

Mission Statement

Fundraising for the purpose of supporting genetic and other health research to benefit canines, in particular the Cardigan Welsh Corgi.

Cardigan Welsh Corgi Health Foundation, Inc.

A Quarterly Newsletter

Issue N° 2 — Spring 2014



Meet the Officers

Jill Rauh - President

In Cardigans: Since 2007

Occupation: Reference Librarian

Residence: Benton Harbor, MI

Owned by: Reggie, Tigger, Baby Bolt, Kylie, Phoebe, and Frost the Giant Puppy of DOOM

Favorite activities: Conformation, herding, rally, napping, taking large clumps of free-roaming Cardi hair and forming it into medieval monsters

For the rest of Jill's story, please go to page 6.

IVDD - The Silent Stalker

We will be talking about IVDD in this issue, but from a different perspective than we usually take when discussing IVDD. Instead of talking about the disease itself, we will talk about it from the point of view of the owner who is caught totally unprepared when their dog goes down. We will hear their thoughts and their personal experience with this devastating disease. There will be more links at the end of the newsletter for those interested in following up on IVDD. We would strongly urge our readers to inform themselves about diagnosis and treatment before you might need that information.. With IVDD, time is of the essence for treatment of your beloved dog.

What is IVDD?

Intervertebral disk disease (IVDD), sometimes referred to as a slipped or herniated disk, refers to a syndrome of pain and neurological problems that accompany degeneration of one or more intervertebral disks. These disks are pillow-like pads that act as shock-absorbers between adjoining vertebrae - the bones that make up the backbone or spine. Intervertebral disks can become displaced, deteriorate, collapse, bulge out (protrude), rupture or herniate in dogs as a result of gradual degeneration due to conformational abnormalities, obesity, genetics, repetitive trauma or other factors. This compresses the spinal cord and nerves at the damage site. Dogs with IVDD have symptoms ranging from mild pain (lowered head, reluctance to move, stiffness, sensitivity to touch), to severe pain (arched back, lameness, dragging legs, inability to stand, crying when touched or moving, trembling,

staggering, collapse), to partial or complete paralysis. IVDD is one of the most common neurological disorders in companion animals and reportedly affects 2% of the domestic dog population.

When disks between vertebrae in the cervical (neck) or thoracolumbar (chest and back) areas of the spine degenerate, the inner disk material can protrude or rupture into the spinal canal. This, in turn, can cause localized compression of the spinal cord (called myelopathy) and/or of nerve roots (called radiculopathy) at the site of the disk damage. Two primary forms of IVDD occur in domestic dogs; these are called Hansen Type I and Hansen Type II. Both involve degeneration of intervertebral disks, but the mechanisms of degeneration and the predisposed breeds are different. Hansen Type I IVDD is an acute herniation of the disk that comes on explosively and typically affects chondrodystrophic breeds (those with breed-specific and acceptable hereditary skeletal deformities, such as Dachshunds, Shih-Tzus, Beagles, Pekingese, Poodles, corgies, Bassett Hounds and dogs with similar characteristics of genetic dwarfism). Hansen Type II IVDD refers to a more gradual, chronic protrusion of disk material that typically affects non-chondrodystrophic breeds, such as German Shepherds, Labrador Retrievers and Doberman Pinschers. Regardless of the type of IVDD, prompt treatment is necessary to prevent progressive neurological damage.

See more at: <http://akcchf.petwave.com/Dogs/Health/Intervertebral-Disk-Disease/Causes.aspx>



GALEN

Ch C-Mystebaledwr G'Day Terratote UD RE HT

Jan 14, 2006 to June 3, 2013

***A once in a lifetime dog, gone much too soon.
Elfie Payne tells Galen's story.***

A number of good dogs have shared my life. Galen was extraordinary. He was beautiful, intelligent and had a sunny wonderful temperament. Everyone loved Galen. As a puppy he was very excitable, powerful, and fast. It took time and patience to work through it all. He would be owner handled to his Championship and six Obedience titles as well as a herding title. At the time of his death he had 5 legs toward a UDX and over half the points toward an Obedience Master title.

As I look back there were signs of a problem with Galen's back over the years. He had several spells when he was limp like a rag. Overnight or next morning he would be his usual sunny happy self. Trips to the vets found nothing.

Shortly before we left for the 2013 Cardi National in Tucson Galen was not able to jump into the car on two occasions. He seemed slower than usual when working.

