



UNLEASHED

Volume 29 Issue 8, A publication of the Central Ohio Labrador Retriever Club September 2018

Meeting Date: October 3

Time: 6:30 p.m.

Location:

Home of John & Lori Bentine
"Lasagna Dinner"

2018 Meeting Dates

October 3

November 7

December Christmas Party TBA

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CHECK OUT CENTRAL OHIO LABRADOR RETRIEVER CLUB
ON FACEBOOK

[HTTPS://WWW.FACEBOOK.COM/
GROUPS/575516432535825/](https://www.facebook.com/groups/575516432535825/)

COLRC Specialty Agenda

NO SEPTEMBER MEETING!

Due to multiple member conflicts with the Sept. club meeting, we will convene

**Thursday, August 23, 2018
6:30 p.m.**

**"Senor Antonio's" Mexican
Restaurant**

8617 Columbus Pike (S.R. 23),
Lewis Center, OH. 43035

October 3 Meeting

Home of John & Lori Bentine

- * Please bring raffle items large and small!!!
- * Dog beds, craft beers, wine and wine glasses,
- * Labrador art, gently used outdoor clothes for "Consignment Shop" and any drink coolers, tote bags, dog food/treats/leads and unique baskets or wooden boxes.



Does your Labrador Retriever suffer from signs of low back pain?

Background Information

Degenerative lumbosacral stenosis (DLSS) is a common painful condition in middle-age to older large breed dogs. It is frequently associated with signs of lower back pain including difficulty rising, reluctance to go up/down stairs or reluctance to jump. It can progress to the point of developing neurologic signs including a weak pelvic limb gait, decreased reflexes and urinary or fecal incontinence. These signs often worsen over time and can greatly affect the quality of life of otherwise healthy dogs. Currently treatment options and prognosis are variable. This is because there remains debate over the best method of diagnosing DLSS. A well designed, controlled study evaluating dynamic and functional differences in dogs that are affected compared to asymptomatic is lacking.

Our study will fill this void by performing dynamic diagnostic imaging, including an MRI, and electrodiagnostics in dogs with clear symptoms related to DLSS and comparing these results to unaffected dogs.

How Can You Help?

The Ohio State University has received funding to investigate diagnostic protocols for dogs with and without DLSS. Enrollment has begun and we are looking for Labrador Retrievers that meet the following inclusion criteria:

- Clinical signs and neurologic examination are consistent with DLSS
- Overall health permits anesthesia
- No concurrent orthopedic disease



Benefits

As long as your pet meets the inclusion criteria the costs of general anesthesia, MRI, and electrodiagnostics will be covered.

Contact Information:

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THE OHIO STATE UNIVERSITY
COLLEGE OF VETERINARY MEDICINE

Newly Emerging Invasive Tick Reported in Four States

July 02, 2018 | [Animal Disease Diagnostic Laboratory](#)



Image of longhorn tick courtesy of the West Virginia Department of Agriculture

A tick not previously known to be present in the U.S., *Haemaphysalis longicornis*, has been confirmed by the National Veterinary Services Laboratories (NVSL) in four different states in the past 7 months, November 2017 through June 2018. It was first identified in large numbers on the head and ears of a single sheep in Hunterdon County, New Jersey. In May 2018, this exotic tick, also known as the longhorn tick or bush tick or East Asian tick, was confirmed on a beef farm in Albemarle County and on horses in Warren County, both in Virginia. It has also been found in two farms in Harden County, West Virginia. In June 2018, this tick was found on a dog in Benton County, Arkansas. To date, no connections among these cases have been identified. It is not known to what extent this tick is present in these or other counties and states in the United States.

Haemaphysalis longicornis is native to East Asia, including China, Japan, Russia, Korea, New Zealand, Australia and other Pacific islands. It is a known vector of bacterial and viral diseases of both domestic and wild animals (cattle, horses, donkeys, sheep, goats, pigs, dogs, cats and deer). It also has been reported infesting birds and reptiles, and is known to parasitize human beings. It is associated with transmission of theileriosis to cattle in New Zealand, and of rickettsial spotted fevers to people in Japan. One biotype of the tick is parthenogenetic, not requiring a male for reproduction. Larval and nymphal stages of this 3-stage tick are very small and difficult to detect. An engorged female may only be as large as a pea. It can cause stunted growth, decreased production, anemia, weakness, exsanguination and death when present in large numbers or transmitting diseases. Ticks in China and Korea have been reported to be infected with *Anaplasma*, *Borrelia* and *Ehrlichia* species.

Livestock producers and animal owners are encouraged to work with their veterinarians to develop tick prevention and control programs to protect their animals. In addition, it is important for people to check themselves as well as their animals for ticks after spending time outdoors in wooded areas.

