD)**

MVD is the leading cause of death in Cavalier spaniels. It is an inherited disease that reputable breeders are working diligently to eliminate. However, because MVD is transmitted via a “polygenetic” inheritance, meaning that several gene pairs are involved, it is difficult to eradicate. Basically, the mitral valve that separates the two chambers on the left side of the heart, the left atrium and left ventricle, begins to deteriorate. Blood then refluxes backward through the leaky valve as the heart contracts. Eventually, blood can back up into the lungs, resulting in the signs and symptoms of congestive heart failure. As the disease progresses, more blood goes backward and less forward to carry oxygen to the organs and tissues of the body.

MVD can be detected by listening to the dog’s heart with a stethoscope. When a heart murmur is detected, the cardiologist “grades” it as a Level 1 (barely audible) to Level 6 (audible without a stethoscope). He may recommend a consultation with a canine cardiologist and/or an echocardiogram (ECHO) of the heart, depending on the loudness of the murmur and the dog’s symptoms. The ECHO, which is based on ultrasound principles and is not painful, will show the size of the atria and ventricles, how well they are contracting, and how much blood is refluxing backwards, as well as providing anatomic details of the valves and structures of the heart.

Dogs with MVD can have no symptoms for years, or they can deteriorate very quickly after the diagnosis and die at a young age. There is no way to predict how the disease will progress. Once symptoms develop, the vet will prescribe medications to

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help manage the disease and keep the dog comfortable. One of the first symptoms is lack of energy and reluctance to exercise. As the atrium grows larger and congestive heart failure develops, the dog's respiratory and heart rates will increase and coughing will occur. When the cardiac output is very low, the dog may faint, especially if he is excited, stressed, or hot.

Management of MVD is primarily medical at this time. Some of the medications prescribed are: diuretics (to remove excess fluid from the lungs), ACE inhibitors (to control high blood pressure), digoxin (to manage irregular heart rhythms), and pimobendan (an inodilator). Pimobendan (Vetmedin[®]) helps the heart contract better and dilates blood vessels so the heart does less work. Attempts were made to replace the valves, as is done in humans, but surgeons encountered two problems. Metal valves require anti-coagulation with powerful "blood-thinning" drugs that are difficult to regulate and can result in fatal bleeding. Tissue valves, which do not require anti-coagulants, would be ideal, but a dog's immune system is so reactive, these valves are quickly rejected and no longer function.

According to Dr. Chris Orton from Colorado State University who is a pioneer in this field, transcatheter mitral replacement will be a better approach for dogs because of the severity of their disease at heart failure. This type of approach does not require an "open chest" incision, but can be done with radiologic assistance. Studies are ongoing in this area, but the best way to control the disease is to ensure careful breeding practices so the trait is not passed on.

- **Flycatcher's Syndrome**

This is another inherited disease that varies in its presentation, combining the symptoms and signs of epilepsy and compulsive disorder. Affected animals may try to snatch non-existent items out of the air, as if they are catching flies. Some will also turn in circles; others will chase their tails. These behaviors can persist for hours. The diagnosis revolves around identifying whether the primary disorder is anatomic (epilepsy) or psychological (compulsive). Extensive workups including brain CT, MRI, and/or EEG are sometimes recommended; another option is to try various treatment modalities to identify one that works. For example, if epilepsy is suspected but there is no response to anti-seizure meds, treatment for compulsive disorder with SSRIs (selective serotonin reuptake inhibitors) and behavior modification can be attempted. There is an association between Flycatcher's Syndrome and Syringomyelia, discussed below.

- **Syringomyelia (SM)**

Syringomyelia (SM) is an inherited neurologic disease that results from malformations of the Cavalier spaniel skull. One common malformation is an occipital bone (back of skull) that is too small and squeezes part of the brain out of the skull. These malformations prevent the normal flow of cerebrospinal fluid (CSF) that should circulate freely between the brain and spinal cord. When the flow of CSF is blocked going into the brain, it backs up into the spinal cord under pressure and causes fluid-

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filled cavities to develop called syringes. It is estimated that as many as 50% of Cavaliers have anatomic characteristics of this disease, although some will never develop symptoms or require treatment.

Symptoms of SM can vary, but the most common is pain and sensitivity over one side of the neck and shoulder. This may result in repetitive scratching behavior (air scratching), yelping when the neck area is touched, and sleeping with the head elevated. Seizures, extremity weakness, and unstable gait are also associated with this disease. SM can be virtually asymptomatic with occasional air scratching as its only symptom, or rapidly progressive to a state of severe pain and debilitation. Symptoms may occur at any age, although the more severe cases tend to manifest in younger dogs.