Everything else seemed normal. At Tucson he was High Combined at both trials. The following weekend he whined and groaned through sits and downs in Open B and was disqualified. By a few days later it was apparent his back hurt. Little did I know less than six weeks later he would be dead.

I took him to the vet, who said he had a Giardia infection which was causing irritated gut and uncomfortable back. He tested negative for Giardia, but was put on medication. Over the next week he grew worse and was in increasing pain. Vet then said he had some sort of infection and put him on different medication. He grew worse over the next ten days. I contacted a vet tech member of the training club I belong to and asked about a recommendation. Before I could contact the veterinary neurologist I watched in horror as Galen's back leg gave out from under him as he relieved himself. He was unable to stand or walk. He was taken in by the neurologist as an emergency. By that time he was paralyzed from the

shoulders back. The neurologist said there was less than a 50% chance surgery would help. Galen was put on pain killers and prednisone and for a few days there seemed to be slight improvement. Then he began to have neck and front leg problems and was in great pain. There was only one thing to do. Put an end to the pain.

I remain devastated.

Elfie Payne





Trekki's Incision



Trekki on the Mend



Trek 2 months post op

Trekki's Adventure with IVDD

By Ruth Mulvaney

There is a saying in Indiana that if you don't like the weather, wait a day and it will be different. Listen to 3 different weather reports and you will have 3 different predictions for the days to come. We Hoosiers learn to accept what happens instead of relying on what may happen. Late this past October, 2013, possible light frost was predicted after a series of lovely high 40 degree days. Little did I realize that when I got up to let the dogs out one morning and seeing bright sun greeting us, the "light" frost predicted was virtually 1/8 inch of glare ice on our deck stairs – all 10 of them. Trekki blasted out the door as she usually does and was quickly followed by the rest of the gang. While she acted no differently after she came back in the house or for several days afterward, I began to notice that she was hesitant to go down deck stairs, though with encouragement she'd make her way down. Climbing back up didn't seem to bother her. As the days passed, her ears weren't perky and she wouldn't hold her head up as normal. Plus, her eyes were very, very sad. At that point I called her vet, who scheduled time to see her later that morning. Trek didn't make a sound while she was being examined, nor did she react when her spine was palpated. Since her behavior changed after the frost, I assumed that she'd had possibly lost her footing, fell on the steps and banged herself up some. Her vet put her on a typical 3 weeks regimen of prednisone, both of us thinking that the steroids would ease the pain and she'd be back to normal quickly. It helped tremendously until I began to taper off the medicine. Back to the vet's office we go where x-rays were taken. Nothing significant was seen on the films, so Trek was put on another 3 week prednisone regimen though at a higher dosage. It once again worked wonders until I began tapering her off of it and she appeared to be in pain once more. My third call to her vet resulted in a referral to a canine neurologist located on the far north side of

Indianapolis about an hour from my home. Amazingly, my call that Monday afternoon gained a 9:30 Tuesday morning appointment with Dr. Cross. After consulting with and having him observe Trekki, he suggested that doing an MRI would be the best way to determine what was causing her pain. The entire time, I'm kicking myself for not being more proactive in her treatment.

The MRI was performed that same morning with results coming back late that afternoon. At that time, I learned that she had a severely compressed disc in her lower mid back. Yes, the diagnosis was IVDD. Fortunately, the rest of her spine and discs appeared to be healthy with only the one disc being compromised. Yes, her pain could probably be managed with medicine, but . . . The bone surrounding the disc was weak so the only real alternative for quality of life was surgery to remove as much of the disc as possible. After seeing how severely compressed the disc was, I will never forget Dr. Cross saying, "Mrs. Mulvaney, this is so bad that it's a true miracle that Trekki is still walking." I was faced with 3 choices: pain management, back surgery, or putting her down. Pain management was out, since it hadn't worked well up to this point. Surgery was going to be costly and even though my husband told me that the decision was mine to make, I knew that regardless of whatever decision I made, I'd have lots of explaining to do as to why spending several thousand dollars on back surgery for a dog was the right thing to do. Option 3 was not an option because I felt I owed my lovely blue diva quality of life. Trek is a part of my soul; a devoted, loyal friend who stayed by my side through 6 tough months of chemo therapy. She didn't leave me when times got tough, I couldn't leave her. After much thought, many tears and heart ache, surgery was truly the only answer regardless of the flack I faced for my decision. After tucking her into her crate at the hospital, I left Trek so she could have surgery the next day, Wednesday, December

18, a week before Christmas, 10 days before my son's wedding; definitely not the best time to have a dog recovering from back surgery. I never would have made it home had my oldest daughter not been with me, I was crying that hard, kicking myself every inch of the way for not being more aware that she hurt, not getting her to the neurologist sooner and a hundred other things that I knew I had no control over.

