

ISSUE 19 Autumn 2023

Equine NEWS

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Equine

COMPASSION, CARE AND CLINICAL EXCELLENCE

On the cover this quarter are Greenholme Elsa and her filly foal Remi, owned by Elaine Potter. Elsa spent part of November and December 2022 as an inpatient at Newbiggin following a traumatic injury to her neck. She made a fantastic recovery and carried Remi to term with no problems. We are delighted to see her looking so well and enjoying life at home.

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

WELCOME TO HANNAH AND BETHAN

Hannah and Bethan have both joined us over the past month as new graduate equine vets. Thank you to everyone who has met them so far for making them feel welcome.

Hannah graduated from the University of Glasgow earlier this summer. She is originally from Chorley and has a farming background. So far Hannah is enjoying getting stuck into all aspects of equine practice and has been involved with some interesting cases.

Outside of work, Hannah enjoys getting outdoors, hill walking and spending time playing with and training her Pointer puppy, Drift.



Bethan graduated from the University of Surrey earlier this summer, and has since been enjoying time with her family back home in Northern Ireland before making the move to Cumbria last week. Bethan has always loved working with horses and is excited to continue to do so as part of the equine team at Paragon.

Outside of work she spends a lot of time reading and is enjoying exploring the local area with her dog Rosie.



Mel's daughter Emelia and Nibblet at Pony Club Camp



Hannah, Hayley, Selina, Diane (large animal team) and Rachel (advanced breeding team) at Dalston Show

The equine team have attended a number of the local agricultural shows and equestrian events over the summer - some of them were rather wet!



Kelly, son Charlie and Wegas at Brough Show



Selina and Freya at Penrith Show



Charlotte and Custard at the Cumberland Show

Hannah Marrow - BVMS MRCVS

LAMINITIS



Laminitis is a painful debilitating condition affecting the horse's feet. The hoof wall is attached to the underlying structures of the foot by the laminae, which act like Velcro to keep all the structures together. When a horse gets laminitis, the laminae become inflamed which causes pain.

This leads to the laminae separating, allowing the pedal bone to rotate or sink within the foot. In extreme cases, the pedal bone can come through the sole of the foot.

Laminitis can be associated with sepsis, or in rare cases excessive weight-bearing, for example if they cannot stand on the opposite leg. However, the most common causes of laminitis are equine metabolic syndrome (EMS) and equine Cushing's disease. These can both be diagnosed with the history, clinical signs and a blood sample. EMS is usually seen in obese animals or those who have been obese previously. In acute laminitis, the pony is often reluctant to move and/or pick up the feet, although this can vary depending on the severity of the episode. The pony often rocks back on their heels to offload their weight onto the backs of their feet. Ponies with chronic cases of laminitis often have characteristic changes in their feet including laminitic rings in the hoof wall and stretching of the white line of the sole.

Risk factors for laminitis include excessive sugar intake (usually in the form of excessive lush grass or excess concentrate feed), obesity, EMS and Cushing's disease. If a horse has had previous episodes of laminitis, management is crucial to prevent further episodes occurring. Getting your horse to the optimal weight will help to reduce the risk, and this can be achieved through feed and exercise management.

Feed management is important - it is recommended to feed your horse soaked hay (rather than haylage) as this has a lower sugar content. Ideally, hay should be soaked for 12 hours before feeding. An obese pony needs approximately 1.5% of their body weight as soaked hay each day. Unfortunately, soaking hay results in leaching of many important vitamins and minerals, so a low calorie balancer should be fed! If the horse is to be turned out, a grazing muzzle should be used as this restricts the amount of lush, sugar filled grass which can be eaten each day. The sugar content of grass is less during the night, so one option is stabling during the day and turnout at night.



Digital radiograph showing pedal bone rotation

Currently, the grass is very rich as a result of the warm and wet weather, and this is fuelling an increase in the number of laminitic horses. Similarly, there is a lot of clover on the pastures. Clover is very energy dense, which makes it a big risk factor for laminitis! For this reason, anyone who has an obese or laminitic pony needs to be extra vigilant when turning their ponies out.

An acute laminitic should not be exercised due to the risks of further damage to the feet. However, once the acute episode has resolved and the inflammation has gone, a gradual return to exercise is recommended. Exercise should lead to the horse sweating, as this means they are burning enough calories to promote weight loss, and should be done regularly.

Another tip for weight loss is avoiding rugging your horse during the winter, unless it is very cold (e.g. snowing). The colder weather leads to an increase in metabolic rate to keep warm, which burns calories and promotes weight loss. In horses with very thick coats, clipping the coat can be used to further increase their metabolic rate.



For more information and specific guidance on treating foals see our worming guide.

****FAECAL WORM EGG COUNTS****

Don't forget to continue dropping off your faecal worm egg counts (FWEC) for testing.