The definitive diagnosis of SM can only be made with an MRI. In mild cases, this may be deferred as long as the dog is comfortable with treatment. The medical management of SM includes analgesics for pain, steroids to reduce inflammation and pain, agents that decrease CSF production, and gabapentin, an anti-seizure medication that is useful for chronic pain of neurologic origin. Surgery is indicated for severe pain and neurologic deficits and usually involves removal of part of the skull that is compressing the brain. Surgical treatment has the best results if it is performed before permanent neurologic damage occurs. Although it is usually successful, the signs and symptoms of the disease can reoccur after months or years.

- **Hip Dysplasia**

Although more frequently seen in larger dogs, hip dysplasia does affect about 10% of Cavaliers. It is probably an inherited condition if it occurs in a young dog, or may be acquired as the dog ages. Hip dysplasia can be diagnosed by x-rays. As the condition progresses, the hip joints degenerate and weight-bearing becomes painful. Dogs will have difficulty getting up from the down position, jumping, or walking up stairs. Treatment is primarily medical with anti-inflammatory agents and analgesics, but in some cases surgery may be necessary.



Normal Hip



Bilateral Hip Dysplasia

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- **Luxating Patellae**

In this condition, the dog's knee caps (patellae) luxate or "pop out" of the joint. Dogs with luxating patellae are graded on a scale of 1-4 depending on the severity. Asymptomatic dogs may not require treatment, but any dog that experiences pain or becomes lame will need surgical correction of this condition. This is also an inherited disease and the final "cure" is careful breeding to eliminate this trait.

- **Anal Gland Infections/Abscesses**

New Cavalier owners often wonder why their dog is "scooting" across the floor on their butt, and can mistakenly think this is a cute "doggie trick". Unfortunately, this behavior usually signifies a problem with the dog's anal glands and the Cavalier should have manual expression of the glands sooner rather than later. If the condition is unrecognized, it can lead to localized infection and abscess formation. Recurrent abscesses and/or the inability to express the glands due to scarring are indications for surgical removal. An easy prevention for this condition is to include bran or plain pumpkin in the dog's meals. Two tablespoons of bran cereal or pumpkin per meal work well. Most dogs respond positively but it is a lifetime treatment.

- **Platelet Abnormalities**

Between 30% and 50% of Cavaliers have a low number of platelets in their blood, a condition called thrombocytopenia. Many of these dogs also have giant sized platelets. Platelets are responsible for blood clotting and occasionally veterinarians are unfamiliar with this characteristic of Cavaliers and become quite alarmed. In fact, this is usually a harmless condition and the dog's blood usually clots normally. There is some evidence that the large platelets may be linked to MVD.

Health Concerns Often Seen in Rescue Cavaliers:

- **Ear Infections**

All Cavaliers can develop ear infections since their long, silky ears retain moisture and provide a favorable environment for yeast, mites, and bacteria. A musky unpleasant odor will alert the Cavalier owner that there is a problem, but this often goes untreated in a backyard breeding, puppy mill, or neglect situation. Ear mites in particular cause persistent scratching that can result in mats that are unable to be combed out. (Rescue Cavaliers often need to be completely shaved due to excessive matting all over.) Your veterinarian will show you how to clean the ears and apply antibiotic drops or ointment. Many Cavalier owners use snoods to keep their dogs' ears from getting wet or filled with food, which can help prevent ear problems.



- **Pyotraumatic dermatitis (Hot Spots)**

A hot spot begins as a small sore that is initiated by trauma, scratching, or biting and can rapidly worsen due to the accompanying bacterial infection (usually

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Staphylococcus species). Hot spots often occur in areas where moisture is trapped, such as under long ears or on the feet. The lesions are both painful and extremely itchy, which results in more scratching and biting to the area, and hence, worsening of the condition. As the sore grows larger, hair loss, redness, and inflammation occur, and it will begin to drain foul-smelling pus.

Diagnosis of the cause of the hot spot and treatment of it should occur simultaneously. The most common causes are injury (scrape from a branch, small scissor nick), insect bites, parasites (mites, fleas), or allergies. A rare cause is a psychological factor, such as stress or boredom that prompts the dog to chew on itself.

