

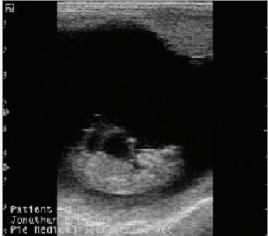


CELTIC

Equine Veterinary Practice

JUNE 2014

WARNING TO OWNERS SENDING MARES TO STUD



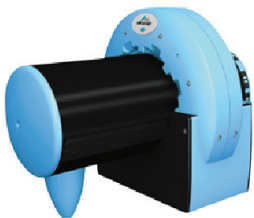
It is illegal (under the Veterinary Surgeons Act and Animal Welfare Act) for any individual other than a vet to perform transrectal examinations including ultrasound scans on an equine. This includes ultrasound scans pre and post Artificial Insemination (AI) / Natural Covering and Pregnancy Scans. Fully qualified and DEFRA approved AI Technicians are ONLY allowed to inseminate mares via the vagina.

It is also illegal for any person other than a vet to abort / crush twins, perform intra-uterine lavages, perform a caslicks (stitch a mare) or give intravenous sedation or supply oral sedation.

If you are sending your mare away to Stud to be covered please ensure that a vet is performing all of the above procedures. If a non-vet carries out any of the above procedures on your mare your insurance cover will be invalidated in the case of any injury / problems.

Please see the following link for further information:
[Http://www.beva.org.uk/_uploads/documents/1beva-ai-guide-revised-12.pdf](http://www.beva.org.uk/_uploads/documents/1beva-ai-guide-revised-12.pdf)

PRACTICE NEWS



Are you aware that we are highly experienced in all lameness and clinical investigations and can offer advanced investigations at your yard or stable without the need to travel to a clinic or hospital.

We have a battery powered high definition ultrasound scanner allowing us to perform detailed ultrasound scans of limbs / tendons and reproductive organs without the need for mains electric. Our digital x-ray system is completely portable and allows us to take clear x-rays of all regions of the limbs, head and neck stable side.

We can also conduct endoscope examinations of the upper and lower airways including the guttural pouches. Our core practice aim is to provide you and your horse with the complete and highest standard equine veterinary care at the comfort of your home / yard.

LAMINITIS CAMPAIGN - FREE CUSHING TEST*



Following on from two successful campaigns, the national "Talk About Laminitis" disease awareness initiative is back. Running until the end of October, we are offering free ACTH blood testing for Cushings for all equines with or without clinical signs of Cushings. Please go to www.talkaboutlaminitis.co.uk for more information about the campaign.

**Visit fee, Lab interpretation and postage still apply)*

SPECIAL OFFERS

Dental & Vaccination Combination

We are offering all our clients £10 off the cost of a dental rasp if their horse has a routine dental rasp performed at the same time as their vaccination.

Microchipping

We are offering 10% off the cost of microchipping and a free visit if 4 or more horses are microchipped at the same time and venue.

Free Visits

If we see 4 or more horses at the same visit, the visit fee is free. We do not offer "zone" visit days, as to do so would mean increasing the costs of other services such as vaccinations etc. We are confident that with our low visit charges and reasonable cost of services that we still provide the very best service in the area and are less expensive than our competitors.

Member Discounts

We are keen to support members of the numerous horse and pony clubs and societies and we are pleased to continue the offer of 10% off annual vaccinations and £5.00 off the cost of a routine dental rasp for any local Pony or Riding Club, Breed Society members or equine workers such as farriers, physiotherapists, yard managers, owners and feed merchants. Please contact the office to see if you are entitled to a discount. Proof of membership will be required.

Pregnancy Scanning

Our ultrasound pregnancy scan, which include a free e-mailed jpeg of the pregnancy is still only £40.00* and as our scanner is battery powered, we are able to scan mare in premises without mains electric (*price does not include sedation if required or visit fee).

