

ISSUE 21 Spring 2024

# Equine NEWS

[www.paragonvet.com](http://www.paragonvet.com)



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 equine  
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VETERINARY GROUP



COMPASSION, CARE AND CLINICAL EXCELLENCE

## Our cover star

On the cover this season is Guards Cora who lives on the Guards Fell Pony Stud, who are celebrating their 100th anniversary next year.

Cora can be found getting up to mischief with her five half sisters who all love to play, especially in water!

She also lives with her mum Guards Clara, who keeps a watchful eye over the herd.



## Easter opening hours



### **Newbiggin**

### **Dalston**

<b>Thursday 28th March</b>	8:00 - 17:30	8:00 - 19:00
<b>Friday 29th March</b>	Closed - Emergencies	Closed - Emergencies
<b>Saturday 30th March</b>	8:30 - 12:30	8:30 - 13:00
<b>Sunday 31st March</b>	Closed - Emergencies	Closed - Emergencies
<b>Monday 1st April</b>	Closed - Emergencies	Closed - Emergencies
<b>Tuesday 2nd April</b>	8:00 - 17:30	8:00 - 19:00

## Staffing update

Selina will be leaving us in March, to move onto an internship at Leahurst Equine Hospital.

Selina joined us in 2021 after graduating from Royal Dick School of Veterinary Studies. We wish Selina and her 2 cats all the best in their new venture for the future.





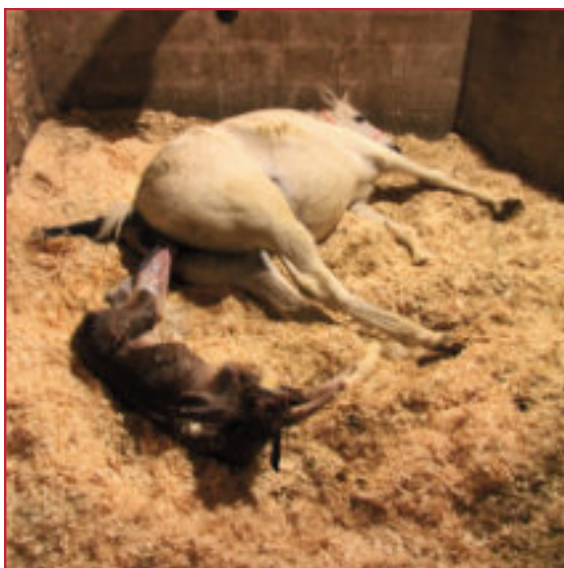
By Selina Squarotti

### 3 Stages of Labour

During the **first stage**, the cervix relaxes, and the foal gets itself into the final birth position. It can last for hours, and the mare is usually restless, will get up and down and show abdominal discomfort.

The first stage finishes when the placenta ruptures and the allantoic fluid is released.

**It is best to contact your veterinarian if the mare is showing excessive, prolonged, or non-productive discomfort or if a red structure appears at the vulva. This is called 'red bag delivery' and happens when the placenta does not rupture.**



The **second stage** starts with the breaking of the placenta and finishes with the birth of the foal. The mare will typically be lying on her side, forcefully contracting her abdomen. In normal presentation, the front feet should appear first, followed by the head.

This whole process can be very short and violent in comparison to the first stage.

The hind limbs of the foal may remain in the mare longer and the umbilical cord should rupture naturally when the mare stands. It is important not to clamp or cut the umbilical cord prematurely, as a large volume of blood is transferred from the mare to the foal just after birth. When the cord ruptures, the umbilical stump should be treated with disinfectant solution, such as 0.5% chlorhexidine or iodine.

If the mare seems to be making little progress, the front feet are not coming out first or if the umbilical cord is not breaking, it is advisable to contact your veterinarian.



The **third stage** involves the passing of the placenta. when it drops from the mare, it should be carefully examined to make sure that none has been retained inside the mare. The veterinarian should be called if the placenta has not been expelled within 8 hours, as retained placenta can result in uterine infection, laminitis, toxic shock, septicaemia and even death of the mare.

The foal usually stands within the first 30 to 60 minutes and should start suckling within 2 hours. Some mares might need to be sedated or restrained to allow the foal to suckle.

If both foal and mare are bright and the weather is suitable, they can be turned out in a small paddock as some exercise is beneficial for the mare recovery and helps strengthen the foal.



## Future proofing parasite control

The primary aims of parasite management -

- minimise risk of parasitic disease,
- control parasite shedding onto pasture
- maintain efficacious drugs and prevent resistance.

There is a misconception that we are trying to eliminate all the parasites from a horse's gut. This is not the case - our aim is to manage the numbers but these parasites are a normal component of the horse's gut.



**By Freya Wood**

Studies have shown that 80% of parasites are shed onto pasture by 20% of horses, so in fact 4 out of 5 horses on average will need very minimal worming treatments. We can determine which horses require treatments using a variety of testing to detect different parasites.

### Small redworm

Testing between the spring and autumn is by faecal worm egg counting. This requires a sample of the horse's droppings, ideally a few balls from across the pile of droppings, which is examined under a microscope and the number of redworm eggs counted. Horses that are shedding high numbers of eggs are treated. This is primarily to reduce pasture contamination so the grazing horses are picking up fewer worms.

