

ISSUE 12 Winter 2021

Equine NEWS

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Equine

COMPASSION, CARE AND CLINICAL EXCELLENCE

On the cover this Winter we have Lorna Elliot's 8yro Fell pony mare Greenholme Heather Bell better known as Asbo! Lorna sent us the following introduction to Asbo which was too funny not to share!

'Asbo is a happy hacker as true to her name she can't seem to behave herself in public at shows. She is a cheeky, lovable character who is always getting into mischief. She is also an expert at escaping! Doesn't like jumping as it involves too much effort but has been found in the next door stable with her buddy after apparently jumping a partition the same height as her. She is very stubborn and if she doesn't want to do something there is nothing that will change her mind. Basically Asbo is just an overgrown Thelwell pony and a lovable one at that!'

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

****WEIGH BRIDGE****

The new weigh bridge is proving to be a useful piece of equipment within the equine department. Some of the weights obtained from recent visiting horses and ponies have been surprisingly much higher than we expected!

Having an accurate weight is very beneficial for both weight management and accurate wormer dosage. Under dosing when providing your horse with a worming treatment is one of the biggest problems in the fight against wormer resistance. This is because the lower dose will not be enough to kill the worms but will help them to develop a resistance against future wormers, making the worming treatment less efficient. It also means that you will be treating more frequently. It should be noted that weigh tapes are not accurate and will under-weigh the horse.

During December you are more than welcome to come and weigh your horses for FREE to get an accurate weight for your winter wormer. Please just give us a call to arrange a day/ time for when the yard will not be too busy.



Custard recently weighed 706kg, what would you have estimated him at?



CHRISTMAS OPENING HOURS

What a year 2021 has been, we would like to thank all of our clients for their support during the year. COVID has thrown some massive challenges for all of us again this year and at times has made treating our patients difficult! We would like to take this opportunity to wish everyone a very Merry Christmas and a Happy New Year, hopefully 2022 will be another step towards normality.

During the festive period we will be providing our usual full emergency equine cover but the practice will only be open as follows:

	NEWBIGGIN	DALSTON
Friday 24th December	8:00 - 5:00	8:00 - 5:00
Saturday 25th December	Closed - Emergencies	Closed - Emergencies
Sunday 26th December	Closed - Emergencies	Closed - Emergencies
Monday 27th December	Closed - Emergencies	Closed - Emergencies
Tuesday 28th December	Closed - Emergencies	Closed - Emergencies
Wednesday 29th December	8:00 - 5:30	8:00 - 7:00
Thursday 30th December	8:00 - 5:30	8:00 - 7:00
Friday 31st December	8:00 - 5:00	8:00 - 5:00
Saturday 1st January	Closed - Emergencies	Closed - Emergencies
Sunday 2nd January	Closed - Emergencies	Closed - Emergencies
Monday 3rd January	Closed - Emergencies	Closed - Emergencies



****CHRISTMAS CARDS****

As part of our drive to creating a more sustainable practice we have decided to help reduce our paper trail by not posting Christmas cards this year.

Instead we will be making a charitable donation, keep an eye on Facebook for more information.

EQUINE WINTER RESPIRATORY HEALTH

Charlotte Pennington - BVetMed (hons) MRCVS



Winter is now upon us and the weather and environmental management changes associated with it can cause problems with our horse's respiratory health.

Generally over the winter period horses tend to be stabled for much longer periods of time. This can lead to increased exposure to environmental airway irritants (e.g. airborne dust) which in turn can lead to inflammation of the horse's airways, causing symptoms such as coughing, nasal discharge and exercise intolerance.

It is worth bearing in mind that, although common infectious diseases such as Equine Influenza and Herpesvirus can be spread all year round, stabling horses for longer periods of time can be stressful for them. Increased close contact between horses and shared air spaces for longer periods of time can all potentially increase the risk of spreading some infectious diseases.

For horses displaying any symptoms of concern, examination by the vet can help diagnose and treat the problem.

