

## Senior Seminar

27 June 2010

Presented by Leslie Kovar, DVM

Dr. Kovar began with describing what vets normally do during an exam. She described any dog older than six years as 'senior' and ten years as 'geriatric'.

Beginning with the eyes, vets look for cataracts which is actually uncommon. What is usually the case is something called nuclear sclerosis. This is easily identified as a clouding in the eye, especially evident when light is reflected in their eyes. Pannus is also a possibility. It is identified by a growth that begins to cover the eye. It is treated and controlled with an immune suppressant drug.

Ears and noses don't generally present any problems. Mouths, particularly teeth and gums are a major problem for greyhounds. They can become allergic to their own tartar. Periodontal disease is common. The gums shrink, the roots become exposed and usually ends up with extraction. Heart, lungs and abdomen usually present no problems. Their skin and coats generally require fatty acids supplements when they are seniors. Finally, the feet are examined. Greyhounds seem to be more susceptible to corns. There are a number of possible remedies but getting rid of them permanently isn't likely.

She made a point of stating that greyhounds seem to be more prone to autoimmune issues.

Arthritis and spinal issues were discussed at length. As dogs age they may experience difficulty in getting up and down. Usually, it is arthritis. However, a more serious degenerative disease is lumbosacral stenosis. This is a neurological weakness in the spine. Typical symptoms include a weakness in the rear end and it sometimes includes bowel trouble. A dog with a healthy spine will straighten out its foot if you curl the foot under and then release the foot. When spinal problems are present, a dog will often leave the foot knuckled under or will be slow to set it right. NSAIDS (non steroidal pain relievers) are best used to alleviate

pain. If it is LS, a 'depo' shot, a long acting steroid injection, can provide dramatic relief. The question was raised, however, regarding how one really knows if it is LS or simple degradation that comes with age. MRI is really the only way to diagnose LS.

Osteosarcoma (bone tumors) is, unfortunately, not uncommon in greyhounds. [www.veterinarypartner.com](http://www.veterinarypartner.com) is a good resource when dealing with osteosarcoma and many other pet ailments. It usually presents as lameness which comes more acute with time. By the time a vet can find the source of the pain, the bone is already quite weak. Treatment methods range from using NSAIDS, tramadol for pain relief. More invasive treatment includes amputation, chemotherapy and/or radiation. Greyhounds seem to tolerate amputation fairly well and dogs, in general, handle chemo much better than humans. It is critical, however, to consider the quality of the dog's life when considering any of these treatments. Four months is the average amount of time the dog will survive post amputation. Even x rays may not show that the cancer has metastized to the lungs. Generally, greyhounds are not prone to other types of cancers.

Kidney failure is a common problem as greyhounds age. It isn't easy to identify until 75% of the kidneys is compromised. At that point changes will be seen in creatinine and BUN levels which can be determined by bloodwork. Liver disease is not common in greyhounds.

As dogs age, changes should be made in their diets and supplements. A lower protein diet is recommended as well as fewer calories. Look for the AAFCO label on foods. Essential fatty acids should be included. When adding supplements like fish oil and products like glucosamine, check for quality. Dosequin and Cosequin are good products that provide joint support.

Canine cognitive dysfunction is a possible problem with older dogs. The dog may appear disoriented. Anipryl can be helpful by increasing normal functioning. However, make sure there aren't other problems before diagnosing this. Problems could include loss of vision or hearing. It is usually diagnosed by exclusion of other possible issues.

Another concern raised was use of anesthetic on seniors. Given the current protocol for administering anesthetics, it is considered safe as long as the dog is basically healthy. That's why a general blood test before the procedure is always recommended.

The last topic of discussion was laryngeal paralysis. Greyhounds are one of the breeds prone to it. What you may hear is raspy breathing or sounding hoarse when panting as well as more frequent panting. What happens is the larynx isn't flexing as it should. If the LP becomes serious enough that the dog's breathing is impaired, a tie back surgery can be performed. There can be complications and dogs can aspirate. It should be considered very carefully before deciding it's necessary.

And there was a brief discussion of vestibular disease. This is uncommon in greyhounds and it usually gets better on its own.

*Thank you to Dr. Lesley Kovar for conducting this seminar and answering the many questions folks had for her.*

*Thank you to Nancy Lewis for taking notes during the seminar.*