



summer/autumn newsletter

Summer/Autumn 2018

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Zone Map and Fees

Understanding Strangles Testing

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Vaccine Amnesty

Acupuncture

Equine Diagnostic, Surgical and Critical Care Unit

2018 has been a busy and eventful year. With a long visit of Beast from the East, it was a hard winter for our equine companions. Horse owners managed their horses and ponies fantastically well despite the extreme weather. Summer has welcomed us with sunshine and high temperatures. As much as we enjoy the sunny weather, we imagine now there are many of us doing a rain dance to help our paddocks!

We welcome back to the practice Louise Cornish and Joanne Davies from maternity. This sadly means a goodbye to Louise's maternity cover vet, Kirsty Dey. Kirsty, whom many of you will have met, has worked hard this last 8 months and will be missed by all the team. We wish Kirsty every success in her future ventures. Jo's maternity cover, Jess, is not leaving us now and is now a permanent member of the team.

Our reception team is also acquiring a new team member. Along with Trish, Jess, Jo and Susan, we welcome Karen Dunnett to the team. Karen knows the practice team well having worked the last year as

one of the grooms for the hospital. Karen has a wealth of experience and knowledge, and we are excited to have her on board helping assist organising our practice visit and managing your calls and queries.

In other exciting news Chris Calder, now married and having returned from honeymoon is expecting a baby with his lovely wife Lauren. The year also includes our Tess getting married in September. We love some happy events!

Our new Equine Diagnostic, Surgical and Critical Care Unit at Easter Bush is now open and busy seeing patients. The state of the art facility will further improve clinical care of our equine patients, while also enhancing student education and facilitating our world leading research. We are very pleased with it and part of the added bonuses to working for DVEP is the use of this fantastic facility and team of specialists.



Chris in the snow

Contact

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Welcome Jill Murdoch



Jill Murdoch

We welcome Jill Murdoch who has joined our team in the first opinion practice as a new permanent vet – Jill qualified from Edinburgh and then worked in Australia for

several years before returning to the UK to work in equine practice where she has been for the last number of years. Jill has special interests in reproduction, having had a busy year so far. Jill is also a qualified equine acupuncturist. Jill does however enjoy all aspects of her job and the variety of cases working in practice brings.

Jill is looking forward to meeting you all out on her calls.

Here is what Jill says after her first couple of months with RDSVS Equine Practice. "Although the first couple of months of my new job have mostly been spent with my sleeves rolled-up at the rear end of a mare I'm really enjoying it so far. Meeting new clients and their horses, coupled with the new challenges of teaching has meant the weeks have flown in with never a dull moment. I'm particularly enjoying being part of a larger equine team and working collaboratively with the hospital staff. I'm looking forward to the stud season coming to a end so I can get a chance to meet a few more clients and get a wee bit more kip!"

Case Study: EGUS – Equine Gastric Ulcer Syndrome



Fig 1.

Fig 1. Pylorus displaying mild and severe ulcers.



Fig 2.

Fig 2. Stomach displaying ulcers.

Lady Gertrude of Arisaig (Gertie to her friends) is a 10 year old 15.3hh dark bay warmblood mare used for dressage, eventing (BE80) and the odd endurance pleasure ride. She is out almost every weekend doing something with her owner and often stays away with friends or the night before a clinic. She lives in throughout the winter and has 4 hours of turnout per day through the summer months. She sometimes struggles to maintain weight especially when out and about a lot as she won't eat on the lorry and consequently receives half a scoop of course mix, a scoop of alfalfa, a scoop of pony nuts, a balancer and a joint supplement twice daily. She has adlib haylage in her stable, is fully vaccinated and up to date with her worming and dental checks.

Gertie had always taken everything in her stride and appeared quite relaxed until earlier this year when she moved yards. Initially her girthingness was thought to coincide with the start of her season but over a few weeks it became apparent that she was feeling uncomfortable in her work as well and her dressage scores were deteriorating and she was becoming reluctant to jump.

Gertie's owner decided rather than 'pushing her through it and getting the spurs on' as had been suggested by a couple of other people on the yard she would call us out to examine her and see if there was a physical reason for her reduced performance and uncomfortableness.

Practice vet Tess examined Gertie and could find no external source of pain that would explain her not feeling right. She was not lame and sound on flexions. She was slightly sore in her back when Tess performed deep palpation but this was not felt to explain her signs. To rule out back pain as a contributing factor before more invasive tests were performed Tess referred Gertie to a local ACPAT physiotherapist who worked on her back over a couple of weeks. When Tess revisited Gertie she had no signs of pain in her back but was still displaying signs of discomfort in her ridden work and when girthed.

It was thought that Gertie could be suffering from gastric ulcers (Equine Gastric Ulcer Syndrome or EGUS). Diagnosis is made by endoscopy (a camera up the nose and into the stomach) or treatment trial. Gertie's owner contacted her insurance company who confirmed that they would require an endoscopy before paying for ulcer treatment.

