

Irish Setter Association England

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Health Information March 2010

Joint Breed Clubs' Health Co-ordinator

As part of the move to emphasise the importance of health issues, the KC requested that each breed club should appoint a health representative and that the breed clubs should pull together and appoint a single health co-ordinator for the breed. We have been fortunate as a breed in that Professor Ed Hall MA, Vet MB, PhD, Dip ECVIM-CA, MRCVS, has been happy and willing to take on this position. He is professor of small animal internal medicine at Bristol Veterinary School, an expert in gastroenterology with hands-on experience with bloat.

The breed clubs' Chairmen and Health Representatives came together in July to meet Ed Hall and consider the best way to work together. It was agreed that meetings would be held twice a year (or more often in exceptional circumstances). The breed club health representative should be the first port of call for club members but Ed Hall would be there when professional advice was needed and to maintain communication between the clubs. He would liaise between the Clubs and the Kennel Club and other professional bodies. However any work begun before the appointment of a breed co-ordinator would remain with the breed club concerned until completion (as in the case of our work with the AHT and KC on the DNA questionnaire).

Ed Hall is also setting up a simple online questionnaire in 2010 to provide a quick, and anonymous, insight into the state of health of our breed. It was agreed that, unless or until we had evidence to contradict it, the breed's main health concerns were gastric dilatation-volvulus (bloat), epilepsy, megaloesophagus and entropion.

We are very lucky to have Ed's knowledgeable and professional help and I am sure the system will work well for the breed as a whole.

Possible stationary night blindness

The year started with the worry of a possible new condition in the breed, first thought to be "congenital stationary night blindness", provisionally identified in three closely related Irish Setters (details can be seen in the information leaflet ISAE produced for Crufts 2009 which is reproduced on the ISAE web-site along with further information). Professor Bedford has now examined 14 Irish Setters and has written the following paper outlining his findings.

CONGENITAL STATIONARY NIGHT BLINDNESS :

being a report to the ISAE following the initial warning that this disease may be present in the Irish Setter.

P G C Bedford FRCVS
Royal Veterinary College

January 2010

The light sensitive cells in the retina (the photoreceptors) are of two types and are called rods and cones. In summary the rods deal with awareness, motion and vision in low levels of illumination whilst the cones are involved in acuity of vision and colour interpretation. Thus a congenital rod abnormality and primary or acquired rod degenerations can be heralded by poor vision or blindness in low levels of illumination ("night blindness"), but providing there is no cone involvement day vision is retained. A high incidence of a gene mutation for a congenital type of "stationary" night blindness (CSNB) has been discovered in recent years in the Briard breed, but fortunately the mutation has been identified, a DNA test developed and disease control established.

At a routine BVA eye examination clinic in late 2008 I examined an Irish Setter with a described history suggestive of a stationary night blindness. The dog's eyes were clinically normal but a subsequent electrophysiological test called an electroretinogram (ERG) carried out under a general anaesthetic demonstrated a low response to light stimulation. In isolation this result suggested that a rod defect was present, but fortunately one year later there has been no further degeneration in sight and the ERG result is the same. It was obvious that some related and unrelated dogs should be examined both clinically and using the ERG to check the significance of this initial finding. As such I have subsequently tested a further 13 Irish Setters of variable ages, some of which are related to this first dog. There was a suspicion of possible night blindness in two of the series. In none of the dogs did I find ophthalmoscopic evidence of retinal disease. However, using the same standard protocol for the electroretinography, the ERG responses were lower than values recorded routinely for other breeds. There was the expected age related reduction in values. In only one dog in this small series has the clinical status changed, its night blindness reportedly progressing to a loss of some day vision too over the course of a year. I have not had the opportunity to re-examine the dog, nor repeat its ERG evaluation, but as it is now some 9 yrs. of age it may well be that it is developing the late onset form of progressive retinal atrophy (PRA).

