

SUMMER 2022



VOLUME THREE

— the Boxer Bark —

HEALTH NEWSLETTER of the Pacific Northwest Boxer Club



UPCOMING HEALTH CLINICS – July through September 2022

Saturday July 30th — Hurricane Ridge Kennel Club

Location: Sequim WA 98382, 202 N. Blake Ave.

Times: 9am till 5pm — Saturday only — All Breed Clinic

OFA eye exams by Dr. Nathan Kice, \$40 per dog

Contact for more info: Lorraine Shore e-mail pd0980@gmail.com

Online OFA registration strongly preferred by Dr. Kice.

Paper forms can be provided at the event.

First-come, first-served for scheduling.

Friday & Saturday, October 7th & 8th — Flathead Kennel Club

Big Sky Cluster of Montana

Location: Four Seasons Arena, 400 3rd St. NW

Great Falls MT 59404

Times: Friday 9am–5pm, Saturday 8am–5pm — All Breed Clinic

CAER Eye Exam, Dr. Steven Roberts, \$50

Contact: Animal Eye Center, 215 W. 67th Ct., Loveland CO 80538

Phone 970-461-0909 or aecloveland@gmail.com

www.animaleyecenter.com

Pre-register through OFA Online

Saturday October 8th — Electric City Kennel Club

Location: Montana ExpoPark, Great Falls MT 59404

Times: 8am–5pm — All Breed Clinic

Cardiac Screening

by Dr. Janice M. Bright BSN, MS DVM Diplomate ACVIM

\$40 Pre-Registration until September 24, 2022

\$45 Registration after 9/24/2022 and walk-ins

To request an appointment, contact:

Joyce K. Hoyt e-mail hoytj@g.com

*Upcoming Health Clinics
now listed on our club website:
pacificnorthwestboxerclub.com*

Summertime Funtime Playtime Naptime



Inside this issue...

**American Boxer
Charitable Foundation -
ABCF**

Boxer Colitis

Mast Cell Tumors

Founded in 1995 by a small group of people who loved Boxers and felt it was time to give-back to their favorite and beloved breed.

A Simple Mission:

To raise money to be used to fund research into the health-related issues that face this beloved breed.

ALL of our breed...showdogs, obedience, agility, and performance dogs, family pets, even the abandoned rescued Boxers.



ABCF benefits Boxers
with cropped or uncropped ears as well as fawn, brindle, and white Boxers. ABCF is about the health of our breed.
ALL of our breed.

abcfoundation.org

The American Boxer Charitable Foundation is a non-profit 501(c)(3) organization staffed and managed entirely by volunteers. Donations are tax deductible in accordance with IRS regulations.

Fundraising through Donors and Supporters

ANNUAL AUCTION

held at the American Boxer Club's National Specialty Show. The Auction is ABCF's largest fundraiser. Auction items are generously donated and the event is entirely manned by volunteers.

ANNUAL DONATIONS

ABCF conducts an annual donor outreach drive. For as little as \$25, a Boxer-lover or breed club can become an annual donor. Annual donor lists are listed on the ABCF website.

MEMORIAL ENDOWMENT FUND

An opportunity to remember your favorite breed in one's Will. Memorial donations and bequests (be it memorabilia, keepsakes, stock, insurance, a specified amount, a percentage of what you have left) are specifically placed in the ABCF Endowment Fund. A donation to the endowment is spent for research, which means that a gift to the Endowment will give to this breed that you love *in perpetuity*. Donors to the Memorial Endowment Fund are listed on the ABCF website.

IN MEMORY OF - IN HONOR OF DONATIONS

Any individual or club can make a donation of any amount to memorialize or honor a Boxer or human. Memorial and honorarium donations are listed on the ABCF website.

MEMORIAL WALL DONATIONS

Anyone can make a donation in any amount to place a memorial wall listing for a Boxer on the ABCF website. The listing includes dog's name, age, photo (if provided), and cause of death (c.o.d. is optional, but if listed, it helps to identify the health issues Boxers face).

ONLINE SALES

Boxer-related items are offered in the STORE of the ABCF website. Profits from the sales of these items go towards funding research.

abcfoundation.org

ABCF Funding Benefits Studies in...

