Loch Leven EQUINE PRACTICE NEWS

Autumn 2007

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Introduction

Special Announcement

Archie Urquhart Somerville was born on the 18th September weighing in at a very respectable 9lbs 1oz or for those of you conversant with the metric system 4.15kg. Mother and baby are doing well and father is struggling to come down from '*cloud 9*'.

Lizzie and Hugh have also managed to move house and redecorate the majority of it so are now looking forward to a bit of family time. Meanwhile back at the practice, life moves on apace. Iain has settled in well bringing his own ideas and experience to the business.

On a professional note Hugh and Iain attended three days of Continued Professional Development (CPD) at the Annual British Equine Veterinary Association (BEVA) Conference in Edinburgh last month. Attended by 1000's of delegates from all over the world BEVA organises three days of World Class lectures by leading specialists in equine Veterinary Medicine. With lecture subjects covering colic, internal medicine cases, various aspects of lameness investigations and cutting edge surgical techniques there was something for everyone.

Dates For Your Diary

Tuesday 13th November

Cleish Village Hall

7pm Refreshments will be served

Client Evening on Tendon Injuries

Tuesday 15th January 2008

Cleish Village Hall

7pm Refreshments will be served

Client Evening - Navicular Disease

Client Evenings

After the successes of our last client evenings in Cleish Village Hall we thought we would tempt you back with more mulled wine, shortbread and an illustrated talk on tendon injuries. These injuries can vary from a mild strain to a severe core lesion. To find out how to deal with these problems, come along on the 13th November to Cleish Village Hall. These talks are free of charge but so that we can get an idea of numbers we will be issuing tickets. If you would like to come and bring your friends just call us at the practice on 01577 840022 and we will be delighted to send you out tickets. Cleish is very easy to find, it is about 2 miles from Junction 5 off the M90 and the village hall is on your right with a red roof.

In January the subject will be Navicular Disease, same venue, same time ,so just give us a call .

www.lochlevenequine.co.uk

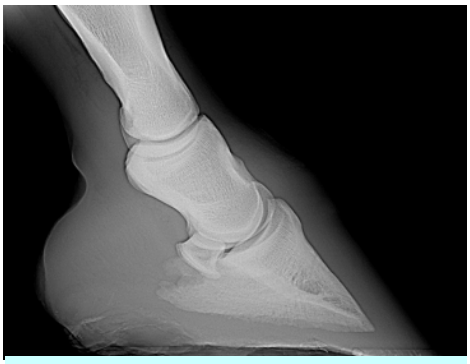
Don't forget to have a look at our new website **www.lochlevenequine.co.uk**

It is full of useful information and you can even register your details online.

It is also very easy to **pay your bills on our secure online site**, so now you will not have to bother with cheques, stamps and envelopes.

Laminitis

This year we saw many cases of acute Laminitis in May, then very few during the Summer - however now we are seeing a significant number of cases of chronic laminitis, all with a large degree of movement in the pedal bone.



NORMAL

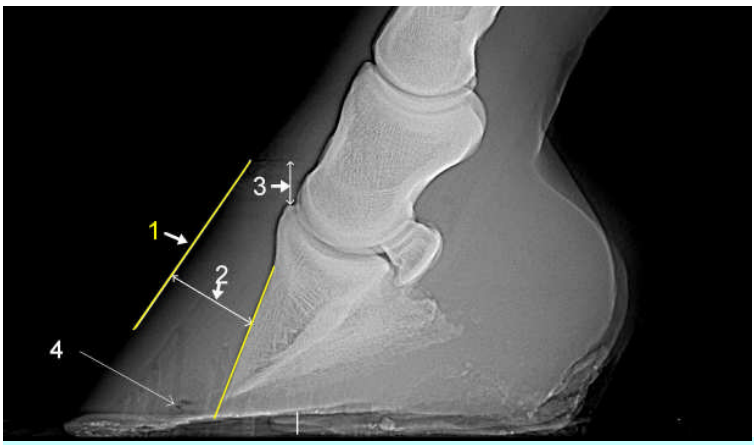
In acute laminitis the tissue suspending the distal phalanx (pedal bone) from the inner hoof wall fails and the junction between the corium (bone side) and epidermal lamellae (hoof side) becomes weakened. This can lead to failure of this attachment between the hoof wall and the pedal bone. Acute laminitic pain results from the inflammation of the hoof wall lamellae, exacerbated by the forces placed on the hoof when walking.

