

ISSUE 13 Spring 2022

Equine NEWS

www.paragonvet.com



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Equine

COMPASSION, CARE AND CLINICAL EXCELLENCE

On the cover this Spring are Alfie and his mum Vicky who are owned by Kim Birkett. Alfie was born on the 25th May 2021 and Kim hopes to do some young event horse classes with him in the future if he stops growing before reaching 18hh!

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

****WORMING ADVICE/ WARNING****

As we approach the end of the winter we start to think about our spring and summer worming programmes. We strongly recommend performing worm egg counts at 3 monthly intervals throughout the spring and summer from March to ensure we are using our worming products appropriately and responsibly.

If your horse has not had a **MOXIDECTIN** based wormer this winter they will not have been treated for encysted redworm (larval stages). Ivermectin wormers **ARE NOT** effective in treating for encysted redworm. Ivermectin only kills the adult worms so in order to kill the larval stages that encyst (hibernate) in the gut wall over the winter moxidectin must be used.

We advise the use of moxidectin in the winter to protect from disease that can be caused by the mass emergence of these larvae in the spring which can cause serious acute or chronic disease including colic, sudden onset diarrhoea and weight loss. The acute condition "larval cyathostomiasis" which is caused by the mass emergence has a 50% fatality rate. We have



seen a number of these cases already this year with the mild winter.

If your horse has not had a treatment for encysted redworm this winter or if you wish to discuss a worming plan for your horse going into the spring please call and speak to one of the equine team who will be able to advise.

EMERGENCY FOAL MILK PACKS

Although hopefully not needed we aim to have a couple of Aintree emergency foal milk tubs in stock at Newbiggin over the breeding season.

If you are having problems and find yourself in need of a tub, even out of hours please call 017684 83789 and speak to the equine team.



ARTIFICIAL INSEMINATION 2022

Our 2022 breeding brochure is now available to download from the website (www.paragonvet.com).

We also have copies available in both Newbiggin and Dalston receptions or can post a copy to you if that is preferable.

Please note that we will continue to implement our Strangles testing policy that was introduced for the 2021 season for visiting AI mares.



All mares coming to stay at the practice will need to have had a negative strangles serology test within the 1-2 weeks before arrival.

Further information about our Strangles testing policy can also be found on the website.

If you would like any further information about our breeding services please call 017684 83789 to speak to one of the equine team.



Facilities and Staff

EQUINE BREEDING FACILITIES AT TOWNSEND FARM:

- 20 acres of fenced paddocks
- Seven stables with CCTV (including two large ones and five boxes)
- Stocks for ultrasound examination
- Liquid nitrogen semen storage tanks
- Secure double gated yard

EQUINE VETS:

Paul Hay, Charlotte Preece, Freya Wood, Andy Smith, Emma Preece, Steve Elliott, Hayley May, Neil Gray

Terms and Conditions

SEMIN AND SEMEN DELIVERY CHARGES are to be arranged with and paid to the stall or service supplier directly. They are also responsible for security, you with a covering certificate. We will report results and pass them to ensure you receive your own copy certificate.

Practice note: we can only inseminate your mare if the correct paperwork accompanied the semen. You need to ensure this is correct with your estrus provider.

Non registered clients will be required to pay a deposit on the mares arrival, this will be deducted from the final invoice. Full payment must be made when the mare is collected. Please also note that if you are a client we will not accept immediate delivery of AI. All payments on Sunday or Bank Holidays. In such may well affect the next day delivery of other European semen, please discuss with the team if this may affect your mare.

HOW TO FIND US:

Paragon Veterinary Group
Townsend Farm, Newbiggin,
Northumbria, Central, CA11 0AT
Tel: 017684 83789
Email: equine@paragonvet.com
www.paragonvet.com
Paragon vet is registered in England by 1452410

EQUINE BREEDING 2022

XL Equine

Pre-breeding Assessments

At Paragon we can carry out a reproductive and fertility assessment of your mare before she is taken to stud. The aim of the assessment is to highlight any fertility problems and to make sure that your mare is in the top condition for breeding before you make the journey to stud. Any problems highlighted during the assessment can be treated or investigated further.

CEN swabs and blood tests for EVA can be done at the stage as that you are not waiting for results when your mare should be getting covered by the Stud.

THE REPRODUCTIVE AND FERTILITY ASSESSMENT INCLUDES:

- Assessment of physical condition
- Rectal ultrasound scan of uterus and ovaries
- Reproductive and Fertility Assessment £36.00
- CEN swabs and EVA blood samples will be charged separately.

