

# *The Alarm*



“It’s probably lymphoma,” said Dr. Bonnie Brown, of Animal General in New York City. She had just finished examining Sparky, our six-year-old Australian terrier. About a week earlier we had noticed lumps on his throat, little swellings about the size of grapes. More alarming, he had lost his appetite. My husband, John, suspected swollen glands and had called the vet’s office. The young woman who answered the phone said we should watch for any further developments, and if Sparky didn’t get better to call back.

We hadn’t been that concerned. Just about every problem we’d ever had with Sparky could be traced back to his insistence on picking up all kinds of debris off the sidewalk. A discarded French fry, piece of bagel, or tossed bone too often found its way into his mouth. He couldn’t stop himself—food was Sparky’s main interest in life. “Drop it” was a command we had to use constantly. He would obey at once, and then instantly pick up the item again. It was maddening—a small dog, close to the ground, and lightning quick.

Although we watched him closely all the time he was outside, he was too clever for us. Not only on the sidewalks, but in the park as well. Like many other New Yorkers, John

took his dog to the park nearly every day, an excursion both enjoyed equally. That, plus two more outings a day, held untold opportunities for Sparky to exploit.

And exploit them he did. His medical records were filled with stomach ailments, tapeworms, rashes, and other adverse reactions caused by his nasty habit of snatching up foreign matter. Just a year earlier, he had had to have surgery to remove a twig lodged in his throat. So here again, surely, was yet another similar episode, I thought. It just couldn't be cancer. Our lively, ebullient little terrier had cancer? Impossible.

Dr. Brown, as bonny as her name and with a natural affinity for animals—certainly for our Sparky— said she hoped it wasn't lymphoma, that there was a chance it could be something else. The only way to be certain was to perform a biopsy. All right; we'd do that. John asked her what the chances were for a dog with lymphoma. She said the disease was "treatable but not curable."

John looked crestfallen. Dr. Brown began to use some serious-sounding terms: bone-marrow aspiration, lymph node excision, histopathology, cytology, ultrasound, and I don't remember what else. Nevertheless, I felt confident none of that would be necessary. Dr. Brown took Sparky into another room to take some tissue and blood samples. We waited silently. She returned with him a short while later.

"We'll have the results late tomorrow," she said. "There's a chance it may be something benign; we'll see. I'll call you tomorrow evening."

We hoped and prayed it would turn out to be something benign. It *might* not be lymphoma. There was at least a *chance*.

We put Sparky's leash on him, paid our bill at the front desk, and left Animal General. Dr. Brown had seemed warmly sympathetic and thoroughly competent. But we still couldn't believe she could be right.

"Do you think we should get another opinion?" John asked.

"Who from?" I wondered. The whole thing seemed so scary. We were both afraid of making a mistake at this point. We needed to know as much as we could. Thousands of uncertainties bounced around in my mind. Was it really lymphoma? How long would we have Sparky before—before *what*? We walked on a bit, neither of us speaking. Sparky, oblivious and unconcerned, meandered along with us, frequently pulling over for the occasional exploratory sniff of some particular attraction or other. Which he would then instantly mark, by lifting his leg.

Another dog owner in our building had told John about a big veterinary hospital across town. "Maybe we should go there," John said, rather tentatively. "They're supposed to be the best." He wasn't himself; I could see that. John's not the type to lose his head in an emergency. Yet here he was, seeming stunned and bewildered by it all.

"All right. Let's get the number and we'll call them tomorrow," I said.

Our apartment was only a block away from Animal General, but that walk home held enough thoughts and

feelings to fill a mile. We would never forget that day — August 8, 2000.

The next day we made the appointment at the prestigious Animal Medical Center on East 62nd Street in Manhattan. John put Sparky in his Sherpa bag, a special container for small animals resembling a locker bag with see-through mesh sides. We took the 86th Street crosstown bus. After two stops, David, an associate of John's and fellow teacher at Columbia Grammar and Prep School, boarded the bus and spotted us sitting there with this luggage on our laps.

