

ISSUE 4 Winter 2019

# Equine NEWS

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VETERINARY GROUP



**Equine**

COMPASSION, CARE AND CLINICAL EXCELLENCE

Welcome to our new look newsletter. We will continue to publish our equine newsletters quarterly but they will now contain more clinical content and practice updates.

On the cover this Winter are Mo and Taylor. The picture was kindly sent in by Dawn Evans.

Please email [equine@paragonvet.com](mailto:equine@paragonvet.com) if you have any topic suggestions for either the newsletter or Facebook page.

### STAFF NEWS

Euan Hammersley joined us on the 4th November to work full time as a vet within the equine team. He recently attended the Gastric Ulcer and Colic open evening so already met a few of you there. He has been getting out and about on calls and is taking a share of the out of hours rota. Outside of work Euan has his own horse and regularly events in the area during the season.



Sadly Sarah Hogg has now moved on from the practice. We



would like to thank Sarah for her hard work whilst working for us and wish her all the best for the future.

Sarah will continue to offer acupuncture on owners yards, if you would like any further details please speak to one of the equine team.

Sian picked up her new puppy Missy during early November. She is a German Shorthaired Pointer and is very cute which is lucky as she likes to keep Sian awake all night with her howling!

### OUT OF HOURS

Just to remind everyone that we now 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 Dalton on 01228 710208 and select option 3.

## LIVER FLUKE IN HORSES

**Paul May - MRCVS BVMS**



Farmers in Cumbria are very familiar with Liver Fluke in their cattle and sheep but until recently the problem has been over-looked in horses and donkeys.

We have enough evidence to suspect this disease in a number of premises, this leads us to think that the problem is widespread.

The complex life cycle of Liver Fluke requires the correct moisture and temperature levels as well as the presence of the intermediate host the mud snail. Once the immature stages have passed on the snail they attach themselves onto the grass and are then eaten and ingested by horses. The Fluke then move into the Liver where they remain.



A number of clinical signs can be attributed to a Liver Fluke infestation, the severity of which depends on the numbers involved. These can include weight loss, discomfort (maybe even presenting as a mild colic), poor performance, anaemia and biochemical changes detectable on a blood test.

Currently diagnosis is limited but a specific blood test is being developed and sometimes eggs can be found in droppings. Once the Liver Fluke have matured into adults they may cause little or no obvious clinical signs in the host so long as the numbers are not too high.

There are no products licensed for use in horses to treat Liver fluke so we have to prescribe cattle drugs. There is widespread resistance to treatment in cattle and sheep but in horses we use an oral drench initially unless we suspect resistance. The treatment is well tolerated and to date we have not encountered any problems in the horses and ponies that we have treated.

**\*\*If you haven't already wormed against encysted small red worms this Autumn then we would advise that a wormer is administered to your horse, pony or donkey during December. For further information please speak to one of the equine team\*\***

## MUD FEVER

**Euan Hammersley - BSc MRCVS BVMS**



As the name suggests mud fever is often associated with wet conditions that occur during the autumn and winter months. Also known as greasy heel or cracked heel; the cause of mud fever is a bacterial infection of the skin. Under normal circumstances the skin has natural defences that will prevent environmental bacteria infecting and multiplying. During the wetter months these natural defences will be compromised by repeated dampening of the skin. This weakened skin will become susceptible to infection by the environmental bacteria that are responsible for mud fever.

### **How does Mud Fever present?**

Mud fever will most commonly occur on the skin at the back of the horse's pastern or heel. Usually, the lesions will only go as far as the fetlock but in extreme cases the cannon can be affected as far as the knee or hock. Initially the skin will become red and thickened. Hair loss and a watery, yellow discharge will occur that gives the leg a greasy appearance. In more severe cases the discharge may progressively become thicker and the leg may become swollen and painful to touch.

Other skin conditions can present in a very similar way to mud fever and may predispose a horse to developing the infection. Leg mites (*Chorioptic mange*) can damage and cause thickening of the skin, enabling the bacterial entry. Whilst an immune mediated disease called pastern and cannon leukocytoclastic vasculitis can look very similar to mud fever, it is more commonly seen during the summer months.



Systemic diseases such as Cushing's can reduce the horse's immune system making it easier for bacteria to gain a hold. Undoubtedly, certain breeds of horse are genetically pre-disposed to mud fever.

Diagnosis can often be made on clinical signs alone with a detailed history. In some more complex cases further diagnostic tests such as acetate tape impressions, skin scrapes or skin biopsies may be needed to reach a definitive diagnosis.

### **Treatment**

Mild cases that present with reddening of the skin and hair loss can be treated by moving the horse to a dry area for a few days and washing the leg with dilute Hibiscrub (*chlorohexadine*) – the ideal dilution is 0.1%. After washing it is very important to rinse all the soap off with clean warm water and dry the leg with clean paper towels before applying a barrier cream.

Washing with *chlorohexadine* should be repeated every 4 days until the skin returns to normal. If the effected area continues to worsen despite initially treatment or the leg becomes swollen or painful to touch then it would be best to get one of the vets out to examine your horse.

### Prevention

Mud fever has traditionally been associated with exposure to mud however many horses who spend the whole winter in muddy paddocks do not develop the condition. This makes us believe that mud fever is not caused by an exposure to mud but the repeated dampening of the skin. It has been found that washing horse's legs as they come in from the field daily to remove mud and then leaving them to dry naturally over several hours will increase the risk of developing mud fever. A better alternative is to allow the mud to dry and then remove it gently using a brush.

