ISSUE 5 Spring 2020

Equine NEWS

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COMPASSION, CARE AND CLINICAL EXCELLENCE

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Our Spring cover star is 11yro Archie having fun in the snow. He has been owned by Sophie Mair for 3 years. She is hoping to get back out with him soon to do some showing and jumping.

Please email equine@paragonvet.com if you have any topic suggestions for either the newsletter or Facebook page.

STAFF NEWS

Most of the equine team took advantage of January being one of our quieter months and took a break to get some skiing done.

Can you spot which team member is in each picture?







SPRING WORM EGG COUNT PROMOTION

Now that we are heading into Spring it is time to start thinking about worm egg counts again. These will follow on from the wormer that should have been provided over the Winter to treat against encysted small red worms. During March we are offering a FREE wormer to any horses that have a positive worm egg count as long as they have been provided with a worming treatment over the winter months.



Please drop samples off at Newbiggin or Dalston receptions in a sealed bag or container that is clearly labelled with your name, phone number, horse name and age.

Once we have checked the sample we will give you a call with the results.

OUT OF HOURS

Just to remind everyone that we offer full out of hours equine only veterinary cover.

To speak to the equine vet on duty please call either Newbiggin on 017684 83789 or Dalston on 01228 710208 and select option 3.



Our 2020 breeding brochure is now available.

Copies can be downloaded from www.paragonvet.com or picked up from Newbiggin and Dalston receptions.





Wound Care and Reconstruction

Euan Hammersley - BSc MRCVS BVMS

We never cease to be amazed by the injuries horses can do to themselves! As an owner it is very important to have a little basic first aid knowledge in case you are faced with a wound on your horse.



If the wound is fresh and still bleeding it is important to stop the bleeding. In many cases a little blood goes a long way, but it can be very alarming when you have to deal with it yourself. To stop the bleeding; apply direct pressure to the wound, ideally using a sterile dressing held in place with a vet wrap. Try to keep the horse as settled as possible, this will help to keep their blood pressure low and slow the bleeding. Avoid removing the dressing until the vet has arrived. A clean towel of jumper is also useable in emergency situations.

If the wound is not bleeding but contaminated with mud, grit or bedding material it is best to lavage the wound. Using a hose pipe with a reasonable amount of pressure will be effective in removing any material and also bacteria that is present on the surface of the wound. For skin flap wounds where there is a concern of damage to deeper structures such as joints and tendon sheaths sterile saline is best.

Fresh wounds (within 6 hours) can often be sutured (stitched) or stapled, which will often result in a better cosmetic outcome and quicker healing. Often, especially when wounds occur on limbs it is not possible to close the wound immediately. In these cases we have to manage the wound to encourage healing by "secondary intension". This is usually a longer

process and can involve multiple dressing changes in order to maintain the best conditions for wound healing. This can be a slow process however it is amazing how even large wounds will heel with time.

There is no way of definitely accelerating wound repair, but several factors slow down wound healing. These factors need to be reduced or removed in order to provide an optimum environment for wound healing.



- **1.General health status.** Malnutrition/debilitation and some diseases will reduce the rate and quantity of wound healing. Protein loss *(hypoproteinaemia)* reduces wound strength. Uncontrolled Cushing's Disease will cause for a reduction in the body's ability to repair, while deficiencies in Vitamin C, Magnesium and Zinc will delay healing.
- **2.Blood supply/anaemia.** Reduced blood supply to a wound inhibits the healing process.

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- 3. Location of the wound. Wounds on the head and trunk generally heal well. Wounds on the lower limbs of horses tend to heal poorly. This is because the blood supply is poor, there is less musculature, more movement and more contamination.
- 4. Infection. Bacteria inhibit all phases of wound healing. Time is a critical factor in the treatment of wounds and prevention of the establishment of infection. There is a 'golden period' of 3-5 hours before bacteria reach a critical level to prevent healing. It is therefore important that wounds are effectively cleaned using clean water or saline as soon as possible.
- **5. Proud flesh.** Excessive movement and contamination of wounds on the lower limb can result in excess granulation tissue or 'proud flesh' being formed which halts the healing process. This needs to be trimmed back and immobilised, a flat bed of granulation tissue is essential for epithelialisation to occur. Other factors that delay wound healing include; the presence of dead tissue, foreign bodies e.g. wood, a haematoma (blood blister) and dead space (a gap between the skin and underlying tissue), movement and oedema (swelling).

If you would like to learn more about equine wounds and possible treatments we are holding a talk on "Equine wounds" on the 17th of March at the Greenhill Hotel, Wigton. If you would like to attend please contact us to reserve your space.



COMPLIMENTARY CUSHING'S DISEASE (PPID) TESTING

Throughout the year we are able to offer FREE laboratory fees for PPID testing on horses that have not previously been tested or that are not previously on veterinary treatment for Cushing's Disease.



Owners will need to visit www.careaboutcushings.co.uk to sign up and apply for a voucher. The voucher code will need to be given to the vet when they come to take a blood sample. The website also has lots of useful information about the disease.

