



# autumn/winter newsletter

## Autumn/Winter 2017

What's in this edition of the newsletter:

Case Study: Vertebral Fracture

Zone Map and Fees

Understanding Strangles Testing

New Practice Management System

Vaccine Amnesty

Acupuncture

Equine Diagnostic, Surgical and Critical Care Unit



*Phoenix, one of the School's equine teaching herd*

## Contact

### The Dick Vet Equine Practice

The Royal (Dick) School of Veterinary Studies  
The University of Edinburgh  
Easter Bush Campus  
Midlothian  
EH25 9RG  
UK

tel: 0131 650 6253  
out of hours tel: 01223 849 835  
fax: 0131 650 8824  
web: [www.DickVetEquine.com](http://www.DickVetEquine.com)  
email: [EQH@ed.ac.uk](mailto:EQH@ed.ac.uk)  
facebook: [facebook.com/DickVetEquine](https://www.facebook.com/DickVetEquine)  
twitter: [Twitter.com/DickVetEquine](https://twitter.com/DickVetEquine)

The University of Edinburgh is a charitable body, registered in Scotland, with registration number SC005336.

### Welcome to our Autumn/Winter 2017 Newsletter!

As our workload continues to grow, we have been pleased to welcome new staff members in the past year.

In September 2016, veterinary surgeon Nienke Oostra joined us. Nienke has spent much of her career working with racehorses all over the world before settling down in Scotland a few years ago and learning the delights of working with our native ponies as well as performance horses. Outside of work, Nienke competes in top level mountain biking and triathlon competitions.

Many of you will have known Gemma Pearson, who has worked in the practice and hospital since 2010. She has now completed her residency in the hospital and started a PhD, so although she won't be available for routine calls anymore, she does still offer her behavioural service. Please contact reception if you would like to arrange a consultation.

Louise Cornish will be leaving us for the first half of next year as she takes maternity leave, but she will be temporarily replaced by an experienced equine locum vet. Romance was in the air as well, with both Tess Fordham and Chris Calder becoming

engaged to their long-term partners!

Congratulations to Jenny Clements, who celebrated 10 years of working in the practice this summer, with a residency in the Hospital before that!

In the office, we welcomed our new Large Animal Practice Manager, Laura Dickenson, who is a qualified veterinary nurse and has worked in small animal and equine hospitals, as well as carrying out charity work overseas. She is already an invaluable member of the team, developing the service that we can offer to our equine clients. She moved to Scotland in January and is enjoying exploring the countryside on her horse with her border collie.

Our long-term receptionist, Morven Kerr, retired this year, after 30 years of service at the Vet School. She is enjoying her retirement to the full but we miss her very much! We were lucky to welcome Susan Ingram as an experienced permanent receptionist to replace Morven. We are very sorry to say goodbye to Cara Baillie but wish her good luck in her new position closer to home. Joanne Davies is currently on maternity leave, having given birth to a baby boy, but will be back with us in the spring.

## Case Study: Vertebral Fracture

Fig 1.



Fig 2.



Fig 3.

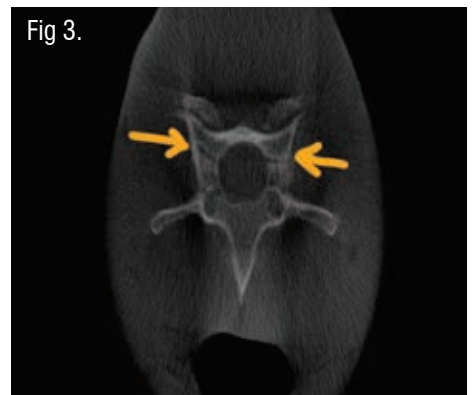


Fig 1. Caroline and Soloman. Fig 2. X-ray showing recent fracture of fourth cervical vertebrae. Fig 3. CT scan showing healing fracture of fourth cervical vertebra

Soloman is an 8 year old coloured Sports Horse gelding who was found in pain after a suspected accident in the field. He was having difficulty moving his neck, was mildly ataxic (wobbly) and leaned against the stable wall to support himself.

He was initially treated with anti-inflammatory painkillers and stable rest, which improved his clinical signs to some degree. However, he failed to recover completely so was referred to the Hospital for x-rays of his neck. These showed that he had suffered fractures of the third and fourth cervical vertebrae (about mid neck level – see fig 2).

Sometimes these fractures need to be stabilised by surgery, but Soloman's fracture was held fairly securely by the surrounding muscles and ligaments, so he was able to heal without the risk of a general anaesthetic and invasive surgery.

CT scanning (Computerised Tomography) was instrumental to the assessment of bone healing, allowing us to be confident that the bone fragments were not displaced. The CT scanner at the Equine Hospital is the only one of its kind in the UK, allowing access to more of the neck than standard CT machines.

It was a long road back to full health, including many months of field rest and multiple physiotherapy sessions. His owner and rider, Caroline, who had not owned Solomon for long at the time of the injury, has been incredibly patient and dedicated, and the good care that he received at home has been instrumental to his recovery.

After multiple return visits to see the specialists at the vet school, we are delighted to report that, a year on, Soloman is now completely recovered and living life to the full again, as the photograph shows!

We wish him and Caroline many years of fun and happiness together!

## Zone Map and Fees

Our zones changed slightly earlier this year to include some easy to reach yards in closer zones. We have aimed to advantage most clients.

Remember, we split visit fees if we see more than one client at one location, and if we see 5 horses or more at the one premises, the visit is FREE!

We've included a full sized version of the map, along with a full listing of our fees, with this copy of the newsletter. If you'd like extra copies or have any questions, please feel free to contact us.