Post Foal Check

We offer a great value post foaling check which we recommend to have done within the first 12-24hrs of the foal being born. For £40.00* we will examine the foal, the mare, the placenta and provide the foal with a tetanus anti-toxin injection. (*price does not include visit fee).



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SARCOIDS - WHAT ARE THEY?



Sarcoids (low-grade fibrosarcomas) are the most common equine tumours seen and account for approximately nine out of every ten skin tumours seen in horses. They are non-malignant (i.e. they do not spread throughout the body) but do grow larger and often spread and multiply locally. As they grow they may ulcerate and bleed, their presence can cause irritation, interference with tack and loss of value to the affected horse. If knocked or rubbed their surface will bleed, and fly worry and local infection commonly occur.

Sarcoids can occur just about anywhere on the body but are most commonly found on the head, (especially around the eyes), the underneath of the abdomen and around the sheath, chest, ears and lower limbs. Single tumours or a number of sarcoids may occur in one area or over many parts of the body.

There are different types of sarcoid and they can vary quite widely in appearance. Flat (sessile) sarcoids appear as round to oval, flat areas of roughened, hairless, irregular skin. The skin feels slightly thickened. Fibroblastic sarcoids are irregularly round, raised, firm lumps. They are usually smooth and hairless at least over part of their surface but smaller ones are sometimes covered with normal-looking skin. If the surface becomes damaged, or often after normal growth, the tumour will ulcerate and bleed, leading to scab formation. Verrucous sarcoids appear wart-like with an irregular surface. A horse may have different types of sarcoids at the same time and mixed-types also occur. Sarcoids can grow to become very large (over 8-10 centimetres), although most remain smaller than this.

There is strong evidence that sarcoids are initiated by a virus infection. This theory explains how sarcoids first appear and how they spread. Some genetic families appear particularly susceptible to

developing sarcoids more readily than others, but there is no difference in susceptibility between horses of different coat colours. Some breeds may be more susceptible than others. It is not uncommon for 'proud flesh', i.e. the exuberant granulation tissue that often develops in healing equine wounds, to transform into sarcoids.

There are several options for the treatment of sarcoids and more than one treatment may be used at the same time. The important thing to remember is that sarcoids have a tendency to recur either at the site of removal or nearby. The choice of treatment will depend upon several factors:-

- The number / size of sarcoids present.
- The part of the horse affected.
- The facilities and drugs available.
- Financial considerations.

It is possible to remove the bulk of some sarcoids, especially those with a short stalk or neck, by fixing a tight ligature around its base or applying 'elastrator' rings. The ligature cuts off the tumour's blood supply and it dies away or falls off usually 10 days to two weeks later. This method is useful for short-term control of relatively large sarcoids on the inside of the hind limbs or abdomen but does not usually give long-term resolution of the problem.

TOP TIP:

To stop flies landing on what you think may be a sarcoid, therefore reducing further sarcoids developing, we recommend that all sarcoids, if not already being treated, are kept covered with a mixture of 50 / 50 Vaseline and an ivermectin based wormer.

The sarcoid may be frozen by using liquid nitrogen or another appropriate freezing agent, which causes the tissue to die away. If the sarcoid is large, most of it can be cut away first (de-bulking), leaving only the base to be frozen.

This method is more effective at preventing recurrence than surgery alone, but often results in the development of patches of white hair due to damage to hair follicles.

Where available, surgical laser treatment allows either the bulk of the sarcoid to be removed and the base eroded in one step or the base eroded after de-bulking the main mass. There is minimal bleeding because the tissues are burnt, but healing can be slow. Scars will form but hair colour is usually unaffected. Irradiated Rods: This highly specialised technique is not widely used but can be effective particularly for eyelid sarcoids where it is necessary to try to save the eyelid. The radioactive treatment shrinks the tumour and may disfigure the eyelid. This form of treatment must be performed under specially licensed conditions.

BCG is a vaccine produced from the bacterium *Mycobacterium bovis* for immunisation against tuberculosis. It may be injected into the sarcoid tumour(s), often with useful results.



