

STUD TO STABLE

Perth Equine Hospital Newsletter- Autumn 2023



Welcome to Perth Equine Hospitals Autumn newsletter. It has been a busy year for us so far, with record numbers of horses seen, and some much-needed business upgrades. We're making changes to improve the user experience with these including a new phone system and software upgrades. During this transition, we appreciate your patience as we work through the usual bumps along the way.

If your horse is currently on medication for PPID, also known as Equine Cushing's Disease, we advise that monitoring blood tests are performed twice per year, one of which is best performed in Autumn. This blood test will ensure the current dosage is correct for your horse, and therefore reduce clinical signs of the disease. Please remember to book in!

Perth Equine Hospital is committed to keeping our clients educated, informed and up to date on the latest equine veterinary news. Read on and hear about tetanus, lameness exams, gastroscopy, treating eye issues early, and much more.

Until next time, take care
Paul O'Callaghan & the PEH Team



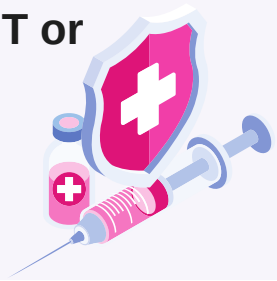
WHAT IS TETANUS?

Tetanus, is an often-fatal bacterial disease caused by the organism *Clostridium tetani*, which is found in soil and droppings. Most mammals are susceptible, but horses and humans appear the most sensitive of all species.

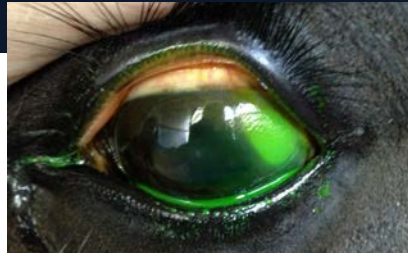
The bacterium can survive as spores in the environment for long periods of time, and while in the soil it's harmless. However, the bacteria can enter the body through wounds, particularly puncture wounds, if the wound is dirty.

The bacteria produce a powerful nerve toxin, causing distressing symptoms and death in about 80% of cases! Localised stiffness, often involving the jaw muscles and muscles of the neck, the hind limbs, and the region of the infected wound, is seen first. General stiffness becomes pronounced about 1 day later, and then spasms and painful sensitivity to touch become evident. General spasms disturb blood circulation and breathing, which results in increased heart rate, rapid breathing, congestion of mucous membranes, and respiratory failure.

Tetanus is a totally and easily preventable disease. Vaccination with 'tetanus toxoid' should be used for all horses and ponies. You can vaccinate your horse against tetanus with Equivac® T or Equivac® 2 in 1 (which includes strangles).



EYE PROBLEMS



Did you know that horses have the largest eye of any land mammal? Horses are particularly vulnerable to ocular trauma because their eyes are large and positioned on the sides of the head. A normal eye is open and clear. If you spy something wrong with your horse's eye such as discharge, cloudiness or squinting, contact us for advice IMMEDIATELY!

Horse's eyes are perhaps the most sensitive and one of the most important parts of their bodies. Some performance organisations have set standards into the amount of vision present to protect both horse and rider welfare making eye examinations an important consideration not only when purchasing a new horse but also in preventing vision loss.

Trauma to the eyelids or lumps near the eye may affect vision. The eyelids are important for normal vision providing protection and helping tears being spread across the surface of the eye. Trauma may result in damage to the eye surface itself (corneal ulcer) or to the deeper parts of the eye (uveitis).

Any trauma to the eye such as from a poke or a scratch may result in the outer layer of the cornea (the epithelium) being peeled away. This is a corneal ulcer. This condition usually results in a cloudy white area on the eye and a very sore, squinty eye, sometimes with discharge. An ulcer is diagnosed by applying an orange stain to the eye called fluorescein. This stain turns green when it mixes with the tear film. Fluorescein will not bind to a normal cornea, however it will stick to an ulcer and appear as a bright green spot or line. Another cause of corneal ulcers are grass seeds lodged in the eye under the eyelids or under the third eyelid (in the corner of the eye).

Evaluating the lame horse



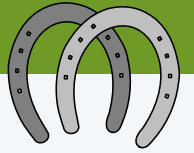
So, your horse has been lame or not performing as well as usual? Maybe it's time to call the vet! Lameness resulting from musculoskeletal abnormalities is the leading cause of poor performance in athletic horses, so it is critical to identify the underlying cause and how to manage it to relieve pain and support longevity. The degree of lameness may vary depending on the ease or difficulty of movement, the stage of the movement or exercise, and the cause of the lameness. A horse that is walking around in a pasture may not appear to be lame, but, with a rider on its back, may show significant lameness when urged into a trot or canter.