Regular phone calls to keep you informed on your mare's progress.

**** PLEASE NOTE THAT ALL MARES MUST HAVE HAD A NEGATIVE STRANGLES SEROLOGY BEFORE ARRIVING FOR THEIR STAY - PLEASE SEE THE INSERT FOR FURTHER DETAILS****

Equine AI Package

We have been a British Equine Veterinary Association (BEVA) approved Equine Artificial Insemination (AI) Centre for over 20 years. Our experienced equine team will endeavour to take exceptional care of your Mare or Mare and Foal throughout their stay at Paragon.

THE AI PACKAGE INCLUDES:

- Reproductive and Fertility Assessment (See cycle)
- Clinical Contraception Equine Hormone (CEN) swab and lab. (See cycle)
- Up to 3 weeks grass (over 20% and 20% CEN)
- Reproductive scanning to pin point the optimum time for insemination.
- Insemination with a Vet and Nurse.
- Proven semen storage and handling.
- Diagnostic ultrasound to assist with timing of oestrus/insemination.
- Oestrus and post-insemination walk-ups.
- Pregnancy diagnosis age 35 and 50 day post oestrus.
- CEN swabs and EVA blood samples will be charged separately.
- Night watchmen up to 16 days post insemination.
- Regular phone calls to keep you informed on your mare's progress.

Equine AI Package

NOT INCLUDED IN THE AI PACKAGE:

- Sedatives and muscle relaxants
- Iron medication after 10 days
- Treatment and investigation of fertility
- Alternative treatment
- Cauterisation
- Stocks for 70 x 30 x 30 days at home
- Horse feed (we can also bring your own)
- Livestock staying with us for more than a week.

This AI package for Equine AI with chilled or frozen semen:

2nd cycle	£232.00
Each additional cycle	£238.00
Grass Livestock, per day	65.70
Grass Livestock Horse and Foal, per day	82.00
Half Livestock, included at night, per day (all prices subject to 20% VAT)	£22.00

WHEN TO BEGIN YOUR MARE:
Mares with foals at foot are best presented for their initial reproductive examination towards the end of the foal's first winter. Maiden and barren mares are best examined just prior to or at the beginning of their season. Mares should be in heat or good body condition but not overweight and in good general health. Vaccinations, worming, strangles and foot care should be up to date.

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EQUINE ASTHMA

Paul May - MRCVS BVMS



The classification of equine airway disease has been changed in recent years. The old terms of COPD, Inflammatory Airway Disease (IAD), Recurrent Airway Obstruction (RAO) and summer pasture associated airway disease have all been superseded by the term Equine Asthma. This can be further divided into mild, moderate or severe to create a much simpler system.

Studies have shown that in the region of 80% of competition horses may suffer from this in some form and up to 17% may even have the severe form. So the basic process that is happening in the airways is an inflammation. Super imposed on this there may be infection, a contamination of the over-production of mucus.

Specific conditions such as Equine Influenza, Equine Herpes Virus or Streptococcal infection can worsen the severity of the condition.

Specific diagnosis is very important, this may involve taking swabs, blood tests, tracheal wash aspiration or broncho-alveolar lavage. The laboratory examination of samples helps to guide treatment to get a quick resolution.

Along with home environment modifications the long term management of significant equine asthma involves the use of corticosteroids for variable periods of time. These can be administered in feed initially, but in the long term, nebulising the medication directly into the airway through a mask, reduces the significance of side effects.



COLIC

Freya Wood - BVSC MRCVS



Colic, what is it?

Colic is a common emergency we see and is a major concern to horse owners. It describes abdominal pain, usually related to the gastrointestinal system, but other conditions can present in similar ways, termed “false colic”.

Most colic episodes (64-72%) are undiagnosed or spasmodic colic's. Recent studies in first opinion practice showed that around 24% of colic's either require hospitalisation for medical management or surgery. Surgical colic's are not that common but require fast action to get the horse to surgery.

Colic is a complex condition, with over 80 possible gastrointestinal causes, so determining a specific cause can be challenging. Signs range from subtle (being quiet, grinding teeth and flank watching) to the more obvious signs that we associate with colic, including pawing the ground, getting up and down, kicking the belly, rolling, sweating and muscle tremors.

What can cause colic?

