

## **Gallbladder Disease and Scotties**

*by Ilene Stewart (and Pete) - San Francisco Bay STC*

Pete [Am/Can SKC Ch Substantial Reward] was very ill 5 years ago. Symptoms: High fever (105), vomiting, and lethargy. When a Vet sees a very ill dog, first the symptoms are alleviated to help the dog, then look for the cause when the dog is stabilized. Pete was placed on IV both for dehydration and to administer antibiotics. His blood test revealed slightly elevated alkaline phosphatase and SGPT. This seemed to indicate a liver infection. Pete does not have vWD or Cushings. When Pete felt better, he came home with a supply of antibiotics. He seemed to recover with no further problem. He did well until 1996.

May '96: Same symptoms, same treatment, liver values slightly more abnormal than the first episode. He recovered, did well but got sick again in July '96! We were very concerned, liver values were even higher but not alarmingly so. Our Vet got him through the crisis, put him on a low fat diet and said that if it happened again we should consider a liver biopsy. She suspected low grade hepatitis. We'd taken him to emergency\_rooms (dogs always fall ill in the middle of the night), the Vet there suspected prostatitis but this diagnosis was completely wrong. We learned that Scottie boys have large prostate glands! I'd seen a post about two Scots with gallbladder disease on the internet, so mentioned this to my Vet. She didn't think Pete had that problem as it is rare in dogs to begin with, plus according to the laboratory, his cholesterol level was normal.

Pete was very ill again in September '96. Off to the Vet at the first sign of illness, his fever so high that his eyes were unfocused and rolling. I was terrified we might lose him. While he was at the Vet's on IV, I asked for help on the internet, and a wonderful lady named Heather Franklyn, from British Columbia, sent me a post describing gallbladder disorder in Scotties. As a gallbladder victim myself, (mine has been gone since '89 and good riddance!) I had my Vet read it. She wasn't convinced, but referred Pete to a specialist for an ultrasound.

This is what Heather wrote:

"In May 1995 Simon [her Scottie] was suddenly very sick and spent 3 days on IV. His alkaline phosphatase and SGPT levels were off the scale. Test for Cushing's negative. An ultrasound revealed the gallbladder filled with gunk. Treatment: Amoxicillin for several weeks followed by another ultrasound. This ultrasound showed less gunk but the gallbladder was still far from normal.

Our breeder had an identical problem with one of her older bitches; her Vet had consulted a specialist in Illinois and received a most interesting letter from which I quote: '...We have found a consistent problem of primary gallbladder disease in the Scottish Terrier with ultrasound disclosure of a dilated gallbladder sac distended with sludge, inspissated bile, and/or oven stone formation. Majority of the Scottie patients presented to our facility for episodic weakness, fever of unknown origin, lethargy, regurgitation and/or vomitation, and partial anorexia, coupled with laboratory parameters of cholestasis and mild hypercholesterolemia, have been found to have the aforementioned gallbladder disorder...'" When 'Would He' [another Scottie] became sick I asked Jane [his owner] what her Vet had prescribed for him and this is what she replied: 'First, tell your Vet to call Dr. James

McConnell at Southpaws Veterinary Referral Center at 703/569-0300. He saved Would He's life last month. They did an ultrasound and needle liver biopsy to determine the type of liver/bile duct/gallbladder infection Would He had. He is [now] on Baytril (20 mg twice a day) and Acugall (75 mg once a day) and doing great!"

I'm sorry not to know the name of this Illinois specialist, but note the letter mentions "a consistent problem of primary gallbladder disease in the Scottish Terrier..." "Majority of Scottie patients..." This means more than just an occasional Scottie has suffered from this condition. This is something we need to be aware of. Pete's symptoms were identical with what the Illinois Vet described. He had the elevated alk. Phos. and SGPT, fever of unknown origin, lethargy, uncontrollable vomiting, and anorexia. Early blood work didn't reveal high cholesterol but later blood work did. Still ill, Pete got his ultrasound from Dr. Stewart at Berkeley Dog & Cat Hospital. Some of the best veterinary specialists in the Bay Area work there. This ultrasound seemed to reveal a contracted g.b. with sludge in it. I was not concerned about the contracture at the time because my own ultrasound revealed the same when I had my g.b. disease! It contracts after passing a stone. At the time I didn't realize just what that contracted-looking appearance meant for Pete. More blood work revealed the liver values were higher, and now extremely high cholesterol. A debate followed: surgery or medication? I was terrified of surgery, as Pete was 8 years old. But if the medication failed, he'd have another attack. Those were so nasty I was afraid he'd die. The specialists and my own vet recommended surgery, so we agreed.

Dr. Stewart (no relation) was the internist, Dr. Alexander was the surgeon. Dr. A. said she couldn't promise this would help Pete, but it was her best opinion. No abnormalities of pancreas, liver or ducts were observed on ultrasound. But Dr. A. also said that once she was doing the surgery, she would observe, then do a liver biopsy to be sure his troubles were in fact gallbladder-caused and not some nasty surprise waiting in his liver. By then, he was over the attack and making up to the Vets at Berkeley Dog & Cat, eating a little, and charming the whole staff there. Yes, they kept him there in order to observe him. I felt he was in the safest of hands.