Gertie underwent endoscopy 2 days later and although a little miffed that she had to go without food overnight was pleased she was stabled opposite a handsome warmblood dressage gelding in the hospital whom she spent most of the night nickering to. Gertie was sedated for the procedure which took 20 minutes start to finish and she was happily tucking into a sloppy feed made by the hospital grooms a couple of hours later.

The pictures taken below are of Gertie's stomach from the inside. On the first picture you can see the pylorus or stomach outflow where the food leaves the stomach and enters the intestines. As you can see there are some reddened areas which are mild ulcers and a red area which is a more severe ulcer. This is the glandular part of the stomach which produces acid to start breaking down food.

The second picture shows the top half of Gertie's stomach with ulcers present (the orange and red areas). The white part is the squamous part of the stomach which doesn't produce acid and the red part is the glandular part which does produce acid. The line between them is called the margo plicatus!

Gertie was diagnosed with grade 1 glandular ulceration and grade 2 squamous ulceration and although the ulcers found in a horse's stomach don't always correlate with the signs shown it was felt that in Gertie's case the ulcers could be contributing to her feeling uncomfortable.

Gertie started treatment the next day with omeprazole which stops the glandular part of the stomach from producing as much acid and allows the ulcers to heal.

Unfortunately omeprazole treatment is not permitted under FEI rules and so a withdrawal period must be applied. Gertie's owner decided, after discussion with Tess and the medicine specialists at the Dick Vet

Equine Hospital, to treat her for an initial period of 4 weeks and perform a repeat endoscopy to assess healing at this point.

Management changes were also discussed including increasing Gerti's time at grass, reducing her hard feed, increasing her interaction with other horses and reducing times spent without forage as much as possible.

Initially Gertie didn't enjoy having omeprazole squirted in her mouth every morning as she thought the dreaded horrible tasting wormer was coming and more medicine was ending up on Gerti's owner than in her mouth.

She also became very wise to her owners attempts to hide it in a bucket of food with skills to rival a sniffer dog in working out which buckets contained the medicine! Gertie's owner called DVEP at her wits end from trying to get the medicine into Gertie and Tess suggested trying some behavioural modification techniques and working with our hospital groom team to learn some basic negative reinforcement

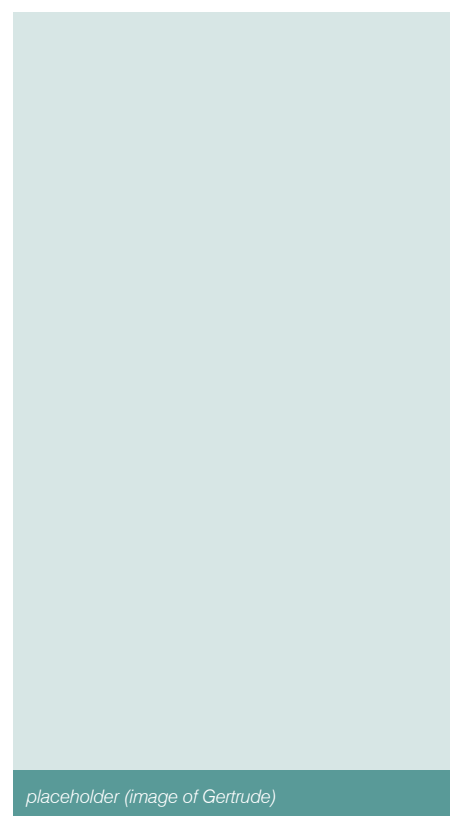
techniques. A couple of 10 minute sessions and Gertie soon learnt how to take her medicine calmly.

4 weeks later and Gertie was back in the Equine Hospital to have her gastric endoscopy to assess her response to treatment. Although disappointed to not see her handsome warmblood dressage stallion again she soon made friends with the donkeys across the yard and adjusted to their peculiar whinnies!

The endoscopy this time showed healing of the ulcers and it was decided to continue with her management changes and drop her dose of omeprazole to a preventative level.

Gertie is back out competing at her previous level with no further signs of uncomfortableness. When she has breaks in her competition schedule she has a preventative dose of omeprazole each day which seems to keep on top of her ulcers.

Best of luck out and about Gertie – we look forward to seeing pictures of your summer fun!