There are a number of risk factors for colic that have been identified. Some are to do with the horse itself and cannot be prevented, including age for certain types of colic and stereotypic behaviours including crib-biting, windsucking, and weaving for recurrent colic episodes. Some things we can do to reduce our horses' risk of colic include regular dental checks and an appropriate worming programme.

Some types of colic are more common at particular times of year, due to weather or management changes. Large colon impactions are often seen in autumn and winter as horses are stabled more, possibly eating straw bedding, and during cold weather horses may be less inclined to drink due to not liking very cold water or periods where the water is frozen so become dehydrated.

“False colic” can be discomfort associated with the liver or bladder or a high temperature causing signs that would be classically associated with colic.

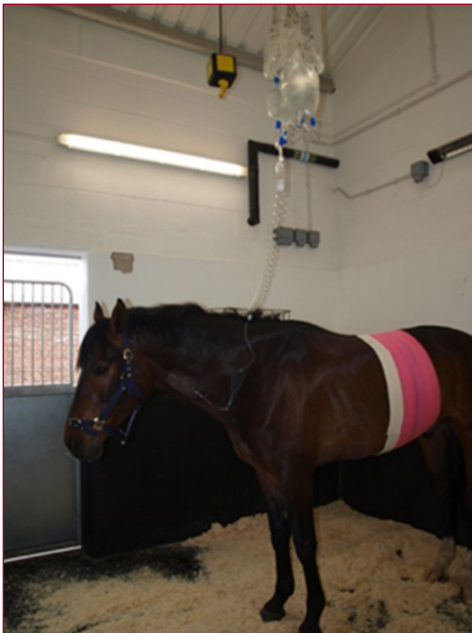


In pregnant mares colic signs may be associated with foal movement, a twist in the uterus, or with foaling. Horses with equine grass sickness can also present with colic signs. This is often seasonal and associated with certain areas of the country. There are a number of risk factors identified but also still many unknowns about this condition.

Colic can be broadly categorised into “medical” and “surgical” colic. Your vet will use the information that you tell them and examination findings including heart rate, gum colour, gut sounds, response (or lack of response) to pain relief, reflux of fluid from a stomach tube and rectal examination to determine the most appropriate course of action. This may be medical management on the yard or at a clinic or referral to a surgical facility for either more intensive medical management or for surgery.

Medical colic's—most colic episodes can be managed on the yard with a combination of pain relief drugs (such as phenylbutazone or flunixin), buscopan and oral fluids. On some occasions more intensive medical management is required where it may be more practical for your horse to be admitted to our Newbiggin clinic for the repeated administration of fluids orally or via a drip and for close monitoring.

Surgical colic's—some colic's require surgical intervention. This can be a difficult decision for owners to make as to whether they want to pursue this as an option. Factors such as existing



health issues, including laminitis or arthritis, and whether the horse is insured will all play a part in decision making, along with how sick the horse is when first presented to the vet, particularly if the referral centre is some distance away. Early referral of these horses is one of the most significant factors in maximising the chance of successful surgery as the earlier the horse is on the surgical table and the less sick it is at that point the better the prognosis.

Familiarity with what is normal for your horse (behaviour, heart rate, respiratory rate and temperature) can help identify problems early. If your horse is displaying colic signs your vet should be called straight away to allow early examination and intervention.

While you are waiting for the vet to arrive, remove food from the stable. If safe for both you and your horse you can walk the horse but not so much that the horse becomes exhausted. If the horse keeps trying to go down allow them to do so and ensure you remain safe.

How can I prepare for an emergency colic?

Colic is a frightening thing for many owners and, as with any other emergency, it can happen with very little warning so it is important to have a plan in place. If your horse is insured, check with your insurance company if they cover for colic. Contact your vet practice and inform them if there is another person that is able to request treatment for your horse and who can make decisions on your behalf should something happen while you are away or unavailable. This can save a lot of time and stress in a fast moving situation.

Consider what you would do should your horse require referral for colic. The earlier these decisions are made the better the chance of a positive outcome. If referral might be an option for you then discuss this with the treating vet and it is a good idea to begin to get transport arranged should it be needed if the colic doesn't resolve with initial medical management.

LAMINITIS

Charlotte Pennington - BVetMed (hons) MRCVS



Laminitis is a painful condition affecting horses, ponies and donkeys. It occurs when the sensitive tissues (*laminae*) that bond the hoof wall to pedal bone within the hoof become inflamed. As well as being extremely painful, the pedal bone can sink or rotate within the hoof under the weight of the horse. Early detection and treatment is essential for the best outcome.