True to their word, both Dr. Cross and his techs called me regularly throughout Wednesday to let me know how Trek was doing. The best call, naturally, was the one letting me know that she was out of surgery and doing very well. The staff encouraged me to visit Trekki on Thursday. Dr. Cross called on Thursday morning with the news that he'd had Trek up and walking, though she was still wobbly from anesthesia. She was a little wobbly as she walked into the exam room for our visit, but her tail was wagging and a smile was on her face. Naturally, this prompted more tears from relief this time instead of fear and concern.

I was back at the hospital the next morning to take Trekki home. After getting well-armed with post-operative instructions and pain meds, we headed home to start her 8 weeks recovery period. Pain management during the first week consisted of a Fentanyl patch placed on her back, Tramadol three times a day and Gabapentin two times a day. Her patch was removed, per instructions Tuesday before Christmas, while maintaining the oral medications, though I did cut the Tramadol dose from 3 times a day to two times a day. By Saturday, Trek acted as if she was in pain and would yip when I picked her up to go outside for bathroom breaks.

(Con't page 4)

(Trekkie, con't)

Two weeks after her surgery, Trekkie had her staples removed and was given high marks for her recuperation up to that point. By the end of another 2 weeks of crate rest with short periods of freedom in the house, no play or rough-housing with the other dogs, I had tapered her off all of her pain medication. All that was left was continued rest and quiet. Over the next month, she gradually rejoined the rest of the gang and re-assumed her position as alpha bitch. She gradually began to show willingness and desire to climb up/down the front steps at my house. A snow lover, she was very sad not to be able to jump, run and play with the other dogs in our back yard.

At week 8, I let her join the others in the back yard for monitored play. As of this writing, she's 10 weeks out from surgery. Her recovery has been amazing. She's back to her normal silly, lovey, spunky self. For those who don't know her as well as I do, there are no noticeable or glaring deficits in her movement or gait.

The only remaining indication that Trek had surgery, besides her incision line of course, is the bare patch on her back where she was shaved for surgery. Very little fur re-grown, nor is there any undercoat fuzz present. Upon consulting with Dr. Cross, I learned that shaving her during a shed cycle would delay growth. She was beginning her winter shed when she had surgery. Also, being on prednisone pain management for an extended period would delay growth. He suggested that I add a fatty acid supplement to Trek's diet, along with Omega 6 fatty acids to keep her skin and fur in good condition. Trek has been getting an Omega 3-6-9 combination wild caught salmon oil supplement on her kibble twice a day. After 2 months, if the supplement hasn't helped with fur re-growth, I have to schedule a visit with her regular vet for endocrine disease testing. Addison's Disease, along with Cushing's Disease, can be brought on by heavy use of steroids in pain management.

Trek will be 7 years old in April. At this point in her life, she's very healthy, happy and everything a wonderful Cardi girl should be. I have tremendous faith in her surgeon and veterinarian and know that she has many years of quality life ahead of her.



The Saga of Megan and Cody

By JoAnne Crown Rogers

Our first foray into corgis began with Pembrokes. Due to family obligations we had been dogless for several years when we acquired my first Pembroke, Buck. We bought him as a wee pup and we had a very happy relationship for several years. When he was five years old, we decided to get a Cardigan pup. Shortly after bringing Jazz home I began to see a difference in my Pembroke's behavior. To make a long story short, he was finally diagnosed with rage syndrome and was euthanized after biting my husband in the face. While dealing with this crisis I decided to return the Cardi pup to his breeder as I feared for his life and I felt my first responsibility was to the first dog. After losing Buck, I called the Cardi breeder just in case she hadn't found a home for Jazz yet but he was already gone to a new home. But she had an older dog she had bought as a show prospect and he wasn't panning out. She asked if I would be interested in taking him as a replacement for Jazz. After meeting Cody, hubby and I decided he was just what we needed to heal our broken hearts. And so Cody joined our family in early spring of 2003.

Cody had been introduced to herding before coming to me and his owner asked if I could continue that as he enjoyed it very much. I did take him to be evaluated by a herding instructor and he showed a great desire to herd. My herding instructor liked him very much but she warned me that Cardigans had a lot of back problems. She said I should get in touch with some breeders and the parent club and explore the incidence of back issues in the breed. I went to the parent club's website and looked at known health issues. There didn't appear to be many and there was no mention of any back problems. I asked around informally and looked at several websites. I found no mention of back issues. I put it on the back burner and went on with life.