Lameness may be caused by several factors which require careful evaluation. A lameness exam typically involves discussing the horse's history, observing the horse at rest and in motion, performing flexion tests and using hoof testers to identify sources of pain. Further diagnostic tests may be needed if these assessments are not sufficient.

Lameness exams generally take around 1-2 hours and in some cases nerve blocks are used to determine and isolate areas of concern. Once a specific area has been isolated as the source of the problem, there are often still multiple structures in that area that could be injured. Imaging is the next way to determine not only which structure is injured, but how severe is the injury and what is the best treatment to pursue.



Lameness Evaluations



1. The physical exam

Our veterinarians will want to study your horse while they are standing still on flat ground to evaluate your horse's conformation. Observations will be made from a distance and up close. From farther away we can evaluate stance, frequency of weight shifting, unusual limb positioning, body conformation and body condition. From up close, we can assess the feet for conformation and balance, hoof cracks, hoof size and abnormal wear. Joints and tendons can be inspected for swelling, and muscles can be inspected for swelling and/or atrophy. Once the horse has been examined, the next step is to watch the horse move.

Foot testers

If our veterinarians think your horse's hooves are sources of pain, they will perform a hoof test. Hoof testers are a blunt, scissor-like tool that can be used to apply pressure to certain areas of the hoof. If your horse has painful hooves, they will react to the applied force by pulling back or taking the foot away. Horses that show sensitivity over broad areas of the sole might have a fracture in the distal phalanx, extensive bruising or laminitis. If the horse is sensitive in small, specific areas this could indicate localised bruising, puncture wounds or abscesses. Hoof testers can also indicate hoof wall issues, such as chronic laminitis.



2. Dynamic examination

A key art of a lameness exam is watching the horse in motion. Examination often includes trotting in hand in straight lines, and circles to both directions. During this portion of the exam, our veterinarians may identify overt lameness in a particular leg, abnormal footfall patterns or unusual movement of a portion of the body. Our veterinarians are watching for any clue, such as shortening of the stride, irregular foot placement, head bobbing, stiffness or weight shifting.

Lameness Examinations Continued...



Flexion Tests

Flexion tests involve stressing specific joints or regions of the limb for a specified time. Each leg is held in flexion to see if lameness can be induced or exacerbated. As with many parts of the exam, flexion tests are interpreted in consideration of what is normal for the specific horse.

3. Nerve Blocks (extra charges apply)

If the lameness is not easily isolated during the flexion tests, nerve blocks are often used. Nerve blocks are used to methodically numb portions of the limb using a local anaesthetic. Once the anaesthetic has taken effect, the horse is assessed again at the trot to determine whether the horse is now sound. If there is no improvement, the process is continued on specific nerves, progressing up the limb until the lameness is lessened or gone. This identifies the specific region of the pain.

4. Diagnostic Tests (extra charges apply)

Once an area of interest is identified, diagnostic imaging can be used to visualise the structures in the area. X-rays, ultrasound, scintigraphy or CT scans may be required.



Preventing Lameness Issues



Many causes of lameness are avoidable with the right management program. You can reduce the likelihood of wear and tear on your horse by:

- Implementing appropriate feeding and exercise programs for growing horses
- Not pushing your horse past what they are conditioned for
- Feeling your horse's legs every day for any heat and swelling
- Icing or cold hosing your horse's legs after particularly hard work sessions
- Warming your horse up appropriately before working them hard
- Maintaining a healthy body condition
- Meeting their vitamin and mineral requirements
- Supporting your horse's joints with scientifically validated supplements

Nutrition Facts		Nutrition Facts	
Serving Size 10 cc. Serving Size 10 cc. Amount Per Serving		Serving Size 10 cc. Serving Size 10 cc. Amount Per Serving	
Calories 200	Calories from Fat 200	Total Fat 10 g	% Daily Value*
		Saturated Fat 1.5g	11%
		Trans Fat 0.5g	1%
		Cholesterol 0 mg	0%
		Total Cholesterol 0 mg	0%
		Total Carbohydrate 10 g	20%
		Dietary Fiber 2 g	4%
		Sugars 2 g	4%
		Protein 30 g	60%
		Vitamin A 20%	40%
		Vitamin C 20%	40%
		Calcium 20%	40%
		Iron 20%	40%

QUICK TIPS

Lameness can be complicated to diagnose and treat. Keep a vigilant watch for anything that may appear abnormal in your horse's movements. Prompt diagnosis and treatment can save you money, and keep your horse working well into their career.



**STAR
PATIENTS**

Cushing's Disease- Time To Test



**DONT
FORGET**



If your horse is on medication for PPID (otherwise known as Equine Cushing's Disease) we advise that monitoring blood tests are performed twice per year, one of which is best done during Autumn. This is done with a simple blood test. This blood test will ensure the dosage is correct for your horse and therefore reduce clinical signs of the disease.

