



Volume 2, Issue 2

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## Kidney Disease: Causes, Signs, Diagnosis and Treatment

Drs. Foster & Smith Educational Staff

**MSRH Mission Statement**

Miniature Schnauzer Rescue of Houston, Inc. is an all volunteer, donation sponsored, non-profit organization dedicated to the overwhelming task of saving the lives of abused, abandoned or unwanted Miniature Schnauzers who, through no fault of their own, have lost their homes. Many of these dogs come to us healthy. However, some are sick, injured, or abused. They come from shelters, off the streets, from owners who, for whatever reason, can no longer care for them, and from puppy mills, where they have never felt the loving security of a home. Our goal is that they will never have to feel unwanted or unloved again.

Kidney disease (also referred to in medical terminology as renal disease) is a common finding in cats and dogs, especially those who are reaching their senior years. In acute disease, such as a toxicity, the signs occur suddenly and can be very severe. In chronic kidney disease, the onset may be very slow and the signs fairly nonspecific, i.e., the animal is "just not doing well." Whether the disease is acute or chronic is typically related to the cause.

**What are the causes of kidney disease?**

There are many causes of renal disease, and they may include:

- Age
- Viral, fungal, or bacterial infections
- Parasites
- Cancer
- Amyloidosis (caused by abnormal deposits of a certain type of protein in the kidney)
- Inflammation
- Autoimmune disease
- Trauma
- Toxic reaction to poisons or medications
- Congenital and inherited disorders

This is not a complete list, but demonstrates what the veterinarian is trying to rule in or out as cause of the signs.

**What are the signs of kidney disease?**

Pets with kidney disease can show a variety of physical signs. Some of the signs

are nonspecific and may be seen in other disorders, such as liver or pancreatic diseases, or urinary tract disorders not involving the kidneys. Signs may include:

- Increased water consumption (polydipsia)
- Increased urination volume (polyuria)
- Decreased urination (oliguria)
- Lack of urination (anuria)
- Voiding urination during the night (nocturia)
- Blood in urine (hematuria)
- Decreased appetite (anorexia)
- Vomiting
- Weight loss
- Lethargy
- Diarrhea
- Hunched over posture or reluctance to move
- Poor or unkempt hair coat

During the physical examination, the veterinarian may also find the following signs:

- Pale mucous membranes (e.g., gums) from a decrease in red blood cell production resulting from anemia
- Enlarged and/or painful kidneys or small, irregular kidneys
- Ulcers in the mouth, most commonly on the tongue, gum, or inside of the cheek
- Bad breath (halitosis) due to toxic substances building up in the blood stream
- Dehydration
- Swelling of the limbs due to accumulation of fluid (subcutaneous edema)

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## Kidney Disease: Causes, Signs, Diagnosis and Treatment *Continued from Page 1*

- High blood pressure
- Changes in the retina due to high blood pressure
- Softening of the bones (rubber jaw) in young dogs with hereditary kidney disease (fibrous osteodysplasia)

Various blood tests can be performed to determine if kidney disease is present, how severe it may be, and what may be causing it. In addition, a urinalysis and imaging techniques may also help to determine the cause and severity.

### Chemistry Panel

Different types of tests are performed to help diagnose the disease process. Multiple tests can be performed on one blood sample. Tests that are often included in a chemistry panel being run to look for kidney disease include:

**Blood urea nitrogen (Serum urea nitrogen):** BUN is the abbreviation for blood urea nitrogen. The proteins that animals consume in their diet are large molecules. As they are broken down and used by the body, the by-product is a nitrogen-containing urea compound. This is of no use to the body and is excreted in the kidneys. If the kidneys are not working correctly and filtering these waste products, they build up in the blood. A twelve-hour fast (no food intake) is ideal before taking this test as the level may rise slightly after eating protein.

**Creatinine:** Creatinine is also used to measure the filtration rate of the kidneys. The kidneys are the only organ that excrete this substance, and if it builds up to higher than normal levels, it is a sign of decreased or impaired function of the kidneys.

