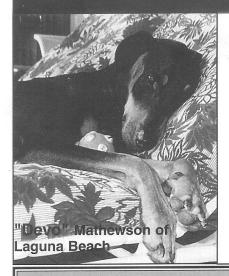
Dobies and Little Paws Rescue Report

VOL. 9 NO 2 June, 2004



"Dobie Doings"



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any, many thanks to all of you who opened your hearts and your checkbooks and helped with donations for Bumbles, our little Miniature Pinscher puppy who was born with congenital elbow luxation, and Koda, the Doberman mix puppy owned by the Way family, who needed liver shunt

surgery.

There is good news and bad news. First, the good news. Thanks to your donations, Bumbles has had surgery on both of his front legs, and he can now walk! Dr. Ken Bruecker of the Veterinary Medical and Surgical Group in Ventura discounted the surgery costs enormously, and Bumbles quickly became a favorite at his clinic. Eric and I joke that when we walk in with Bumbles for his weekly checkup, everyone knows his name, though few of them know ours. Bumbles may require additional surgeries as he grows, but not enough is known yet as to if or when.

The bad news is that Koda had a major seizure and passed away before her surgery could be done. We were later told that, after a dog with a liver shunt has its first seizure, the chances of survival are slimmer than all of us were led to believe. Koda's fatal seizure was her third. Donations sent to help Koda were used, at the urging of Chris Way, Koda's owner, for Bumbles and for two other dogs: Taz, a 7-month-old Dobie puppy whose own-

ers didn't want him any more after he jumped out of a car window and smashed the bones in one of his rear legs, requiring amputation; and Sydney, a Miniature Pinscher we placed last year whose owners no longer wanted him after he injured his eye, requiring removal of the eye. (See page 3.)

It was my pleasure to be the guest speaker at the Sunrise Rotary Club in Fillmore on April 27th. Eric accompanied me and brought a little guest from our rescue: Bumbles! Little Bumbles quickly won every heart in the room, and we made new friends in the local community who have pledged to also help us in every way they can.

If your dog exhibits antisocial behavior toward dogs and/or people, you may want to join us for an evening in July with Canine Behavioral Consultant Cheri Lucas. She will present her seminar "Who Is The Leader?" Watch our web site for details, or call Susan

Schionning at 661-400-2256.

As always, we sincerely appreciate each and every donation of any size, be it financial, unwanted vehicle, Kuranda bed, treats, toys, collars, whatever. We couldn't continue without your help.

Have a wonderful summer!

Sincerely,

Ardis Munck

WAITING FOR HOMES

SUZIE

is a cute middle-aged, spry, elegant female Dobie who has waited years for her own home. She has natural ears and full tail,



and she weighs about 60 pounds. Suzie loves to go for walks. When we first picked Suzie up from her previous residence (which was a fenced area that was part of an auto junkyard), the woman relinquishing her to us said she got a daily walk but never learned not to exuberantly pull her down the street. She could benefit from obedience training, and she does best as the only dog.

IAG

is a heartbreaker. He spent years with us before finally being adopted in September, 2001, by Barbara and Harry Heilbroner of Westlake Village. Sadly, Harry passed away in December, 2003, and Barbara just passed away on Mother's Day this year.

Jag is back with us again at age 10 years. He has home-cropped ears, he's a little furry, so probably not quite purebred, and he has a fatty tumor on his side. He is very well housebroken, is a great watchdog, and he has always been good with friends of the family, even kids. He bonds most

closely with men; we're told he never left Harry's side.

Jag isn't fond of cats or other dogs, though we hope that he may have mellowed to the point of allowing a large female dog into his domain.



Please help us find a forever home for Jag!

SHELLY

is a sweet 20-pound furry girl, probably Beagle and Sheltie. Her fur is fairly short and very soft, and she's a calm, quiet, dogsocial lady.



She maintains eye contact to ask for attention, and she's very polite. We think Shelly is about 7 years old.

ASHLEY

has been with us for years. We're at a loss to understand why. She's under 20 pounds, playful, likes other dogs, doesn't bark, but she's always



passed over. Ashley has short hair and she's about 3 years old. When she arrived in rescue, she had a litter of newborns that she nursed, and she was a gentle, good mother. When playing with other dogs or people, however, she likes to play rough.

