

ISSUE 8 Winter 2020

Equine NEWS

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COMPASSION, CARE AND CLINICAL EXCELLENCE

On the cover this Winter is Gilslandwells Cassandra (Cassie), starring in a previous nativity play with the children from Red Squirrels Nursery. Thank you to the Dixon family for the lovely, festive picture.

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

CHRISTMAS OPENING HOURS

What a year 2020 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 and at times has made treating our patients very difficult!

We would like to take this opportunity to wish everyone a very Merry Christmas and a Happy New Year, hopefully 2021 will be an improvement.

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
Thursday 24th December	8:00 - 5:00	8:00 - 5:00
Friday 25th December	Closed - Emergencies	Closed - Emergencies
Saturday 26th December	Closed - Emergencies	Closed - Emergencies
Sunday 27th December	Closed - Emergencies	10:00 - 12:00
Monday 28th December	Closed - Emergencies	Closed - Emergencies
Tuesday 29th December	8:00 - 5:30	8:00 - 7:00
Wednesday 30th December	8:00 - 5:30	8:00 - 7:00
Thursday 31st December	8:00 - 5:00	8:00 - 5:00
Friday 1st January	Closed - Emergencies	Closed - Emergencies
Saturday 2nd January	8:30 - 12:30	8:30 - 12:30



All the best from Paragon Equine Team (left to right) Mel, Freya, Paul, Euan, Kelly and Hayley (missing Sian who is away on Maternity leave) and everyone else at Paragon Vets.

EQUINE HERPES VIRUS (EHV)**Paul May - MRCVS BVMS**

Vaccination against viral disease is very much on our minds during the early winter of 2020 when we still find ourselves in the grip of the COVID 19 pandemic.

The Spring of 2020 saw a number of reported incidents of EHV around the country with losses of foals and reports of neurological cases continuing on through the Summer. There is an effective vaccine available to help reduce the severity of EHV, but first here is a little about the disease itself.

There are 5 closely related EHV's, numbered 1 to 5. Viruses 1 and 4 most commonly cause problems to horse health and are the two that are afforded protection by the EHV vaccine so this article will focus on those two.

EHV1 is commonly found as a cause of a flu like disease. Affected horses have a high temperature, enlarged glands, a nasal discharge and they cough. In the light of the recent focus on equine flu, an increased incidence of EHV1 was found during investigations of coughing horses.



This virus can also bring about problems in brood mares: abortions, stillbirths and the birth of live but rapidly fading foals. EHV1 is also associated with neurological disease in any age of horse. This may begin as a weakness of the hind legs but is not limited to that in all cases. More severely affected horses may go off their legs and the worsening condition may bring a need for euthanasia if they do not respond to intensive nursing.

EHV4 is the herpes virus that is frequently associated with poor performance in race yards. It is commonly seen as an outbreak of coughing in groups of younger racehorses, but can affect any age. Some race yards have a policy of vaccination to try to prevent the annual loss of training days that the infection brings. EHV4 can also bring about cases of abortion in brood mares.

Vaccination will not prevent infection by the herpes viruses but if given at the appropriate time in relation to disease risk, it will help reduce the severity of the disease and the eventual outcome.

This means that for competition horses, they should have a primary course of the vaccine before they are exposed to training and competition stress. Vaccination should be repeated every 6 months. Brood mares are vaccinated at 5, 7 and 9 months of pregnancy each year to attempt to avoid the devastating problems that these viruses bring.

It is clear to see from these vaccine protocols that the response to vaccination is not a strong one and is not long lived, however it will reduce clinical signs and the spread of the disease. As a result, a vaccination programme should be supported by good bio security such as the isolation and quarantine of susceptible horses. Simple measures such as separating brood mares from competition horses will help support the protection that a vaccine can give.

TREATMENT OPTIONS FOR TENDON AND LIGAMENT INJURIES

Euan Hammersley - BSc MRCVS BVMS



The terms “tendon” and “ligament” are often used interchangeably to describe the soft tissue structures that connect the bones and joints that make up horses limbs. Whilst they have many similarities the main difference between the two is what they connect. Tendons connect muscle to bone while ligaments attach bone to bone. Both tendons and ligaments are vital to the proper functioning of your horse’s joints, and an injury can affect their soundness and performance level. The soft tissue structures that run down the back of a horses leg below the knee and hock are the most commonly injured and will often present with localised swelling and pain when touched.

Obtaining an accurate diagnosis at the time of injury will allow for a treatment protocol to be instigated that gives the best chance of a successful outcome. Ultrasound examination of the region allows for assessment of soft tissue structures and by comparing to the contra-lateral limb subtle injuries can easily be detected. A repeated ultrasound examination may be required at 10-14 days after the injury as the initial swelling and inflammation can make the detection of subtle lesions challenging. With ligament injuries the degree of localised swelling will often be less than what is seen with tendon injuries and in some of these cases diagnostic analgesia (nerve blocks) may be needed to accurately locate the source of pain.

Treatment in the first few weeks after an injury will aim to reduce the initial inflammation and pain. This will comprise of box rest, cold hosing, bandaging the affected limb and administering oral anti-inflammatory medication.

Controlled exercise is the most important aspect of recuperation and treatment. This will start with hand walking whilst still on box rest with a gradual increase every one to two weeks for a period of three months. In certain cases an initial period of total box rest is advised. Controlled exercise helps the new tissue fibres align longitudinally, ultimately resulting in increased strength and flexibility.