What are the Clinical Signs?

- Increased digital pulses
- Heat in the foot
- Weight Shifting
- Reluctance to move
- Lameness (commonly affecting at least two limbs)
- Pain when hoof testers are applied to the point of the frog
- Leaning back onto the heels (removes weight from the painful toe area)
- Divergent hoof rings (chronic cases)

What causes Laminitis?

There are many things that contribute to the development of laminitis (of which some are not fully understood but research is ongoing). We can group causes into 3 broad categories:

Endocrine/Hormonal Disease - conditions such as Cushing's (PPID) and Equine Metabolic Syndrome (EMS).

Diseases associated with inflammation – occasionally when whole body inflammation occurs it can lead to laminitis.

Mechanical overload / supporting limb laminitis – injuries or pain can cause the shifting of more weight onto the non-painful legs causing increased strain.

Diagnosis

The first thing to do is call your vet! A thorough history and clinical examination is usually sufficient to diagnose the problem. Other diagnostics may be needed, such as x-rays (if there is concern about pedal bone rotation) or blood samples (to check for diseases such as Cushing's and EMS) to help plan the correct treatment.

Treatment

Acute Laminitis is a medical emergency and horses should be seen by a vet so that they can receive treatment as soon as possible .

Pain management is achieved with medication. It is a good idea to box rest the horse during the initial treatment to prevent excessive movement. Foot support can be achieved by providing a deep bed or by using frog supports.

In the short term it is vital to avoid grass, sugary food and treats. Poor quality hay (soaked to reduce carbohydrates) is the best option.

Prevention

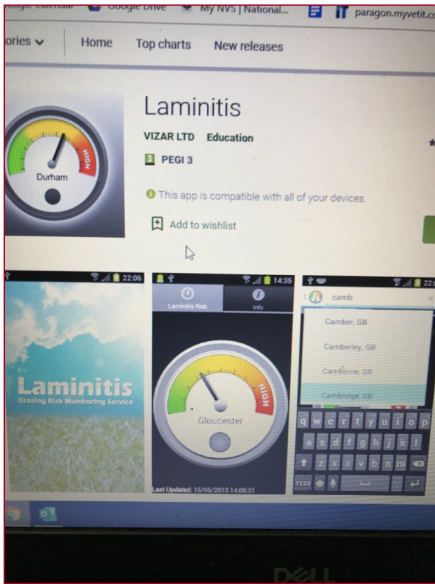
Prevention is aimed at diet modification, controlled exercise, good foot care and the management of the underlying condition to reduce the chance of reoccurrence.

Feeding poor quality hay (preferable to haylage) restricted initially at 1.5% of the horse's body weight to prevent excess weight gain/promote loss. Also hay can be soaked to remove as much of the water soluble carbohydrate as possible.



X-rays showing pedal bone rotation

If extra feed is needed, fibre-based products that contain chaff or un-molassed/ low sugar options should be used. Low calorie balancers can also be used to help provide vitamins and minerals. Affected horses should not have cereal based feeds as they are rich in carbohydrates and also avoid treats!



Grazing should be managed carefully and strictly monitored especially in Spring/Summer months. The use of grazing muzzles, restricting turnout time and monitoring grass levels etc can help plan what suits the individual horses situation

Regular hoof care will maintain good foot balance and prevents excess stress on the foot. X-rays taken can be used to assist farriers and vets with corrective trimming where needed.

For horses with existing medical conditions such as EMS/Cushing's, regular prescription checks by the vet will ensure that the medications being used are working effectively and are at the correct dose.

Regular controlled exercise (on a level appropriate to the individual horse) alongside weight management to help prevent obesity. Carrying excess weight strains the joints/feet as well as exacerbating

conditions such as EMS.

The laminitis App is a useful tool. It shows when the sugars in the grass are at their highest during the day at your location. This can help you to keep at risk horses off the grass during the 'sugar peek' periods.

Have you considered using a weigh bridge?

We have a weigh bridge here at Newbiggin! Please feel free to contact the practice if you would like to find out more about weighing your horse (free service).

Regular monitoring of your horses weight is useful to help with weight loss and with accurate drug doses, e.g. wormers.



THRUSH AND CANKER

Selina Squarotti - BVMS MRCVS



Although we are looking forward to Spring we currently have some very wet and muddy fields to contend with. There are two infectious conditions affecting the horse's frog, associated with such conditions.