At this time of year (March, April, May) the ACTH test is at its most sensitive. **This means that this Autumn period is the best time to test suspicious and previously borderline cases should your horse be symptomatic.**

SIGNS OF PPID?

Commonly reported clinical signs include; excessive hair growth or lack of seasonal shedding, recurrent laminitis, muscle-wasting, development of a pendulous abdomen, recurrent infections, abnormal sweat patterns, excessive thirst and urination, and behavioural changes, primarily; dullness or depression. Most of these clinical signs are a direct result of excessive cortisol levels circulating within the body.

If you're concerned your horse has Cushing's, or hasn't been tested recently and is on treatment, then give us a call to book in for a blood test - these can be done on a farm/agistment visit too!

What is a Gastroscope ?

Gastroscopy is a procedure to view the inside of a horse's stomach. The procedure uses a 3-meter-long endoscope/camera passed into the stomach via the nose. Gastroscopy is the ONLY way to accurately diagnose stomach ulcers in horses.

The main reason why we want to investigate the stomach is to diagnose equine gastric ulcer syndrome (EGUS). This is a very common condition and can cause signs of colic, weight loss, poor performance, poor appetite, poor hair coat and changes in your horse's attitude and behaviour.

Equine gastric ulcer syndrome can be broadly split into two types of disease based on the anatomical location of the pathology. The upper or white part of the stomach is called the squamous section and disease associated with ulcers seen in this location is described as Equine Squamous Gastric Disease (ESGD). The lower, pink part of the stomach is called the glandular section and disease associated with ulcers seen in this location is described as Equine Glandular Gastric Disease (EGGD).

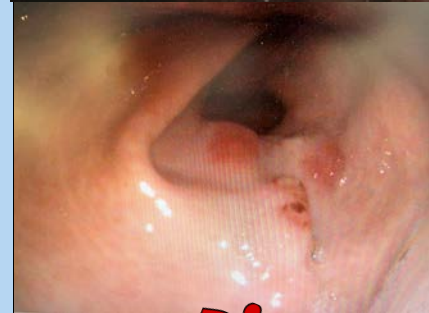
A gastroscopy needs to be performed by a qualified veterinarian. **The equipment can be difficult to transport particularly the computer screen, therefore gastroscopes are performed at our hospital.**

Prior to the gastroscopy, one of our vets will take a full history and perform a clinical exam before administering a sedative. Sedation is used to ensure the horse is relaxed and comfortable and will stand quietly and calmly for the duration of the procedure.

In addition to the sedative, gastroscopy is normally performed with the horse standing in a crush and with a nose twitch applied. These precautions make the procedure safer for all involved and enable a full and systematic examination so any problems can be identified.

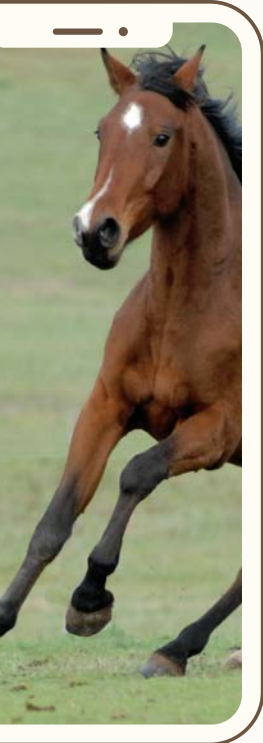
Our vets will first pass a lubricated nasogastric tube up one nostril and down into the oesophagus. The role of the tube is to protect the endoscope and prevent it from kinking. The gastroscope is then passed down this tube and the vet may then start the recording. Air is used to inflate the stomach to improve visualisation and we will take video recordings and still photographs of any areas of interest.

It is essential to examine the entire stomach. Once the examination is complete, the gastroscope will be removed first, then the tube. Your horse can go back to their regular diet once they have fully recovered from the sedation, unless instructed otherwise.



LOOK!

WHAT WE
FOUND



HOSPITAL NOTICES

Medication repeats

If your horse is on long-term medication, it is generally advisable to always have a four-week supply on hand. If you are needing a repeat prescription, please ring ahead so we can authorise and prepare your medication and have it ready.

Need horse advice?

To ensure you receive the greatest care and attention, we recommend that consultations should be scheduled to field questions and requests for advice. Treatment advice and second opinions can be incredibly complex, and any advice sought, no matter how big or small needs to be given appropriate care, attention and time. **We remind clients that phone calls from 5pm Fridays and over the weekend are for emergency only.**

Accounts

OVERDUE

Email services such as gmail, outlook and yahoo block emails to protect you from unwanted or malicious emails. We are finding an ever-increasing number of accounts not paid, with clients finding our requests for payment in their spam or trash folders.

To ensure you receive your accounts straight into your inbox, and that our emails are not lost, add our email address to your email contacts. When you whitelist us, you are confirming that you know, and trust our email source.

Thank
you!