SYDNEY

was adopted from us last year by a family, and he was apparently well loved by them until he injured his eye. They took him to the vet, who quoted them \$300 to remove the eye. At that point they decided they didn't want him any more and returned him to us.

Sydney has had his eye removed and is now doing well. He's a Miniature Pinscher with a long tail, and he's housebroken, good with dogs and kids, good off leash, knows commands, isn't destructive, isn't a digger, and IS a great little guy.

He's about 7 years old and weighs about 15 pounds.



To see

additional pictures of any of our dogs waiting for homes, please go to our web site. Small dogs can be viewed by clicking on "Little Paws" on our home page.

Adoption Updates

This is the first time we can recall having to say that none of the dogs featured in our last newsletter were adopted.

Medical Matters

ay in and day out we are asked questions about the various diseases Dobermans get. Since about half of our adoptees are Dobies, we decided to devote space to this topic, realizing that our opinions may differ from those of others, including many veterinarians. Smalldog people may not find as much to relate to in this article, except the portions relating to cancer and hypothyroidism, which strike every breed.

Dobies are actually a fairly healthy breed in terms of their immune systems. The health problems they experience are primarily due to genetic factors and are therefore not generally preventable or successfully treatable long-term.

WOBBLER'S SYNDROME

is a nickname for Cervical Vertebral Instability, or CVI. It's not unique to Dobies, but it's quite common in Dobies. Perhaps the weakest part of the Doberman is its neck, so easing strain on the neck is beneficial before any damage has even occurred. Putting a pinch collar, Halti, or body harness on a dog that pulls hard on its leash is recommended.

The first symptom is often an uneven gait, as if the dog's front end is trying to move faster than the rear. What is occurring is that a disk in the dog's neck is becoming herniated and putting

pressure on the spinal cord, causing loss of feeling from the neck back. The condition is generally not painful, at least not in its early stages. As the dog becomes more paralyzed, foot-dragging, stumbling, difficulty in getting up, and loss of urinary and bowel functions may occur.

We do NOT, in general, recommend surgery for this condition! It is expensive, has a long recuperation period, and is not believed to reverse any damage that has already occurred, which means the dog probably will not get BETTER. Short-term relief may be provided by corticosteroid medications, which help to relieve the pressure. Surgery is the only long-term cure, if curing the condition is possible, and it must be done at the first onset of the disease.

CARDIOMYOPATHY

is also not unique to Dobies but is very common and is always fatal. It is characterized by enlargement of the heart and fluid buildup in the lungs. Symptoms and progression vary widely. Some dogs will have no visible symptoms and will keel over and die without warning. We are seeing this more and more in dogs as young as 3 years. Other dogs will display heavy breathing, wheezing, coughing, loss of energy and appetite.

The condition is not curable, though diuretics and other medications can provide some measure of comfort for the dog. Our advice is to be unselfish and not try to hold on to the dog after it no longer enjoys being a dog. Typical life expectancy for a Dobie diagnosed with this condition is 6 additional months; for other breeds, it's somewhat longer.

BLOAT

is mainly a large-dog phenomenon. It occurs when the dog's stomach twists, preventing passage of food and digestion. Though specific causes are not known for certain, there are things which seem to be contributing factors, such as eating a large meal, drinking a lot of water just after a large meal, and exercising soon before or after eating. It seems to us that it occurs much more often in older dogs, whose skin does not have the elasticity to allow the stomach to right itself if it is displaced.

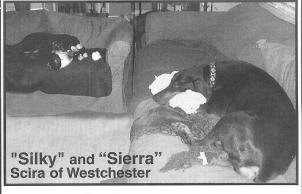
We attempt to "free feed" our dogs whenever possible, meaning that dry food is always available, which generally means the dog will eat a little at a time and never have a big meal in its stomach. We have never had a case of bloat in

any of our free-fed dogs.

But not every dog can be free-fed. Some continued page 6

A few of our happy adoptees!



