STABLE CLOSE EQUINE PRACTICE

EQUINE VETERINARY CARE ACROSS HAMPSHIRE

Autumn 2022

Practice Newsletter

Pastures New...

After 17 years with us Tessa, our office manager, is moving to pastures new - We owe a big thank you to Tessa for her commitment to the practice over these years!

Jayne Bonner has taken up the reins as office manager- we are delighted to have her on board and look forward to her continuing to develop the office's ethos for excellent client care that so many of you will be used to.

Jayne lives locally with her family alongside which she has 3 horses that keep her busy: Barnaby whom she rides, Dinky a mini Shetland whom she drives and a home bred Caspian foal. Much of her remaining free time is spent exploring the countryside with her two rescue dogs who I'm sure will make cameo appearances in the office from time to time!

We also welcome Izzy Parker to the office team.

She is an experienced medical receptionist and has decided to combine her experience in this field with her love for horses and come and join us in our equine office.

Izzy owns her own horse and also works part time at the Candover Stud handling their broodmares and foals.

Our vet team is also expanding and we are delighted to have had Lauren Savage join us at the end of the summer. Lauren graduated from the Royal Veterinary College, having first completed a degree in Bioveterinary sciences.

She has spent time in both first opinion practices and referral hospitals as well as being part of the vet team on cross country day at Blenheim horse trials combining her love of eventing with veterinary work.

Outside of work Lauren will often be found either hiking in the countryside with her black Labrador puppy Rook or stealing a ride on her sister's horse.

When asked Lauren said the best piece of advice she had been given was: ' Never give up on a dream because of the time it will take to accomplish it - the time will pass anyway'. This she says is quite apt after 7 years at University and 2 degrees later!

Preparing your Horse for Autumn

Autumn Checklist

PARASITE CONTROL

Some ‘at risk’ horses will need treating for red worm and tapeworm larvae in the autumn. This should be based on advice from your veterinary surgeon.

NUTRITION

As temperatures drop, the quality of grass will decrease, so it is important to add fibre to your horse’s diet to maintain a healthy digestive system. Hay is the most common fibre and can meet all their nutritional needs.

EXERCISE/STABLING

If your stabled horse can’t be turned out as often during the autumn/winter months, they will still need regular leg stretches, either in-hand or ridden.

WEIGHT MANAGEMENT

How is your horse looking after the summer? Have they lost weight or put on too much? Now is a great time to body condition score them so you can adjust the feed accordingly.

FEET & LEGS

This time of year puts horses’ feet at an increased risk of abscesses and thrush. Make sure you check your horse’s feet and legs daily.

POISONOUS PLANTS

Maintaining a good pasture is essential in minimising the risk of exposure to toxic plants. It is really important to regularly check your horse’s paddock.

Atypical Myopathy

Horses can be more susceptible to Atypical Myopathy in the autumn, when the paddocks are bare and the autumnal winds blow.

Atypical myopathy is a potentially fatal disease of horses in the UK and Northern Europe which affects grazing horses.

It is linked to the toxins that are present in sycamore seeds and has a seasonal prevalence, with most cases occurring in Autumn/early Winter and sometimes the following spring.

Sycamore seeds and seedlings contain the toxin Hypoglycin A. When ingested, the toxin causes muscle damage and particularly affects the postural muscles (those that enable the horse to stand), the diaphragm (the muscles that facilitate breathing) and the heart.

It is a common misconception that the disease always results in death.

However, the chances of survival are 50:50 at best so it is vitally important that treatment is thorough and starts immediately. Horses often get worse for 24-48 hours before they start to improve so even if the signs are mild, transport to a hospital should be considered, whilst it is still possible.

To prevent Atypical Myopathy, horse owners are advised to:

- Check fields carefully for sycamore leaves and seeds
- Fence off areas where sycamore seeds and leaves have fallen
- Pick up sycamore seeds and seedlings from the pasture
- Turn horses out for shorter periods
- Provide extra forage (hay or haylage), especially where pasture is poor or grazing is sparse
- Reduce stocking density so there is plenty of good grazing for every horse

Treatment involves:

- Intravenous fluids to help protect the kidneys from being damaged
- Fluids are also important because horses with Atypical Myopathy tend to become very dehydrated
- Infusions of powerful painkillers and anaesthetic drugs
- 24/7 intensive nursing care
- Supplementary vitamins and minerals

Symptoms include:

- Weakness
- Trembling
- Recumbency (lying down)
- Muscle soreness
- Stiffness
- Lethargy
- Fast or laboured breathing
- Sudden death
- Reluctance to work
- Red or brown urine
- Choke
- Whinnying
- Head tossing
- Low head carriage
- Fast or irregular heart beat

What are Nerve Blocks?

Lameness is a common problem in horses of all ages and types.

Unfortunately, horses can't tell us the source of pain; hence the need for a variety of diagnostic tests accompanied by imaging modalities in order for an appropriate diagnosis, treatment plan and prognosis to be made.

What are nerve blocks?

Nerve blocks, the correct term being diagnostic anaesthesia, are used daily by equine practitioners to accurately determine the site of pain in lame horses.

Occasionally, the site of pain may be immediately obvious with localised signs of heat, pain on palpation and swelling of the affected area.

Unfortunately, these indicating signs are often absent in the lame horse.

Nerve blocks involve injecting local anaesthetic around the nerves which supply sensation to the limb.

The local anaesthetic prevents conduction of impulses along the nerve fibre so that the horse is no longer able to feel the source of pain.