Fresh samples can be dropped off at Newbiggin/ Dalston receptions or given to vets on visits. Please make sure that they are in a sealed, labelled container or bag.

We advise to keep going with the FWEC until around October, depending on the weather conditions.

Our detailed worming guides are available to pick up in the practice receptions.

Selina Squarotti - BVMS MRCVS

RHABDOMYOLYSIS

Rhabdomyolysis, muscle disease, or myopathy, is a painful condition affecting horses.



Clinical signs are varied and range from minor changes in gait, reluctance to move through to recumbency. Most cases are exercise related and signs occur during or soon after exercise.

Sporadic exertional rhabdomyolysis, usually called 'Tying up' or 'Monday morning disease' is usually associated with over-exertion or over-training above the horse's level of fitness. Affected horses are usually stiff and may refuse to move, they are in pain and distress, sweating, raised heart rate, respiration rate and sometimes temperature as well. Severe cases might show obvious muscle twitching and recumbency.

Palpation reveals painful and swollen muscles, and a blood sample should be taken by your vet to assess the level of muscle damage.

Treatment usually involves rest, as further exercise would exacerbate the muscle damage. Pain relief such as flunixin or equipalazone will need to be administered and fluids, oral or intravenous, might be indicated depending on the severity. Sedatives may also help alleviate muscle spasm and anxiety.

Long-term management usually involves a balanced diet with reduced starch/carbohydrates and Vitamin E and Selenium supplementation. Stress avoidance and free access to clean water at all times are also necessary.

All chronic cases will benefit from continual daily exercise with no rest days, with long warm-ups and no break in the routine. Turnout is also extremely beneficial, as it decreases the stress level of the horses and allows them to continuously graze and move.



Charlotte Pennington - BVetMed (hons) MRCVS

SURGICAL LASER TREATMENT

The surgical laser can be used for a variety of purposes when treating Equine patients, one of which is treating skin conditions/ lesions.



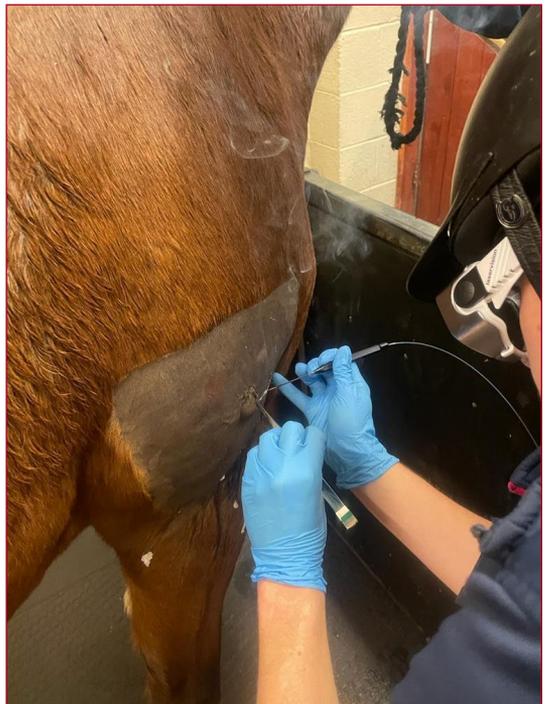
By far, the most common use of the laser in the horse is for the removal of skin tumours such as sarcoids and melanomas. Usually this is done under standing sedation with local anaesthetic injected around the lesion to numb the area. Occasionally a general anaesthetic is required if the area is particularly difficult to access or the patient is tricky!

There are many potential advantages of laser surgery as opposed to using a cold scalpel blade to remove the affected area. Specifically where skin tumours are being removed, the laser heats and vaporises the tissue which minimises the risk of tumour cells being spread during treatment. This reduces the risk of seeding and re-growth. The laser also seals blood vessels whilst cutting (cauterising), reducing bleeding during the procedure and also sealing nerve endings. The combination of the above reduces pain and inflammation post surgery.

Post surgery, laser wounds are not stitched but left open to heal. They can look intimidating and can weep in the first few days following surgery, but healing is usually rapid and uncomplicated with low post procedure infection rates and generally good cosmetic results.

Any skin lesion is easier to treat when they are smaller and solitary, so if there is any concern it is always advisable to get the area checked by your vet sooner rather than later. Depending on the lesion there may be other treatment options to consider, such as applying specialist creams or intra-lesional injections, both of which will need to be done by the vet.

Your vet will be able to advise you on the most appropriate course of action.



****DENTAL PROMOTION****

Throughout October and November we are holding our annual dental promotion

Any dentals done during these months, with or without sedation will receive a 15% discount off the procedure fee

If you would like your horse, pony or donkey's mouth checked we offer FREE dental checks throughout the year

Please speak to the equine team if you would like any further information



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