SARCOIDS *(continued)*

Several injections over weeks or months may be required. This treatment is aimed at provoking an immune reaction from the horse's body to destroy or reject the sarcoid tissue. It is most commonly used for eyelid tumours because, if effective, it allows the eyelid to be saved. A response may not be seen for several weeks after first injection. There is often initial swelling and there may be skin damage following injections and rarely, death has been reported following an anaphylactic shock reaction to the vaccine. Horses to be treated with BCG should receive anti-inflammatory drugs prior to each treatment.

Specially prepared cytotoxic (tissue killing) creams have been widely used to treat sarcoid tumours. These attack the abnormal cells in the sarcoid and are often highly effective, but can also damage healthy tissues. They must be used with great care, especially over bony areas or blood vessels and nerves. They can be used on smaller and flat sarcoids or larger ones after surgical debulking. The cream can only be supplied to and used by a veterinary surgeon. Another cytotoxic drug (Cisplatin) is available but must be injected into a sarcoid to be effective. This is another highly specialised technique as dose and pattern of injections varies with size and shape of the sarcoid. Both techniques cause local inflammation and scarring is variable, depending on the size and location of the sarcoids.

It is seldom possible to predict, with accuracy, which treatment will be most successful for the treatment of an individual sarcoid at the start. No matter which treatment option is chosen it can take many months to remove some sarcoids and the effect may not be permanent. Treatment may need to be repeated or changed if new sarcoids appear. Such treatment can be costly

Sarcoids are much more significant than 'just a few lumps' and can be difficult and costly to deal with. If you think your horse or pony may have one or more sarcoids, you should ask your veterinary surgeon for advice. Best results are achieved when a diagnosis is made and appropriate treatment is started early. Scarring is less obvious when the sarcoids are removed or treated when they are small.

WORM EGG COUNTS

A resistance to all the licensed classes of anthelmintics (wormers) has been reported and it is established which anthelmintics are effective on a particular property especially where stocking densities are high and interval dosing has been used for many years.



Many horses on well managed properties will go the entire grazing season without developing a high FWEC (faecal worm egg count) and do not need to receive any anthelmintic treatment through the grazing season. A single dose of larvicidal anthelmintic is often considered in the Autumn to treat any cystostomins that may have encysted but on well managed properties with little or no exposure even this may not be necessary and ideally a purley targeted approach would be adopted in which all treatments are administered on the basis of demonstrable infection. Targeted treatment of tapeworms is not possible due to limitations of testing methods. Routine treatment for tapeworm once or twice per year is typically advocated. However on well

managed properties where ELISA (tapeworm) testing has demonstrated freedom from, or very low exposure routine treatment for tapeworm may only be required once a year.

A FWEC should be performed prior to and 14-17 days after administration of the anthelmintic in question dosed at the animals measured weight or 110% of the estimated weight (e.g weigh tape not just by eye).

- We recommend that FWEC are performed as the weather warms in early Spring or after the egg reappearance period of any previous anthelmintic has expired.
- Ideally sample all horses on the same property at the same time.
- Consider faecal egg count reduction tests at the start of each year, especially if the use of pyrantel (Strongid P) or fenbendazole (Panacur) is being considered.

We are now able to provide our clients with FWEC kits at a reduced price of £9.48 which clients can send straight to the laboratory. The kit comes complete with all the information you will require. The results are sent to us so we can provide you with the necessary worming advice and advise which (if any) wormer is required.

STAFF NEWS

We are delighted to announce that Sarah Bessant, one of our Office Administrators, has given birth to a baby boy, named Wilfie.

Kate Robb is covering whilst Sarah is on maternity leave. Kate lives locally and keeps New Forest Ponies. She is a keen New Forest Pony breeder (Knavesash), and exhibitor where she competes at county level.

APPOINTMENTS

We would kindly ask all clients to book any routine calls (e.g. vaccinations, dental rasps, microchips, castrations, pregnancy scan etc) at least 2 weeks in advance to ensure the visit is on a day that suits you.