**Azotemia** is the medical term for an increase in the BUN or creatinine. **Uremia** is defined as azotemia plus clinical signs of renal failure such as anemia, polyuria-polydipsia, vomiting, or weight loss. Azotemia is divided further into prerenal, renal, or postrenal causes. Prerenal, azotemia is due to causes other than actual kidney malfunction that decrease the

blood flow to the kidney. These include dehydration, Addison's disease, or heart disease. Renal azotemia occurs due to damage to the kidney itself, and can include chronic or acute renal disease/failure that results in more than 75% of the kidney not functioning. Postrenal azotemia occurs when there is a buildup of pressure in the urinary system. Causes may include blockage of the urethra due to feline lower urinary tract disease (FLUTD) or bladder stones, which prevent urine from being removed from the body.

**Phosphorus:** Normal calcium and phosphorus levels in the blood are maintained by an interaction of three hormones on three body organs. The phosphorus level increases in kidney disease, because less is excreted into the urine by the kidney. In cats, the phosphorus level may also increase due to hyperthyroid disease.

### Urinalysis

Multiple tests are performed on a urine sample. Several of them are especially important in determining if kidney disease is present.

**Urine specific gravity:** This test is a measurement of how concentrated the urine is. With kidney disease, the urine is not concentrated normally, and too much water is lost. A normal specific gravity is usually above 1.025, which animals with kidney disease may be in the 1.008–1.015 range. A low specific gravity should be retested to make sure it is a repeatable finding. Other diseases can cause a low specific gravity, so this test in itself is not sufficient to make a diagnosis of kidney disease.

**Protein:** In some types of kidney disease, large amounts of protein are lost in the urine.

**Sediment:** The urine can be centrifuged so the larger particles may be separated out and examined under the microscope. The presence of red blood cells or white blood cells in the urine sediment help point to the cause of the disease condition. Casts (sloughed cells) from the kidneys may pass out in the urine. These indicate a disease process in the kidney itself.

### Complete Blood Count

A complete blood count (CBC) is useful to check for anemia and indications for infection. Anemia in renal failure is common and results from a decrease in the production of a erythropoietin by the diseased kidney. Erythropoietin is a hormone that tells the body to produce more red cells. The red blood cells also have a shorter life span in uremic patients.

### Imaging Techniques

**Radiography:** X-rays are taken to determine the size and shape of the kidneys. Small kidneys are more common in chronic kidney disease, while large kidneys may indicate an acute problem or cancer.

**Excretory urography,** such as an intravenous pyelography (IVP) is a specialized type of X-ray. A dye (positive contrast media) is injected into the pet's vein and monitored via X-rays as it is filtered out by the kidneys. This is used for anatomic evaluation of the urinary tract and to determine the size, shape, and location of the kidneys. It gives a crude assessment of renal function, also.

**Ultrasonography:** Ultrasonography looks for changes in the density of the kidney. A biopsy taken during ultrasonography may help determine the cause of kidney disease in some cases.

### Treatment of Acute Renal Failure (ARF)

In cases of acute kidney disease, the animal usually has severe signs that occurred suddenly. These may include depression, vomiting, fever, loss of appetite, and changes in the amount of urination. A good medical history and testing will need to be performed to find the cause. The cause may be treatable such as infection caused by leptospirosis; an infestation with a parasite, such as the giant kidney worm; or exposure to toxins, such as the Easter lily or antifreeze. Blood and urine samples are ideally taken before the start of treatment, so the treatment does not affect the test results.

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## Kidney Disease: Causes, Signs, Diagnosis and Treatment *Continued from Page 2*

**Fluid therapy:** Initial treatment of kidney disease involves rehydrating the patient typically over about 2-10 hours and maintaining normal hydration after that. This is typically done with intravenous (IV) fluids in the veterinary clinic, so the appropriate amounts can be given and the pet can be monitored for appropriate fluid output (urination). Many times the IV fluid administration is enough to start or increase urine output. If urine output is still not normal, medication such as furosemide or mannitol may be necessary to try to get the kidneys to produce urine. Electrolytes, such as sodium, potassium, and other electrolytes are monitored and maintained in the normal range through the administration of the IV fluids and, sometimes, medications.

**Nutrition:** As the pet becomes hydrated with the fluids, he typically starts feeling less nauseous and becomes more willing to eat. If the pet eats willingly or tube feeding is performed, a high quality lower quantity protein should be fed. This limits the demands on the kidneys while providing the body with needed nutrition. In severe cases, parenteral nutrition may be given via an IV line.