Veterinarians and animal owners are encouraged to be vigilant and to report the finding of unusual ticks, particularly in large numbers, to the State Veterinarian office at 614-728-6220 during regular work hours. The Division of Animal Health will be working closely with the USDA APHIS Veterinary Services and the Ohio Department of Natural Resources Division of Wildlife to monitor Ohio.

Dr. Jeff Hayes, MS, DVM, ADDL Pathology Section Head

From the Ohio Department of Agriculture; <https://www.agri.ohio.gov/wps/portal/gov/oda/programs/animal-disease-diagnostic-lab/news-and-events/invasive-tick-in-united-states-2018/>

The Ohio Legislature House Bill 263

HB 263, the bill that allows dogs on restaurant patios and was signed into law by Governor Kasich on July 30.

Ohio HB 263 permits dogs on restaurant patios that have outside entrances. Dogs will not be allowed to enter the patio area by going through the restaurant. Dogs must be on leash and owners must have proof of vaccinations with them. There is no requirement that the restaurant must accept pet dogs. The new law also includes several health requirements, including requirements for restaurant staff.

SECTION 1. That section 3717.05 be amended and section 3717.14 of the Revised Code be

enacted to read as follows:

Sec. 3717.05.

(A) The director of agriculture and the director of health shall adopt rules establishing standards for safe food handling and sanitation in retail food establishments and food service operations. The rules shall be compiled as the Ohio uniform food safety code, which shall be used by the licensors of retail food establishments and food service operations in ensuring the safe handling of food in this state. All scientific provisions of the Ohio uniform food safety code that are relevant to both retail food establishments and food service operations shall be adopted by the director of agriculture and the director of health with each other's concurrence.

The Ohio uniform food safety code shall include the following:

- (1) Criteria for sanitation in retail food establishments and food service operations;
- (2) Criteria for equipment in retail food establishments and food service operations;
- (3) Criteria for reviewing the facility layout and equipment specifications of retail food establishments and food service operations;
- (4) A definition of "potentially hazardous" as it pertains to food in retail food establishments and to food in food service operations;
- (5) Criteria to be used in evaluating the primary business of a person or government entity for purposes of determining whether the person or entity should be licensed as a retail food establishment or food service operation.

(B)(1) Except as provided in division divisions (B)(2) and (3) of this section, if a model food code is established by the United States food and drug administration, the Ohio uniform food safety code shall be based on the most current version of the food and drug administration's model food code. If the food and drug administration adopts, modifies, or rescinds a provision in the model food code, not later than twelve months after the administration's action, the director of agriculture and director of health shall adopt, amend, or rescind provisions in the Ohio uniform food safety code to ensure that it continues to conform with the model food code.

((2) The Ohio uniform food safety code may contain or omit provisions that do not correspond to the food and drug administration's model food code if the director of agriculture or the director of health, with each other's concurrence, determines either of the following:

- (a) That rules can be adopted under this chapter that provide protection at least as effective as that which would be provided by basing the rules on the model food code.

(b) That local conditions warrant the adoption of standards that are different from the model food code.

(3) The Ohio uniform food safety code shall contain the rules adopted under section 3717.14 of the Revised Code notwithstanding the content of the United States food and drug administration's model food code.

Sec. 3717.14 .

(A) (1) A retail food establishment or food service operation may allow a person to bring a dog in an outdoor dining area of the establishment or operation in accordance with this section. However, if the dog is a service animal, no establishment or operation shall refuse to allow the dog in the outdoor dining area unless such refusal is authorized under federal and state laws governing service animals.

(2) The director of agriculture and the director of health shall adopt rules allowing dogs in an outdoor dining area of a retail food establishment or food service operation. The rules shall include authorization for the directors to prohibit dogs in an outdoor dining area of an establishment or operation during a public health emergency.

(B) If an establishment or operation allows a person to bring a dog in an outdoor dining area of the establishment or operation, the establishment or operation shall do all of the following:

(1) Adopt a policy that requires patrons to control their dog, whether with a leash or otherwise, while the dog is in the outdoor dining area. The establishment or operation shall enforce the policy adopted under division (B)(1) of this section .

(2) Not allow the person to take the dog into the outdoor dining area through any of the establishment's or operation's indoor areas ;

(3) Comply with both of the following:

(a) All sanitation standards established in the Ohio uniform food safety code other than those standards that prohibit dogs in an outdoor dining area of an establishment or operation;

(b) Any other standard established under this chapter.

(C) No person shall bring a dog in an outdoor dining area of an establishment or operation if the dog is not properly vaccinated in accordance with all state and local laws.