So where does this small series take us :

1. Though small the series demonstrates that the ERG response of the normal Irish Setter can be lower than that recorded for other breeds. My comparators are dogs of all ages that are screened for cataract surgery at the College. It is important to stress that all the electroretinography was completed using the same protocol under general anaesthesia. Recording the small potential difference generated by the retina is subject to the vagaries of the type of equipment used and for comparative reasons it is essential that there is no variation in procedure.
 2. Work in the Briard breed has shown that not all affected dogs have a stationary disease and in some, ophthalmoscopic changes related to abnormal pigmentation can occur in the longer standing cases. The term “retinal dystrophy” is now preferred to CSNB and three of the Irish Setters have tested negative for this disease.
 3. It will be remembered that night blindness also occurs in PRA. Your breed appears to be clear for the early onset PRA called rcd-1, but there have been reports of a late onset PRA in both this country and on the continent. It becomes essential then that any dog demonstrating poor vision at night time or in darkened areas should be checked as routine for the ophthalmoscopic signs of this disease.
 4. On the basis of this small series I cannot conclude that a CSNB/retinal dystrophy type of disease is present in the Irish Setter breed, but you should be aware of the suspicion. The fact that new inherited ocular diseases can appear in any breed from time to time should maintain a constant level of awareness that is best addressed currently by the routine testing of all dogs in any breeding programme.
- PGCB JAN 14th. 2010.

Animal Health Trust/Kennel Club Questionnaire

The most significant work we have been involved with has been working with the AHT and KC. The aim is to make maximum use of the DNA (in the form of blood samples and cheek swabs) stored at the AHT since the early tests for PRA rcd 1 and CLAD and latterly also for research purposes. A questionnaire has been developed to establish the medical history from birth to death (where relevant) of all the dogs with DNA stored and a record for each dog will be maintained by the AHT. The questionnaire has been sent out in two batches and

we hope that everyone involved will, by now, have received their questionnaire. PLEASE COMPLETE AND RETURN IT TO THE AHT IF YOU HAVE NOT ALREADY DONE SO. **IT IS NOT TOO LATE** but please help the breed by playing your part. By June the AHT should be in a position to let us know what overall information they have gleaned. Our health co-ordinator, Ed Hall, all the breed clubs and the breed as a whole will be kept informed. The results will be in the form of a statistical overview and individuals will remain anonymous. We shall then, we hope, be in a position to decide the way forward – what are our most serious health problems and how we should tackle them. Please help the breed by ensuring that you have stored the DNA (either as a blood sample or a cheek swab) of all your Irish Setters at the AHT in readiness for future research.

Gastric dilatation-volvulus

Gastric dilatation-volvulus (syn.bloat, torsion) is a potentially life-threatening emergency that unfortunately appears prevalent in the setter breed. Whilst veterinary surgeons are now better at treating the condition, with improved survival rates, they still do not understand the cause nor how to prevent bloat from occurring.

The condition is probably multifactorial and recognised predispositions include deepchested dogs, gulping food (and swallowing air), and temperament, but there is anecdotal evidence that there is a genetic predisposition. However, whether this relates simply to conformation or other factors is unknown. That is why submitting DNA to the AHT from both healthy setters and those that get bloat is important if we are ever to get an answer to this devastating condition.

If, sadly, bloat occurs, emergency surgery after stabilisation is indicated, and owners should ensure their vet performs a “gastropexy”, i.e. fixing of the stomach to prevent future twisting.

Edward J. Hall. (*reprinted here by kind permission of Ed Hall and the ISBC*)

Summary

The ISAE is here to “**serve the breed**”. If you have any health questions or worries we will do our best to help you, but first consult your breeder. If we cannot answer your questions we will seek the advice of our breed health co-ordinator. We serve on this Committee because we love our wonderful breed and we would do anything to promote its health and welfare. We encourage honesty and openness in the best interests of our lovely dogs.

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