With regards to infectious disease, maintaining good hygiene is essential on busy yards, such as avoiding the use of or disinfecting shared equipment, e.g. buckets etc. If horses are unwell they should be isolated, examined by the vet and samples should be taken if needed to help guide specific treatment alongside the taking of precautions to prevent any spread of disease further.

For horses with environmental related/ allergic airway disease, the key to improving symptoms is reducing exposure to the things that are causing irritation and inflammation. It can be hard to find the exact cause sometimes but common causes of irritation can be dust from hay or bedding and mould/ spores in hay.

Simple management changes can help to avoid exposure to airway irritants, such as:

- Avoiding straw and using dust extracted bedding
- Mucking out and bedding down when the horse is out of the stable to reduce dust exposure. Ideally leaving for an hour to allow any dust to settle before bringing the horse back in
- Considering where hay bales and straw are stored in relation to the horses stable

- Ensuring good ventilation, air flow and drainage in the stable
- Feeding hay and feed from the ground to encourage the drainage of mucous from airways
- Soaking hay for at least 30 minutes prior to feeding to reduce the dust levels (longer soaking is needed to reduce nutritional content)
- Steaming hay can also be very beneficial as the high temperatures kill mould spores
- Discard and do not feed any mouldy hay or haylage
- Turnout where possible (assuming the horse is not allergic to anything in the pasture!)

With regards to infectious disease treatment depends on the specific cause.

For environmental respiratory disease, the mainstay of treatment is management changes to avoid airway irritants as discussed above.

More severe cases may require medication such as steroid treatment (to reduce inflammation) or other medications to open the airways, assist with clearing the mucous and ease breathing. Medication should be in conjunction with the implementation of environmental and management changes to help avoid reoccurrence of the problem.

The medications used come in a variety of formats and can be used both short and long term depending on the individual horse's situation and needs. Injections and oral medication are good for the initial stabilisation of signs however for longer term use there are a variety of products that allow medicines to be delivered via nebulisers (i.e. directly into the airways). This is beneficial as smaller amounts of medication are needed and they are being delivered directly to the site that they are needed.

Occasionally, respiratory conditions persist despite best efforts with management changes and treatment, further investigation will then be required. This can involve the passing of an endoscope (camera) into the airways to check for any abnormalities and to allow diagnostic samples to be taken.



Charlotte's horse Custard requires daily treatment with the nebuliser

LIMB SWELLING

Freya Wood - BVSC MRCVS



What causes a horse's limbs to swell up when they suffer an injury? Does it mean the wound is infected?

Swelling is one of the primary signs of inflammation, along with heat and pain. There are many causes of swelling including changes to the blood vessels in the area, bruising, infection or as a result of reduced movement.

When an injury occurs, fluid moves into the area due to an increase in blood flow and the blood vessels undergo changes meaning they are more leaky. This allows proteins to leak out of the vessels which is followed by fluid. This is called oedema. Soft tissue swelling as a result of tendon or ligament damage is due to these changes. Trauma causes more damage to blood vessels allowing blood itself to leak into the area resulting in a haematoma (a bruise).



Swelling can be due to infection if there has been a cut or abrasion. Bacterial infection under the skin can occur quickly after injury, resulting in a swollen, warm leg that is painful to touch. This is usually just in one leg and the horse may have a temperature, be off their food, be non-weight-bearing and there may be fluid oozing from the skin. This is cellulitis and when it reaches this point will require a course of antibiotics and anti-inflammatories. This highlights the importance of checking horses daily for any signs of cuts or abrasions and then being treated appropriately to prevent cellulitis developing. This may be stitching or stapling if the wound is large, or if it is a small cut then keeping the area clean with salt water. Mud fever can also result in cellulitis so good management of mud fever is vital when small lesions occur to prevent this occurring as a consequence.