It is advised that each property where horses are kept do a faecal worm egg count reduction test at **least** once yearly. This involves a repeat dropping sample taken 2 weeks after a horse with a high worm egg count is treated with a wormer, and this tests whether the worming drug is being effective.

The more complex issue surrounds testing for encysted redworm. The blood test for encysted redworm has now been further validated so we can use it with much more confidence. However, it does require a number of criteria to be met to ensure it is appropriate on a horse by horse basis. We would strongly encourage owners to aim to manage horses in a way that would put them in the "low risk" category making them good candidates for the blood test, however we understand that circumstances may prevent this in some cases.

**Austin Davis Biologics: Encysted Redworm Blood Test -**

<https://www.austindavis.co.uk/small-redworm-blood-test>

### Tapeworm

The tapeworm test is a simple test that can be done by owners. It involves taking a saliva sample using a swab which then tests the exposure to tapeworm using antibody testing. If a horse tests positive and treatment is required then a test should **not** be repeated for 6 months as false positives can occur as it takes time for the antibodies to reduce. The test can be picked up from the practice or ordered directly from the EquiSalwebsite.

**EquiSal-** <http://equisal.co.uk/>

### So why test?

We are in an unfortunate position now where the parasites we are treating for are showing increased resistance to our deworming (anthelmintic) drugs. There are no new drugs on the horizon so it is vital that we protect what we have got otherwise parasite associated diseases such as some severe forms of colic will be more difficult to prevent. Testing as much as we can to direct treatments is a huge part of this, as well as improving management practices.

We have been aware for a number of years about resistance patterns developing in redworm with a number of classes of anthelmintics but reports are starting to emerge in the UK and USA that there are treatment failures for encysted redworm and tapeworm, which indicates a vital need to start using the blood and saliva tests as a bigger part of our annual preventative healthcare practices. There is no blanket advice that applies for every horse and every yard - things are much more individual and this should be guided by discussion with a vet.

There is a drive across the veterinary profession to address this with urgency and to provide the best, evidence based guidance for vets, horse owners and SQPs (those able to dispense wormers in agricultural merchants etc.). The CANTER group are currently producing guidelines which will hopefully be published later in 2024 and VetSustain are working on how this information can be effectively disseminated to vets and horse owners across the UK.

We understand that the testing process makes it not as simple as just giving the horse a wormer. However, the detrimental effects wormers have on the environment, as well as the future implications for horse health, mean we all have a responsibility to be proactive and use wormers only when it is truly indicated.

**CANTERgroup-** <https://canterforhorses.org.uk/>

**VetSustain-** <https://vetsustain.org/>



## **\*\*Faecal Worm Egg Count offer\*\***



Through March we will be running a FWECo offer which means if you have purchased a winter wormer with us, and your horse/pony tests positive in March, the wormer used to treat will be free!

Please drop a fresh sample in to Newbiggin or give them to the vets at your visit. If you need a sample bag please give us a call.



**By Selina Squarotti**

## **Sarcoids**

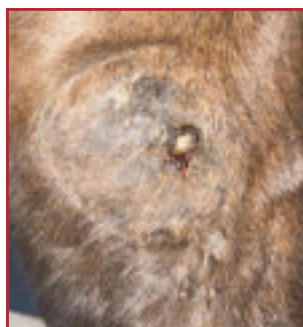
Sarcoids are the most common skin cancer of horses and they do not seem to have breed, age and sex predisposition.

There is still a lot of research about the causes of these tumours, but they seem to be linked to a Bovine Papilloma Virus (BPV), which causes sarcoids in genetically susceptible horses.

This means that not every horse exposed to the virus will develop sarcoids, but those genetically susceptible, might get them again after treatment, since the susceptibility remains.

The ability of sarcoids to transmit by horse-to-horse contact or spread by flies is unproven, but there is more and more evidence suggesting that susceptible horses grazing with horses with sarcoids are likely to develop them as well.

***An example of a sarcoid treated with AW5 cream.***



Sarcoids are usually locally aggressive and they vary enormously in appearance and behaviour. It is important to identify the type of sarcoid, because different types require different treatment and inappropriate treatment can make sarcoids more aggressive, especially if treatment fails and they grow back.

## Sarcoids continued..

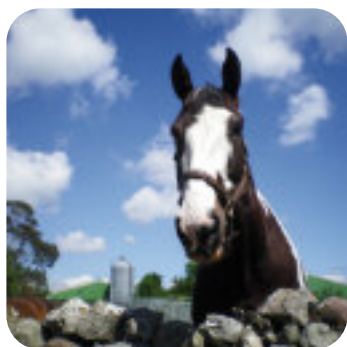
They may look innocuous at early stages, some looking like a flat, smooth patch of scaly skin, some wart-looking, but the lumps frequently become larger, irregular in shape, cauliflower-like and might or might not ulcerate and become aggressive.

Sarcoids are categorized by appearance and behaviour and biopsies are usually not recommended, because disturbing the sarcoids might make them more aggressive.

Due to the high rate of recurrence and different behaviour of sarcoids, these tumours are difficult to treat.

There is no optimal treatment for sarcoids, but many different treatments are being proposed.

**To conclude, sarcoids are a form of cancer and should be treated with respect. Applying anything on sarcoids without seeking expert advice could be very dangerous and detrimental for the horse, potentially decreasing the success rate of any future treatment.**



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