Horses with chronic laminitis have a loss of stabilisation and strength inside the foot, and so the pedal bone will keep on slowly moving due to the weakened attachments trying to hold it in place.

Diagnosis of laminitis-

This condition is usually characterised by acute onset lameness usually involving more than one foot, most commonly both front feet. The horse is often reluctant to move and if persuaded to move, will land heel first with a short pottery gait and finds great difficulty in turning.

An increased digital pulse occurs in the acute phase, the hoof is warm and pain is usually evident with hoof testers around the toe. Occasionally in severe cases a saucer depression can be felt around the coronary band indicating sinking of the pedal bone. Sometimes softening around the coronary band can also be a result of a concurrent abscess.



ROTATION

1 - Angle of rotation of pedal bone - Difference between the 2 yellow lines - should be parallel to hoof wall (ie 0^0).

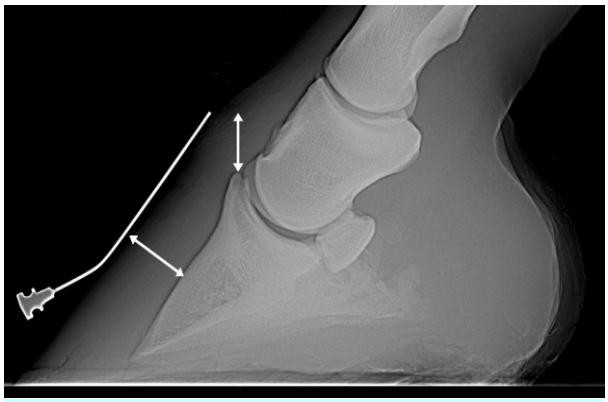
2 - Thickness of the dorsal hoof wall - increases as the attachments as stretched.

3 - Height that the bone drops into the foot. Measured to the coronary band

4 - Area of fluid underneath the sole (seroma), is cause of more discomfort.

Veterinary attention should be sought straight away - the sooner the inflammation is under control, the less movement of the pedal bone will occur. We can also investigate for an underlying primary reason to the laminitis. This may involve blood tests in older ponies for Cushing's Syndrome, Infection, Liver Disease, Equine Metabolic Syndrome (EMS) and x-rays are advised to rule out rotation and assist the farrier with corrective shoeing.

Treatment of Laminitis

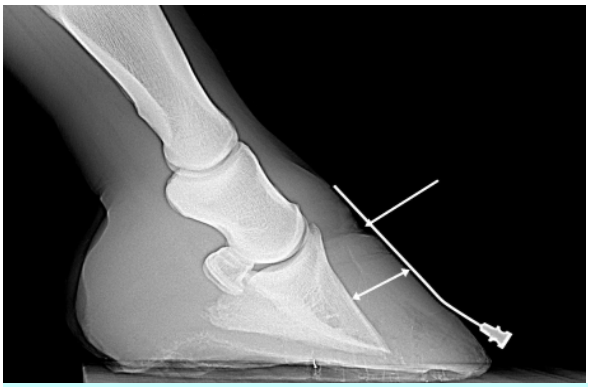


SINKER

Medication -There are many treatment therapies available for this condition, initially based on anti-inflammatory medications and vasodilatory therapies to increase blood flow to the hoof after the initial developmental phase. Specialised medications are available for Cushing's Syndrome and EMS.

Dietary management - restricted feeding with poor quality hay, Alfalfa light, Happy Hoof and non-molassed sugar beet - all are approved by the Laminitic Trust as sources of fibre.

Mechanical support of the hoof with specialised pads or shoes is also important. Specialised shoes should only be applied once the developmental phase of laminitis has finished. In the early stages of laminitis it is recommended to remove shoes to reduce the stress on the hoof wall and reduce the cycle of pain and inflammation. Proprietary supports are available which provide stabilisation within the hoof, extra support can be achieved with good dry bedding.



ROTATION and SINKING

These radiographs show how we can work with your farrier for the correct choice and placement of shoe. The x-rays also show the different measurements that can be taken to assess the severity of the changes, as well as monitoring the healing process.

