

Italian Greyhound Genetic Diseases



UC Davis

Owner Name _____

Address _____

Phone _____ Email _____

Dog Name _____ Call Name _____

Dog Registration Number _____ Date of Birth _____ Date of submission _____

Sex _____ Intact Spayed Neutered (circle one) Age at Spay/Neuter _____

Coat Color and Pattern _____

DISEASE SURVEY (check all that apply)

Immune Diseases

No evidence of immune diseases to date No Yes Date: _____

Thyroiditis (immune-mediated)

This dog is affected: No Yes Diagnosis Date: _____

Outcome: Recovered Chronic Condition

Immune Hemolytic Anemia

This dog is affected: No Yes Diagnosis Date: _____

Outcome: Recovered Chronic Condition

Immune mediated thrombocytopenia

This dog is affected: No Yes Diagnosis Date: _____

Outcome: Recovered Chronic

SLE and SLE-like syndromes

This dog is affected: No Yes Diagnosis Date: _____

Outcome: Recovered Chronic Condition

Lupoid onychodystrophy

This dog is affected: No Yes Diagnosis Date: _____

Outcome: Recovered Chronic Condition

Meningitis (idiopathic)

This dog is affected: No Yes Diagnosis Date: _____

Outcome: Recovered Chronic Condition

Polyarthritis (non-erosive, erosive)

This dog is affected: No Yes Diagnosis Date: _____

Outcome: Recovered Chronic Condition

Pemphigus (foliaceus, vulgaris, or erythematosus)

This dog is affected: No Yes Diagnosis Date: _____

Outcome: Recovered Chronic Condition

Addison’s disease (hypoadrenocorticoism)

This dog is affected: No Yes Diagnosis Date: _____

Outcome: Recovered Chronic Condition

Masticatory myositis

This dog is affected: No Yes Diagnosis Date: _____

Outcome: Recovered Chronic Condition

Lymphocytic orchitis

This dog is affected: No Yes Diagnosis Date: _____

Outcome: Recovered Chronic Condition

Periodontal disease

This dog is affected: No Yes Diagnosis Date: _____

Outcome: Recovered Chronic Condition

Other immune disease (name:) _____

This dog is affected: No Yes Diagnosis Date: _____

Outcome: Recovered Chronic Condition

Health problems (non-immune)

No evidence of other health problems to date No Yes Date: _____

Congenital Megaesophagus

This dog is affected: No Yes Diagnosis Date: _____

Outcome: Recovered Chronic Condition

Familial enamel hypoplasia

This dog is affected: No Yes Diagnosis Date: _____

Outcome: Recovered Chronic Condition

Progressive retinal atrophy

This dog is affected: No Yes Diagnosis Date: _____

Outcome: Recovered Chronic Condition

Glaucoma

This dog is affected: No Yes Diagnosis Date: _____

Outcome: Recovered Chronic Condition

Legg-Perthes Disease

This dog is affected: No Yes Diagnosis Date: _____

Outcome: Recovered Chronic Condition

Spontaneous bone fractures, young dogs

This dog is affected: No Yes Diagnosis Date: _____

Outcome: Recovered Chronic Condition

Color dilution alopecia

This dog is affected: No Yes Diagnosis Date: _____

Outcome: Recovered Chronic Condition

Epilepsy

This dog is affected: No Yes Diagnosis Date: _____

Outcome: Recovered Chronic Condition

Vitreous degeneration

This dog is affected: No Yes Diagnosis Date: _____

Outcome: Recovered Chronic Condition

Please describe any other health related issues:

Condition(s) _____ Diagnosis Date: _____

Outcome: Recovered Chronic Condition

Comments:

Mail to: Dr. Niels C. Pedersen
VM: CCAH
University of California
One Shields Avenue
Davis, CA 95616

Samples are freely submitted for current or future research on disorders of Italian Greyhounds and become the property of the CCAH, UC Davis

Italian Greyhound Genetic Diseases Study

Directions for collecting and shipping samples

The study will require a source of DNA. The preferred choice is from 2-5 ml of whole blood (non-clot) because it will yield the most DNA for the initial studies and any future studies that might spin off from it. Blood collection will require someone trained to take the sample into a sterile tube. This is usually a veterinarian. Some veterinarians will do this for no cost, especially if done as part of a yearly health examination or a recheck on a disease condition. Some veterinarians may charge a nominal fee for this service, especially if it is not part of a health check or disease recheck. Show them this form to confirm the participation of your dog in this study. Blood samples do not need to be refrigerated either prior to shipment or during shipment if they are mailed promptly by priority mail. If samples are held more than 48 hours before mailing, please place them in the refrigerator (not freezer), and mail them priority mail with a small ice pack. Wrap the sample and ice pack in several layers of loose newspaper for insulation.

If obtaining a whole blood sample is not possible, either for economic or other reasons, a buccal swab will suffice. It will provide ample DNA for the initial study, but may or may not yield DNA of sufficient amount and quality for future studies. Buccal swabs in dogs require a special cytology brush as used in humans. You can obtain a buccal swab kit from my assistant, Ms. Katy Robertson krrobertson@ucdavis.edu or from Ms. Layle Griffioen griffi97@webtv.net. A kit will be required for each dog sampled. There are 2-4 brushes per kit – use each one of them. Brush inside of the cheek several times with some vigor (but not enough to cause bleeding). Use both cheeks. It is often helpful to have someone hold the dog so that you can concentrate on the brushing. Air dry the brushes overnight before placing them in the paper envelope. Do not use plastic zip loc bags, as these will not allow samples that are not properly dried to dry.

Mail the blood sample(s) in a small crush proof container (not a padded envelope) to the address on the form. Buccal swabs can be mailed in regular envelopes. Remember to label each blood tube or brush kit with the name of the dog. Please include a filled out form for each dog sampled.

Thank you for your cooperation.

Niels C. Pedersen, DVM PhD

Director, Center for Companion Animal Health (<http://www.vetmed.ucdavis.edu/CAH/>)

Director, Veterinary Genetics Laboratory (<http://www.vgl.ucdavis.edu/>)