## Understanding Strangles Testing

### Strangles overview:

Strangles is a respiratory infection in horses caused by the organism *Streptococcus equi* subspecies *equi* (*S. equi*). The bacteria enter via the nose and invade the mucosal surface setting up an infection in the lymph nodes. Over the next few days or weeks, horses may develop clinical signs of strangles, shedding infectious material through which they can infect other susceptible animals. Some horses become infected and do not show signs of disease, but could still be infectious.

Up to 10% of recovered animals become 'carriers' after clinical signs have disappeared, harbouring *S. equi* in their guttural pouches (air-filled sacs near the throat). They may show no signs of disease themselves but will intermittently shed the bacteria over months and years which will be able to infect other susceptible animals. Early detection and treatment of these carriers is important to break the cycle of infection.

Many yards will require routine screening of new arrivals with a blood test, in an attempt to avoid admitting a carrier to the yard. A blood test will show whether there are any antibodies to *S. equi* but DOES NOT detect active infection. The laboratory tests for 2 antibodies known as A and C.

### Interpreting blood results

- A negative result is considered less than or equal than 0.2 for each antibody which

means that the animal is highly unlikely to be a carrier of *S. equi*.

- A positive result is considered more than or equal to 0.5 for either antibody and further testing is recommended.
- The 'grey area' is between 0.3-0.4. This may indicate the animal has recently been exposed to *S. equi* and could be incubating the disease so we would recommend a repeat blood sample two weeks later looking for a positive or rising antibody level.

### Key points to strangles blood testing

- A positive blood result does not mean that the horse is necessarily infected with Strangles. It simply means it has had exposure to the bacteria. Further diagnostic tests are necessary to determine if the horse has Strangles or not.
- The antibodies detected on a blood test take 10-14 days to form, so, if the horse has recently been exposed to the bacteria, the test could show a low antibody response despite the horse being infected. For this reason, some yards ask for 2 blood samples to be taken, a fortnight apart.
- Once a horse has developed antibodies, they can last from 6 months to many years.

### Further testing

Following a positive blood test result, the quickest route to a diagnosis is via a guttural pouch wash. During this procedure we collect a sample of fluid from both guttural pouches through an endoscope (under sedation) and send these to the laboratory for *S. equi* DNA testing, which will confirm if bacteria are present or not. During the same procedure we look to see if the horse has balls of hard pus, known as chondroids, which are left over from Strangles infection and will need to be removed if present. If the sample comes back negative, the horse is not a carrier for Strangles. If the sample comes back positive, the horse is infected with Strangles and need to be treated accordingly. If a guttural pouch wash is not possible, nasopharyngeal swabs can be taken every week for 3 weeks in a row, but this is less accurate.

### Costs

The current cost of a strangles blood test is about £50, and a guttural pouch wash costs about £200 (depending on how much sedation is required). These figures include laboratory fees but not visit fees.

### And a final note....

This is an area of veterinary science which has been developing quickly over the last 10 years and is not an exact one! The information above aims to cover most of the important points but a complete analysis would require a 10 page booklet!

We will be very happy to discuss your horse's individual results and situation in detail, especially if they do not conform to the norm. We cannot discuss results with anyone other than the owner of the horse without their explicit permission.

## New Practice Management System

The R(D)SVS has a new computer system launching in the next few months. We have created a bespoke system that meets the needs and requirements of our veterinary services.

While we have done everything possible to prepare and anticipate a smooth transition, we ask that you are patient should we encounter any system errors. We welcome any feedback.

Thank you in advance!



## Vaccine Amnesty

We will be running our vaccine amnesty again this winter, for horses, ponies and donkeys who are starting their course of vaccines for the first time or restarting their course following a lapse of vaccination. This is supported by pharmaceutical company MSD, who manufacture the vaccines, and applies to equine influenza and tetanus. The first vaccine must be given in November or December, and the second vaccine, due a few weeks later, will be FREE (although normal visit fees will apply). For 'flu courses, a 3rd vaccine will be due 5-7 months after the second, and will be charged at the normal rate. Please call reception on 0131 650 6253 to take up this offer.



Contact us now to take up this offer

## Acupuncture



Nienke joined us in September 2016

We are delighted to be able to offer an acupuncture service to our equine patients for the first time! This is run by Nienke who has a wealth of experience in this field, primarily with orthopaedic cases requiring pain management, including performance horses and retired animals. It is generally very well tolerated by horses and does not usually require sedation. Please call reception if you would like to discuss if this complementary treatment might be useful for your horse, pony or donkey. The cost of the initial consultation and treatment is £56.70, with follow-up treatments costing £35.28 (plus visit fees).

## Equine Diagnostic, Surgical and Critical Care Unit

As we go to print, the brand new, state-of-the-art Equine Diagnostic, Surgical and Critical Care Unit is about to open. This fantastic facility will allow us to provide top-class care to inpatients and outpatients, especially those in need of intensive care, such as serious colic cases or mares with sick foals. It will also help us to train our veterinary students, with specialised teaching rooms installed above the theatres.



The new EDSCCU

## Our Veterinary Surgeons



Louise Cornish  
BVMS Cert EP MRCVS



Chris Calder  
BVM&S MRCVS



Jenny Clements  
BVSc, MSc, Cert EIM, MRCVS



Tess Fordham  
BVMedSci BVM BVS MRCVS



Nienke Oostr  
BVSc MACVSc MRCVS

Ably assisted by our team of excellent hospital residents!

## Front office staff

Trish O'Donnell, Joanne Davies,  
Susan Ingram and Jess Porter