



But one move saved him from a mysterious, deadly disease.

Sick dogs don't act like that, I kept telling myself. Dexter, our 10-year-old Cocker Spaniel, was wagging his tail, eating, and drinking. He had spent a lovely day playing and walking along the shoreline with me and my wife, Darlene.

But that night, as I began the bedtime ritual of brushing Dexter's teeth, I noticed splotchy red marks on his inside cheek and slight bleeding along the gumline.

It didn't look like much, but something told me it was worth a trip to the 24-hour emergency vet located, thankfully, 10 minutes from our home.

"STAT triage," the receptionist bellowed when we arrived.

A vet tech quickly recorded Dexter's

symptoms. Then the veterinarian on-call whisked him away for urgent testing, leaving Darlene and me wondering. Could it have been a reaction to something at the beach, perhaps a bug bite, or something he ate without our knowledge?

"Your dog has zero platelets, his immune system is seriously compromised, and without critical inpatient treatment, he may die," the vet told us.

I'm a dog writer by trade, so I learned as much as possible about Dexter's condition—immune-mediated thrombocytopenia (IMT). It happens when a dog's own immune system attacks and destroys platelets as if they are foreign invaders.

It seemed impossible. How could this happen to a chemical-free, organic-living,



Red Alert! These splotches were a sign of trouble.

well-cared-for dog with two very dedicated owners?

Over the next week, Dexter's internal medicine specialist and team implemented a specific protocol of drugs, treatments, and testing while he remained hospitalized. I absorbed everything I could online, joining a Facebook support group and live blogging this nightmare.

ATTACK FROM WITHIN

"We see a lot of dogs coming in with autoimmune diseases, and they are often very difficult to treat," said Robert Runde, DVM, of Northeast Veterinary Referral Hospital in Plains, Pennsylvania. Runde oversaw the team that treated Dexter. "Unless you can find something that caused it for certain and treat it, like a drug reaction, it's difficult to identify what causes this."

In most cases, the cause is never identified, but we were fortunate in that we had a likely suspect. A few months earlier, I found a tick on Dexter. At the time, I pulled it off, cleaned the bite, put some Neosporin on it, and hoped that was the last of it.

In-house blood testing for six different vector-borne diseases, such as Lyme and heartworm, proved negative. But serologic testing from an outside lab tested positive for *A. phagocytophilum*, a bacterium that causes anaplasmosis.

Thrombocytopenia, or low platelets, is just one of the signs of the infection.

Tick-borne diseases can sit in a dog's bone marrow, waiting for months to rear their ugly heads. That day arrived.

In the hospital, Dexter received a cocktail of drugs that was tailor-made for him, including steroids, antibiotics, gastric care, melatonin, and the chemotherapy drug vincristine. Had his condition stayed the same or worsened, he would have been transferred to a higher-level facility like Philadelphia's University of Pennsylvania.

The first time we visited Dexter at the hospital, my heart sank at the sight of his shaved paws, IV lines, and needle jab marks. These signs of illness were offset by his never-ending "wigglybutt wag," the indicator of his sunny personality. He remained under close supervision and treatment for nearly a week, at which time he was discharged with a boatload of medicines and frequent follow-up appointments for blood draws.



Feeling Better: Dexter shows his appreciation.

Ironically, his discharge date coincided with the day our first Cocker Spaniel crossed to the rainbow bridge. I'm all about signs and postcards from the bridge, so a wave of relief and comfort washed over me.

Steroid treatment continued for 61 days after his discharge but was then stopped because Dexter developed steroid-induced pancreatitis that landed him back at the emergency hospital—twice. He was sicker with acute pancreatitis than he ever was with IMT.

Sadly, diseases like IMT and its ugly counterpart, IMHA (immune-mediated hemolytic anemia) strike a large number of dogs. Several months later, Dexter's nephew was

diagnosed with IMHA and successfully beat it. Coincidentally, he went to the same hospital and was treated by the same team.

Perhaps there is a familial component to this—or not, as nothing is certain with this disease, except that it can be deadly. Why some survive and others don't is a mystery.

NICK OF TIME

One thing I do know is that timing was crucial in Dexter's case. Getting to the emergency vet when we noticed the splotches and bleeding gums probably saved his life.

Dexter received prompt treatment. Had we waited until morning or perhaps a day or two, he might have died of internal bleeding.

Over the next 12 months, the frequency of vet visits for blood checks and testing decreased, though my need to obsess over Dexter's gums increased to several times a day. I learned those splotches are called *petechiae*, or blood vessel leakage, a hallmark sign of IMT. At first glance, it did not seem to be as dangerous as it turned out to be.

Treatment for IMT is not cheap; our bills surpassed \$13,000 in one year. We're "do whatever it takes" kind of people, and the investment in pet health insurance over the past 26 years has paid for itself time and again.

It's been two years since Dexter's diagnosis and successful treatment, and he remains both symptom- and disease-free. Despite all he's been through, the tail never stops and his joy is infectious. We joke that he's our million-dollar baby—and worth every cent. **FD**

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