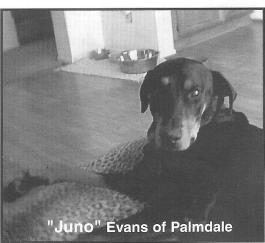










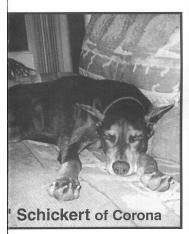


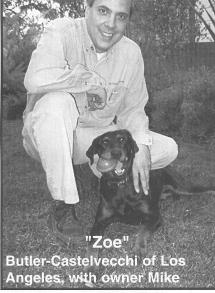


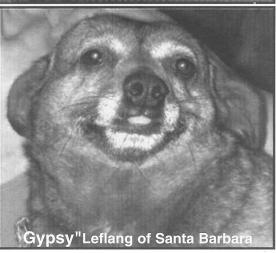


"Jacob" and "Jasmin" Dominski-Curlee of Encinitas















dogs are such ravenous eaters that they would almost certainly eat until they burst, and others

would be simply obese.

Bloat is generally not curable unless it is detected early, within the first 12 hours. Look for unproductive retching; i.e., the dog is trying to vomit, but no food material comes up. This can also be a symptom of kennel cough, but in a large-breed dog such as a Dobie, where early detection is so important, don't waste time! Take the dog to a vet with good diagnostic skills immediately. By the time a pendulous belly and a distressed expression are in evidence, it is usually too late. Even with successful surgery, so many toxins have been released into the dog's system that it normally won't survive. With very early detection, the dog can be surgically opened, the stomach repositioned and tacked so it won't occur again, everything is sterilized and closed, and the dog has a decent chance of recovery.

CANCER

can occur in most species, in almost any organ, at any age. Very little is known as to why. Treatment usually means the difference between life and death, as well as early detection.

Dobies, like every other breed, often develop tumors, particularly as they age. Most tumors are benign, often fatty tumors. It's difficult to know when they should be removed, and when they should be left alone. We think that, as dogs get older, the risk of placing them under general anesthesia often outweighs the risk posed by doing nothing. In general, soft, squishy tumors that can be moved around are harmless, while solid masses attached to the rib cage, mammary glands, head and jaws, neck, etc., are not.

Removal and biopsy of tumors will, of course, confirm whether the tumor is malignant. Some vets, ours included, can do a needle biopsy on many of these kinds of masses, where a needle is inserted into the mass and twisted, so that a small core of tissue stays in the needle. It is then expelled onto a slide and examined under a microscope. A good vet can give a fairly reliable opinion as to what types of cells are in evidence.

If cancer cells are detected, do not automatically give up on the dog! Several reasons come to mind. First: dogs have far less post-operative pain and adapt much better to surgical aftermath, even amputations, than humans do. Second: dogs generally can sustain chemotherapy with few or no side effects, compared to humans. Third: THE CANCER DIET APPEARS TO WORK, at least for dogs whose

cancer has been detected relatively early.

Please read the story immediately following about Lola, and you may want to clip and save The Cancer Diet, which was printed in our June, 2002 newsletter and is being reprinted here for our newer readers.

HYPOTHYROIDISM

is common in Dobies, as well as other breeds, but is generally not life-threatening. It's most often found in dogs that tend to be overweight, have dry, dull coats, and are heat-seeking. A blood test will determine whether this condition exists, and it's easily controlled with two tiny pills daily. Most vets require retesting every six months to ensure that the proper dosage is prescribed to control the condition.

VON WILLEBRAND'S SYNDROME

is relatively common in Dobies, but not generally to the point of being life-threatening. It is a bleeding disorder that is often not detected until the dog injures itself or requires surgery. Controlling the bleeding can then be a life-threatening matter if the dog is at the high end of the continuum. Spay/neuter clinics and some vets will intentionally clip a Dobie's toe nail too short to learn whether the usual application of pressure will easily stop the bleeding. If a dog is known to have a high Von Willebrand reading, there is medication that can be given pre-operatively to prevent bleeding, and many hospitals have in-house testing now to identify dogs with bleeding tendencies.

Having rescued and placed nearly 7,000 dogs in our rescue career, we have seen most kinds of health conditions, particularly those involving Dobermans. Feel free to write, call, or e-mail us if you have specific questions not covered above.