I did what almost all Cardigan owners do - I acquired more Cardigans! I found a puppy girl in Idaho in late 2003. She joined Cody and Sabrina, a beautiful fluffy Pembroke who I agreed to foster shortly after Cody came to live with us. I ended up falling in love with her and she fit right into the family so she stayed. I lost Sabrina to spinal cancer in early 2005. Then, late in 2005 Megan came to live with us. She needed a new home due to her aggression to the owner's other bitch. Megan showed great herding potential and her owner wanted her in a home where she could bloom. She did well with the resident dogs and things settled down and Cody and Megan and I went on with our herding lessons. Cody went on to earn a started sheep title and Megan had two legs toward her intermediate sheep title. In early 2007 I did acquire one more Cardi, a puppy boy named John. In the fall of 2007 we moved from California to Sandpoint, Idaho. We had bought property there several years before and we decided to spend a year there before deciding where we wanted to finally retire.

(Con't page 5)

(Megan & Cody, con't)

We moved in September and I had Megan spayed shortly after arriving in Idaho. We were busy settling in and preparing for winter. I had business in California in October so left for three weeks, leaving hubby with the four dogs. I had noticed that Cody had slowed down some but I could see nothing obviously wrong with him. I left hubby with instructions to take him to the vet if he appeared to get worse. He called me a few days after I left and said that Cody seemed to be very uncomfortable. It was Friday evening. That meant an hour drive to the emergency vet in Post Falls, ID. The emergency vet said his belly was very distended so they x-rayed him and found him very constipated. They relieved him and sent him home with diet instructions and some medications. Hubby called me again and said he just "wasn't right." I had him take him into the local vet's office and they ordered his x-rays from the emergency vet. They could find nothing wrong with him but did notice he did seem quite uncomfortable. They drew blood, repeated the x-ray, and sent him home with pain medications and more diet instructions. They called the following day and said his blood count and blood chemistries were fine.

When I arrived back home Cody seemed very depressed. His back was hunched, he wouldn't raise his head and, more alarmingly, he wasn't eating well. This is a dog who loves to eat. I took him back to the local vet. I told her my observations and gaited him for her. She didn't see anything terribly wrong with his gait but I did. It wasn't his usual perky trot. She decided to bow to my experience with him and treat him for IVDD. We began a regimen of prednisone and crate rest. He improved immediately. Within days, he was trotting normally, eating normally, and wanted to play again. The depressed look was gone as well as the constipation. It seems that it must have really hurt to hunch to poop and so he got constipated. I had my dog back again. I was so relieved. That relief was short lived.

In mid-November I walked the dogs, crated them, and went to town. I was gone an hour. When I returned home, I let the dogs out of their crates, put Cody in the x-pen and noticed that Megan had not come out of her crate. I went and looked in at her. She was panting heavily, her eyes looked stressed and she wouldn't come to me. I reached in and gently urged her forward. She wobbled out and fell heavily. She tried to struggle to her feet but it was obvious her rear end was not supporting her. I called my husband and found a box to

carry her to the car. I had my husband call the vet and tell them I was on my way in with her.

At that time I was not well versed on IVDD. If I had it to do over today, knowing what I know now, things might have gone differently for Megan. The first thing I would have done differently would have been to bypass the local vet and gone directly to the emergency specialty surgical clinic vet in Spokane, WA. But I went to the local vet. It was about 4 PM when I arrived. They closed at 5 PM. My usual vet was not there and we saw someone we had never seen before. She thought it was IVDD and gave Megan an injection of dexamethasone, a long acting glucocorticoid steroid, which is approximately 10 times stronger than prednisone/prednisolone and long acting, but too slow on the onset for a spinal cord injury. Unfortunately, as I was to find out later that night, it was the wrong thing to do. The vet did not test her deep pain response, either. Mistake number two. She sent us home with instructions to take her to the emergency vet if she got worse. By ten PM that night I knew she needed to go to the emergency vet. I called to let them know we were coming and we packed Megan into a box and made the trip to Spokane through a snow storm. By the time we arrived, Megan had lost almost all deep pain response. She was panting and groaning, obviously in terrific pain. The emergency vet was distressed to learn she had been given dexamethasone. That meant she couldn't have any more steroids that night and she desperately needed more. All they could do was give her some pain medication until the surgeon could evaluate her early the next morning. I left her there and went home, knowing I had to return before 7 AM the next morning to see the surgeon.

