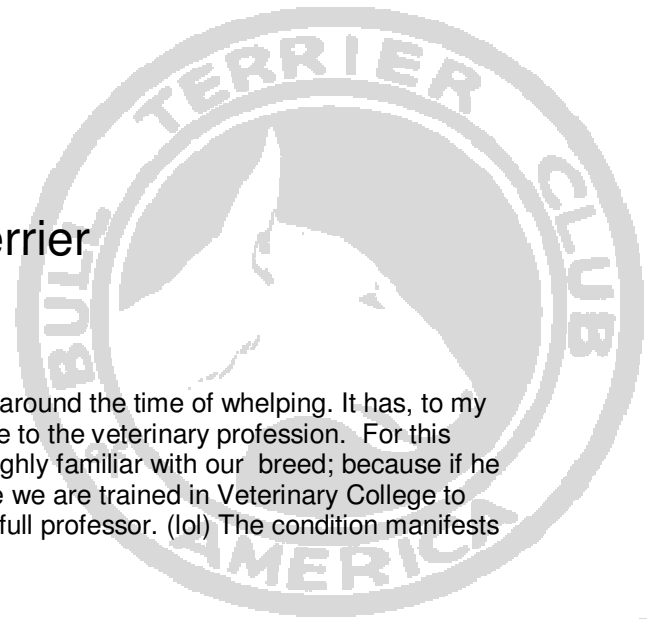


Bull Terrier Club of America

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Medical Peculiarities of the Bull Terrier

Article by Jerald F. Schreiber DVM

The Hypocalcemic Bitch

This peculiarity of the Bull Terrier occurs in the bitch primarily around the time of whelping. It has, to my knowledge, not been reported in the current literature available to the veterinary profession. For this reason alone, you should find out if your veterinarian is thoroughly familiar with our breed; because if he or she is not, they will tend not to believe you. That is because we are trained in Veterinary College to ignore any facts presented to us by anyone below the rank of full professor. (lol) The condition manifests itself very differently from classical eclampsia in several different ways.

1. Classical Hypocalcemia (eclampsia / puerperal tetany) - Will first be manifested by a high fever, as high as 107°F, but more commonly around 104*to 105*. This usually does not follow suit in the Bull Terrier. The temperature in the BT will usually be slightly elevated or normal.

2. Classical Hypocalcemia most often occurs at the time of the highest calcium usage, i.e. : 10-12 days after whelping (due to the large amount of milk being taken by the puppies). In the BT, hypocalcemia usually occurs within 24 hours + or - to whelping, although this is not a hard and fast rule.

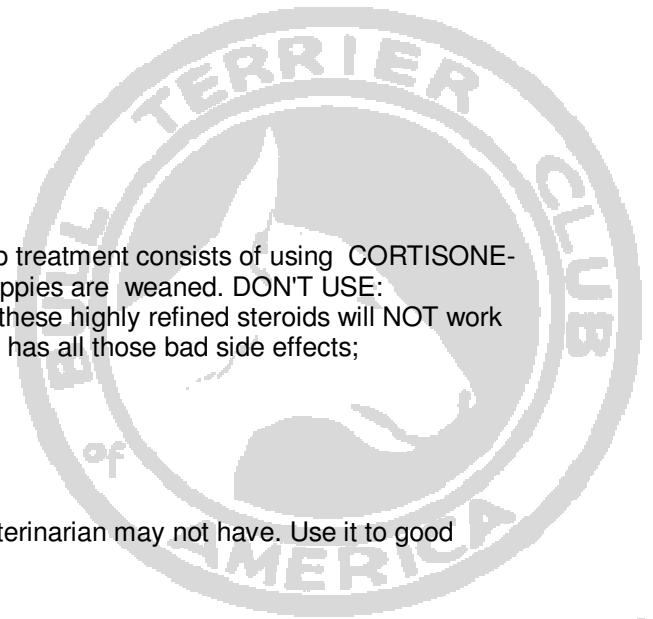
3. Classical hypocalcemia usually results in a frantic bitch who acts normally or overprotective towards her pups, while in the BT we usually see a frenzy and at times will attempt, (and will, if she gets the chance) to cannibalize her puppies without any regard for her own or their safety. The prelude to this awful event will be familiar to the experienced breeder. The bitch will stare at her puppies strangely as if they were some sort of vermin (mice or rats?). Probably the low Ca level in the blood interferes with recognition patterns, and she is in actuality hallucinating.

Hopefully now that you can recognize this dreaded condition, how do you prepare for it when it rears it's ugly head? Also, how can we possibly prevent it? First my personal observation is that bitches who are over supplemented during their pregnancy with Vitamin D or A & D combinations (cod liver oil) and put on medium to high levels of supplement (bone-meal, di-calcium phosphate, etc.) are the ones who seem most prone to this- so DON'T use anything extra during the pregnancy except plain whole milk cottage cheese.

It is all right to supplement after the pups are born. Calcium gluconate is the drug of choice for classical eclampsia by veterinarians world-wide. But what do you do if your Bully bitch is not showing classical symptoms, and your vet refuses to give the treatment because he has never encountered this problem and has no backup in writing in his references (aka CYA); or the bitch doesn't have a fever; or she's not convulsing; or is not showing the typical sign of eclampsia? CALPHOSAN solution or its generic equivalent can be given intramuscularly, subcutaneously, or intravenously. This means that with a modicum of training you can give the treatment yourself and not have the hassle of fighting with someone who is ignorant of your problem while you have an acute emergency; 5cc is the usual dose, and when given under the skin, the bitch will return to normal in about 15-20 minutes. In severe cases, I give 5cc Intramuscularly and 5cc

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subcutaneously and repeat the regimen in one hour. Follow-up treatment consists of using CORTISONE-
USP 25mg/tab. One tablet two or three times daily until the puppies are weaned. DON'T USE:
Prednisone, Prednisalone, Triamcinalone or Dexmethasone - these highly refined steroids will NOT work
here. I use good old-fashioned Cortisone precisely because it has all those bad side effects;

- 1) It mobilizes Calcium from the bones to the blood
- 2) It makes them hungry
- 3) It makes them thirsty.

So now you are armed with knowledge that even your own veterinarian may not have. Use it to good effect.

Comments and Observations:

If a bitch exhibits this once, she may never show it again. On the other hand, if she's never shown it, it is just as likely to show up unexpectedly (unannounced, of course). I do not know what triggers it, and I do not feel that this is an inherited problem in a simple dominant or recessive fashion.

Jerald Schreiber, DVM