CANCER SURVIVOR: LOVELY LOLA

Just over two years ago we had a call from a nice couple, Carole and Jim Whipple, who were looking for a younger cropped red female Doberman to adopt. We had just gotten one in, so we e-mailed them a picture of her. We had only good things to say about her, and they decided to adopt her.

Since she wasn't yet spayed, we took her to the animal hospital for spaying. It so



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	Please return this form with your contribution

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happened that, during her spay surgery, a lump was noticed under her tail area. The vet called to ask if we wanted it removed and biopsied. Of course we did.

The results were awful. It was a very aggressive cancerous tumor. We called the Whipples, who by this time had picked up Lola, to tell them the news. As expected, they returned Lola to the hospital, and we gave the hospital the directive to euthanize her.

It just so happened that, about ten minutes later, we were speaking with another rescue person, and we mentioned Lola's sad story. The other rescue lady said: "Oh, no! Don't put her to sleep! Put her on the Cancer Diet! We had a dog with the same type of tumor who has been on the Cancer Diet for a year and a half, and she's fine!"

Always skeptical of miracle cures, we nevertheless called the hospital (who, fortunately for Lola, were busy that afternoon and hadn't had the chance to put her to sleep yet) and cancelled the directive. We then called the Whipples to tell them of our decision. They were so relieved! They had regretted returning her and said that, if there was a chance the diet could work, they wanted to give it a try!

Recently, two years later, we received the following update on Lola:

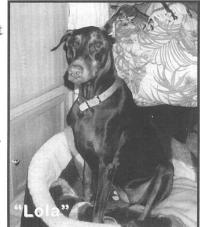
"Dear Ardis,

I thought perhaps you would like to see a picture of 'Lola.' It has been nearly 2 years since we picked her up at Dr. Randhawa's. He did not give her much hope and tried very hard to have us wait for 'another dog who will live.'

I have made the majority of her food with lots of dark green vegetables and things (skinned chicken) high in antioxidants. Also took her to a holistic vet, but gave up that route. Instead took her to a naturopathic practitioner for people. We have her on a regimen of Pau D'Arco (500 mg) twice a day, Esiak (450 mg caps) twice a day, dog vitamins, Vitamin E, grape seed, Vitamin C at about 3000 units, and Blue Green Algae. I have tapered off a lot but

still try not to give her much that will convert to sugar.

We have seen no evidence of the cancerous tumor of the kind that is normally very invasive, and we pray we won't. Our regular vet has done blood





Doberman Pinscher Rescue

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tests and says he sees no evidence of any cancer at all.

She is a wonderful dog! We love her to death, and even though she hates cats, she has raised a feral cat who was left in the back yard when he was about 4 weeks old.

She is shown in the trailer on a recent trip. She loved traveling, but has recently developed anxiety attacks, so are working on that now.

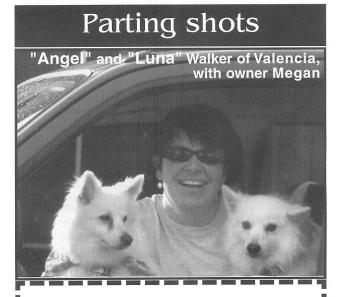
Have been long overdue in letting you know how much we appreciate the opportunity to see her restored.

She is well loved and spoiled. Her only bad habit? She is a COMPLETE BED HOG." If any of you wish to learn more or have questions, you can e-mail Carole at: jwhip@c2i2.com.

The Cancer Diet

- 1. Eliminate carbohydrates from the diet; cancer feeds on carbs.
- 2. Boil chicken (minus the liver and kidneys) and veggies; give 1 1/2 cups twice daily and fill out the diet with rice if necessary to maintain weight. (Freeze the remainder in packets to use on subsequent days.)
- 3. Give the following twice daily with meals: psyllium seed (for bowel func-

- tion, available at Trader Joe's) and 1000 mg Vitamin C, 400 mg of Vitamin E, 2 PetTab multivitamins, 1 beta-carotene, 1 tsp of Echinacea (also at Trader Joe's).
- 4. Give purified water.
- 5. Give no kibble!
- 6. Keep a positive, happy attitude that your dog can feel and observe.



"There is no psychiatrist in the world like a puppy licking your face."

-Bern Williams