Limb swelling may not be directly due to the injury but the rest we give an injured

horse, whether that is full box rest or rest from exercise. Blood and lymph (fluid with similar properties to blood plasma) move back to the heart aided by muscle contraction and increases in blood pressure. Horses have no muscle in their lower limbs so they have to rely on the one-way valves in the vessels and compression of the frog to push fluid back up the leg so when our horses are standing in for long periods fluid accumulates resulting in filled legs. This will often resolve with exercise or turnout, but if your horse is on box rest due to injury then support bandages can help reduce filling as well as cold hosing and using ice boots.

There are more unusual causes of filled limbs, such as issues with the liver, internal parasites or allergic reactions so it is important to look at the health of the horse as a whole. If there is discomfort associated with filled legs or other signs such as weight loss or itchy skin then further investigations may need performed.



SURVIVING THE WINTER COLD - THE OLDER HORSE, PONY AND DONKEY

Paul May - MRCVS BVMS



Normally the temperature gradually falls through October and November to prepare horses for the hard frosts. This year there has been a sudden drop in temperature from the unusually mild autumn and it has caught out many of our older horses.

- Dental issues
- Parasitism
- Cushing's Disease
- Equine Asthma
- Lameness

They can all contribute to a gradual weight loss. The loss of body mass means that the animals are less resistant to the cold, and in feeling colder they will not drink as well as they should. This leads to a relative dehydration which can lead to cases of choke and colic.

So how can we prevent this?

Preventative healthcare such as regular dentals, check-over's, weight monitoring, blood samples and an up-to-date worming programme will in turn improve health and vigour.

Older animals can be fed more often, with warm mashes of specialist veteran feeds. Their water should be warmed regularly.

Avoid standing older horses out in the cold on frozen ground and make sure that they have enough insulation through rugs. Regular walking will help to generate body warmth under the rugs.

Avoid dry feeds when they first come in from the fields and putting large pebbles or blocks of salt in the feed bowl will slow down eating. This can enable better chewing of the feed which improves the flow of saliva to wash it down.

Monitor older horses for changes in eating and drinking patterns which in turn will lead to decreased urination and the passing of faeces. Medical treatment may be required to help get their internal systems moving again, the quicker this intervention can be made the less of an impact it will have on the horse.



****PRESCRIPTION CHECKS****

A reminder that we are legally required to perform health checks every 6 months on horses that are receiving long term medication before we can issue repeat prescriptions.

This can be done whilst we are on the yard attending other horses or are doing other procedures, we can also arrange an appointment at another time if this is more convenient. These checks are to ensure that the horse is in good health and that the medication and dosage are still relevant for the prescribed condition.

Please give us a call for further information.



WINTER WORMING

Throughout autumn and winter small red worm larvae usually encyst within the horse's gut wall, suddenly emerging en mass in spring, damaging the guts and causing colic and diarrhoea. This condition is referred to as larval cyathostominosis, and has a mortality rate as high as 50%.

Although Faecal worm egg count (FWEC) is an excellent tool to monitor worm burden from spring to late autumn, it will not detect encysted red worms, because the encysted larvae do not produce eggs. Horses can therefore harbour millions of encysted larvae, but show a negative or low FWEC.



We advise that all horses should receive an effective treatment against redworms in winter (Moxidectin based wormer), November/December time, to prevent small redworm larvae encysting (hibernating within the walls of the guts).

If you would like further guidance on what products are best to use please speak to the equine team.

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.

We will apply for the initial voucher with horses that have not previously had a positive test.

Owners will need to visit www.careaboutcushings.co.uk to sign up to the scheme and to become eligible for a FREE yearly monitoring test.

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.



EQUINE GASTRIC ULCERS (EGS)

Selina Squarotti - BVMS MRCVS



Weight and/or condition loss in horses is frequently encountered and has numerous potential causes, which can be divided in the following different categories:

- Inadequate nutrition, such as lack of appropriate feed or inappropriate feed for the workload
- Inability to ingest feed, secondary to dental disease, inability to grasp food, abnormal mastication and swallowing
- Abnormal digestion, absorption or metabolism of nutrients, secondary to gastric ulcers, parasitism, inflammatory bowel disease, liver dysfunction and toxicities
- Decreased nutrients delivery to peripheral tissues, caused by asthma, liver disease and heart failure
- Muscle wasting disorders and/or old age
- Increased energy and protein loss, usually secondary to chronic diseases and pain

There are three main causes of gastric ulcers: stress, diet and exercise.