Prevention is very important in horses and ponies with known history of previous laminitis. Restricted grazing, avoiding lush grass and frozen pasture, weight control,. exercise routine and regular foot trimming will all help.

There is now a blood test that indicates the risk level your horse or pony has for developing Laminitis, allowing us to instigate more strict prevention -

please call us for more information

Vaccinations

After the recent outbreak of Equine influenza at The Royal Highland Show, it is important to emphasis the importance of regular vaccinations.

Equine influenza - a primary course of 3 vaccinations, followed by annual injections. Jockey Club Rules do impose a strict 365 days ruling, and FEI rule now insist on 6 monthly injections (with a 21 day lee-way).

Tetanus is combined with the influenza vaccination and after a primary course of 2 vaccinations requires only to be administered bi-annually. Tetanus can be administered on its own if required.

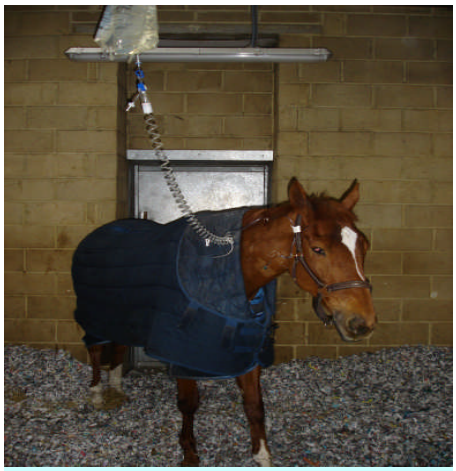
Equine Herpes Virus (EHV) vaccination is now recognised to be an important routine vaccination in competition horses of any level. The vaccine protects against 2 forms of EHV - types 1 and 4. The common symptoms of EHV type1 are respiratory disease, abortion and uncommonly paralysis and resulting death. Type 4 symptoms are coughing and loss of performance. There are different protocols for vaccination of pregnant mares (5,7 and 9 months for pregnancy) compared with all other horses which are vaccinated every 6 months after the initial starting course of 2 injections.

Impaction Colic

This time of year, horses are starting to spend more time in the stables – ideally this should be a gradual changeover, but some yards will have a sudden 'in-at-night' policy whereby they had previously been out 24/7.

The impact this sudden management change can have on the digestive system is worth considering. The anatomy of horses' intestine is very poorly designed – if we were to start from scratch and sketch out a terrible arrangement of the large intestine, we couldn't do much worse! The large intestine is a fermentation vat which enables the bacteria in the gut to digest fibre and release energy that can then be used by the horse.

The most common site of impactions is at the Pelvic Flexure. This is a narrow U-Bend on the left hand side of the belly, whereby the large intestine halves in diameter, then does an upwards 180^{o} turn against gravity ! A sudden increase in dry fibre (especially straw) combined with less activity will predispose towards dry, firm impactions forming here. Teeth also play an important role – if the mouth is either painful, or has poor grinding surfaces, the fibre isn't ground down enough when it enters the gut and again is more likely to form a blockage.



Colicing horse receiving fluids

The Caecum is a large blind ended sack, and is the first fermentation chamber in the hind-gut that the food arrives in. Whilst impactions here are less commonly encountered, they can be more serious – sometimes even resulting in surgery. The impaction will form at the tip of the sack, and so the usual treatments of flushing with fluids and liquid paraffin will tend to wash over the surface rather than pushing it all through (as it will in the Pelvic Flexure).

Other areas prone to impactions are the Small Colon (close to the rectum) and very rarely, the large colon at the Diaphragmatic Flexure.

SIGNS

These colics are not usually quite as painful as others – they can initially just be a bit quiet, stretching the bellies (as if to pee), curling the upper lip, and not wanting to eat. This will then progress initially to lying down and groaning, before showing the more obvious signs of colic (rolling, kicking, sweating etc). Obviously earlier treatment is better than waiting for the impaction to develop further.

If in doubt – please call us – as we would prefer to see any cases of colic as early as possible to start treatment straight away.

PREVENTION

1. Gradual change in diet – especially when starting to come in at nights
2. Soaking hay to provide moisture (or feeding haylage)
3. Avoid bedding down on straw if the horse eats it
4. Keep up with regular exercise & turnout if possible
5. Attention to dentistry – better teeth = better chewing