When I saw Megan the next morning she seemed a little more comfortable even though she was now completely paralyzed. The surgeon said he was sure it was IVDD but he needed a definitive test before taking her to surgery. My choice was to take her to Washington State University for an MRI (three hours away) or he could do a myelogram there. I opted for the myelogram. I returned home to wait for the results. The vet called me at 10 AM and said that Megan had blown a disk at T-11, T-12. He said that because she had lost all deep pain response and was unable to move she needed surgery. He said he felt she could make a full recovery but time was of the essence. I told him to do what needed to be done and he took her directly to surgery. My long journey with IVDD had begun in earnest.

Megan came home the day after surgery as the emergency hospital was full. She wasn't

walking but the vet told me he thought she would make a good recovery. I wasn't so sure. She wasn't moving her back legs at all but the good news was that she was continent, both bowel and bladder. I would use a towel as a sling to help her walk out to potty and I opted for an x-pen as her kennel. I could make the x-pen smaller and it was easier to get her in and out of than a crate. She also seemed to like it more as she was in the middle of things. The vet wanted her to begin underwater treadmill therapy ten days after surgery. The nearest rehab facility was in Otis Orchards, WA, a little over an hour away. I made arrangements for Megan to stay at the facility for two weeks so she could have treatment every day. Her therapist, Joni Bories was amazing. She even took Megan to the vet to have her staples removed for me, as the winter that year was very hard and the drive back and forth was very hazardous for this Californian!

A couple of nights before Megan was to go to the rehab facility, I was watching TV and I saw a movement out of the corner of my eye. It was Megan, attempting to scratch her ear with her hind foot! Oh, she was nowhere near her ear but the fact that she was trying and her foot was moving encouraged me greatly. I took her to the rehab facility and left her. She was not walking at all when I last saw her. Joni would call me every day and give a report on what had occurred that day. The day before I was to pick Megan up, Joni called and told me to stay in my car when I arrived, she had a surprise for me. I pulled up, honked my horn and the door opened and out wobbled Megan! I admit, I cried like a baby. Joni had a leash looped around her waist to help steady her but she was walking.

This was the good news. The bad news was that Cody was worse again, after two rounds of prednisone and crate rest. The local vet wasn't convinced he had back problems as both his x-rays showed no sign of disk problems but she agreed he was worse. We decided upon a referral to Washington State University for a MRI and evaluation by a neurologist. That ended up being a two day trip as the roads were icy and snow covered and we needed to be there very early in the morning. I talked to the neurologist who said that there was no point in the MRI if I wasn't amenable to surgery if that was to be the preferred treatment. That made sense to me so we agreed to do the MRI and go from there. Cody's MRI showed a number of problems. He had a blown disk at T11-T12, an extra lumbar vertebra (L8), and malformation of the T3 vertebral body with fusion to T4 resulting in deviating the spinal cord dorsally.

(Con't page 6)

(Megan & Cody, con't)

Cody also had a badly kinked tail. It was recommended that we proceed with a hemilaminectomy at T11-T12 and fenestration of the T12-T13 intervertebral disk. So Cody had surgery on Dec. 18, 2007, just one month after Megan went down.

Cody was supposed to stay at WSU for seven to ten days. But they called me on the third day post op and said he could go home the following day. I went to pick him up and was struck by his demeanor. Even with that huge incision on his back, he was so much happier. His head was back up, the perky trot was back, the limp in his right hind leg was gone and the sparkle had returned to his eyes. He must have been in terrific pain before and I was so sorry that I hadn't insisted on intervention earlier. He remained on crate rest for several weeks, much to his disgust!

Megan, on the other hand, had much more rehab in front of her. Joni taught me how to exercise her back legs, pushing them to bend at the hock and then pushing the hock to extend the leg in a circular motion. I was to massage her toes (she hated that) several times a day and we went on short walks on level ground with the leash looped around her waist to steady and guide her rear end. I put carpet runners on our laminate floors so she had traction. We went to underwater rehab twice a week and she had acupuncture twice a month for the first few months and then once a month for the remainder of her rehab time. Every week she got stronger and when she knew where her back feet were, we began a program of putting her front feet on a wheeled platform and having her walk with her back legs only. That really helped strengthen her rear and as soon as she realized treats were involved, she threw herself wholeheartedly into her work!

