

ISSUE 7 Autumn 2020

Equine NEWS

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COMPASSION, CARE AND CLINICAL EXCELLENCE

On the cover this Autumn is Sid giving us a big smile, he is owned by Christine Lennon and her family.

Please email equine@paragonvet.com if you have any topic suggestions for either the newsletter or Facebook page.

STAFF NEWS

Sian has now headed off on maternity leave with baby due in early September, we wish her the best of luck and hope she and



Dewi enjoy their time with the new arrival.

Mel Gray joined us in the middle of August to cover Sian's maternity leave.

She will work within the team as an equine technician. Mel will be working 3 days a week and covering some of the weekend rota.

Mel has always been around horses and is a current member of the CFHS pony club. She spent around 6 years working within the racing industry before moving home to have her now 3yro

daughter who is showing great interest in riding already!

Mel currently has a retired racehorse that she lightly competes and hacks over the fells on.



COMPLIMENTARY CUSHING'S DISEASE (PPID) TESTING

Throughout the year we are able to offer FREE laboratory fees for PPID testing on horses that have not previously been tested or that are not previously on veterinary treatment for Cushing's Disease.

Owners will need to visit www.careaboutcushings.co.uk to sign up and apply for a voucher.



The voucher code will need to be given to the vet when they come to take a blood sample. The website also has lots of useful information about the disease.

Please speak to one of the equine team if you have any questions or would like to discuss whether testing would be beneficial for your horse.

FEEDING HORSES AND PONIES WITH GASTRIC ULCERS**Paul May - MRCVS BVMS**

Following on from our Spring newsletter article describing the gastric ulcer syndrome in horses, this is a discussion outlining how diet can affect the healing of lesions and the prevention of reoccurrence.



As all classes of equine can suffer from gastric ulceration there is not a single approach that applies to all of them. For instance a foal recovering from an operation will need a different dietary approach to a horse in training or a show pony experiencing a busy show season with all the travelling that it entails.

In general a steady supply of appropriate feed is better for the health of the stomach rather than intermittent feeding with variable meal sizes.

In the wild horses will graze small meals throughout the day, regularly moving to a new feeding site. This gradual trickle of food and saliva (which buffers the stomach acid) is something we need to mimic in our feeding regimes.

The fibre source is important, good quality hay forms the basis of an ulcer kind diet. It is important that the fibre is not too harsh, to prevent scratching of the stomach surface. Chaffs based on straw are not ideal in this respect, whereas alfalfa is not only softer but the higher protein and calcium appear to buffer the acid. Prolonging feeding time will help either by increasing grazing or by slowing the consumption of hay. This can be achieved by double netting or by spreading around in small quantities for horses that are in a larger area.

Starch in the diet is often associated with increased risk of developing ulcers. One trial states that over 2 grams of high starch feed per kilogram of bodyweight and more than 1 gram per kilogram of weight per feed will increase the incidence of ulcers two fold. An alternative energy source can be provided by vegetable oil, this reduces the amount of starch needed and is also believed to reduce stomach acid production.

As always it is important to provide fresh clean water at all times. This can be difficult in horses and ponies that travel regularly so efforts must be made to water them during long journeys, particularly in hot weather.

KISSING SPINES

Euan Hammersley - BSc MRCVS BVMS



Kissing spines also known as over riding or impinging dorsal spinous are a common diagnosis in horses with back pain.

Anatomy

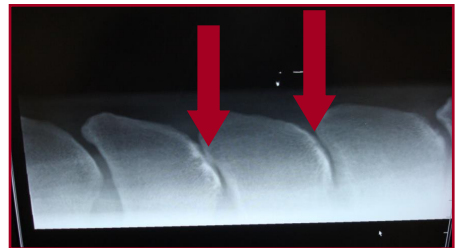
The thorax and lumbar vertebrae of the back each have a bony projection known as the dorsal spinous process that extends upwards from the main bone which surrounds and protects the spinal cord. Kissing spines occurs when the position of the back is altered, and these projections come into contact with one and other. This leads to impingement of these processes and leads to inflammation and pain.

Clinical signs

Back pain will often be gradual in onset and not associated with a specific event such as a fall at a fence. The signs may be subtle such as poor jumping ability and difficulties with transitions. In more severe cases resentment to saddling, mounting and ridden exercise will be seen.

Diagnosis

A clinical examination including palpation of the back and observation of the horse walking and trotting will be performed as subtle changes in the horse's movement can be suggestive of back pain. Any hind limb lameness should be investigated as low grade chronic lameness's can lead to back pain.



Radiography (x-rays) are useful for assessing the bones of the back and will identify any kissing spines that are present. In some cases, kissing spines will be identified on x-rays however the horse is showing no clear signs of back pain. In these cases, assessment of the horse being ridden before and after the infiltration of local anaesthetic will be useful to determine the significance of the radiograph findings.

If following these steps there is not a clear answer. A bone scan/scintigraphy that involves injecting a very small amount of radioactive substance into the horse's vein, before using a sensitive camera to scan the area of interest. If there is a significant amount of bone remodelling in a diseased area this will attract radioactive material. These localised areas are known as "hot spots".

Treatment

Medical and surgical treatment for kissing spines is available. Medical treatment may only be successful in subtle mild lesions. Medical treatment will consist of injecting the affected processes with a corticosteroid. This will be followed by a period of rest, and then physiotherapy to build up muscle again.

Two surgical options exist for the treatment of kissing spines. The advantage of surgery is that it will often be curative and repeat injections will not be needed.