To use this principle for diagnostic purposes it's essential for nerve blocking to begin at the bottom of the limb. If started at the top, all sensation to thelower limb will be lost and we will be no further in identifying the exact site of the problem.

For this reason, most lameness investigations begin with lower limb blocks, usually a palmar digital nerve block in the front limb and a low-6 point nerve block in the hindlimb, due to the high prevalence of foot problems in the forelimbs compared to the hindlimbs.

It is worth mentioning that this is not an exact rule and is dependent on the temperament of your horse and the approach can vary in every case according to the presenting complaint.

Lameness is a common problem in horses of all ages and types.

Unfortunately, horses can't tell us the source of pain; hence the need for a variety of diagnostic tests accompanied by imaging modalities in order for an appropriate diagnosis, treatment plan and prognosis to be made.

What can I expect to see after a nerve block has been performed?

The overall aim is to continue blocking in an upward direction until the lameness improves substantially (at least >50%) or ideally, is abolished altogether.

Your vet will identify a zone of the limb, between the previous block and the current block level, within which the problem resides.

My horse has been blocked what next?

Once the lameness has been localised to a region of the limb it may be necessary to perform further specific perineural, joint, tendon sheath or synovial bursa blocks.

In the same way local anaesthetic is placed around nerves (perineural), it can be injected into synovial structures to determine even more precisely the site of pain (joint block).

Injection of joints is not without potential complications and should always be performed in sterile conditions to reduce the potential risk of introducing infection to the joint.

Following further specific blocks, the multiple imaging modalities available to your vet can be used to identify the lesion. An accurate diagnosis, treatment plan and prognosis can then be determined for your horse based on these findings.

Common signs that your horse might have joint pain:

- Your horse is moving differently to normal
- Your horse starts misbehaving when the farrier holds the leg up for long periods of time
- Your horse is reluctant to exercise and or an unexplained change in behaviour
- Your horse is reluctant to lie down or is lame after getting up
- One or more of the joints look different or there is swelling or thickening around the join
- General stiffness

If your horse is showing any signs of lameness, please call us for advice, or to arrange a visit from one of our vets.

Heart Murmers - Just a noise?

What is a heart murmur?

Heart murmurs are heart sounds that are detected when listening to the horse's chest with a stethoscope.

A normal heart beat will sound like:
lub___dub___lub___dub

The lub is the first heart sound and corresponds to the top part of the heart (atria) contracting and dub is the second heart sound that corresponds to the bottom part of the heart (ventricles) contracting.

If a heart murmur is present then a 'shhh' sound may be heard before or after the first or second heart sound depending on the type of murmur e.g: lub_shhh_dub___lub_shhh_dub___

They are then graded 1-6 based on how loud they are:

Grade 1 - barely audible/just detectable.

Grade 2 - murmur is quieter than the normal heart sounds.

Grade 3 - murmur is as loud/same intensity as the heart sounds.

Grade 4 - murmur is louder than the normal heart sounds.

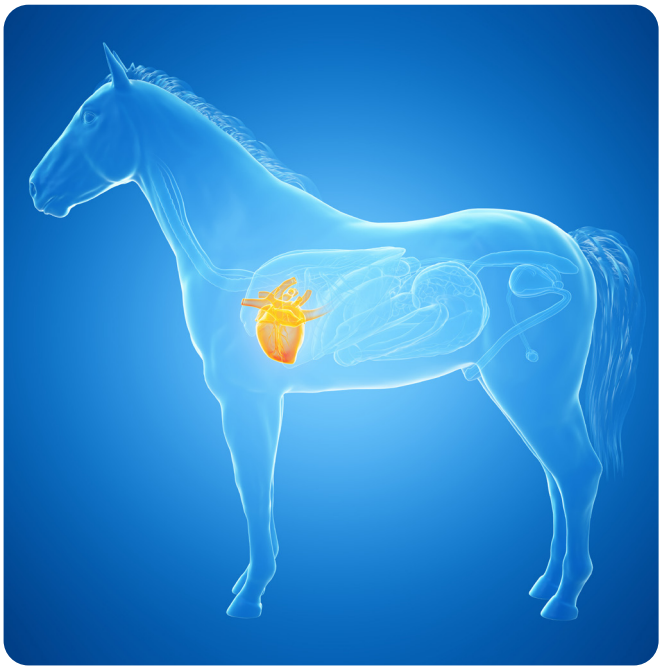
Grade 5 - as grade 4 and a pre-cordial thrill is present (when can feel vibration of the murmur by placing hand on the chest wall behind the shoulder).

Grade 6 - murmur sufficiently loud that it can be heard with the stethoscope raised just off the chest surface.

There are two types of murmurs:

- A functional/physiologic murmur is a heart murmur that is primarily due to physiologic conditions outside the heart, e.g. if the horse is dehydrated.
- Other types of murmurs are due to structural defects either from holes in the heart that allow blood to flow between heart chambers or from leaky valves that allow blood to flow backwards in the wrong direction.

Once a murmur has been detected then your vet will try and characterise it based on a number of factors. Firstly where the murmur occurs in the cardiac cycle, i.e. whether it is systolic (occurs when the heart is contracting between the lub and the dub) or diastolic (occurs when the heart is relaxing after the dub).



STABLE CLOSE EQUINE PRACTICE
EQUINE VETERINARY CARE ACROSS HAMPSHIRE

If you have any questions about anything you have read in our newsletter, please do get in touch with our office or one of the vets who will be happy to help or discuss it further.

t: 01962 779111 e: office@horsevet.co.uk w: horsevet.co.uk facebook.com/stableclose