In the end, Megan's gait was quite stilted and she was easily thrown off balance but she could still run like wind and was full of life. She and Cody forged a bond that was very strong. The picture at the beginning of this article is testimony to that! She would have never shared a bed with another dog before her injury. Unfortunately, Megan was lost in 2011 to an unknown animal attack and I lost Cody in 2013 to immune-mediated hemolytic anemia.

I tell their story because we don't know enough about IVDD yet and I hope to stir interest in getting to the bottom of it. I made several mistakes with my dogs. I hope that by telling my story I can help inform other owners about treatment and rehabilitation.

Not every dog with IVDD will need surgery. But we must be proactive in getting our dogs the diagnosis as quickly as possible, because in some instances, immediate surgery will restore their ability to walk. Please read about IVDD and it's treatment. There are links at the end of the newsletter.



(Meet the Officers, con't)

I call my first Cardigan, Reggie, "The Accidental Cardigan." (And yes, that is a play on "The Accidental Tourist.")

In 2007 I decided my dad needed a replacement for his beloved Cairn Terrier Clara Bow, who had died the year before. I thought to myself, "Corgi!" Don't ask me why. I turned over the mission to my friend, the Dog Yenta. She located a breeder in Detroit, who had a returned dog. Did I know he had a tail? No. Did I know what color he was? No. Did I have any concept of health testing? No. I called her, we set a place and time for a meet and greet (Cracker Barrel), I sent her my money.

This is probably not the best way to buy a dog. But I had a wonderful Dog Yenta who found me a wonderful breeder – Mary Gretchen Belloff of Tafarnwr Corgis. The minute I set eyes on Reggie, Tafarnwr Mr. October, I was smitten. And really, my dad didn't need or want another dog. Which was good, because he wasn't getting this one!

The pivotal moment came as we were eating lunch at the Cracker Barrel. Mary had his "book" which contained his history, from birth to the present. Photos, notes, documents. Then Mary said those fateful words: "You know, he has some points. You COULD show him."

It wasn't long before I started taking handling classes at the Kalamazoo Kennel Club. At his first show over the Memorial Day weekend in Kalamazoo, he debuted as Reserve Winners Dog under Judge Kenneth McDermott. Mary was there to watch and coach, and later

introduced me other Cardi folk. We also went shopping afterward, to stock me up on grooming tools and supplies. Yes, I was hooked. Companionship, showing, geeky pedigree studying ... I knew Reggie would not be my only Cardigan.

But something interesting also happened. As I pored over his dog book, I noticed health information. Besides routine health care, there were test results for eyes, heart, thyroid, von Willebrand's. This was important stuff, I realized. I added to his results: hips, elbows, DM, and PRA. Reggie passed all of his tests with flying colors. I knew that not all dogs, including my subsequent dogs, would pass all their tests, but felt it was important to share that information. With open communication and without "throwing out the baby with the bathwater," we could breed carefully to preserve the best of our beloved breed for future generations.

Even though I came late to Cardigans, I hope my journey with them is a long one. I hope organizations such as the Cardigan Welsh Corgi Health Foundation also have a long journey: supporting health research to benefit our breed, compiling and sharing freely accessible health databases to assist breeders, and directing Cardigan owners to helpful resources.

Resources

The best site for information about IVDD and its treatment is Dodgers List. It is a Dachshund site but the material carries over to Cardigans.

<http://www.dodgerslist.com>

For a more in-depth look, see:

<http://www.lbah.com/word/disk-disease-ivd/>

This site has lots of information:

<http://scoutshouse.com>

If you ever need a wheelchair, this book will walk you through the ins and outs:

<http://corgiaid.org/cart/corgisonwheels/>

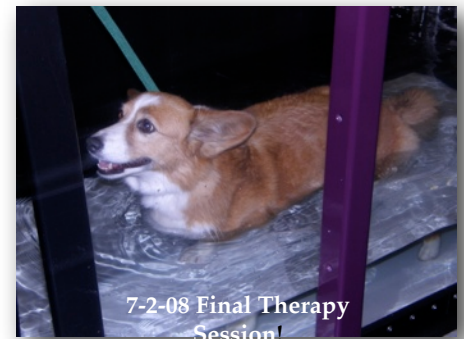


JoAnne's invention, improved by Joni! Dog's front legs go on the platform - they push with their hind legs which strengthens them. It's just a flower pot dolly, modified!

Megan and Cody Before IVDD Struck



Megan's Road to Recovery



A huge shout-out to the team at Northwest Canine Aquatics!