If the animal is vomiting because of the renal disease, treatment may include giving frequent small meals and medications, such as cimetidine or chlorpromazine. The nausea may come and go through the day so small meals offered throughout the day may increase the overall food intake.

**Other treatments:** At the same time fluid therapy is started, treatment for the underlying cause is usually begun, such as antibiotics for a bacterial infection or induction of vomiting for certain toxins.

Kidney dialysis can be done at some veterinary clinics, especially referral clinics or veterinary schools. Pets that may benefit from dialysis include those that fail to respond to normal therapies, those that have a nephrotoxic (toxic to the kidney) poison in them, those that are not producing urine, or those that require emergency surgery, such as for repair of the urinary tract due to trauma.

Kidney transplants for dogs and cats are an option available at a few veterinary hospitals at this time.

With early and aggressive treatment, acute renal failure may be reversible.

### **Treatment of Chronic Renal Failure (CRF)**

Chronic renal failure is characterized by irreversible lesions within the kidney. In most cases, improvement of the renal function should not be expected once the body has compensated as much as possible. If the renal failure is prerenal (caused by a disease other than actual kidney malfunction that decreases the blood flow to the kidney) or postrenal (caused by a buildup of pressure in the urinary system from an obstruction, for example) components, it may be partially reversible with treatment. Renal function in chronic cases tends to be relatively stable for weeks to months barring unforeseen changes. Function does progressively deteriorate over weeks to months to years. The clinical and biochemical consequences of reduced renal function can be minimized to symptomatic and supportive therapy.

Many times the earliest signs of CRF are missed by owners. These include a mild to moderate increase in thirst and urination (polydipsia and polyuria) and a need to urinate during the night (nocturia). Other common early clinical findings include variable weight loss, poor hair coat, lethargy, and selective appetite. As the condition progresses, more signs appear.

If the cause of the CRF can be identified, it should be treated if possible. Many times the condition is found in older pets and is due to age.

**Fluid therapy:** The fluid need is greater in the CRF patient, because the patient is unable to concentrate the urine so more water is passed out of the body in the form of urine. In earlier stages, patients may be able to maintain fluid balance by continuing to eat and increasing the amount of water consumed. The fluid level needs to be maintained to prevent dehydration. As the disease progresses, additional fluid in the form of subcutaneous (SQ) fluid may be

necessary. Owners can typically give these fluids at home after being shown how at the veterinary clinic. The addition of potassium to the fluids or to the diet may be necessary to maintain proper levels of this electrolyte in the body. Low potassium levels cause generalized muscle weakness and heart rhythm disturbances. In some cases, intravenous (IV) fluids may also need to be given.

The pet should always have free access to fresh, clean water. Withholding water at night will not decrease the pet's need to urinate overnight and may cause an acute crisis. The amount of water and food consumed each day should be monitored so the owner knows whether the pet is eating and drinking normal amounts. If not, additional fluids (IV or SQ) will be necessary to maintain hydration.

The body weight should be checked every week to make sure enough calories are being consumed to maintain weight and that dehydration is not a problem.

**Diet:** The veterinarian may recommend a diet change to a lower, but high quality, protein diet, which may decrease the stress on the diseased kidneys. Often, canned food is recommended. The change may need to be done slowly to keep the pet eating. The protein restriction cannot be excessive or the pet may develop protein malnutrition due to loss of protein via the kidney or the gastrointestinal tract that is not found in healthy pets. The diet should be monitored by checking the pet's weight, checking for anemia, and checking for hypoalbuminemia. If these are present, an increase in protein content may be necessary. Always follow the dietary instructions given to you by your veterinarian.

Pets should be encouraged to eat an amount of food to maintain weight and provide the appropriate amount of nutrition. To increase the appetite, it may help to feed several small meals a day; enhance the palatability of the diet with additives such as cottage cheese, yogurt, or chopped up vegetables, or to add a medication that stim-

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## Kidney Disease: Causes, Signs, Diagnosis and Treatment Continued from Page 3

ulates appetite. Warming the food may also increase the palatability. Do not feed hot food as burns may result. The appetite may come and go during the day, so try feeding at various times during the day. Food-induced nausea may happen at certain times of the day and not at other times. Medicine to control nausea may increase the appetite, also.

