



Quick Facts:

For the last four years, the vets at the Dick Vet Equine Practice are the official equine veterinarians for the Royal Highland Show at Ingliston.

Laminitis - is still one of the main clinical problems we face as horse vets and owners. It may seem like little changes in the way we approach these cases. However it's an exciting time for laminitis research as many more people around the world become interested in studying this horrendous disease. Millions of pounds are now dedicated to laminitis research around the world. Current research can be split into 3 main areas:

- What makes horses predisposed to laminitis?
- What is happening in the foot in laminitis, i.e. what are the actual mechanisms?
- What are the actual trigger factors that start off a bout of laminitis?

Also there are lots of other bits and pieces of other research information coming out, e.g. at Edinburgh we have been evaluating aspects of pain that laminitis horses suffer, trying to work out better ways of evaluating the lameness leading a way to potentially more appropriate drugs for certain stages of laminitis. All of this research fits little pieces into the big jigsaw puzzle of laminitis.

Continues overleaf. . .

Welcome to another Dick Vet Equine Practice Newsletter. I do hope you are enjoying them. Maybe you could collect them and show them to your friends! If not then you could perhaps use the old newsletters to light your BBQ's this summer!

But onto business. I hope you have all noticed that the grass is growing and I hope you have all noticed that your horses are putting on weight. I also hope you know that fat horses are NOT happy horses! We have seen many horses already showing signs of laminitis so please be careful. Less food and more exercise will make your horse a happy-horse!

Our client evening went down a storm with plenty of discussion afterwards about arthritis in horses. I hope those that attended took away some useful information. I will let you know the moment we have organised another one. Finally, in this months newsletter we have gone against the tradition of having a information article and given you a quiz! This quiz is designed to test your knowledge of a disease we only dare whisper the name of - *Strangles!!*

Matt Hanks - Editor

New After-Hours Number!!!

We have a **new after-hours service** that started on 1st March. It involves you passing your details and the nature of the problem to a dedicated answering service, which will then page the on-duty vet. If you call the usual practice number **0131 445 4468**, there will be a message giving you the number or you can phone it directly, on **07699 748010**.



BUTE USE IN COMPETITION DEBATE SCHEDULED.

The FEI is to host a two-day global Congress to debate the use of Non-Steroidal Anti-Inflammatory Drugs in competition. The FEI Congress on NSAIDs Usage and Medication in the Equine Athlete, which will be held in Lausanne, Switzerland on August 16/17, will include the presentation of educational and scientific papers as well as open debate.

Although the debate takes place in August, no decision on its use will be made until November at the FEI General Assembly in Chinese Taipei.

What's in this month's newsletter:

1. News & comment
2. Laminitis
3. The 5-minute fact sheet
4. Strangles Quiz!

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Opening Hours

Monday to Friday: 9-5pm

During these times phone:

0131 445 4468

After hours phone:

07699 748010



The Dick Vet Equine Practice is a Royal College of Veterinary Surgeons accredited Practice.



Laminitis (cont)

Much of this risk relates to a metabolic abnormality known as *insulin resistance*. This is when the body is unable to deal with a sugary diet, and so the horse experiences big swings in blood glucose and insulin concentrations. High insulin and glucose are thought to be harmful to blood vessels, increasing the likelihood of laminitis. Some of the horses that have this problem with their metabolism will have *Cushing's disease* while others we would diagnose as suffering from the *equine metabolic syndrome*.

We think that many horses are developing Cushing's disease for a long time before we see the classical clinical signs such as a hairy coat. Hopefully once we recognise those horses at risk of laminitis, we can then try and do something about it!



Hairy pony with Cushing's disease

If you think your horse or pony is at risk of laminitis please give us a call at the practice, we may be able to help you minimise his or her risk.

Horse Diary August 2010

SNEC (www.snecc.co.uk for more information)

09/08/2010 - Andrew Hamilton Training Clinic
09/08/2010 - Riding Academy
11/08/2010 - Show Jumping Schooling Night
12/08/2010 - Riding Academy
15/08/2010 - Unaffiliated Showjumping
16/08/2010 - Riding Academy
18/08/2010 - BHS Stage 2 Complete course
18/08/2010 - Show Jumping Schooling Night
19 & 20/08/2010 - BHS Stage 2 Complete course
21/08/2010 - Affiliated Dressage
22/08/2010 - Unaffiliated Dressage
23/08/2010 - BHS Stage 2 Complete course
25/08/2010 - Show Jumping Schooling Night
26/08/2010 - Riding Academy
28/08/2010 - VHS Showing Show
30/08/2010 - Riding Academy
01/09/2010 - Show Jumping Schooling Night
This information is intended as a guide only - please contact venue for more information

The five minute fact sheet - 'Choke'

What is Choke?

The term "choke" actually refers to an obstruction of the oesophagus (the tube that takes food to the stomach) and NOT an obstruction of the wind-pipe.

So what does Choke look like?

