

Meet our office team



Tessa Driscoll



Sue Grace



Tanya Lane



Jayne Williams



Rebecca Fellows



Vicky Jux

Stable Close Equine Practice

Bridgets Farm
Bridgets Lane
Martyr Worthy
Winchester
Hampshire
SO21 1AR

01962 779111

office@horsevet.co.uk

We are very lucky to have such a friendly, capable team ensuring the efficient running of our office at **Bridgets Farm**. Each member of the reception staff has their own area of responsibility within the practice as well as assisting our clients with appointments, dispensing medications and general queries.

The team is led by **Tessa Driscoll** our office manager. Tessa has worked at Stable Close Equine for 16 years and is primarily responsible for the accounts and invoicing. Tessa spends much of her free time training and working her black Labradors.

Sue Grace, Tanya Lane and **Jayne Williams** make up the reception team.

Sue joined the Practice 13 years ago and is responsible for ordering our stock. She enjoys walking her two dogs Ruby and Sammy and looking after her (now elderly) Jacob sheep.

Tanya joined the practice 3 years ago and deals with the ever increasing number of insurance forms that the practice receives. Tanya took part in regular training and dressage competitions (prior to lock down) on her horse Cruz, and also manages to fit in Dog Agility training with her dog Nico.

Jayne has been part of the team now for 2 1/2 years. She processes the emails and pathology results, and prepares and cleans the equipment (gastroscope, endoscopes, suture kits) ready for use by the vets. When she is not in the office she is busy looking after her two teenage boys and three cats and is currently training for a virtual marathon later this year.

We are delighted to welcome **Rebecca Fellows** to the team from the start of April. Rebecca worked in two Equine hospitals in Australia where she completed an internship in medicine, surgery and reproduction before returning to an equine hospital here in Hampshire in August 2018. When she is not at work she enjoys helping with the sheep, cattle and two elderly ponies on the farm where she lives. She is also a committed Long Course Triathlete and enjoys participating in Ironman Triathlon events in her free time!

We are also really pleased that **Vicky Jux** has rejoined the team at the beginning of April after her maternity leave finished. Many of you will know Vicky and I'm sure will give her a warm welcome back.

It does mean we say goodbye to **James** who gamely stepped into Vicky's shoes to cover her maternity leave. We hope he has enjoyed his time with us and we wish him well in his new intern position in Newmarket.



Grass sickness in horses

Equine grass sickness (EGS) can occur at any time of the year but is most often seen between April to July.

EGS is a disease that was first reported around one hundred years ago. The disease affects mainly grazing horses and currently the cause remains unclear. The disease mainly acts by disrupting the nerves that supply the gastrointestinal tract hence affecting gut motility. However other parts of the general nervous system are also affected.

What horses are susceptible?

Individual risk factors:

- Seems to affect native breeds but there have been many reports in other horse and pony breeds
- Young adults (two to seven years old)

Premises risk factors:

- Previous occurrence of cases on the premises
- High soil nitrogen
- Pasture disturbance
- Increased number of horses especially younger animals

Climate risk factors:

- Cool, dry weather
- There is a peak in spring and a smaller peak in autumn - though cases can occur all year round

Management risk factors

- Grazing at pasture – only a few cases have been reported in non-grazing horses
- Recent movement to the premises
- Change of feed (type or quantity) in 14 days prior to disease
- Mechanical removal of faeces (hand removal has been shown to decrease risk of recurrence)
- Frequent use of ivermectin based dewormers



What signs will my horse show?

The disease is a continuum of clinical signs, divided in three categories depending on their severity and duration.

The signs seen in individuals affected is reflective of the degree of dysfunction of the nervous system.

Acute cases have a sudden onset of between 24 and 48 hours, subacute of two to seven days and chronic from seven days onwards.

Horses may show some of the following signs:

- Colic (mild or severe)
- Dull demeanour
- Muscle tremors
- Sweating
- Difficulty eating
- Excess salivation
- Eyelids appear droopy (ptosis)
- Increased heart rate (tachycardia)
- Firm faecal ball with mucous coating and other signs of slowed gut motility (impactions)



The above signs are more common in acute and subacute cases. Chronic cases tend to show milder signs than acute and subacute initially.

Other signs can also include:

- Drying and scab formation in the nostrils (rhinitis sicca)
- Tucked up abdomen
- Penile prolapse

Grass sickness is unfortunately a very frustrating disease and the exact cause remains elusive. Although it poses a serious risk to infected individuals, management practices can be put in place to reduce the occurrence of the disease.

How can your vet diagnose grass sickness?

- The diagnosis is commonly presumptive and made upon clinical signs, history and exclusion of other possible diseases
- Definitive diagnosis requires histopathology of a small intestinal biopsy
- Topical administration of phenylephrine drops to the eye may cause temporary reversal of the ptosis seen in some cases

What treatment options are available?

- Cases of acute and subacute grass sickness are invariably fatal
 - Supportive care such as intravenous fluids and analgesia can be started before a diagnosis is reached
 - Once a definitive diagnosis is reached then euthanasia is usually recommended
- Cases of chronic grass sickness are reported to have a 40% survival rate. Treating these can be costly as they do require intensive care with recovery in some cases taking between three to eighteen months. Complications are also common in the recovery period

How do I minimise the chance of my horse getting grass sickness?

- Try and limit exposure to pastures during high risk periods where previous cases have occurred
- Try and reduce the amount of soil disturbance from methods such as harrowing or mechanical faeces removal
- Encourage removal of faeces by hand
- In heavily grazed or sparse pastures offer supplementary forage
- Avoid sudden changes in diet
- Limit use of ivermectin based wormers
- Minimise the number of horses co-grazing, especially youngsters



Laminitis alert

Please be aware of the risk of laminitis at this time of year.

The recent warmer weather and rain will bring about the growth of lush spring grass and so it is vital that you manage your horse's intake.

Spring grass is high in sugars called fructans and can induce laminitis if eaten in large amounts.

Laminitis is a painful and potentially devastating disease that causes pathological changes in the laminae of the feet and in severe cases may result in long lasting, crippling changes.

Prompt veterinary treatment and appropriate management are essential to reduce this disease's long-term effects. Many people will own or work with horses all their lives and never encounter laminitis. However, when it does occur it can be heartbreaking.

Laminitis is inflammation of the laminae, and is caused by damage to the bond between the pedal bone (coffin bone/P3) and the hoof wall. This bond comprises of the sensitive laminae (on the bone side) interdigitating with the insensitive laminae (on the hoof side).

Watch that your horse does not become overweight. You should carefully monitor your horse's diet.

Restrict their grass intake where necessary by strip grazing, using electric tape or using a muzzle.

The classical signs of laminitis are easily recognised and include:

- **Weight shifting**
- **Reluctance to move**
- **Rocking back onto the heels and increase in hoof wall**
- **Temperature**

Worryingly, the development phase of laminitis will have been well under way for up to 40 hours before any clinical signs are seen. As your horse begins to show clinical signs it is said to be entering the acute stage.

If you do see any of these clinical signs it is imperative to contact your vet as soon as possible. The sooner the progression of this disease can be stopped the greater the likelihood that your horse will return to athletic function.

If you are at all worried, please contact your vet – PREVENTION IS BETTER THAN CURE!