**Electrolytes, vitamins, and fatty acids:** Electrolyte levels need to be maintained in the normal range. The phosphorus intake may need to be decreased to help serum levels remain normal. Phosphate binders may be used when diet changes and fluid therapy do not keep the phosphorus level in normal range. Calcium supplementation may be necessary, as well as vitamin D therapy. Salt intake needs to be adequate to help maintain hydration and to give the food flavor, but not too high that it worsens hypertension (high blood pressure). Decrease the salt content of the food over several weeks to allow the kidneys to compensate for the change. Potassium levels should be monitored and a supplement given if necessary.

Water soluble vitamins (B and C) should be supplemented, especially during times of poor eating. Supplementation of vitamin A and D beyond the minimum daily requirement is not recommended due to a buildup of vitamin A and the changes in the metabolism of vitamin D in renal patients.

Omega-3 fatty acid supplementation may be of benefit to some animals with chronic renal failure.

**Other treatments:** Any medications to treat other conditions such as bladder infections or heart disease need to be given carefully and the pet monitored for side effects. The dosage may need to be decreased, as the kidneys may be the main organ to eliminate the medication from the body.

The pet should be monitored for anemia and treatment initiated if necessary. Erythropoietin may be given as injections to help the body produce more red blood cells. Treatment of

uremia will help lengthen the life span of the red blood cells. In more severe cases, blood transfusions can be given.

Blood pressure should be monitored to help prevent further damage to the kidneys, which could cause an increase in progression of the disease, as well as damage to the retinas, which can result in blindness. Medication may be necessary to maintain normal blood pressure.

If the animal is vomiting because of renal disease, treatment may include giving medications such as cimetidine or chlorpromazine. The nausea may come and go through the day, so small meals offered throughout the day may increase the overall food intake.

Kidney transplants are available for dogs and cats at several veterinary hospitals.

With treatment, pets with CRF may live months to years. It will all depend on how the body responds to the treatment and other health concerns that arise.

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**JANUARY**

**INTAKES = 30**

**ADOPTIONS = 18**

### **PAY ATTENTION**

### **TO HOW MUCH WATER YOUR DOG DRINKS!!!**

Know what is normal for your dog. If you notice a definite increase in water intake and urination, these are symptoms of the following diseases:

- Kidney disease
- Diabetes mellitus
- Cushing's disease

These diseases most often occur in older dogs, and there are other symptoms as well, but don't ignore this sign.

Take your dog in to see his or her veterinarian for a checkup as soon as possible.

## BAYLEE'S BATTLE WON

By Denise Cooper

We adopted Baylee in August 2005 from MSRH. She is such a joy, just the light of our lives. We thought she was about 4 years old when we got her, but recently doctors have estimated her age closer to 10, so maybe she was 6 when we got her?

Baylee has always been a pretty subdued little girl. She's not into toys, and it took a long time to bring out her "playful" side. I think she never knew what it was to play before. She loves to lay on our laps and, I swear if we spent the entire day in bed, she'd be right there with us, just laying and loving every minute of it. She does enjoy her walks, as well! We don't know her past, but it is obvious that she had many, many puppies. MSRH spayed her when they found her. I think maybe she was used for breeding, which makes me sad to think about, but fortunately dogs live in the present!

This past summer we noticed Baylee drinking more water than before. No other changes in behavior or energy level, but of course, she is not the most active dog. The water consumption was really more noticeable after the fact. I recall saying to my husband, John, "she's out of water" an awful lot. We didn't think much of it at the time. It was so hot this summer. No other symptoms presented. She still had a good appetite.

In late September, we switched her to a prescription wet food for joint health recommended by our vet. Two weeks after the food switch, she got very sick. She just started vomiting one Monday morning, and she wouldn't stop. I took her to the vet 3 days straight, and on the third day I asked them to keep her to run tests. Her

blood work showed ridiculously high BUN and creatinine levels, and her white blood cell count was off the chart. They suspected a kidney infection. She was treated with IV fluids, but didn't get better. The vet told me it was touch and go. We were referred to a specialist a week later.

The specialist had a different diagnosis. After doing a kidney ultrasound, she decided that part of Baylee's kidney was missing/damaged, and that she would continue dumping protein into her urine for her whole life. She gave her two weeks to two months to live. Wow, hard for me to write this even now.