1. Removing the DSPs

This was traditionally the treatment of choice for kissing spines. This procedure involves removing the affected dorsal spinous processes, by doing this there will no longer be any impingement of the bones and associated pain. Whilst long-term this procedure has a very good success rate the disadvantage is a large wound has to be made to allow for the surgery and subsequently a significant period of rest is required after the surgery.

2. Cutting the ligament between the between the DSPs

This is a relatively new technique that has been developed in the last 10 years. By cutting the ligament that sits between the dorsal spinous processes tension within the back is released and subsequently pain associated with kissing spines is abolished. This surgery can be done under standing sedation and local anaesthetic. Needles are placed in the back to mark the space between impinging processes and then checked by x-raying the back. A small 1-2cm incision is made just off midline and then scissors are used to break down the ligament. Following surgery, the horse is left with several small wounds that heal quickly and often ridden exercise can resume at 6 weeks post-surgery.



A key element for success despite what treatment is used is physiotherapy to build strength in the back. Lunging exercises with the use of a '*pessoa*' is especially useful. Before resuming ridden exercise affected horses should have their saddle checked to ensure it is fitting well.

Kissing spines are a common clinical finding. Alongside radiography of the back further tests may be needed to assess the significance of the findings. Following an accurate diagnosis several treatment options are available with a majority of horses returning to full athletic functions following treatment.

MORE THAN JUST SUNBURN?**Freya Wood - BVSC MRCVS**

We are all aware of the importance of protecting our skin from too much sunshine. Like us, our horses can suffer from sunburn due to overexposure to sunlight. They are particularly vulnerable around their muzzle, eyes and any areas of white coat and thin hair. Sun protection can be provided by using fly masks and fly rugs, and the application of sun cream to the exposed skin. Shelter or shade is preferable in hot weather so a field shelter or well-ventilated stable will give your horse protection during peak daylight hours.

As well as causing sunburn, UV light plays a part in some other ailments so during the summer months we can see an increase in other skin conditions. Although some of these can have a similar appearance, they may have other underlying factors that require investigation or different treatments.

Photosensitisation is a more severe skin inflammation than sunburn. Areas of oozing and swelling tend to occur on the areas of the skin most exposed to the sun including the outside of the lower legs and around the face, but any white area with pink skin underneath can be affected. Photosensitisation occurs when certain molecules are present in the skin. Primary photosensitisation is caused directly by eating certain plants (e.g. St John's Wort) whereas secondary photosensitisation occurs due to liver damage as the liver can no longer break down products from plants properly. Substances from these plants circulate through the body and reach the skin where they react with UV light causing a photosensitisation reaction. Differentiating between primary and secondary disease may require blood tests to assess the liver. Treatment is either by removal of the agent or treating the liver disease.

Leukocytoclastic vasculitis is another condition influenced by UV light, affecting the white and unpigmented areas on horses' limbs. It is a painful immune-mediated condition found in adult horses but is not well understood. Signs are seen in the summer and as both the outside and inside of the pasterns are affected this can help to differentiate it from photosensitisation.



The lesions appear reddened, crusting and oozing and the legs may swell, all of which can lead to lameness. When this condition is suspected or confirmed, the affected areas require protection from UV light by stabling the horse and bandaging the limbs. Steroids may also be prescribed as an immunosuppressant to control the condition, and treatment to control any secondary bacterial or fungal infection to the lesion may also be required.

Buttercups, the common weed often found in pastures, are an irritant to the skin of the horse, causing a contact dermatitis resulting in blistering to the skin particularly on the pink areas of the muzzle and the lower legs as they come into contact with buttercups when grazing. In addition to skin irritation this weed can also cause irritation to the inside of the mouth, so it is best to try and reduce the quantity of buttercups on horse pasture.

Mud fever is very common and often associated with wet and muddy conditions. It affects the back of the pastern causing an area of scabby inflammation which can be itchy and painful. Initially skin is thickened at the heels with some crusting and hair loss before affecting a larger area (usually only reaching to the fetlock). This can lead to infection and when the crusts harden the bacteria can continue to proliferate. In severe cases the area will become hot and painful and it can cause lameness. It is caused by the repeated wetting of the skin causing it to soften, so horses with a lot of feathers are more commonly affected as it takes longer for their skin at the pasterns to dry. Mud, other abrasive materials (such as some arena surfaces) or spiky weeds, and feather mites cause damage to the skin which allows bacteria to invade the damaged skin.



Treatment involves treating underlying conditions and allowing the skin to heal. This involves reducing mud contamination, clipping feathers to allow skin to dry more quickly and ensuring the legs are dried thoroughly when they are wet.

SEPTEMBER WORM EGG COUNT OFFER



During September we will be running another of our worm egg count (WEC) promotions. Faeces samples will be tested for £10.00 and any positive samples will receive a free wormer.

As usual please drop off samples at

Newbiggin or Dalston receptions on the same day that faeces have been collected. Samples should be in a sealed bag or container labelled with your name, phone number, the horse name and age. Please avoid dropping samples off on a Friday afternoon or at a weekend as we will struggle to get them tested whilst they are still fresh. Samples can also be given to the vets when they are visiting you.

Once we have looked at the sample we will give you a call with the results and relevant worming advice.



Contact us:

Paragon Veterinary Group

Carlisle House, Townhead Road
Dalston, Carlisle, CA5 7JF
Tel: (01228) 710208
equine@paragonvet.com

Townhead Veterinary Centre

Newbiggin, Stainton,
Penrith, CA11 0HT
Tel: (01768) 483789
equine@paragonvet.com