Please note that we require at least 24hrs notice if you would like to **cancel your appointment**. Missed appointments or visits that have been given less than 24hrs notice to cancel may be charged up to 50% of the fee for the work booked.



FREE GASTROSCOPY OFFER

Ulcers Are They A Sore Point For Your Horse or Pony?

Whilst it's generally known that around 90%¹ of racehorses in training have ulcers, it's perhaps less well known that about 60%^{2,3} of performance horses and 40%⁴ of leisure horses and ponies are also affected - it would appear that ponies are equally vulnerable to developing ulcers.

Clinical Signs

The vague and non-specific nature of the clinical signs are often put down to back pain, behavioural issues or unwillingness to work. Additionally they vary from one horse to another, and do not always correspond to the severity of the ulcers some horses appear to be more stoic than others!

The signs include;

- Poor performance,
- Picky appetite,
- Mild weight loss,
- 'Starey' coat,
- Colic,
- Discomfort on girth tightening,
- Salivation and teeth grinding - foals

So why are horses so prone to ulcers?

Horses evolved as 'trickle feeders' with free access to light grazing and rest 24/7, so their stomachs are designed to receive a constant supply of food. Because of this, acid is released into the stomach constantly, regardless of whether or not they are eating. Saliva on the other hand (which neutralizes the acid) is mostly produced when they eat. In contrast, people produce acid only when they eat.

In natural conditions, the horse will have a constant flow of food filling the lower, protected (less vulnerable) part of the stomach. However with modern stabling and exercise, the top part of the horses' stomach, which has a 'normal' skin lining can become exposed to acid.

A regular and constant intake of forage will help absorb the acid, whereas restricted intake or a high cereal /low forage diet will make the stomach content very fluid. Management regimes of many horses can result in long periods with restricted food intake, so even after

a short period of time the acid will begin to overwhelm the lining of the upper part of the stomach, and ulcers can start to form.

Also, during exercise pressure from the abdomen compresses the stomach, which in turn pushes the fluid level to the top (vulnerable) part of the stomach.

We also know that training affects gastric acidity, and horses fed the same diet before and during training have higher levels of gastric acid during training. Other factors affecting the development of ulcers include travel, separation from peers and solitary confinement. The horse show environment can also result in interrupted meals and irregular schedules.

Treatment and prevention

Examination via gastroscopy is the only definitive way to diagnose ulcers, and studies have shown the most effective treatment is the acid inhibitor, omeprazole the only licensed product for the treatment and prevention of equine ulcers.

In addition to treatment it is also important to try to put management strategies in place to reduce risk of recurrence. Even small changes to the regime can make a difference. For example, when grazing, horses are constantly on the move, so when they're in the stable or corral, splitting the forage ration into several nets or piles can help re-create more natural foraging. You can even provide different contents - for example haylage or chop which will also help encourage picky eaters and 'stressy' horses to eat.

Try not to exercise your horse on an empty stomach they are not like us, they can gallop and jump without any issue with a small amount of food in the



stomach. In fact, during exercise forage will form a 'mat like' barrier, protecting the upper part of the stomach from acid 'splashing' in to this vulnerable area where ulcers most commonly form.

And if you are travelling your horse on its own, or he/she has to be stabled in new surroundings, try to take a companion. If this is not possible, special equine mirrors have been proven to help reduce stress in these situations.

For those horses where the risk factors remain high due to the training regime for example trials have shown that an ongoing preventative dose of omeprazole can help prevent the ulcers from returning.

We have a visiting specialist coming to our practice who will perform up to 8 gastroscopies that day.

Our gastroscopy day is: Thursday 19th June 2014

To find out more please contact the practice on 023 8081 4155 or office@celticequinevets.co.uk

The most clinically relevant cases will be chosen for a FREE Gastroscopy so please include a brief description of why you think your horse(s) may be at risk.



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