This diagnosis didn't make sense to me... I just didn't understand how she could be perfectly fine one day and deathly ill the next if it was a chronic condition. So we went to Dr. Dayton, who agreed with the first diagnosis, that it was a massive infection that likely started in her gut and moved to her kidney. The source of the infection is unknown. Slowly with Dr. Dayton's help we have weaned her off all the meds that the specialist put her on, and with the help of a low protein diet her BUN and creatinine are great. She is no longer dumping protein in her urine, so her kidneys are functioning well. I think she probably had some decreased function in her kidney before the infection, and it is possible that switching her food exacerbated a problem.

Some of our learnings from the whole experience:

1. If you notice your pup drinking more water, start to monitor their intake. Measure it out in a large measuring cup and keep track.



John, Denise, and Baylee Cooper

Contact your vet if their water intake increases, and report the intake to your vet at regular intervals to see if he/she agrees that it is normal.

2. Make sure you have your dog's blood taken on a yearly basis. We always had bi-yearly check-ups for Baylee, but for some reason blood work was never included in an annual exam. This would have helped us to understand if Baylee had a chronic condition vs. an infection, and would have saved us a LOT of heartache (um, and about \$3,000).
3. Be aware of the amount of fat and protein in the food you're feeding your pup. Terriers are prone to kidney problems and pancreatitis, both of which can be exacerbated by high protein diets. The amount of protein in treats is just completely ridiculous! This is especially important to monitor as dogs age. And, the older they get, the more considerations when switching foods. Always ask 'what are the potential consequences' if you get a food change recommendation.

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## BAYLEE'S BATTLE WON

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You can also make your own dog food. For a while that is all Baylee would eat. There are lots of books on the subject.

4. Kidney problems usually present with increased water intake, followed by loss of appetite, followed by vomiting and listlessness. Unfortunately, the loss of appetite and vomiting usually occur at the time of kidney failure. There are few warning signs before that.
5. Recovery from a kidney problem can take a very long time. Even though Baylee's BUN returned to normal a few weeks after her treatment started, she continued to refuse food, consume massive quantities of water and have accidents all over the house for several months. Four months later I'd say she is 95% of the way there. While this is not a huge concern in the grand scheme of things, I found it more mentally taxing on me than anything else. I was so worried each time she'd go to the water bowl that she was getting sick again. I still am actually.
6. Get a second, third, even a fourth opinion. The specialist didn't really want to treat Baylee. She wanted to "manage" her. I just couldn't accept that. Deep down I just knew that she could be treated. I really felt the diagnosis by the specialist was wrong. I am so glad that I went with my gut!

Every day I am just so incredibly thankful that Baylee pulled through. She's my baby!!!

## DELIGHTFUL DISCOVERY

By Nan Whomes

Several years ago I adopted Holly and Bella from Mini Schnauzer Rescue Houston and loved having them in our home. Both dogs were young, maybe 2 to 3 three years of age, but did not play with toys of any kind. They would not even play with each other. I was disappointed that they did not, or perhaps had never, learned to play. I accepted that as a fact. I stopped buying toys for them at the local pet store.

On December 23, 2009, my husband was out on his normal walk around the neighborhood when he noticed a very small, blond, male dog following him. He called me on the cell phone and asked me what to do about it. I went outside and saw the two of them coming down the block and scooped up the little fella. He was taken to the nearby vet's office and scanned. No chip, no collar, and of course, no tags. I took him home and sent out a neighborhood e-mail, as someone had to be missing this little boy. I listed him on Pet Finders, but no one came forward.

In January, we decided to keep the little "guy" and our "girls" were just not interested in him, but he kept nagging them, jumping on them and trying to play. He wore them out, and they seemed to be disgusted to have him in our home. Then a "Miracle" happened. My girls have found "new life" in their bones. They run, play, sleep, and eat together now. We are constantly amazed by their antics and have enjoyed watching a transformation with the girls. We have laughed out loud at the three of them playing together. They play with complete abandon, and it makes my heart smile to be a part of this.

We named him Mr. Cooper, and he has been a delight. He is part Yorkshire Terrier and was housetrained and neutered when he came to us. He is now, fully vetted, micro-chipped and licensed with the City.

Maybe this little story will encourage some of you to consider taking in a foster from the MSRH group. You never know what "Miracle" may take place in your home and also give another little guy or gal a new lease on life.