Heart disease - cardiomyopathy, aortic stenosis,
ARVC-arrhythmogenic right ventricular
cardiomyopathy, among others

Thyroid disease

Diabetes

Kidney disease

Hip dysplasia

Genetics

Cancers - mast cell, lymphoma, brain tumors,
hemangiosarcoma, meningioma, among others

*Visit the ABCF website to examine their latest
Update/Alert:*

[ARVC2 Gene Variant Identified: Another Piece to Aid Understanding of the Boxer Heart Disease](#)

Affiliations

[American Boxer Club](#) - ABC

[American Kennel Club](#) - AKC

[AKC Canine Health Foundation](#) - AKC-CHF

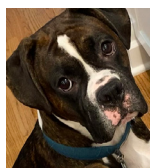
[OFA Canine Health Information Center](#) - OFA*-CHIC

**Orthopedic Foundation for Animals*

**AMERICAN
BOXER
CHARITABLE
FOUNDATION**

*A non-profit 501(c)(3)
organization*





A rescued Boxer's journey to wellness.

Boxer COLITIS

aka Granulomatous Colitis (GC) or Histiocytic Ulcerative Colitis (HUC); a severe form of inflammatory bowel disease seen in Boxers and French Bulldogs, and occasionally other mastiff breeds.

Mister's Story...

Submitted by Lillian Jesse, Volunteer, [MustLuvBoxers Rescue](#)

October 2020: a 14 month old intact male Boxer named Mister was surrendered by his owner to MustLuvBoxers Rescue. His owner had purchased him as a puppy, and from the time he was two months old, he had bloody diarrhea and would "leak" watery stool and blood especially after physical activity.

He was seen by a vet on a regular basis in the ensuing months for the bloody stools/diarrhea, but stool tests were negative for parasites/infection, treatment with metronidazole and FortiFlora probiotic was negligible, as were changes in diet.

In September 2020, on recommendation by vet, Mister underwent an ultrasound of his lower bowel as well as bloodwork, urinalysis and fecal check; results as follows:

Ultrasound: Diffusely thickened colonic wall and mildly enlarged lymph nodes.

Blood/Urine: All values normal, including complete blood count, liver, kidney, blood sugar, thyroid and electrolyte values. Specialized absorption testing was normal.

Fecal: Negative for parasites.

With no definitive clues as to why Mister had bloody stools/diarrhea, the vet recommended the next step: colonoscopy and biopsies. Colitis was obviously suspected, but in order to determine treatment, the type of colitis needed to be identified.

At this point, the owner realized Mister's medical needs were exceeding her ability to continue paying for more diagnostics and likely treatment so she surrendered him to MustLuvBoxers Rescue in mid-October. And that was when I took Mister in...an act I would later realize was a rare and very rewarding privilege for me.

My first acts were to evaluate the Mister that stood before me against all of his medical records and the information his owner provided to MLBR:

Medications: he came in with [metronidazole](#), [trazodone](#) (his owner felt he was an 'anxious/OCD/perhaps fearful' dog), [gabapentin](#) (anxiety), [FortiFlora](#) probiotic

Stools: clotty blood present with every bowel movement; lots of straining, multiple squats each time, had smaller, more frequent poops (6-8 times in 24 hour period) than average dog

Urination: nothing unusual

Behavior: VERY wiggly, almost to distraction, but I saw no signs of anxiety/OCD. The owner was a first-time Boxer owner and I felt that she was just unaccustomed to the excitement and gyrations of the breed, especially when young.

We continued the metronidazole and FortiFlora only, but stopped the trazodone and gabapentin. Mister was a tad bit underweight, but otherwise looked great...beautiful coat, excellent build, bright eyes, etc. He presented no obvious signs of discomfort or pain. His temperament, in my opinion, was excellent as well; energetic, alert,

active, very willing to please, able to focus if his exuberance was handled properly. All in all, if it weren't for the chronic bloody stools and diarrhea, he looked and acted like a normal energetic young male Boxer. His owner had put a lot of effort into early training, which paid off immensely when he approached excitement overload; his instant response to the basic 'sit' command was all it took to regain his focus, and he was properly crate-trained (it's always beneficial to crate-train excitable dogs...it allows them to calm down on their own accord).

I had the opportunity to simply observe cause-and-effect behaviors and symptoms with Mister for several weeks before his first appointment at MLBR's preferred southend vet (South Hill Veterinary Hospital-SHV) because of "pandemic scheduling." I learned that keeping his activity/excitement-levels low helped reduce the frequency of bowel movements and 'dripping.' There were two episodes that were concerning during this timeframe—he pooped gelatinized blood clots nonstop for a good 10-15 minutes each time and leaked fresh blood in between the squats. These episodes resolved on their own and he then went about as if nothing happened. Throughout it all, his personality was to die for...he was happy, responsive, behavior-appropriate with other dogs, willing to please, intelligent...a gift.

Mister's first appointment with the Rescue vet was November 5th. To keep this part of the narrative concise, I've summarized the events that ensued as follows:

Nov 5, 2020: Vet examined Mister, reviewed medical records, lab results, ultrasound report provided by owner as well as notes/observations I provided. Colonoscopy scheduled for Nov. 24. Diet changed to [Royal Canin Hydrolyzed Protein HP](#) food and treats. Metronidazole and FortiFlora continued.