For horses that have previously had mud fever the best form of prevention is to keep them from standing in areas of the field that have become poached and wet. There are a number of boots and horse "socks" that are designed to help prevent mud fever, these can work well but must be removed and dried daily otherwise they will contribute to dampness on the horses legs.



### 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](http://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.

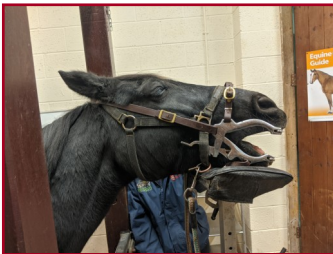
## SEDATION IN HORSES

Kristen Holland - BVetMed (hons) MRCVS



### Why Do We Need To Sedate?

Horses are naturally prey animals and therefore are usually unwilling to be in situations outside of their comfort zone. Whilst we always try our best to make horses under our care feel as comfortable as possible, there are still circumstances during veterinary treatment that will cause a horse to feel a little anxious. Sedation in these situations will allow the horse to be much more comfortable and owners and vets to be much safer. A horse's natural reaction when being put in an uncomfortable situation is to resist in order to protect themselves. This can easily create a dangerous situation for owners and vets.



Common situations where sedation can be necessary include assessment and treatment of wounds and eye injuries, routine dental care and invasive dental procedures, clipping, diagnostic imaging and control of pain in colic.

### How Do We Sedate Horses?

There are a number of products we can use to sedate horses, these fall into a number of different categories.

**Acepromazine (ACP)** acts as a calming agent, this is best used in situations where horses need help to cope with their fear or anxiety. It will not cause profound sedation but it will have a calming effect, therefore it is the mildest form of sedation that can be given. This is most commonly given in an oral paste.

The most commonly used category of sedative drugs by vets are called **alpha 2 agonists**. There are 3 different drugs in this category, each with a differing duration of action. We will choose a longer acting sedative for procedures such as clipping which require prolonged sedation. This category of drugs causes the horse's heart rate to slow down so we will always listen to the horse's heart to check for murmurs or arrhythmias before administering the drug. If a murmur or arrhythmia is present then this slowing of the heart rate could mean that the heart is not able to pump enough blood around the body. Receptors for this type of sedation exist in the brain and around the rest of the horse's nervous system, the drugs work by slowing nerve signals and therefore providing sedation. These drugs provide a certain amount of pain relief, especially to the intestines so they are useful in the control of pain in colic.

Alpha 2 agonists are usually given by vets via an intravenous (IV) injection, they can be given into the muscle (IM) if the horse is very difficult to inject, a larger dose will be used and it will take much longer for sedation to take effect. One of the drugs from this category is also available as an oral paste which can be given safely without a vet being present. This paste will generally cause a more profound sedation than an ACP paste but often not as profound a sedation as an IV injection.

**Opioids** are used in combination with alpha 2 agonists to deepen the plane of sedation. These drugs will be injected into the IV or into the IM by a vet. The main effects of these drugs are to provide further sedation when used with the other drugs and for extra pain relief. This is useful when carrying out potentially painful procedures.

The level of sedation produced by alpha 2 agonists and opioids is dependent on the dose used, but each individual horse will show a different sensitivity to these drugs.

Due to the relaxation of the muscles of the gastrointestinal tract caused by sedative drugs, it is always important to remove all food from sedated horses until they are fully recovered, this can take up to one hour after sedation is given. If this is not done then horses can easily choke.



### **\*\*FACEBOOK COMPETITION\*\***

We are running another Christmas Facebook competition to **WIN** one of our first aid kit s. To be in with a chance all you need to do is **LIKE** our Facebook page, **LIKE and SHARE** the post and **COMMENT** with a picture of your horse between the 1st and 18th December.



The winner will be drawn at random and contacted shortly after the 18th December. If you don't have Facebook but would like to enter please email [kelly.smith@paragonvet.com](mailto:kelly.smith@paragonvet.com) or call reception with your details.

The first aid kits are available to buy at both Newbiggin and Dalston receptions. They make great Christmas presents!

**GOOD LUCK!**

## CHRISTMAS OPENING HOURS

We hope that you all have a very Merry Christmas and a Happy New Year. During the festive period we will be providing full emergency equine cover but the practice will only be open as follows:

	NEWBIGGIN	DALSTON
<b>Tuesday 24th December</b>	8:00 - 5:00	8:00 - 5:00
<b>Wednesday 25th December</b>	Closed—Emergencies	Closed—Emergencies
<b>Thursday 26th December</b>	Closed—Emergencies	Closed—Emergencies
<b>Friday 27th December</b>	Normal hours	Normal hours
<b>Saturday 28th December</b>	8:30—12:30	8:30—12:30
<b>Sunday 29th December</b>	Closed—Emergencies	Closed—Emergencies
<b>Monday 30th December</b>	Normal hours	Normal hours
<b>Tuesday 31st December</b>	8:00 - 5:00	8:00 - 5:00
<b>Wednesday 1st January</b>	Closed—Emergencies	Closed—Emergencies
<b>Thursday 2nd January</b>	Normal hours	Normal hours



### Contact us:

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