*"Dogs' lives are too short, their only fault really." Agnes Sligh Turnbull*

## Dear Sophie—What are Probiotics and Prebiotics in Dog Food?

Dear Sophie:

I have been hearing these new buzz words “Prebiotics” and “Probiotics” in dog foods these days. What the heck do these words mean and what is the difference between them? Do they taste good? They sound yucky!

Yours truly,

Picky Polly

Dear Polly:

**Probiotics** are good bacteria that live in your gastrointestinal tract. They aid in digestion by helping to break down food into nutrients that are absorbed into your body. An example of a good bacteria is *Lactobacillus acidophilus*, which is the active culture found in some yogurts. This is opposed to bad bacteria, which consumes the nutrients and prohibits your body from absorbing them.

**Prebiotics** are nondigestible food components, such as fiber, that promote

the growth of the good bacteria or probiotics. Examples of fiber are chicory root, beet pulp, whole grains, fruits, and vegetables.

Some dog food manufacturers, such as Eukanuba and Iams, are making a big deal about how they are adding prebiotics to their dog foods these days. In their ingredients list is a prebiotic substance called fructooligosaccharides, sometimes referred to as FOS for short, which is extracted from fruits and vegetables. My Mom read the rest of their ingredients and happened to notice that the second ingredient listed on the Eukanuba package is cornmeal (the first is a protein). Cornmeal is the third listed ingredient on the Iams package (the first two are proteins). I wonder how important that FOS stuff is when the rest of the ingredients in the dog food are just mediocre, you know?

Mom looked at the ingredients listed on my own dog food bag, Blue Buffalo, which she gets at Petsmart. There is no corn-

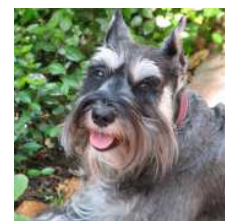
meal. The first two ingredients are protein with the third ingredient being ground whole brown rice, which is a very good source of fiber. The other fiber sources are whole barley, oatmeal, tomato pomace, whole sweet potatoes, whole carrots, blueberries, and cranberries. It also has *Lactobacillus acidophilus*, although it is the last ingredient listed.

So, now that you know what probiotics and prebiotics are, have your Mom or Dad read the ingredients on your own dog food label. You may have been eating them all this time and didn't even know it.

And, by the way, prebiotics and probiotics taste good—real good.

Sincerely,

Sophie



### BOOK OF THE MONTH

#### “Nubs-The True Story of a Mutt, a Marine & a Miracle”

By Major Brian Dennis, Kirby Larson & Mary Nethery

This is a book to be shared between parents and their children (Grades K–3). It is a true story of a feral dog from war torn Iraq who found a loving home in the United States. He was called Nubs, because his ears had been cut off. Nubs never had a home or a person of his own. He lived off the land and was barely surviving, but his life changed when he met Major Brian Dennis. Nubs and Dennis will remind readers that friendship has the power to cross deserts, continents, and even species. This book may be purchased through <http://www.amazon.com> for \$10.97. It has received 80 reviews, 70 of which are 5 stars. Major Dennis and Nubs appeared on NBC's Today Show just a few months ago to tell their truly heartwarming story.

“A friend is one of the nicest things you can have, and one of the best things you can be.” Douglas Pagels

## Volunteer Spotlight — Martha & Anthony Sarrack

In 2006, my husband, Anthony, took a job here in Houston. My kids, Maggie and Morgan, and I were not too thrilled. We had heard a lot of bad things about crime, pollution, humidity and the "Texas Mentality". After we arrived and were settled in to our home in Katy, I was looking on line at Schnauzers out of sheer boredom. Our two Schnauzers, Abby and Alex, seemed to like the new house just fine, but I was lonely and bored.

I stumbled onto the MSRH website and saw that they had a fostering program. I decided that we could foster a dog to help out, and it would help me do something different and rewarding. We were approved and received our first foster dog, A.J. Pretty soon I said "yes" to another foster, and we received Duncan. Duncan was the first to be adopted to the Cook's, and after 9 months A.J., who needed a special person, found the perfect match with Whitney.