Treatment of hot spots centers around keeping the area clean and dry. Hair around the lesion should be trimmed or shaved. This may be very painful to the dog, so a muzzle may be needed. Cool compresses with black or green tea bags relieve the itching. A treatment regimen using common household items begins with a spray of Listerine® Original as a disinfectant and dusting with Gold Bond® powder to keep dry. As a preventative, add Missing Link® powder to the dog's meals and give Omega 3 and Omega 6 oils daily. If the hot spot doesn't begin to heal in 3 or 4 days, a visit to the vet is recommended. The vet may apply a topical steroid cream, prescribe oral antibiotics and/or a short course of oral steroids, and recommend a special shampoo. An Elizabethan collar can help prevent further biting or scratching of the area. Again, a diligent search for the cause of the hot spot should be ongoing during treatment to assure no recurrence.

- **Interdigital Cysts (by Cindy Kahler)**



Interdigital cysts may be viewed as a more severe variant of hot spots that occurs on the feet, both on top in between the toes and on the pads. The cause is not known, but the prevailing theory is that the condition is caused by bacteria present at the puppy mill that set off an autoimmune response in the dog. This response in turn causes the production of too much of an oily substance that clogs the cells. The area then begins to grow and expand, similar to the way a cold sore or acne develops. Eventually, large blisters or papules filled with a bloody purple/rust colored substance appear. These will eventually burst and drain. The papules are very painful as they are erupting through the skin and the dog's paw becomes red and swollen. Signs that a papule is getting ready to appear include licking and chewing of the paw for several days prior. The dog may also be hesitant to walk on the affected paw. Very often, more than one papule will rise in more than one place, or on more than one foot.

Treatment of interdigital cysts is difficult, as even vets from veterinary teaching hospitals admit. Through much trial and error, a treatment plan has been developed

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for several rescued Cavaliers that is usually successful, although every dog responds differently. When the papule erupts through the skin, a topical powder called Neo-Predef with Tetracaine[®] can be applied to help dry up the sore. Neo-Predef[®] is a combination of three drugs: neomycin, isoflupredone, and tetracaine. Neomycin is an antibiotic, isoflupredone is a corticosteroid, and tetracaine is a topical anesthetic. It can be obtained online without a prescription or from the veterinarian. Soaking the paw(s) in warm water with epsom salts with a little hydrogen peroxide and iodine can help draw the sore and cause it to burst in a controlled, sterile environment. Neo-Predef can also be used on the drained sore after the paw is dried. In severe cases, a cortisone/steroid shot and oral antibiotic can be added to the regimen. A daily dose of an antihistamine such as Benadryl[®] (25mg) has proven to be successful in controlling the symptoms in several puppy mill rescues, probably due to suppression of the immune response. (Histamines may trigger the overproduction of the oily matter that clogs the cells.) In some cases, the daily dose of antihistamine has been given for as long as one year, then discontinued gradually with no recurrence of the condition.

Surgical excision of the cysts has been attempted with poor results. The only successful treatment of this condition is to attempt to manage the immune response and prevent the body from manufacturing too much of the oily substance. As with any autoimmune disease, the condition generally improves with proper nutrition, exercise, and removal of the dog from the stressful puppy mill environment. Some internet articles cite that removing the dog from an area where the dog is forced to stand on concrete or wire also improves this condition.

- **Keratoconjunctivitis Sicca (Dry Eye Syndrome)/Cataracts**

Keratoconjunctivitis Sicca (KCS) is an inherited disorder that occurs in approximately 10% of Cavaliers. In this condition, not enough tears are produced. Symptoms and signs include blinking, redness, and thick discharge with a filmy appearance to the eye. Routine vet care can detect this condition and it is simply and effectively treated with eye drops. Rescue dogs may have severe secondary conditions to KCS because it was not diagnosed and managed appropriately. These can include eye ulcerations that can progress to blindness.

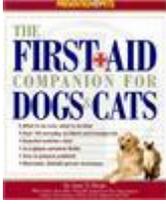


Cataracts can occur in any Cavalier due to the aging process or diabetes, but cataracts in young Cavaliers are either inherited or secondary to poor nutrition. Inherited cataracts can be present at birth or develop in the puppy and generally lead to blindness. Medical management includes eye drops until the cataracts impair the dog's vision to the point where surgery is needed. Lens implants are successful in restoring vision unless the cataract is due to a problem with the retina, in which case there is no treatment. Board certified veterinary ophthalmologists should examine and "clear" any Cavalier that will be bred to avoid passing on the trait for hereditary cataracts.

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- **Veterinary Emergencies**



All pets may require first aid from time to time. An excellent source of information on pet emergencies is *The First Aid Companion for Dogs and Cats* by Amy Shojai that details 150 accidents and emergencies. Familiarity with the information in this manual combined with knowledge of the closest 24-hour Animal 911 facility is the best preparation for any life-threatening situation.

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