Please speak to one of the equine team if you have any questions or would like to discuss whether testing would be beneficial for your horse.

Gastric ulcers in horses - Part 1

Paul May - BVMS MRCVS

There are two types of ulcers found in equine stomachs and the differentiation is based on the region affected.

Squamous ulcers affect the top third of the stomach, and are believed to

be caused by exposure of the stomach lining to stomach acid. Their correct name is Equine

Squamous Gastric Disease. Ulcers develop quickly, and are associated with changes in appetite, slowed eating and poor performance as well changes in behaviour.

Squamous ulcers occur with inconsistent provision of forage, lack of water, high starch diets, pelleted feeds, excessive straw feeding, intense exercise, change in housing, transport, and lack of daily horse to horse contact.



Treatment with an equine formulation of the acid suppressant drug *Omeprazole* is consistently very effective, with the majority of lesions healing within 21-28 days.

Glandular ulcers affect the bottom 2/3 of the stomach, in particular the final 1/3 called the antrum. Their correct name is *Equine Glandular Gastric Disease*. Inflamed areas form slowly and reflect a failure of the mucus layer that protects the glandular area from acid.

The clinical signs are more variable, and may or may not include appetite change/weight loss. Some horses may resent girthing, but this is not specific. The mechanism of failure of the mucus coat is unknown, but could be caused by; physical damage from coarse feed, toxic damage (drugs or plants), bacterial infections, altered composition of the mucus. It is likely that several different causes are involved over a period of time.

Treatment with *Omeprazole* alone is much less effective than in squamous disease with maybe only 25% healed after a month. A combination of *Omeprazole* and the mucosal



protectant *Sucralfate* can be used, improving the recovery rate to nearly 70%. If this treatment does not give good results, an alternative therapy is to give *Prostaglandin tablets* orally. The additional benefit of *Sucralfate* is that it continues to protect the other intestinal surfaces beyond the stomach lining, which can help with hind gut ulceration.

In the summer newsletter we will talk about what steps can

be taken to help reduce the effect of gastric ulcers through changes in feeding.

Equine Influenza Update

Kristen Holland - BVetMed (hons) MRCVS

2019 saw 200 equine influenza outbreaks in the UK, compared to 2018 when there were only 2 outbreaks confirmed. An outbreak in this case is classed as an individual focus of infection, usually a single premises where



multiple horses may be infected. Equine flu is highly contagious, having an infection rate of almost 100% in unvaccinated horses. Clinical signs occur after 1-3 days and these include a fever, dry cough, lethargy, nasal discharge and a lack of appetite. Infection can be very serious in unvaccinated horses, especially older and younger horses and those with Cushing's Disease (PPID).

In 2019 there was a large uptake in equine flu vaccination due to the extra number of outbreaks seen. Competition bodies, venues and livery yards asked for proof of vaccination or decreased the required vaccination interval to 6 months. This was in an effort to prevent further spread of disease throughout the country.

Booster vaccinations following a full primary course increase the horse's immunity to the disease, this will either prevent infection or decrease the severity of clinical signs seen in an infection. It is important that all horses are vaccinated to decrease spread of disease. Horses and ponies which don't go out to competitions are very much at risk if others on the yard do go out, these horses can bring disease back with them and pass it on to vulnerable unvaccinated horses and ponies. Equine influenza virus particles can travel up to 5km so spread can occur between different premises without direct contact or shared equipment. It is estimated that even after a large amount of uptake for vaccination in 2019, 50% of horses in the UK are still completely unvaccinated.

The last outbreak of equine influenza in the UK was reported on 16th December 2019. Prior to that there was approximately one new outbreak reported each month until August 2019



when there were 10 outbreaks recorded. The month with the highest number of outbreaks was June 2019 with almost 70 outbreaks. Currently there have been no reported outbreaks of equine influenza in 2020, but it is difficult to predict how that might change when the Summer competition season starts.

Whilst the number of outbreaks being recorded in the UK has slowed down, it is important to still remain vigilant to try to prevent further outbreaks in the future. Good biosecurity measures should be taken, such as not sharing equipment and feed bowls, quarantine of new horses or horses suspected to be ill and not allowing contact with unknown horses whilst out at shows or competitions.

We are still recommending 6 monthly booster vaccinations to boost immunity levels and prevent further outbreaks in 2020. We recommend checking with competition bodies and venues to see their vaccination requirements prior to going to shows and competitions. Often requirements are for horses to have received a full primary course, followed by annual boosters with the last booster vaccine having been given within the last 6 months prior to the competition. This is to ensure high levels of immunity within all horses present at shows to try and prevent the spread of disease between horses whilst they are at events.

If you have any further questions regarding equine influenza or vaccination please don't hesitate to give the practice a ring.







Contact us:

Paragon Veterinary Group

Carlisle House, Townhead Road
Dalston, Carlisle, CA5 7JF
Tel: (01228) 710208
equine@paragonvet.com



Townhead Veterinary Centre

Newbiggin, Stainton, Penrith, CA11 0HT Tel: (01768) 483789 equine@paragonvet.com