(D) As used in this section, "service animal " means any dog that is individually trained for the benefit of an individual with a disability to do work or perform tasks that are directly related to the individual's disability.

SECTION 2. That existing section 3717.05 of the Revised Code is hereby repealed.

Questions & Answers: FDA Center for Veterinary Medicine's Investigation into a Possible Connection Between Diet and Canine Heart Disease

On July 12, 2018, FDA issued a [public notification](#) about the agency's investigation into reports of canine dilated cardiomyopathy (DCM) in dogs eating certain pet foods. While it is early in the investigation, the Center for Veterinary Medicine recognizes that you may have questions. Below we have compiled answers to address some of the frequently asked questions raised by pet owners and veterinarians.

1. What potential connection is the FDA investigating?

FDA is investigating a potential dietary link between canine dilated cardiomyopathy (DCM) and dogs eating certain pet foods containing legumes like peas or lentils, other legume seeds, or potatoes as main ingredients. We began investigating after FDA's Center for Veterinary Medicine (CVM) received a number of reports of DCM in dogs eating these diets. DCM itself is not considered rare in dogs, but these reports are unusual because many of the reported cases occurred in breeds of dogs not typically genetically prone to the disease and were reported to have been fed the same type of diet (labeled as "grain-free").

2. What is the FDA doing about this possible connection?

The FDA's Center for Veterinary Medicine (CVM) and the Veterinary Laboratory Investigation and Response Network, a collaboration of government and veterinary diagnostic laboratories, are investigating this potential association. We are working with board certified veterinary cardiologists and veterinary nutritionists to better understand the clinical presentation of the cases. The agency has also been in contact with pet food manufacturers to discuss these reports and to help further the investigation. In addition, we are analyzing information from case reports submitted by pet owners and veterinarians. We will continue to work with all of these stakeholders to help advance our ongoing investigation.

3. What is canine dilated cardiomyopathy (DCM)?

DCM is a disease of a dog's heart muscle and results in an enlarged heart. As the heart and its chambers become dilated, it becomes harder for the heart to pump, and heart valves may leak, which can lead to a buildup of fluids in the chest and abdomen (congestive heart failure). If caught early, heart function may improve in cases that are not linked to genetics with appropriate veterinary treatment and dietary modification.

4. Why did the FDA notify the public about the possible connection if the agency doesn't have definitive answers?

While it is early in the investigation, the FDA's Center for Veterinary Medicine (CVM) felt a responsibility to shed light on an early signal that we have been made aware of and to solicit reports from pet owners and vets that may know of related cases. The data provided through reports will help inform the investigation.

5. How many cases have been reported to the FDA?

Prior to issuing our public notification on July 12, 2018, the FDA received sporadic reports involving 30 dogs and seven cats. In the reports we received, some of the dogs showed signs of heart disease, including decreased energy, cough, difficulty breathing, and episodes of collapse. We are aware that the veterinary cardiology community has received more reports (approximately 150 as of 7/12/18). Since issuing the public notification, CVM has received many additional reports, but we are still in the process of reviewing them.

6. What brands of food have been included in the reports to the FDA?

There is a range of different brands and formulas included in the reports. Rather than brands, the common thread appears to be legumes, pulses (seeds of legumes), and/or potatoes as main ingredients in the food. This also includes protein, starch and fiber derivatives of these ingredients, (e.g., pea protein, pea starch, or pea fiber). Some reports we have received also seem to indicate that the pets were not eating any other foods for several months to years prior to exhibiting signs of DCM.

7. What are legumes?

Legumes are part of the Fabaceae plant family, and are the fruit or seed of these plants. Common legumes include peas, beans, lentils, chickpeas, soybeans, and peanuts. Legumes are used for both human and animal food and have become a common plant-based source of protein.

8. Does the FDA think this possible link includes diets with rice?

Rice is a grain, not a legume. The current reports do not suggest there is any link between diets with rice and DCM in dogs.

9. Are sweet potatoes and red potatoes classified as potatoes?

Yes.

10. What does the FDA consider a “main ingredient”?

There is no hard and fast rule for what qualifies as a “main ingredient.” We generally consider a “main ingredient” to be listed in a food’s ingredient list before the first vitamin or mineral ingredient.

11. Does the FDA know what it is about these foods that may be connected to canine DCM?

At this time, it is not clear what it is about these diets that may be connected to DCM in dogs. Taurine deficiency is well-documented as a potential cause of DCM, but it is not the only cause of DCM. Nutritional makeup of the main ingredients or how dogs process them, main ingredient sourcing, processing, amount used, or other factors could be involved.

12. How do I know if my pet’s food is one of the diets discussed in the FDA’s public notification?

We suggest reviewing the ingredient list on your pet’s food to see whether legumes and/or potatoes are listed as one of the main ingredients.