We told David where we were going and why. He knew Sparky. In fact, just about everyone at the school knew Sparky; he had accompanied John there during many of my husband's off-hours work in his computer lab.

David's face was sympathetic. "Well, I hope it comes out all right," he said. "Maybe it's just a false alarm."

John opened the zipper of the Sherpa bag, and Sparky stuck out his head. Immediately, people on the bus reacted to Sparky's "high cute factor," as one book described the attraction certain dogs generate. Just by being himself, he was irresistible. Even now, confined in a bag and threatened by a serious illness, he remained his remarkable self.

Which is to say, strikingly unusual. And, even in "sophisticated" New York, most people aren't familiar with the breed. In terms of coloring, there are two types of Australian terriers. One is called "red," meaning that the dog's color is uniformly reddish-golden. The second type, Sparky's, is called "blue and tan" — by far the better known. Blue and tans have reddish-golden heads, manes, legs, and feet. Their necks, backs

and the tops of their tails are mostly blackish. If you separate the hairs of the blackish part, you see where the “blue” comes in. The skin underneath has a decidedly bluish cast. Some people at first mistake an Aussie for a large Yorkshire terrier (Sparky typically weighs about eighteen to twenty pounds). But Aussies are nothing like Yorkies in characteristics or temperament. And, for that matter, Sparky is like no other dog—including other Aussies.

Beyond Sparky’s distinct appearance, people are immediately taken with his singular personality. Sparky doesn’t fuss over people as many dogs do. No putting his paws on someone’s legs, tail wagging, or face licking of just-met humans for him. No, Sparky’s approach is not that of your typical “cute dog.” Sparky will stare at a person, his deep, dark eyes peering from behind his silky top-knot. He doesn’t outwardly greet someone unless he knows them, and knows them well. Sparky studies, evaluates, and makes a serious attempt to figure out what the person is all about.

When you speak to Sparky, he listens. I mean, he really *listens*. His head cocks from one side to the other, while his brain seems to work at full capacity deciphering the meaning of your words. And somehow, *somehow*, he speaks back. Call it telepathy or voodoo, you understand, perhaps by the look in his eyes, what he is trying to convey.

The bus crossed through Central Park and reached the East Side. We came to our stop. “Good luck,” David said, as we stepped off.

We transferred to the downtown bus on York Avenue. After getting off at 62nd Street, we walked east a short block to

the Animal Medical Center. The facility occupies several floors, practically like a human hospital. It has an entire oncology *department*—very impressive. We sat in the huge waiting room, which was filled with a variety of animals needing attention, accompanied by their anxious human companions. Our turn finally came.

Two very young female vets—one of them may have been an intern—greeted us and took us to one of the examination rooms. On the way, I was thinking, hoping, that we would soon be told that Dr. Brown was in error. There was a *chance*. Maybe...maybe... The one we thought to be the veterinarian spoke first. “What can we do for you today?”

“We came for a second opinion,” John told her. “He’s got these lumps on his throat, and we took him to our regular vet yesterday. She said it might be lymphoma. She took a biopsy, but we haven’t gotten the results yet.”

“Let’s have a look.”

John lifted Sparky up onto her table.

“What’s his name?” she asked brightly—a little *too* brightly, I thought.

“Sparky.”

She turned to the dog. “Okay, Sparky.”

She ran her hands under his chin and over his body, ending up with the hind legs. She listened with her stethoscope, then took his temperature with a rectal thermometer. It all seemed quite routine, and she smiled all through it. Then she turned to us. The whole room, and everything and everyone in it, froze for a second—a very long

second. My heart seemed to stop beating. I didn't look at John, perhaps because I feared he was as petrified as I was.

"Based on what I'm seeing here, I expect the biopsy to show lymphoma."

John clasped my hand. I burst into tears. We had spent all this time only to hear Dr. Brown's opinion confirmed! The one we assumed to be the intern offered what she must have thought was consolation: "With proper treatment, Sparky might even live ten to twelve months."

