



FEDERATION OF BOXER CLUBS OF SOUTHERN AFRICA



BREEDERS PANEL NEWSLETTER Summer 2009

It is almost holiday time again and I am sure everyone is making plans for the Christmas holidays. It was a very busy and successful year for the Panel of Breeders. We hosted two seminars on 18 July 2009 with Ansie van der Walt on Canine Cruciates and Dr Gareth Zeiler on Ask the Vet. The seminar was well attended and a lot was learnt.

Who serves on the 2009/2010 committee?

Acting Chairperson: Ute Füglistner

Secretary: Marinda Oosthuizen

Committee members: Els Sporen, Pam Zeiler, Helen Rennie

Please contact us for more information

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Be a responsible breeder and microchip your puppies!

THE OESOPHAGEAL WORM

(This is a summary of the article authored by Dr Gareth Zeiler published in the Boxer Bulletin 2007 pg 65.)

Spirocerca lupi is getting a lot of attention from dog owners nowadays. It is also known as the **oesophageal** (the tube connecting mouth to stomach) **worm**, because that's where it ends up in its life cycle, and where it forms the troublesome nodules typical in an infected animal.

Briefly, the life cycle of this worm starts when an adult forms a nodule in the oesophagus of an infected dog. The nodule has a hole forming a pathway between it and the interior surface of the oesophagus. The adult female worm deposits its larvated eggs into the oesophagus through this hole. The eggs travel through the stomach and digestive track and are expelled in the faeces. Coprophagic beetles (dung beetles) consume the faeces and are themselves infected. These beetles are known as the **intermediate host**. The larvated eggs develop further in the intermediate host. The beetles are eaten by a variety of other animals; birds, lizards, rodents etc. These are also infected and are known as **transport hosts**. There is no further development of the worm in the transport host.

The dog eats either the dung beetle or a transport host and becomes infected. It is then known as the **definitive host** because the worm completes its life cycle in it. The larvae of the worm are released into the stomach of the dog and travel through the stomach wall into the arteries of the stomach (arteries carry oxygenated blood). The larvae travel through the arteries (in the wall of the artery, not in the blood) to the aorta [largest (main) artery from the heart]. This takes about **three months**. On this journey, a larva may be side-tracked and end up anywhere in the body, the lungs, liver or diaphragm. Once it has found the aorta, the larva leaves the aorta wall and lodges in the oesophagus where it moults into an adult worm (this takes another two to three months) thereby completing the cycle and it starts all over again.

There can be one or several nodules in the oesophagus of an infected dog and these can range in size from 5mm to the size of a tennis ball. When discovered, the nodules may or may not still contain an adult worm. Uninfected dogs can easily be infected and infected dogs can be further infected. Dogs are not known to build up resistance to this worm.

Symptoms

Infected dogs do not always show clinical signs. When these do appear, it is often at an advanced stage. Some of the signs are:

- Regurgitation and vomiting;
- Steady weight loss (food intake reduced);
- Fluctuating fever (caused by inflammation);
- Excessive drooling (pressure of nodules on nerves activates salivary glands);
- Sore cheeks or throat (as for salivating);
- Sudden death [aneurisms (pockets in the aorta wall - weakening it, caused by the passage of the larva) rupture resulting in massive internal bleeding into the chest cavity];
- Bony, painful swelling on lower limbs (known as Marie's Disease).

Diagnosis

The following diagnostic techniques are available to the veterinarian:

- Faecal float using special flotation fluid - can give negative results because adult worms release larvae unpredictably. Special fluid may not be available at all practises;
- Endoscopy of oesophagus - visuals of nodules, questionable diagnostic value if nodule very lumpy or signs of ulceration - could indicate nodule has undergone cancerous change;
- Chest radiography - very helpful may show masses in oesophageal area amongst many other tell-tale signs. Used to make presumptive diagnosis - if nodule cancerous may show changes in the lung;
- Good history taking - dogs often show the signs mentioned under symptoms above.

Treatment

Drug of choice in the early stages is Doramectin. Although a cattle/sheep treatment it can be used with dog owner's permission (known as extra label use). Safe in most dog breeds but not collie/herding type breeds. Normal de-wormers not effective either as treatment or as prophylaxis. If the mass is cancerous surgical removal is indicated. Consult your vet. Prophylactic treatment can be undertaken. No guarantee of non-infection but may prevent nodule formation and reduce chances of infection.

Owner preventive measures

Keep your dog away from the intermediate and transport hosts. Remove faeces, discourage hunting and do not allow eating of intermediate and transport hosts, consider prophylactic treatments.



BREEDER REQUIREMENTS WHEN BREEDING FOR THE FIRST TIME

- Check that both the sire and dam are registered with the FBCSA.
- Have recent Adult Health Forms been completed? This should be done **BEFORE** the mating takes place. Are both dogs older than 12 months?
- Join a FBCSA member club; either, BCSA, EBC or NBC.
- Register a Kennel Prefix name.
- Get a Stud Certificate, Litter Data Form and an Application for Registration form from your club secretary
- Find out all about the fees and services that are available from your club secretary.
- Do not be shy to ask questions.
- Visit www.fbcса.za.org for info and to download necessary forms, except the stud certificate and litter data forms.
- Enclosed find a great check list for when pups are almost due. Why not have it laminated so it is handy when the time arrives.



Best wishes for the Festive season!

Breeders Panel

November 2009