

Leaps and Bounds by Mickie Brown

The apple tree in our backyard no longer has any lower limbs. It became apparent in late summer as the boughs, weighed down by apples, caught the eye of the ever energetic CH Hollow Creek Seamus, that war was about to be waged. In the early months the battles, though entertaining, were not dramatic.

Each morning as the screen door was slid aside to allow Seamus to relieve himself, he would make a mad dash into the yard, snatch an apple from a low-hanging branch and prance victoriously. His besotted audience - that would be Mike and Mickey - would hoot and applaud.

That lasted only until the buoyant Boykin jarred the screen off the track the first time. It was, however, too late to derail the Seamus Express. After the tenth or so dog/screen face off, the screen had to be replaced.

The seasons changed, the apples no longer bore the branches near the ground...and a star was born...fearless and undaunted as the barren branches shifted higher and higher.

The mighty Boykin developed a vertical leap that would leave most NBA power forwards hanging their heads.

Seamus has cultivated his own rou-

tine. He launches from the doorway, warms up with a leap at the taller of two birdfeeders, circles the yard, heads back toward the house, then propels forward and up, up, up until he reaches a branch tip, yanks it free,



shakes it, drops it and pauses awaiting the roar of the crowd.

On occasion, when feeling particularly pleased with himself, he'll stop off at the wind chimes, levitate a couple of feet and set them ringing before demanding readmittance.

Now, it is somewhat significant that the branch never makes it to the house. Seamus is not all that interested in retrieving.

In his third year, he has proven to be quite the birder - focused, determined, unrelenting, even admonishing the poor shots in the group when a perfectly flushed pheasant or quail escapes unscathed.

Once a bird is downed, he heads straight to it, noses it, picks it up delicately...and just as gently puts it back on the ground and waits for Mike. Coaxing, cajoling, teasing, scolding nothing will convince him that part of his job description calls for him to bring the bird to the hunter.

But, of course, if he did, he'd be perfect and probably unbearable to live with.

Speaking of perfect - the Magnificent Seamus passed his physical beautifully - hips, eyes, knees, and all other bits and pieces in perfect alignment and working order. And within the next few months, the offspring of CH Hollow Creek's Rosey O'Donnel and Sandalwood's Colin Brice, will become a sire himself.

Stay tuned.



VACHALLA PHEASANT CHOWDER

1 - 4lb. Pheasant • 1 tbs. Salt • 1/2 tsp. pepper • 3 med. Onions chopped • 1/3 cup flour • 5 med. Potatoes diced 1/4 tsp. thyme & sage leaves • 2 cups milk • 1 cup light cream or half & half • 1/2 cup butter
4 slices crisp bacon chopped • chopped parsley (fresh)

Wash and dry pheasant, place in kettle and cover with water add herbs, salt, pepper and onion and bring to a boil. Cover and simmer on low for 1 hour or until meat is tender. Remove pheasant and bone. Place meat on platter. Add potatoes to broth and simmer until tender. In another saucepan melt butter and add milk slowly to make paste. Stir slowly into soup to thicken. Add pheasant back to chowder Add cream. Heat and serve with chopped bacon and parsley sprinkled on top.

Healthwise

PERINEAL HERNIA

A hernia is the protrusion of an organ or tissue through an abnormal opening in the abdominal wall. A perineal hernia results from a weakening of the pelvic muscles that support the rectum, which subsequently stretch and bulge with fat or abdominal tissue.

Perineal hernias are seen in dogs, and rarely cats and other species. The Boston Terrier, Boxer, Collie, Welsh Corgi, Pekingese, Dachshund and Old English Sheepdog are the most commonly affected breeds. There is at least one severe case documented in a Boykin Spaniel. The vast majority of perineal hernia cases occur in the middle aged to older intact males. In these dogs, testosterone causes a chronic enlargement (hypertrophy) of the prostate gland. As the animal strains to urinate and defecate around the enlarged prostate, the tissues adjacent to the rectum weaken, allowing fat or abdominal organs to push out around the rectum and form a pouch under the skin. This pouch may enlarge when straining pushes tissue out into it and may become smaller as tissue moves back into the abdomen.

Females are rarely affected due to the greater strength, size and area of the rectal attachments of their levator ani muscles (one of the pelvic muscles) and their lack of a prostate gland. Approximately one third of the hernias are bilateral (occurring on both sides).

SYMPTOMS

The most common owner complaints of dogs with perineal her-

nias are chronic constipation, straining to defecate, and a swelling on either side of the rectum. Other signs may include straining to urinate, pain on defecation, fecal incontinence, and altered tail carriage.

DIAGNOSIS

The hernia is diagnosed based on the history and physical examination. A defect in the pelvic diaphragm musculature or sacculization (out pouching) of the rectum are usually detected on rectal palpation. Fatty tissue is usually present in the hernia. A non-reducible (unmovable) fluid-filled mass in the hernia suggests displacement of the urinary bladder. In all cases, both sides of the pelvic diaphragm should be palpated. While the patient may appear to be unilaterally affected, both sides are often times found to be weakened.

If the prostate is enlarged, the cause of this enlargement must be determined. Benign hyperplasia, abscessation, cyst formation, and tumors must all be considered and treated appropriately. Castration is recommended in all cases due to the effects of testosterone on the prostate gland and perianal musculature.

TREATMENT

Conservative Therapy may be tried to palliate dogs with minimal signs, or in those patients where the anesthetic risk is too great to consider surgery. Medical management is rarely successful in permanently controlling the clinical signs that are associated with perineal herniation.

These measures may also be used as an adjunct to surgical repair:

1. Diet high in fiber and moisture content.
2. Stool softeners such as Metamucil or Colace.
3. Digital (manual) removal of impacted feces.

Surgical Repair is the treatment of choice for most cases of perineal hernia. This is achieved by suturing specific muscles together to reform a pelvic diaphragm. If there is insufficient tissue available to close the defect, an implanted surgical mesh may be used.

In those cases where the urinary bladder has retroflexed (flipped back) into the hernia, surgery should be performed immediately, and the bladder repositioned into the abdomen. Abdominal surgery may be required to stabilize the bladder in its normal position.

Castration should be considered in all intact males, due to the potential hormonal influence on perineal herniation. This is particularly important when the prostate is increased in size, as enlargement of this gland may cause straining, which will place unneeded stress on the surgical repair.