Thrush

Thrush is a degenerative bacterial infection that attacks the soft tissue of the frog and sometimes the heel. It can develop because of a constant exposure to unhygienic conditions such as soiled/wet bedding and damp and muddy pastures and the failure to pick out the feet regularly.

Clinical signs of Thrush are foul-smelling, necrotic black discharge from the sulci and the cleft of the frog. All feet might be affected to varying degrees. Swelling of the leg and lameness can occur, but might not be a feature, because of the progressive nature of the disease.

To treat this disease, the horse needs to be moved to a dry and clean environment. The foot will need to be thoroughly cleaned and trimmed and the necrotic and infected areas need to be removed. Frequent debridement might be necessary, and the foot/feet will need to be cleaned and washed daily with a dilute iodine solution.



If the horse is not vaccinated, tetanus antitoxin will need to be given.

Thrush can be prevented with regular foot care and a clean, dry, and hygienic environment. Feet also need to be trimmed regularly, because sheared heels and overgrown toes can predispose to the condition.

Canker

Canker is a disease that starts out looking similar to thrush, but it is much more challenging to treat.



Clinical signs of canker are different depending on the stage of the disease. In early stages, a moist, foul-smelling mass of horn is seen over the frog. In advanced cases, the cauliflower-like proliferative growth can also be seen along the sole, hoof wall, heels, and bars.

The foot will need to be cleaned and de-bridged, preferably

under general anaesthesia, to remove any abnormal tissue, and the wound will then need to be packed with antiseptic gauzes and the foot bandaged. The bandage and packing need to be changed regularly and the horse will need to be kept in a dry and clean environment.

Canker can be prevented with regular foot care and good stable management.



Following de-bridement

****VIRTUAL CLIENT EVENINGS****

In conjunction with XLVets we held virtual client evenings in January with Gillian Higgins 'understanding your horses back' and in February with James Crabtree 'preparing your mare for breeding'. Both presentations were very informative and hopefully those who attended found them beneficial.

The final virtual presentation of the series will be held on Wednesday 16th March at 7:30pm. Guest speaker Gemma Pearson will cover 'equine behaviour, explained', it is set to be another fantastic evening.

To register for the event please click the link on our Facebook page. The recordings of the two previous client evenings can also be found here.



The event is FREE and open to all so please come along and share the details with your friends.

MARCH—FLU AWARENESS

Looking forward and in preparation for the forthcoming horse fair in Appleby during the Summer we continue to advise owners to provide vaccination for their horses, ponies and donkeys against Equine Influenza (flu). The large influx of visitor horses coming into the area present the greater risk of spreading infectious disease.

To help build up the protection of unvaccinated horses in our area during March we will be running a vaccination start up programme; horses starting or restarting their primary course during this month will receive the 3rd vaccine free of charge.

In conjunction with our vaccine manufacturers we will be running a flu awareness week from the 7th—13th March, keep an eye on our social media pages for further information.

EQUINE FLU AWARENESS WEEK
KEEPING BRITAIN'S HORSES HEALTHY

EQUINE FLU IN THE UK

THE RISK IS REAL THERE ARE AN ESTIMATED **850,000** HORSES IN THE UK. AN ESTIMATED **60%** OF HORSES ARE STILL NOT VACCINATED.

WHAT IS EQUINE FLU?
Equine Flu is a respiratory disease caused by a highly contagious virus that's widespread in the UK.

OUTBREAKS
Recorded Equine Flu outbreaks: **228** (2019) **30** (2021)

FLU CAN TRAVEL UP TO **5 KM**

WHAT ARE THE SIGNS?
LETHARGY, FEVER, NICKING/COUGH, LACRIMATED EYES, URINAL DISCHARGE

BE VIGILANT!
Quarantine is not a good idea. Don't share water, equipment, or potentially ill horses. Quarantine box or potentially ill horses.

DON'T SHARE!
Quarantine box or potentially ill horses.

WHY YOU SHOULD VACCINATE
▲ The risk is real!
▲ Flu has a close to 100% infection rate if unvaccinated
▲ Flu hasn't gone away
▲ Flu will stop you having fun
▲ Flu is invisible. Don't take it for granted
▲ Protect your horse and your community
▲ Don't let Flu win!

CALL YOUR VET TODAY

JOIN TOGETHER TO FIGHT EQUINE FLU
www.healthyhorses.co.uk
@KeepingHorsesHealthy
@ApplebyHorse

MSD



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