- Stress for horses can be secondary to any chronic/continuous pain or disease, or it can be caused by anything outside their normal routine, such as transportation, relocation, hospitalisation, feeding or management changes.
- In the wild, horses constantly graze and therefore continuously produce saliva, this buffers the acid which is continually produced by the cells in the stomach. Modern diets rich in cereals increase the acidity of the stomach and horses often have periods without food, while the gastric acids are still being produced. This excess acid may cause gastric ulceration.
- The stomach of horses is made up of two portions: a squamous region occupying the top third and a glandular one, comprising the bottom two thirds of the stomach, where the gastric acids are being produced. During exercise, the acid may splash on the more



sensitive upper part of the stomach.

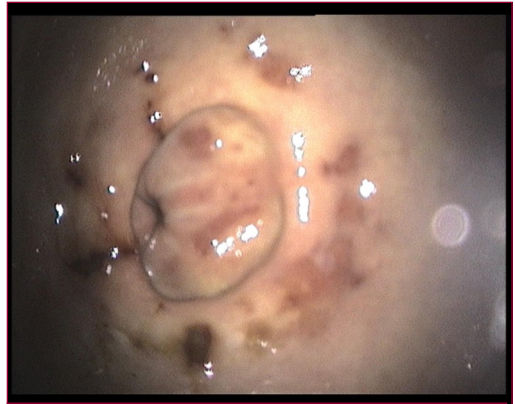
Clinical signs of gastric ulcers may vary from horse to horse. They include weight loss, poor appetite, mild recurrent colic (flank watching, uncomfortable when ridden, abdominal discomfort), poor coat, change in temperament and poor performance, including a refusal to go forward from the leg.

Diagnosis of gastric ulcers requires an examination of the stomach under sedation with a gastroscope, a three-metre-long flexible scope with a camera.

Gastroscopy is a relatively easy and quick procedure, which allows the entire stomach to be visualised. Under sedation, the endoscope is passed through the nose down to the stomach. Since the entire stomach will need to be visualised, the horse should be starved for 12 - 16 hours prior to the procedure and water withheld from two to four hours before.

Some management changes in the feeding regime of the horse may help prevent the development of gastric ulcers.

- Roughage is vital to the horse's diet and if possible, the horse should be turned out at grass as much as possible.
- When stabled, the horse should be given hay or haylage frequently, to promote a natural eating pattern. The fibre content of the feed should be increased, while the carbohydrates decreased, and vegetable oil can be added to the diet (up to 200mL twice daily) to protect the mucosa of the stomach.
- Additionally, before being exercised, horses can be fed a small amount of fibre, such as chaff or alfalfa. This stimulates the production of saliva, to neutralise the gastric acid and provide a mat in the stomach.



A severe case of pyloric (glandular) ulcers

If ulcers have been diagnosed, *Omeprazole* is the only licensed treatment in the UK. It is effective for both treatment and at a lower dose for prevention, but horses racing under the BHA rules are not allowed to compete on treatment. Ulcers in the lower (glandular) compartment of the stomach require *Sucralfate* to be added to the treatment.

CHRISTMAS FACEBOOK COMPETITION



The countdown to Christmas is now on! To celebrate and help kick start the festive cheer we are giving you the chance to win one of our equine first aid kits which are perfect to either keep on the yard or to take with you to events.

To be in with a chance of winning all you need to do is visit our Facebook page then **LIKE** our page, **LIKE and SHARE** the competition post and **COMMENT** with a picture of your horse, pony or donkey who will hopefully not require the use of the first aid kit if you win!

If you are not on Facebook and would like to enter the competition

please email

kelly.smith@paragonvet.com or call 017684 83789.



The winner will be picked at random on Monday 20th December



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