"But he's only six years old," John protested. "Isn't that too young to get cancer?"

"No, that's about right for these guys, five, six—pretty typical."

All I could think was I wanted to get out of there and take Sparky home.

"Some of these guys really rally, and live as long as two years," she said by way of encouragement.

"Well, thank you," said John, forcing politeness.

Devastated, we paid the bill and headed home. I couldn't stop crying. By some quirky coincidence, David happened to be on the 86th Street cross-town bus again.

"What's the outcome?" he asked. But he had certainly already guessed, just by looking at us.

"They came up with the same opinion," John told him. Sparky's adorable face peeked out the top of the Sherpa bag, and John lightly rested on his hand on our Aussie's head.

That evening, Dr. Brown called. John answered the phone.

"Hi, Dr. Brown." John listened for a moment.

I could tell from his voice that the news wasn't good. I was cooking dinner and came out of the kitchen to listen.

"It's lymphosarcoma," he said to me, momentarily covering the receiver. "Is that the same thing as lymphoma?" he asked Dr. Brown. He nodded to me, indicating that it was. "There can't be any mistake?" he asked the doctor. He looked at me and shook his head. That was the moment I realized that there would be no hope of any other diagnosis. Sparky had cancer. Unquestionably. I tried to concentrate on the conversation. Dr. Brown was recommending that we start chemotherapy treatments immediately.

"We need to go to an oncologist," John whispered to me, then spoke into the phone. "We went over to Animal Medical Center today. Perhaps we should take him there for the treatments." He paused. Then to me: "She says that would be okay, but there's an oncologist at Animal Medical. Dr. Post." He wrote the name down.

He listened for a little, then asked Dr. Brown if she would hold on for a minute. He put the phone on hold.

"She says that Animal General has an excellent oncologist named Dr. Gerald Post. He comes in once a week. She *highly* recommends him." John, perhaps still under the influence of the Animal Medical Center's impressive facility and full oncology staff, again wondered whether it wouldn't be better to take Sparky there.

"Well, I trust Dr. Brown." I was going mostly on instinct, but I did give weight to her recommendation. "What do you think?"

“Dr. Brown says that there’s no one better in the field. You think we should go with him?”

“Well,” I ventured, “it would be closer—and we can always change if we want.”

John took the phone off hold and returned to Dr. Brown. “What day does Dr. Post come in?”

Sometimes in life a decision is made—for better or worse— that affects one so profoundly that it makes all the difference subsequently. Our choosing to go with Dr. Post was one of those decisions.

John continued on the telephone with Dr. Brown: Dr. Post only came in on Wednesday evenings. Dr. Brown arranged an appointment for us to see him the following Wednesday. Meanwhile, she explained that she wanted to do further tests, to take samples and see if the cancer had spread to the liver or any other organs. She would make up an estimate of what had to be done.

“Okay, I’ll stop by tomorrow and pick it up. And thank you, Doctor.” John hung up the receiver.

I told myself to calm down. After all, Sparky was just a dog. He wasn’t our child. But we had no children. He *was* our child. “Keep a sense of proportion, Josée!” I urged myself. Sure, this was going to be tough, but keep a sense of proportion. I went on inwardly in this way—blah, blah, blah. None of it worked. I returned to the kitchen and went through the motions of making dinner.

John went in the next day to sign an estimate for a list of procedures Sparky would receive: lymph node excision; anesthesia and medications; Oxymorphone, and others. Then

there were “Therapeutic Professional Services”: fluids, catheter, etc. The estimate also totaled in the cytology and bone marrow aspiration she had already performed. He glanced at the bottom line. The “low amount” was \$924 and the “high amount” \$1,004. There is such a thing as veterinary insurance, but we didn’t have any. This was going to be way over our budget. But somehow it didn’t matter to me. Ordinarily I watch every penny, look for every bargain, cut out those endless coupons, resist shopping sprees. But this was for *Sparky!* I just didn’t give a damn about the money.

