

Important Health Updates

by Cassandra de la Rosa

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Renal Disease. There is a new development in the DNA test for hereditary kidney disease (HKD), the killer that haunts Lhasa Apsos, Shih Tzu, and other breeds. Researcher Dr. Mary Whitely now has conclusive evidence that the real culprit is a recently discovered third mutation called *C*, for *culprit*, rather than mutations *A* or *B*, as previously reported.

Questions about cause of HKD arose when other affected breeds tested negative for *A* or *B* mutations despite conclusive evidence of disease. This spurred further research and the discovery of *C*, a much stronger mutation, located on the same gene as *A* and *B*. Lhasa Apsos and Shih Tzu, the original research subjects, were then tested and discovered to carry the culprit mutation as well.

The *C* mutation apparently prevents the gene from producing a protein needed for kidney development and function. There is a 100 percent correspondence between HKD and the presence of the *C* mutation. Because genes operate in pairs, the presence of two copies of *C* means the protein is completely missing: Only one copy of *C* means that some protein production is possible. This may explain why there are varying degrees of affliction with HKD.

Experts estimate that there is a high incidence of *C* in the Lhasa Apso population, so breeders are cautioned to use test results to guide sound breeding decisions rather than to eliminate carriers. Because the Lhasa gene pool already descends from very few ancestors, eliminating all known carriers of *C* could cause more problems than it might solve.

Many breeders have submitted samples and paid for tests for *A* and *B* before this latest discovery. They should by now have received results from the lab of a retest for *C* at no cost, plus a credit for a future test. In the future we will need to order only one test, for mutation *C*.

Those interested in learning more can visit the American Lhasa Apso Club health-information web site at www.alachealth.org.

Vaccinations. Is your dog still receiving vaccinations annually? Researchers at major veterinary colleges assessed the protective benefits versus the risks of allergic reactions and autoimmune problems associated with vaccinations and came up with new thinking on the subject. The one-size-fits-all approach has been abandoned in favor of evaluating each dog's needs according to lifestyle, allergies, and risk of exposure. Field dogs, show dogs, and house pets each have different vaccination needs, as do rural and urban dogs.

New vaccine protocols recommend distemper, parvovirus, and adenovirus-2 as "core" vaccines for all puppies and adult dogs with an unknown vaccination history. They are given at 8, 12, and 16 weeks for puppies, but only once for unvaccinated dogs over 16 weeks. A booster is given one year after initial vaccination, then every three years. Rabies is also a core vaccine and should be given in accordance with local laws.

Equally important are the vaccines that are *not* recommended for everyone. Non-core vaccines should be given only to dogs at risk of infection, and include canine parainfluenza, a distemper-measles combination, bordetella, leptospira and a few others. The University of California-Davis veterinary hospital considers canine coronavirus of minimal risk and does not give the vaccine or stock it in its pharmacy. For more information on this important topic, google "canine vaccination protocols."

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