

Why is my Greyhound's bottom so bald?

and other skin and coat issues

by Dr Elaine Ong BVSc, University of Melbourne, Founder of Vets for Compassion

Bald Thigh syndrome

This is a common syndrome in greyhounds in which there is a gradual, symmetrical thinning of the hair at the back and sides of their thighs, usually beginning during late puberty and slowly progressing as the dog ages.

The exact cause is unknown, but it may have a genetic basis. It is also seen more frequently in racing greyhounds and some hair regrowth may occur in dogs after they retire. **Although a little unsightly, this is purely a cosmetic problem and does not actually require specific treatment.** Melatonin may be beneficial for some dogs, so seek veterinary advice if you are particularly concerned regarding your greyhound's baldness.

Dry skin and coat

Dry flaky skin and a dull coat is common in retired greyhounds and likely related to their prior diet, housing, stress and potential parasites. Most will improve within months on the highest quality diet (home cooked and premium quality commercial), flea/worm control and with adequate warmth/bedding (a nice couch



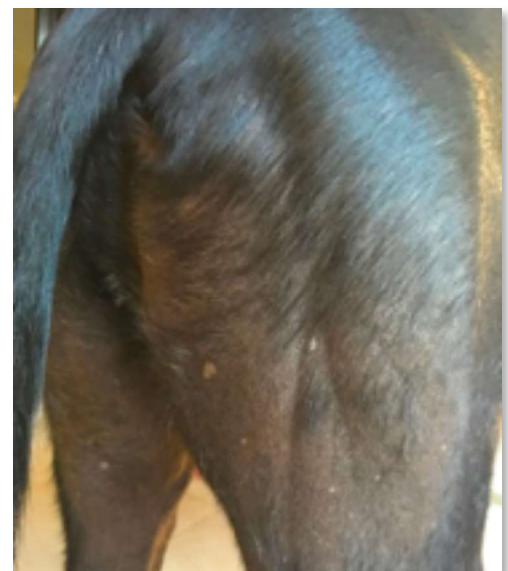
indoors should help!). Some dogs will also benefit from additional omega 3 fatty acids from oily fish (sardines, salmon, tuna) or formulated omega 3 supplements (Dermega by PAW is a good supplement).

Ventral Pattern Alopecia

This pattern alopecia is seen primarily in dachshunds but also diagnosed in the greyhound, Boston terrier, chihuahua, whippet, italian greyhound, Manchester terrier, and miniature pinscher. Affected dogs typically start to lose their hair at six months of age. Areas affected include the caudal auricular region, the entire ventrum (neck to tail), and caudomedial thighs. Multiple fine, residual hairs can be seen in affected areas, which contrasts to estrogen-responsive dermatosis that leaves no residual hairs. Ventral pattern alopecia primarily affects females.

When studied under the microscope, we would see miniaturisation of hair follicles with normal adnexal structures. Follicles are shorter, thinner, have smaller hair bulbs, and produce fine hair shafts. The dermis and epidermis are normal except for possible epidermal hyperpigmentation.

Certain tests may be performed to rule out other causes of alopecia, particularly endocrine diseases that cause symmetrical alopecia unassociated with inflammation. Such tests may include: deep skin scraping, skin cytology, dermatophyte culture, bacterial skin culture, and assays to evaluate for hypothyroidism, hyperadrenocorticism, or sex hormones dermatoses.





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