A few days later on August 15, we took Sparky in at 9:00 A.M. for the surgery and tests. We checked in at the front desk. Soon, Dr. Brown appeared and took Sparky out of John’s arms.

“Hi, Sparky,” she said warmly, and seemed to cuddle our little boy in affectionate arms. “I won’t be here this evening when you come back for him. He’ll have to remain for several hours after the procedures. I’ll leave you a note and we can talk tomorrow if there are any questions.”

Dr. Brown turned to leave with our little terrier.

John called “Bye, Sparky” as he was carried away.

“Bye, Sweetheart!” I echoed.

Dr. Brown turned and carried Sparky down a long, narrow hallway to the rear of the facility. John and I stood there watching them retreat into the distance. Sparky wasn’t struggling or squirming in her arms. He seemed entirely cooperative, but then, who can say what went on inside his mind? He rarely had been out of our care since we got him. He had always been a *good* dog. There was that independent streak of his, of course, about a mile wide. But when it counted, he

could pull himself together and cooperate. That's called *trust*: "I don't like this one bit. I'd rather pull loose and cut out of here. I'd like to put up a big stink about the whole thing! But I won't. I'm doing it for *you*."

The door at the end of the corridor opened, then closed, and Sparky and the doctor were gone. John and I grasped each other's hand. There would be an empty spot in our hearts till he was back with us again.

That evening, I wasn't up to cooking. We opted for a bite in a neighborhood restaurant. I can't remember that meal at all, what we ate, or what we said. There was nothing we could do now but wait. It was all out of our hands. We felt helpless. At least we would get Sparky back later that evening.

On the way to the restaurant we passed by Animal General.

"I wonder how our little guy is doing," I said.

"Maybe we can take a peek," John suggested.

The operating room is at the far rear of the building, which is on the corner of 87th Street and Columbus Avenue. The entrance is on Columbus, and the 87th Street side is lined with large plate glass windows. We knew that the last was the window of the operating room. A huge window blind prevented passers-by from looking inside, but there was a narrow gap at the edge of the glass that the blind didn't cover. John tried to peek through. He couldn't see much, but he did make out the cage with Sparky in it.

"Is he sleeping?" I asked.

"No. He's standing up. Pacing a little bit."

"He doesn't like it."

"You're right."

"Don't let him see you." That would be disastrous, I thought—for him to see us and not be able to get out of there.

"Don't worry," John said. "He can't smell us, and he won't recognize much through this little crack."

Sparky in a cage. An image I found hard to take. It is said that animals accept whatever happens—that they can't imagine a reality other than the here and now. And so they kind of go with the flow of events. But that doesn't mean they like it. And Sparky doesn't like to be locked up. Except for when he was neutered, shortly after we purchased him, Sparky had never been separated from us. We plan vacations so that he might be part of them. Kennels are out of the question. If it's impractical to take him along, well then, we won't go. We never consider this a hardship or a nuisance; it's simply our choice.

After dinner we went to pick up Sparky. A female attendant carried him out from the operating room down that long hallway to meet us. Sparky, eager to give us a proper greeting, tried to wriggle out of the attendant's arms. She put him onto the floor and he hit the ground running. He raced toward us. It was pure delight; he jumped back and forth from John to me, his head tucked down between his shoulders, his ears laid back, and his docked little tail vibrating so fast it blurred. There were bandages on his rear leg and elsewhere, as I recall. The attendant gave us some medications and instructions with a hand-written report from the doctor:

*8/15/00*

*Mr. And Mrs. Clifton,*

*Sparky did very well in surgery today. We took a small wedge of tissue from the lymph node in his left hind leg for biopsy and we did a bone marrow aspirate from his right hip. I put a "stat" on the biopsy and hope we'll have it back for your appointment with Dr. Post tomorrow. The stitches behind his left knee will need to come out in 10-14 days.*

*Sparky was a great patient today—we'll see you and him tomorrow. Thank you—*

*Dr. Brown*

*Sparky can eat a small meal later this evening.*

We took Sparky home. That night, he slept like a baby, which is more than I can say for John and me.