Alongside controlled exercise a number of other treatments have been devolved that aim to improve the quality of repair and reduce the risk of re-injury on return to exercise. Stem cells are a type of cell found in bone marrow that have the ability to grow and develop into different tissue types. Stem cells can be harvested from the horse's own pelvis or sternum and sent to a specialist lab to culture more stem cells. These are then injected into the injured tendon under sedation and a local anaesthetic. The stem cells then turn into new tendon cells (a process that happens very poorly normally) providing a better quality of tendon repair. An alternative to stem cells is the use of platelet rich plasma (prp). Platelets are little blood cells responsible for clotting blood. They contain many growth factors. When injected into a tendon or ligament the growth factors encourage new blood vessels to grow into the injury site and more normal tendon fibres to develop. The horses' blood can be taken and the platelet fraction harvested and injected immediately into the tendon, this makes the process quicker and less expensive than stem cell therapy.



An additional treatment that is beneficial to the repair of tendons and ligaments is extracorporeal shockwave therapy this involves the delivery of high impact short duration physical 'shock waves' to an area of damaged or inflamed tissue. The machine delivers a series of shocks (physical rather than electric) focused on the site of tissue damage and this is usually repeated at 14 day intervals on up to four occasions. This has been proven to improve blood flow to the area, reduce pain by suppression of nerve ending activity and increase tendon, ligament and bone regeneration.

CUSHING'S DISEASE

Freya Wood - BVSC MRCVS



Cushing's disease (also called PPID) is an age related disorder in horses. It is a thickening of the part of the pituitary gland called the pars intermedia that produces the hormone ACTH. Cushing's is usually seen in equines aged 15 years and older and around 20% of equines in this age group are affected.

Laminitis is the most likely reason for a horse with Cushing's to be presented to the vet leading to diagnosis of Cushing's. It is also the most common reason for euthanasia in those affected by Cushing's disease so it is important to be aware of other more subtle signs to allow an earlier diagnosis. These signs include:

- Changes to the hair coat – this can be delayed or abnormal shedding of the coat up to a thick curly coat. These changes can be as subtle as just having long guard hairs on the legs or curly hair over the cannons.
- Changes to weight – this includes weight loss, weight redistribution, muscle wastage, pot-belly, swayback and bulging fat pads above the eyes.
- Laminitis and associated foot problems including frequent foot abscesses, white line disease, lamellar rings, seedy toe and dropped sole.
- Lethargy
- Abnormal sweating patterns
- Excessive drinking and excessive urination
- Recurrent infections



Often we can be suspicious that a horse has Cushing's based on these clinical signs, but it is important to confirm this suspicion with blood tests as this allows us to determine the severity of the Cushing's and to aid in treatment and management. Most commonly we would perform a basal ACTH which requires a single blood sample which we send frozen to the laboratory.

As ACTH rises and falls throughout the year (the highest peak being in September), there are different reference ranges throughout the year that the laboratory will measure the sample against. If the results are inconclusive then the Autumn is the best time to retest but the alternative, more sensitive test measuring response to another hormone called TRH can be performed if required in these cases, but is not as simple to perform.

Treatment for Cushing's is with a drug called pergolide (most commonly as Prascend tablets), treatment is lifelong and needs to be given consistently to be effective. Most horses respond really well to treatment and we would expect to see improvement of at least one clinical sign after 6 weeks of treatment. The dose can be adjusted to best control the clinical signs.

Monitoring is important in the management of this condition and combines monitoring of the signs listed above and blood sampling. When looking to find well controlled Cushing's we are looking for resolution of clinical signs and ACTH to be normal or close to normal. In horses diagnosed with Cushing's it is also important to maintain good management practices, including diet, worming programmes, clipping and routine dental and health checks.

www.careaboutcushings.co.uk has lots of useful information and resources targeted at owners to help with understanding and monitoring this condition. Horses that are diagnosed are also eligible for a voucher to cover the lab fee for monitoring samples which can be claimed every 12 months. The offer of free lab fees for previously undiagnosed horses continues as before, the vouchers are generated in practice by the equine team.

WINTER WORMING

At this time of year we recommend that owners stop with faecal worm egg counts (unless advised by a vet), commencing with them again in the Spring. We advise that all horses, ponies and donkeys receive a Winter wormer containing a drug that will specifically address encysted small redworm.

The only drugs that are able to treat encysted small redworm are *Moxidectin* or a 5-day course of *Fenbendazole*. It is important that we only use these drugs at the appropriate time of year to protect them for future use and to reduce the chance of resistance developing. If horses have not received treatment or had testing for Tapeworm through the year we advise to also treat against this at the same time.

Treatment at this time of year allows us to address the population of worms that hibernate in cysts in the wall of the horse's large intestine. These are the encysted small redworms. Horses with low or negative faecal worm egg counts can still have a high burden of encysted small redworm as these worms have not completed their life cycle so are not shedding eggs. If these worms are not addressed, they will resume their life cycle all at once in the Spring (mass emergence) and can be a cause of weight loss, diarrhoea and colic.

If you would like to discuss Winter worming for your horse, please get in touch and one of our team will be able to advise you on a suitable product to use.

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 Friday 18th December

GOOD
LUCK



Contact us:

Paragon Veterinary Group

Carlisle House, Townhead Road
Dalston, Carlisle, CA5 7JF
Tel: (01228) 710208
equine@paragonvet.com

Townhead Veterinary Centre

Newbiggin, Stainton,
Penrith, CA11 0HT
Tel: (01768) 483789
equine@paragonvet.com

