

# 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:

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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 by emailing [ncpedersen@ucdavis.edu](mailto:ncpedersen@ucdavis.edu). 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 ziploc bags, as these will not allow samples 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.

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School of Veterinary Medicine  
University of California  
(<http://www.vetmed.ucdavis.edu/CAAH/>)