Nov 6-24: No change in symptoms.

Nov 24: Colonoscopy done; tissue biopsies taken and sent to local lab (Phoenix). Histopathology Final Report: Moderate lymphoplasmacytic colitis, occasional segmental histiocytic purulent colitis with few erosions and mild mucosal atrophy/fibrosis. There are a few regions of histiocytic inflammation present (predominant histiocytic infiltrate is the defining microscopic feature of Boxer ulcerative colitis/canine histiocytic colitis). Phoenix advised tissues could be sent to Cornell University for their bacterial FISH (Fluorescent In-Situ Hybridization) diagnostic testing to confirm Boxer colitis. MLBR approved FISH testing; tissues sent to [Simpson Lab at Cornell University](#).

Nov 25-Jan 20: No change in Mister's symptoms (thank goodness for my stash of pandemic toilet paper, bitch britches and disposable pads). Hydrolyzed protein diet continued with metronidazole and probiotic.

Jan 3, 2021: Report from Simpson Lab/Cornell University: Multifocal and diffuse cluster of invasive E.coli consistent with GCBF (Granulomatous Colitis of Boxers and French Bulldogs). Treatment is typically [enrofloxacin](#) (brand name Baytril) for 6-8 weeks.

Jan 7: Because I was aware that some dogs are resistant (or more accurately, the target bacteria is resistant) to enrofloxacin/Baytril, I did request that the SHV vet run a stool culture to test for antibiotic sensitivity.

Jan 21: Stool culture indicated no resistance to enrofloxacin (Hooray!). Treatment with Baytril begins. Once Baytril regimen started:

- Blood in stools reduced over first 5-7 days; no blood after that except for two occasions when there was small amount of blood in 'folds' of stool.
- Stool consistency very good (formed/firm) after a week of treatment.
- All straining ceased once visible blood disappeared.
- Frequency diminished to a more normal pattern of pooping
- No bowel flare-ups after play/excitement activities (Hip-hip-hooray!!)

Jan 21-Mar 23: 8.5 weeks of Baytril regimen completed!

Since Mar 23: Normal pattern of pooping continued; no visible blood in stools; no diarrhea; only occasional soft-but-formed stools.

The Plain English Summary

Colitis happens for many reasons. Resolving the colitis depends entirely on determining the cause. Mister had the most severe type of colitis that resulted in chronic bloody mucous-laden diarrhea. The usual approach of altering diet and/or use of antibiotics like metronidazole had negligible results, which demanded further diagnostics

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Mast Cell Tumors – Fast Facts

WHAT ARE THEY: Mast cell tumors (MCTs), aka Mastocytomas, are the most common form of skin cancer in dogs. Mast cells are white blood cells that are part of the immune system and are responsible for allergic response. They become cancerous when they begin dividing abnormally and grow into tumors. They are more common on middle-aged dogs, and certain breeds like Boxers and Boston Terriers are more susceptible to MCTs.

WHAT DO THEY LOOK LIKE: MCTs can easily be mistaken for other skin lesions, like warts or benign lumps. They can appear in any shape, firmness, size, or location, and can wax and wane in size. They can be raised and superficial or very deep and fixed. They are good at mimicking other skin conditions (especially benign growths such as lipomas, histiocytomas, or cysts, for example) so it's difficult to identify MCT just by looking at it; so if you notice a new skin mass, or observe a known mass that changes in size or color over a relatively short period of time, a visit to your vet should be in order.

HOW DO YOU CONFIRM IT'S MCT: Most likely, your vet will likely recommend a Fine Needle Aspiration (FNA) whereby they suction out some tissue/cell matter from the growth or lesion (a simple procedure that most dogs tolerate with no sedation). They will then observe the sample under a microscope. Most vets are able to spot the cellular characteristics of MCT, but they are also likely to send the sample to the pathology lab for a formal diagnosis.

If MCT is confirmed, there will be information on the report of a grade for the tumor (how aggressive the tumor is). Low-grade tumors are less aggressive; high-grade tumors are more aggressive. Tumors that are more aggressive are more likely to spread (metastasize) to other locations of the body such as lymph nodes, spleen, liver. Grading is important because treatment options for low-versus-high grade tumors are very different.