That was 3 years and over 30 dogs ago. We are known in the rescue as the "test family". Since we are the only family with young children, the joke is that the dog is sent to our house to see if the dog is kid friendly. So far, so good. Anthony is the groomer in the family, and we all gain great satisfaction watching a *beast*



Martha & Anthony (back row) with Maggie holding Lily & Morgan holding Abby

turn into a *beauty*.

In 2008 I held a garage sale to raise funds for the rescue, and we raised over \$1,000. It is a lot of work, but with my trusty sidekick, Regina Schroeder, it doesn't seem too bad. Since that first sale was such a success, it has become a semi-annual event, and in total our garage sales have raised over \$5,000 for the rescue. My goal is to one day have garage sales in all parts of the rescue area held on the same day. All it takes is a garage and some stuff.

In 2007, we fell in love with one of the foster dogs (Suzie Q), who we re-named Lily, and we didn't allow her to leave. Sadly Alex died in March 2009, so Abby and Lily are holding down the fort and telling all the foster dogs who is in charge. (That would be Abby).

Lily just tries to stay out of everyone's way.

We had the adventure of looking after 5 male puppies and their mom after they were rescued from under a house in Austin. They were 4 weeks old when they came to our house. They were all adopted, and 2 of my *grandpuppies* live next door. It's fun to watch them grow as they approach their first birthday.

My biggest regret is not keeping records and pictures of each dog I have fostered. It also would have been nice to have stayed in touch with their new families. People ask me all the time how can I take care of them and let them go. Well, one is my husband who says owning 2 dogs is enough. Really I get great satisfaction from seeing the dogs go to a home that really loves them, and every time one is adopted, it gives me room to save another one.

Well, I haven't been a victim of crime, or experienced affects from pollution. I love the heat and humidity, and the "Texas Mentality" of helping your neighbor, seems A-okay to me. I'm glad to be a Texan, and I don't want to live anywhere else.

### FEBRUARY IS NATIONAL PET DENTAL HEALTH MONTH

Many veterinary clinics offer discounts on dental exams and cleanings during February.

Check with your vet's office today!

## Featured Pets—Clair & Miley

Clair and Miley would love to be your Valentine! Both are sweet as sugar. They are house trained by using a doggie door, can walk on a leash and know basic commands. They love playing with each other and all of their Schnauzer friends and chasing squirrels. Clair and Miley are very affectionate and like to cuddle. They sleep in the big bed with their human or a doggie bed in the bed-

room. Both would like to be in a home with another four legged companion.

Clair is white with natural ears and a docked tail. She is 18 months old and weighs 14 pounds.

Miley is black with natural ears and a docked tail. She is also 18 months old and weighs 14 pounds.



Valentine Girls Clair & Miley

## UPCOMING EVENTS

### MSRH SPRING GARAGE SALE

Date: April 17, 2010

Where: 21714 Moortown Circle  
Katy, Texas 77450

Time: 7:30AM—2:30PM

Chair: Martha Sarrack

Tel: (281) 829-3293 or (281) 825-8647

Email: minimarti@sbcglobal.net

Please get busy cleaning out those closets, attics, and garages in order to donate items for the sale. All sale proceeds will be used to help fund MSRH rescue efforts.

We will be accepting delivery of donated items beginning April 2, 2010. We will provide pickup service for large items on a case by case basis. Please give Martha a call to arrange.

**WE ARE LOOKING FOR VOLUNTEERS TO HOST GARAGE SALES IN OTHER LOCATIONS IN THE HOUSTON AREA ON APRIL 17, SUCH AS THE HEIGHTS, SPRING/KINGWOOD, FRIENDSWOOD/CLEARLAKE, ETC.**

In the past it has been difficult for many people to drive all the way out to Martha's house to donate items or help with the sale. The goal is to have sales in other areas closer to where various people live, plus we could raise even more money by having multiple sales. If you would like to host a sale, please contact:

Sherry Eitel

Tel: (281) 358-7303

Cell: (713) 298-4999

Email: sherry@eitel.com



### 2010 KVPAC ARTS FOR ALL FAMILY FESTIVAL

Date: March 27, 2010

Where: LaCenterra at Cinco Ranch  
23501 Cinco Ranch Boulevard

Katy, TX 77494

Time: All day [specific hours TBD]

MSRH would like to have a booth at this event to showcase our foster babies, plus participate in the artsy part of the festival, as well. Some ideas are balloon dogs, origami dogs, home baked dog biscuits, finger puppets, personalize bandanas (paint your own). Lori Magyar has offered to donate art materials and is working on recruiting some high school students to help out, too. We would love to have any volunteers who have additional creative ideas along these lines. We also need someone to chair the booth.

