



STAFF CHANGES AT THE EQUINE PRACTICE

Dear Client,

Welcome to a special edition of the Equine Practice Newsletter. With the many changes that have been happening lately, we want to keep you up to date with all of the goings on, as we constantly strive to make our practice better for you and your horse.

We wrote to you recently about the Equine Practice integrating with the Equine Hospital, allowing practice clients to get many of the benefits of closer integration. Not least of these is the access to better diagnostic equipment such as mobile x-ray and ultrasound and endoscopy (for stomachs, airways etc) and we now have the most up to date equipment available. This means that many common diagnostic procedures can be done at your own yard without the need to travel to the hospital.

While DVEP is primarily a mobile practice, we also have the luxury of being able to see first opinion cases at the hospital, reducing your visit charges. When we need to refer cases (i.e. pass onto a vet who specialises in specific problems), they come into the hospital at a reduced rate and this means that specialist care is always available and at a reasonable cost.

As of 1st September there will also be some staff changes. Two new, but hopefully familiar, faces will be joining us. Eugenio Cillan Garcia will be moving from his temporary job in our hospital to a job in the practice, replacing Matt Hanks, but straddling the link between the hospital and practice.



Eugenio did his residency at the Equine Hospital from 2009 to 2012

was employed as one of the senior vets at a large equine practice in the South of England. Eugenio specialises in lameness and surgical problems, but as he has done a residency with us here in the hospital he is very experienced with all types of clinical problems, from the simple to the more complex. He has a special interest in feet problems like hoof cracks, imbalance etc, and he will be able to do lots of these and other orthopaedic workups on your premises. On top of that he's a really nice guy!

We are also saying goodbye to Malcolm Corsar, who left us at the end of August to pursue a less intensive veterinary career. This means we will have another new vet starting in the Autumn. Please look out for further announcements on that front; we are confident we will obtain an exciting and experienced

Eugenio is an excellent vet and has a great deal of experience working in equine practice since he came over from Spain. He first worked at the Three Counties Equine Practice in Gloucestershire before starting a residency with us here in the hospital from 2009 to early 2012. Following his residency he



Natalie has worked with us in the practice for several years

trained in the hospital. Natalie will be taking up a locum position with the practice until we have our full time replacement.

Jenny Clements is one of our most experienced vets and she will still be working in the practice part-time (Mondays, Wednesday afternoons and Thursdays), Jenny has a special interest in medicine, and has her certificate in equine internal medicine. Jenny spends the rest of the week looking after her two toddlers, so she probably finds vet work a bit of a break!

Another of the Practice vets, Gemma Pearson has accepted a role as a Resident in Equine Practice, meaning that she spends most of her time in the hospital. She is receiving specialist training and exposure to more complex cases but still continues

vet to assist us in this role and we already have plenty of interest from some very good vets.

In the meantime however we are delighted that we have the very able Natalie Loh, who is an excellent vet and has worked with us in the practice several times before and

to rotate through the Equine Practice for around 3 months per year. Gemma is multi-talented, but as you may know has a special interest in solving horse behaviour problems and is always available for behaviour consultations.

Due to Gemma's move, we will have a new position open to replace Gemma as the practice intern. We have had huge interest in this post from some really promising young vets and hope to fill this position in the next few months.

If you are contacting the practice, as well as new and old faces you may meet some of our excellent crop of hospital Residents, who help out with the out-of-hours rota in the practice. They are all experienced equine vets, used to dealing with all sorts of emergencies.

We know that it seems like a lot of changes are happening at once but please be reassured that these changes will not affect the service you receive from us. We are striving to enhance the quality of service you receive and we are always very grateful for your support. We appreciate your feedback and hope you continue to use us as your first opinion equine practice.

If you would like to talk to us about any of these changes, or anything else, please feel free to call the Equine Hospital reception on **0131 650 6253** or **01223 849 763** (out of hours) or e-mail us on **EQH@ed.ac.uk**.



STRANGLES: myths and realities

Strangles continues to be an emotive issue not only here around Edinburgh, but all around the horse world. Here we try to answer some of the questions you may have about this important horse disease.

What is Strangles?

Strangles is a disease caused by a bacterium called *Streptococcus equi equi* that infects the throat area. It is self-resolving in the majority of cases over a period of about 2 months. While infected the horse goes off his/her food, has a high temperature, swells up in the throat area, produces lots of creamy coloured discharge; very occasionally this causes breathing difficulties. In a small minority of cases, it can spread to other areas of the body or can cause other trouble such as swollen limbs and head. Some other horses will find it hard to fully get rid of the bacteria and they become carriers for a variable period of time (months to years!): see below.

Is Strangles as contagious as they say?

YES; strict hygiene is required to minimise the spread of the bacteria. It requires DIRECT contact i.e. nose to nose, or nose to person to nose, or nose to water to nose, or nose to rug to nose etc. It does not spread through the air, unlike viruses such as influenza or herpes virus.

Can it affect humans?

NO; no human has been diagnosed with Strangles. But you can carry it innocently to other horses!

What is a carrier?

Carrier horses are those that have the infection but do not show any clinical signs. The most common site is in the guttural pouches which are small air sacks inside the head. Carrier horses cause problems since these horses may periodically shed the bacterium so e.g. if they go onto a new premises or share a water source with some naive horses, the disease will become rife through the herd/mates very quickly.

How do I know if my horse has strangles?

If your horse suddenly goes off his/her food, develops a high temperature and a 'snotty' nasal discharge, there is a possibility that this is Strangles: contact your vet immediately. Your vet will examine the horses carefully for signs. Further tests are usually necessary so your vet may take a swab from deep up the nose or may use an endoscope to look into the nose and/or guttural pouches. Often while infected, or even as a carrier, there will be obvious accumulations of 'snotty' creamy secretions in the head region.



How do I know that my horse hasn't got strangles?

Two options are available with different advantages and disadvantages. Sampling secretions from the throat area and preferably the guttural pouch can tell you if your horse is harbouring the bacterium. The samples are sent for culture and

for DNA fingerprinting to check if the strangles bacterium is present. A screening blood test is also now available that detects antibodies to the bacterium. The blood test, like any blood test, is not fool-proof, whatever anyone tells you! It is designed to be slightly overcautious, i.e. to make sure subtle cases are not missed. Also as the test is based on antibodies, and these stay high for a few months after infection, a recently infected horse that is now clear of infection may come back positive on the test. In equivocal cases, further tests such as endoscopy and sampling may be required.

Is there a vaccine for Strangles?

Yes there is a vaccine available but in our opinion, it is only appropriate to certain circumstances, so careful consideration needs to be given to its use.

If you have any questions, please feel free to contact us here at the practice and we'll be happy to help. There is more information available on the British Horse Society Website at

www.bhs.org.uk/ownership-advice/health-and-welfare/strangles.

Equine Behaviour Consults



Although Gemma Pearson is changing her role and will be spending more time in the hospital (see over) she is pleased to still be able to offer a behaviour service to horses owners. She typically deals with issues such as needle-shy horses, horses that won't load, or horses that are difficult for the farrier to shoe.

If you would like to get some simple advice, then contact Gemma via the practice. Consults can be done either at the hospital or at your horse's yard. Group sessions can also be arranged.