The first thing you will notice in a horse that has an oesophageal obstruction is a green, often frothy, discharge coming from the nostrils. The discharge usually contains food material and is caused by the build up of saliva and ingested food in front of whatever is causing the obstruction in the oesophagus.

Horses that are "choking" often hold their head outstretched, look anxious and may cough. They often appear to be trying to swallow and sometimes you can even see a bulge in the left side of their neck where the obstruction is. What should I do if I think my horse has Choke?

- Don't panic! Many cases of choke do resolve spontaneously
- Call your vet if the choke lasts more than 30 minutes
- Keep your horse calm and try to reassure them as they are often anxious
- Remove all food to prevent your horse from eating and worsening the obstruction.

How is Choke treated?

Your vet will usually sedate your horse first of all to reduce anxiety and to lower the head to reduce inhalation of food and saliva. An anti-spasmodic drug is often used to help relax the oesophagus and increase the likelihood of the obstruction passing down into the stomach. A nasogastric tube is often passed up through your horse's nose and down into the oesophagus to identify how far down the obstruction is. Your vet may try to flush the obstructed food material out by repeated administration of water into the tube or, once the obstruction is softened, be able to dislodge the food down into the stomach.

The vast majority of choke episodes in the horse resolve to simple treatment on farm, but sometimes further investigation and treatment may be required at a referral hospital, particularly if episodes recur frequently. Often an endoscope is required to visualise what is causing the obstruction and assess oesophageal damage.

For more information download our facts sheets at www.dickvetequine.com and follow the link to the equine practice.



STRANGLES QUIZ

Because of a recent outbreak of Strangles in the area, DVEP has fielded many queries about strangles from concerned horse owners over the last few months highlighting the amount of confusion and misinformation circulating about the disease. This is something we would like to remedy. So, we thought we would give you a quiz to see how much you know about strangles. For example, would you know what action to take in the face of an outbreak? Do you know how Strangles is spread? Take our strangles quiz to check your knowledge and before you ask there are no prizes! For the answers go to www.dickvetequine.com and follow the link.

1. **What causes the disease strangles?**
 - a. Bacteria
 - b. Virus
 - c. Fungus
2. **Strangles causes infection of which body system?**
 - a. Intestinal tract
 - b. Respiratory tract
 - c. Nervous system
3. **How do new outbreaks of strangles usually occur?**
 - a. Via wildlife carrying the disease
 - b. Movement of clinically sick strangles horses
 - c. Movement of healthy carriers of strangles
4. **What is usually the first symptom shown by a horse coming down with strangles?**
 - a. Dullness and loss of appetite.
 - b. 'Snotty' discharge from the nose.
 - c. Colic
5. **What action should be taken by a yard owner, if they suspect a horse has strangles?**
 - a. No action is required it will all work out in the end.
 - b. Expose all horses to the suspected case to stimulate their immunity
 - c. Isolate the suspected case
6. **What diagnostic test would be performed to diagnose the disease in a horse showing symptoms of strangles?**
 - a. A blood sample
 - b. A nasopharyngeal (back of the throat) swab
 - c. X-rays of the head
7. **What diagnostic test would be performed to diagnose a carrier of strangles?**
 - a. A blood sample
 - b. A nasopharyngeal (back of the throat) swab
 - c. Endoscopy and washing of the guttural pouch
8. **What diagnostic test can be performed to detect if a horse has recently been exposed to strangles?**
 - a. A blood sample
 - b. A nasopharyngeal (back of the throat) swab
 - c. X-rays of the head



- 9. How does strangles spread between horses in an outbreak?**
- Nose-to-nose contact of horses
 - Nose-to-nose contact of horses and contaminated equipment
 - Nose-to-nose contact of horses , contaminated equipment and contaminated people
- 10. Why do horses with strangles find it difficult to eat?**
- Swollen tongue
 - Swollen glands in throat
 - Paralysis of the tongue
- 11. In which body cavity does pus collect in strangles?**
- Sinus of the head
 - Guttural pouch (part of middle ear)
 - Abdomen (belly)
- 12. How is strangles usually treated?**
- Antibiotics
 - Antifungals
 - Anti-inflammatories (bute) and poulticing of abscesses
- 13. Following strangles infection, which of the following is true?**
- The horse will not be a carrier of strangles
 - The horse may be a carrier of strangles
 - The horse will always be a carrier for strangles
- 14. What are 'chondroids'?**
- Concretions of pus in the guttural pouch that can occur following strangles infection
 - Abdominal abscesses that can occur following strangles infection
 - Inflamed blood vessels that can occur following strangles infection
- 15. Is there a vaccine for strangles in the UK?**
- Yes
 - No
 - Yes but not currently available

Now head over to www.dickvetequine.com to see how you did!!

If you have any queries regarding strangles, call the practice on 0131 445 4468 and ask to speak to one of the vets

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At all other times please phone:

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If you call during after hours, you will be asked for 'your message'. Please give your name, contact details and the nature of the problem. This information will be passed to the duty vet who will contact you directly.