13. Should I avoid grain-free diets?

High levels of legumes or potatoes appear to be more common in diets labeled as “grain-free,” but it is not yet known how these ingredients are linked to cases of DCM. Additionally, legumes and potatoes may appear as ingredients in foods that are not labeled as “grain-free.” Changes in diet, especially for dogs with DCM, should be made in consultation with a licensed veterinarian.

14. Do I need to change my dog's diet?

At this time, we are not advising dietary changes based solely on the information we have gathered so far. If you have questions or concerns about your dog's health or its diet, we suggest that you consult your veterinarian for individualized advice that takes into account your dog's specific needs and medical history.

15. What's the safest diet for my dog?

Different dogs have different nutritional needs based on a number of factors, so nutrition advice is not one-size-fits-all. The FDA recommends consulting your veterinarian for personalized advice about what to feed your dog.

16. What should I do if my dog is experiencing symptoms of DCM?

If your dog is showing possible signs of DCM or other heart conditions, including decreased energy, cough, difficulty breathing and episodes of collapse, you should contact your veterinarian. Your veterinarian may ask you for a thorough dietary history, including all the foods (including treats) the dog has eaten.

17. How do vets and consumers submit reports to the FDA?

CVM encourages pet owners and veterinary professionals to report cases of DCM in dogs suspected of having a link to diet by using the electronic [Safety Reporting Portal](#) or calling their state's [FDA Consumer Complaint Coordinators](#).

18. What information does the FDA need included in the reports?

Please see "[How to Report a Pet Food Complaint](#)" for additional instructions and information.

19. How long will the FDA's investigation take?

There is no way to know how long the investigation will take, but CVM is hopeful that as we gather more data from case reports, we will gain a better understanding of this possible connection. We will continue to convey our observations publicly as the investigation progresses.

Page Last Updated: 08/10/2018

US Food & Drug Administration; https://www.fda.gov/AnimalVeterinary/ResourcesforYou/AnimalHealthLiteracy/ucm616279.htm?utm_campaign=8-10-2018-DCM&utm_medium=email&utm_source=Eloqua

My Ketch, a 12 year old Labrador, was diagnosed in February 2018 with DCM. Our veterinarian tested her taurine levels & she was found to be extremely taurine deficient.. Ketch has never been on a grain free diet, but was on a low fat diet. She was placed on heart medications and supplemented with taurine. In May at her check up she showed some improvement. In August 2018 she went back for more testing & another echocardiogram. Everything is normal! Ketch is off the heart medications but will continue the taurine supplementation. The FDA is following her case.

~Christine

Litter Listings

**CH Inselheim River Runner At
Tremont x
Wit's End Ellsworth Blackish at
Tremont**

due: 9/8/18

**Contact: Jennifer Stotts
Shannonlabradors@yahoo.com
or 740-828-2657**



General COLRC Information



The **UNLEASHED!** is a publication by and for the members of the **Central Ohio Labrador Retriever Club** and others interested in the betterment of the sport and advancement of cooperative communication within the Labrador community and the dog fancy.

The articles and information contained in this publication have been deemed by the editor to be of interest to our readers but do not necessarily reflect the beliefs or the opinions of the editor or COLRC members. Reader input is actively solicited.

Please address or email all articles, announcements, comments and suggestions to newsletter@colrc.com. Unleashed is published ten to twelve times per year. Closing for each issue is the 20th day of the month prior to publication.

Dues are \$25 annually for a single membership and \$40 for a joint membership. Business cards will be placed on the COLRC website for the year at a cost of \$50 for members and non-members.

Club members who wish to utilize the Litter Listing Column of the newsletter and website will be required to pay \$50 per litter listing unless they have worked at two of our three club events during the course of the year.

Meetings General meetings shall take place the first Wednesday of every month unless otherwise noted.

OFFICERS

President.....	Sally Bell	(Term expires Dec 2019)
Vice President.....	Lori Bentine	(Term expires Dec 2019)
Treasurer.....	Linda Bednarski	(Term expires Dec 2019)
Secretary.....	Brian Tipton	(Term expires Dec 2019)

COMMITTEE CHAIRPERSONS

Membership.....	Chris Bell
Newsletter.....	Christine Nickerson
Puppy Match.....	Linda Bednarski
Show Chair.....	Cora Fleming
Eye Clinic.....	Jennifer Stotts

BOARD OF DIRECTORS

Cindy Gerhan	(Term expires Dec 2018)
Christine Kofron	(Term expires Dec 2018)
Jennifer Stotts	(Term expires Dec 2018)
Jan Eichenser	(Term expires Dec 2018)
Linda Bednarski	(Term expires Dec 2018)
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