To chair, help create art objects, or help man the booth for part of the day or all day, please contact:

Sherry Eitel

Tel: (281) 358-7303

Cell: (713) 298-4999

Email: sherry@eitel.com

For more general information on this event, please go to the following website:

[http://www.kvpac.org/pages/family\\_festival\\_69.asp](http://www.kvpac.org/pages/family_festival_69.asp)

## Many Thanks To Our January Transport Volunteers!

MUCH APPRECIATION GOES TO: **Sherry Eitel** for picking up Khloe at Harris Co. Animal Control on 1/6/10; **Sherry Eitel** for picking up Wyatt at Harris Co. Animal Control on 1/7/10; a **Good Samaritan** for picking up Sammy at BARC on 1/8/10; **Linda Love** for picking up Tommy & Teddy at Gulf Coast Animal Services on 1/9/10; **Sheri Golden** for picking up Dice at Town Lake Animal Control on 1/11/10; **Sherry Eitel** for picking up Ari, Baron & Chase at Pasadena Animal Control on 1/12/10; **Sherry Eitel** for picking up Lulu & 4 babies at Harris Co. Animal Control on 1/13/10; **Sherry Eitel** for picking up Isaac, Jonah & Scotty at Harris Co. Animal Control on 1/14/10; **Jean Dooling** for picking up Chrissy, an owner surrender, on 1/15/10; **Carol Harrington** for picking up McCoy & Penelope at Pasadena Animal Control on 1/15/10; **Sherry Eitel** for picking up Barney & Daphne at Harris Co. Animal Control on 1/22/10; **Kevin Wolf** for picking up Duke at Montgomery Co. Animal Shelter 1/22/10; **Sherry Eitel** for picking up Taffy at Harris Co. Animal Control on 1/25/10; Tag Team **John Austin & Karen Coleman** for picking up Tiger from Louisiana on 1/25/10; **LaTonya Wright** for picking up Lance, a stray, on 1/26/10; **Sherry Eitel** for picking up Minda at Harris Co. Animal Control on 1/26/10; **Karen Coleman** for picking up Desiree Lynn at Harris Co. Animal Control on 1/29/10; and **Sheri Golden** for picking up Aaron & Torrey Lynn at Town Lake Animal Control on 1/30/10.

## From the Editor

Dear Readers:

This month's feature article on kidney disease was in response to MSRH adopters, Denise and John Cooper. They adopted their precious Baylee in August 2005. She was featured as Miss April in our 2009 calendar. Denise wanted to warn all of our readers to watch out for the early signs of kidney disease, so I promised her back in October when Baylee was going through the worst of it, that I would provide a feature article on the subject. I know the article was detailed and the most lengthy of all of the articles I have presented up to this point, but kidney disease is a very complex and delicate one that must be treated very carefully. I also asked Denise to share her first-hand experience with you, as well.

Lori Magyar, who has adopted from MSRH and also fosters special needs Schnauzers for MSRH, is well versed in kidney issues as well as bladder stones. So, if any of you have any questions about dealing with either, Lori would be happy to help. I can put you in touch with her if you'll let me know. You may recall Lori's article in our December *Schnauzer's Paw*.

I am very pleased that readers are starting to ask for topics to be addressed in the newsletter now and are actually starting to write some of the articles. This is a great form of feedback for me that I really appreciate. If you have been hesitating about doing this, please don't be shy.

As most of you know, I live in Galveston. We have had a great Mardi Gras this year! Last year was a little sub-



Linda with Sophie & Barkley

dued, because we were still recovering from Ike. Yesterday was Valentine's Day, so hope yours was happy and full of love. Today is President's Day--no bank, no mail. I guess the Houston Livestock Show & Rodeo is next. Never a dull moment! Until next month--

Sincerely,

Linda

**DON'T FORGET TO ENROLL IN THE KROGER NEIGHBOR TO NEIGHBOR PROGRAM!**

**A portion of your grocery bill will be donated to MSRH.**

**If you need info on how to do this, send an e-mail to [newsletter@msrh.org](mailto:newsletter@msrh.org)**