Ocular Abnormalities in Labradoodles

The popular labradoodle crossbreed results from mating a Labrador retriever and a poodle (toy, miniature, standard), two labradoodles, or a labradoodle and one of the parent breeds. This study evaluated the eyes of 175 labradoodles with direct and indirect ophthalmoscopy and slit lamp biomicroscopy. In addition, the records of 260 labradoodles were retrospectively analyzed. The most common eye abnormality was multifocal retinal dysplasia (MRD) which was present in 20 (4.6%) of the dogs. This was significantly more cases of MRD than was seen in Labrador retrievers evaluated for eye disease during a similar period. Of the 5147 Labrador retrievers evaluated in 2009, 41 (0.8%) were affected with MRD. Cataracts were present in 16 (3.7%) of the labradoodles, 12 of which had bilateral disease. The prevalence of cataracts was not different than those identified in Labrador retrievers. There were no reports of cataracts in poodles during a similar reporting period. This suggested that MRD is a relatively common finding in labradoodles in the UK. Routine screening for hereditary eye disease is recommended for this cross-breed.

Commentary

Being a crossbreed does not preclude a dog from inherited and breed-associated disorders. This is especially true for first-generation crossbreeds (breeding two different purebreeds). Veterinarians must be familiar with the prevalence of abnormalities specific for a designer crossbreed; furthermore, veterinarians should council breeders and owners about breed-associated risks and screen these breeds for ocular abnormalities. In addition, if the dog is to be used as breeding stock, consideration must be given to genetic screening by clinical examination, as is currently the accepted standard for breeding pure-breeds. This is especially important given the relatively small numbers of breeding labradoodles.—David A. Wilkie, DVM, MS, DACVO

Source


Feline Histoplasmosis

Histoplasmosis, a systemic fungal infection caused by *Histoplasma capsulatum*, is the most common deep fungal disease of cats. In this retrospective study, findings of 22 feline histoplasmosis cases were reported. The disease was rare, comprising 0.2% of the hospital population. Median age at presentation was 9 years. The most common clinical signs were weakness (68%), weight loss (50%), anorexia (45%), and respiratory signs (45%). Definitive diagnosis was based on cytology or histopathology. The organism was found on cytologic examination, most commonly from lung aspirates. Fifteen of the cats were treated with sole or combination antifungal therapy (ketoconazole–itraconazole–fluconazole with amphotericin B). Median time of treatment was 5 months; 55% of cats survived.

Commentary

Histoplasmosis should remain a differential diagnosis for cats presenting with respiratory and/or GI signs in a region where *Histoplasma* is endemic. Cytology and histopathology are often considered standard for diagnosis; patients with cutaneous nodules or pulmonary and/or GI masses should undergo cytologic evaluation. A *Histoplasma* antigen test (miravistalabs.com) can be performed on serum or urine and may be a companion to cytology when attempting diagnosis. Because this test provides an antigen titer, positive results indicate active infection. It is likely that this titer could monitor therapeutic response and evaluate for relapse, but this has not been evaluated. Amphotericin B is a fungicidal drug that should be considered in life-threatening *Histoplasma* infections; it can be nephrotoxic, but this can be minimized with lipid complex formulations. Azole agents are fungistatic and are typically administered for several months to allow the infection to clear. Fluconazole can be equally effective as itraconazole in canine blastomycosis (although a slightly longer duration of therapy may be required) at a reduced cost; it also has superior penetration into the prostate, eye, and brain. It may be that the same scenario is true for feline histoplasmosis, but this must be evaluated.—J.D. Foster, VMD

Source