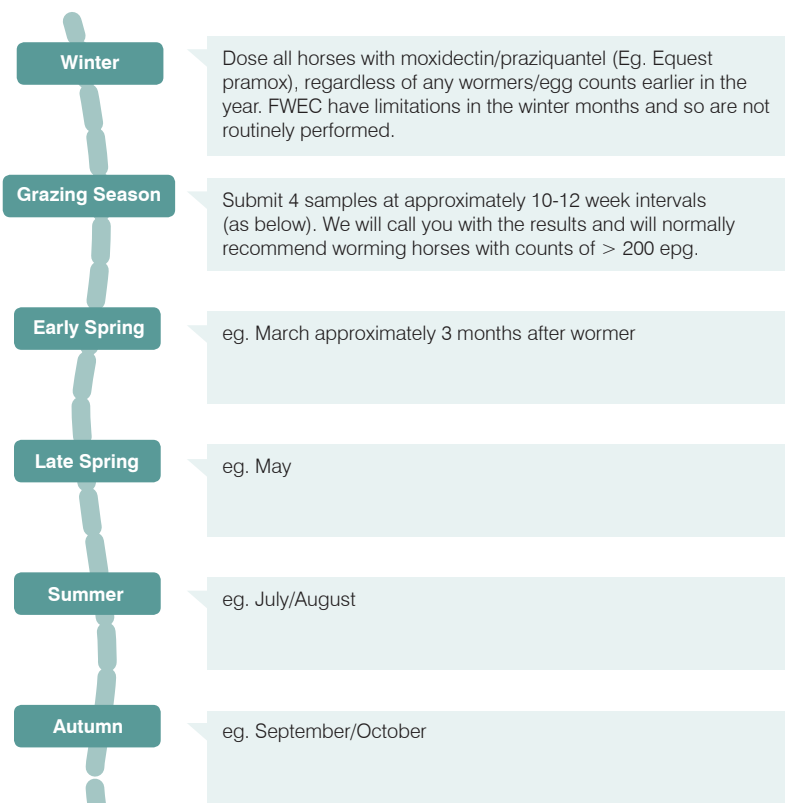
Targeted Worming Protocol

It can be difficult to know how to effectively treat and test horses and to decide on a worming protocol that suits you and your horse.

A targeted worming protocol adapts the strategic dosing programme to administer wormers at the most appropriate times of the year, based on the life cycle and environmental factors involved (e.g. pasture management), and also takes into account the levels of infection in individual horses by monitoring individual faecal worm egg counts (FEC).

This means that each property has its own individual treatment plan according to the horses and factors relevant on that particular property. Regular FEC are used to identify the horses most susceptible to worms and that are contaminating the pasture. These horses are dewormed whilst the other horses are left untreated to reduce the use of worming drugs (and therefore the likelihood of resistance) on the property.

This type of programme is typically associated with a substantial (>50%) reduction in the total amount of wormers used on a yard. If using this programme it is important to remember that FEC detect only adult worms and therefore a larvicidal product should be used in all grazing horses, once per year, regardless of FEC results. Likewise, horses should be treated once per year for tapeworms (remember these can be combined using a combination wormer if desired).



Please call the practice on **0131 650 6253**, if you have any queries about worming your horse.

Client evening success



April saw its way to another hugely successful client evening, organised by Tess. The evening was a huge success with the topic of the evening being "Achieving Goals with your horses". We would like to thank our guest speakers

(Lucinda Russell Racing, Jamie Turnbull, Jaimie Duff, Ciorstaidh MacGillivray, Karon Carson Equestrian TopSpec), as well a big thank you to our clients for taking time to join us, listen to some fantastic speakers and help eat cake!

Highland Show 2018



2018 was a Highland Show to remember with glorious sunshine and over a 1000 horses for the DVEP team to care for. Chris, Tess and Kirsty were on hand to help and provide care to any horses that needed their services. Peter Dunn was also with the team providing the horse ambulance service.

Highlights of the show, other than very few injuries, included seeing the Clydesdale 6's take to the arena as well as a watching Sandy Maclean winning the Championship Final. All had a great weekend!

GDPR – You and your data

New data protection legislation came into force on the 25th May, known as the General Data Protection Regulation (GDPR). Here is our latest information regarding our Data Protection Policy so that you are aware of our stringent policies to protect your data.

The information you provide will be used by The University of Edinburgh who needs to do so in order to manage your pet, animal or farm medical record and provide treatment as necessary. The data may also be used by



the University to update you with services that may be of benefit to your pet, animal or farm, and research studies.

We are using information about you because you have registered to use our veterinary clinical services. If you choose to leave the practice/hospital, the same data regulations will apply. For referred owners: we disclose information about you and your pet/animal to your referring vet with whom we have a professional contract. The referral vets may also share your data with us.

In order to facilitate online payments for our services, we use Epay - a third party service which is not operated by the University of Edinburgh. Details of Epay's privacy policy can be found at: Epay Privacy Policy. We retain your data for 10 years after our last contact with your pet, animal or farm. Our retention policy is available at: www.ed.ac.uk/vet/services/gdpr/retention-schedule

If you have any queries at all then please let us know; or our Data Protection Officer can be contacted under dpo@ed.ac.uk

Our Veterinary Surgeons



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Jill Murdoch
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Ably assisted by our team of excellent hospital residents!

Front office staff

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