Dr. Stewart planned to put him on Actigall following the surgery. Pete wouldn't have a gallbladder but Dr. S. felt Actigall would keep his bile ducts open and avoid bile backing up to his liver, causing inflammation. Dr. Alexander said that Actigall works to keep the ducts clear, not allowing bile to thicken and back up. It turned out we didn't need to do this. Neither Vet actually said this, but I got the impression that bile secreted by the liver, which is stored by the gallbladder backs up to the liver in cases of g.b. disease. It blocks the ducts, which in turn causes the elevated liver values that are seen. The bile turns to sludge and sits there harboring bacteria and a chronic infection. This in turn causes pain, fever, and illness. Dr. A. explained that dogs with this disease don't usually get stones as people do, but develop sludge in the gallbladder blocking up everything and causing attacks.

Gary and I spent surgery day at the hospital. It was delayed a while due to emergencies, but finally it was done, and Dr. Alexander told us how it went. To her surprise-, she opened Pete's abdomen to discover dried bile sticking to his insides and a g.b. that had ruptured long ago, probably in May when he was first sick! The contracted g.b. shown on the ultrasound was only what was left of the organ. She removed his remaining g.b., closed the duct leading to it, cultured the infection to know the correct antibiotic, removed the dried up bile and checked to see if his common bile duct

was working properly. It was was working as it should. A ruptured g.b. is normally a killer, human or canine..., bile spills into the abdomen, causing peritonitis and death. How did Pete manage to survive? Why was he fine between attacks? When we were told his g.b. had ruptured, we were absolutely horrified by what our little guy had been through. He never complained or showed any indication of trouble except when the infection flared up!

They sent us home, and we returned to see Pete the next day. Two technicians brought him in on a wheeled cart, holding his IV pole. They put a blanket on a table and placed him on it. He'd had demerol and was out of it but he knew us...the tip of his tail wagged and when each of us leaned over to talk to him, we each got a little kiss. All I could think was that it was a miracle he was alive, and that he is most certainly the world's toughest dog. His eyes were blank, he was well sedated to ease his pain: When I had my own surgery they gave me demerol and it certainly works...no pain, no anxiety. I hope it was the same for Pete! He received superb care. All Weekend, Pete was monitored every hour, around the clock. He was given demerol for pain, and kept on IV. I was given a copy of the notes taken by the Vet techs on their rounds. They covered everything from how much fluid went in, how much came out, if he was awake, asleep, temperature taken, pulse, coloring of his gums, and his attitude. If he seemed uncomfortable, they gave him demerol. As the weekend progressed, notes like, "resting comfortably, friendly," began to appear, but the note that brought tears to my eyes had just 2 words: "SWEET DOG."

When Pete's glb. ruptured, it had been full of sludge which had gummed up the duct leading in from his liver. The duct had nearly closed up by itself. Meanwhile, the rupture leaked bile inside poor Pete, causing peritonitis (infection of the peritoneum, the lining of the inside of the body, which if uncontrolled causes death). The peritonitis made Pete sick; I'd rush him to my Vet who immediately put him on strong antibiotics. This kept the infection in check for about a 2 month period, then it would return. We'd blamed his then-undiagnosed illness on everything from eating plum leaves to food allergy! Pete's symptoms made my local Vet think of liver-infection rather than g.b. disease. She x-rayed his abdomen but no abnormalities showed. If I hadn't seen Heather's post, we might never have caught it in time. You can't x-ray a gallbladder you have to see it on ultrasound. I am still amazed that our tough little diehard made it through a ruptured gallbladder and extensive surgery.

Pete was at Berkeley for 4 days. When we brought him home, he had stitches running from his private parts to his rib cage. We were told to keep him quiet, not to stress him, no stairs, no jumping. Naturally the first thing he did was attempt to jump on the bed to sleep in his usual spot. I made him understand that I would pick him up and lift him to get down, and he was very cooperative. He weighed 17 3/4 lb. upon release from the hospital. In just two weeks he'd gained 3 lb., and after 3 months he was a new dog! When we brought him back to have his stitches removed we were treated to the sight of our quiet,- dignified dog acting like a silly butt-scooting puppy at the sight of his friend Dr. Alexander. He raced around her, tail wagging a mile a minute, butt in the air ...obviously delighted to see her. I swear he understood what she had done for him! He is now nearly 25 lb., active, playful, happy and healthy! **Every Vet I've spoken to is amazed at his story. and most have never seen a dog with gall-bladder disease.** 18 months later, he remains in good health, age 9 1/2, looking and behaving like a much younger dog. My local Vet calls him 'Mr. Indestructible'.

Many who knew about all this sent good wishes Pete's way. Without their prayers, I'm not sure where Pete would be. Special thanks to the internet community- who helped keep our spirits up. I'm grateful to them all! Everyone's Vet should see this article...it may save a Scottie's life. Gary and I credit Heather Franklyn with giving us the information that saved Pete's life and the knowledge and skills of the Vets in Berkeley who knew what to do for Pete, sending home to us a healthy, happy dog. If your Scottie exhibits symptoms like Pete's, have a gallbladder disease check and ultrasound, too. Few survive what Pete lived through, so don't take chances with your Scottie's life and health. There is nothing we did 'wrong' that may have brought on Pete's illness, but because it can and does occur in Scotties, be aware of it and watch for it if your Scot becomes ill. I'd like to be like Heather and know I've helped even one Scottie by making their people aware of this problem!