WHAT'S THE TREATMENT: Roughly 80 percent of MCTs are low- to intermediate-grade and unlikely to reoccur after surgical removal. This means that for a majority of MCTs surgery can be curative. The key factor is obtaining a clean 'margin' when excising the tumor. Margin refers to the edge or border of tissue removed with the tumor; a 'clean' margin means no cancer cells are observed at the removed tissue edge (around and under the tumor), suggesting that all of the cancer has been removed in that spot. In any event, your vet will send whatever tumor and tissue was surgically removed to a pathologist to confirm whether or not margin was sufficient.

Sometimes a clean margin is not possible due to the location of the MCT and this will affect the overall prognosis for the dog. The lab report will always offer further recommendations if needed (referral to an oncologist especially in cases of insufficient/incomplete margin, for example).

High-grade MCTs can spread aggressively and most vets will likely recommend consulting with a vet oncologist for further diagnostics and treatment options such as chemotherapy or radiation.

DIPHENHYDRAMINE & ANTACIDS...what???: If MCT is diagnosed, your vet will likely recommend giving your dog supportive medications: an antihistamine like diphenhydramine (brand name Benadryl) and antacids (such as Pepcid or Prilosec) because mast cells contain granules filled with substances which can be released into the bloodstream and cause systemic problems like stomach ulceration and high levels of histamine. It should be noted that these medications are *supportive*, not curative. They help the dog feel better; oftentimes restoring appetite and energy level and reducing discomfort.

DECISIONS, DECISIONS: Your Boxer suddenly has a noticeable bump. Don't panic or assume it's MCT. Best to keep track of the bump...is it growing quickly, is it looking uglier (like it's breaking through the skin surface, becoming pulpy-looking, oozing, bleeding, etc.) as each week goes by, or does it stay exactly the same with each passing week? If the bump exhibits visual changes or gets bigger in a two-to-three-week period or less, it's vet time.

If MCT is confirmed, the best decision as to what to do about it is best reached via discussion between you and your vet. Factors affecting the path you decide to pursue can include: age of your dog, overall health (does your dog have other significant issues), is this a first MCT or does your dog have other bumps at the same time, has your dog already had MCTs removed before this instance, etc.

As with all significant health issues, deciding on a plan of action is never obvious or simple. If you are unsure about any recommendations from your vet, ask for time to think about the information, do your own homework, ask other Boxer folk about their experiences and outcomes, then decide. ■



Next issue - Fall!
We're always interested in topics you want to see. Contact editor Teri Carpenter

Mister's Story...

...continued from page 3

(colonoscopy and biopsy) and resulted in an accurate diagnosis: Boxer colitis aka Granulomatous Colitis aka Histiocytic Ulcerative Colitis. The prominent characteristic of this form of colitis is the invasion of *Escherichia coli* (E. coli) bacteria into the mucous lining of the lower intestine. Use of Simpson Lab at Cornell University was necessary because they offer the specific FISH test for detecting this specific type of colitis caused by invasive E. coli.

I was fortunate to find several articles online about Boxer colitis and research that found particular effectiveness of enrofloxacin/Baytril to successfully eradicate the invasive E. coli. The common antibiotics used for intestinal infections (e.g., metronidazole) are ineffective on intramucosal E. coli. And better yet, the research indicated that successful eradication of the invasive E. coli often meant cessation of the colitis. Research results were not as positive or consistent for dogs with intramucosal E. coli that was resistant to enrofloxacin and had to be treated with other classes of antibiotics.

Luckily, Mister was not enrofloxacin-resistant and his 8.5-week treatment with Baytril was successful. This was the best result we could hope for and it allowed us to proceed with the standard requirements of rescue of updating vaccinations and neutering towards eventual adoption.

Because research on Boxer colitis is still ongoing, there's not much information yet about why some dogs are susceptible to intramucosal E. coli or the chances of relapse after a successful eradication. Because of this, Mister will remain an ongoing "study" for his vet caregivers for sure!

To-date, a happy ending...we succeeded in finding a family who was up to the challenge of adopting Mister. Key was the family's ability to dedicate time and resources to maintain his health, including the possibilities of



Mister now lives in Woodinville with his fur-siblings Daisy (deaf white Boxer) and senior Topper.

relapse and subsequent long-term treatment with Baytril (not an inexpensive antibiotic), a maintenance diet of prescription hydrolyzed protein (also not cheap) as well as the potential of having to run all the diagnostic tests along the way. MLBR was fortunate to have a sponsor for Mister's substantial medical expenses while in their program; it was further good fortune to be able to find an adopter to take

on such a potentially heavy financial responsibility. But after a multi-month get-to-know-you sleepover, the family knew Mister was destined to become a part of their family, and in August 2021, he did! ■

If you have any questions about this article, please feel free to contact Lillian Jesse, boxerbrains@comcast.net

All issues of
the Boxer Bark
are available on PNBC's website
pacificnorthwestboxerclub.com