

ISSUE 14 Summer 2022

# Equine NEWS

[www.paragonvet.com](http://www.paragonvet.com)



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Equine

COMPASSION, CARE AND CLINICAL EXCELLENCE

On the cover this Summer is Cindy owned by Janette and Rachel Walker. Cindy is one of our AI (Artificial Insemination) babies from 2021 and will hopefully be a future showjumping star.

Please email [equine@paragonvet.com](mailto:equine@paragonvet.com) if you have any topic suggestions for either the newsletter or Facebook page.

**\*\*EVENT COVER\*\***

The vets have been attending a number of local events to provide veterinary cover over the Spring.

These include the Cumbria Horse Trials and the Appleby Harness Racing. We have several more fixtures to attend over the next few months.

It is great to see so many of our clients doing well.



**EMERGENCY FOAL MILK AND COLOSTRUM PACKS**

Although hopefully not needed we aim to have a couple of Aintree emergency foal milk tubs and some artificial colostrum in stock at Newbiggin over the breeding season.

If you are having problems and find yourself in need of a tub, even out of hours please call 017684 83789 and speak to the equine team.



## Selina Squarotti - BVMS MRCVS

### FOALING



The mare gestation length averages 342 days, but can be as short as 330 days or as long as 370. The mare should not be allowed to become too fat or too thin, but the diet needs to be adjusted to include the correct amounts of minerals and nutrients for the foal's development. If the mare is shod it is recommended to remove the shoes one month prior to foaling, to reduce the risk of injury to the foal in the case the mare steps on it.

Regarding vaccinations, mares should ideally be vaccinated against Herpes virus on month 5, 7 and 9 of gestation and influenza and tetanus within the last month. If the mare is going to foal in a stud or in a different stable than what she's used to being in, it is important to allow her time to settle and build up immunity to the new environment. The foaling box should be spacious, free of sharp or projecting objects and bedded with clean, good quality deep straw and clean water should be available at all times.

It is difficult to precisely predict when a mare is going to foal. Mares tend to foal at night when it is quiet, and it is therefore important not to disturb them when checking on them. Cameras can be used to observe discretely, without interfering. In the weeks leading up to foaling, the mare's udder will start to develop, and the vulva will gradually lengthen and relax. Closer to foaling, some colostrum will ooze creating wax-like droplets sticking to the tip of the teats, this is called 'waxing-up'. Small samples of early milk can be collected to check for calcium and electrolyte concentration, to determine if the mare is likely to foal that night.



Despite all these signs, some mares give no warnings whatsoever. It is important not to disturb foaling mares and to minimise interference, only acting if there is a problem.

There are three stages of labour. During the first stage, the cervix relaxes, and the foal gets itself into the final birth position. It can last for hours, and the mare is usually restless, will get up and down and show abdominal discomfort. The first stage finishes when the placenta ruptures and the allantoic fluid is released. It is best to contact your veterinarian if the mare is showing excessive, prolonged, or non-productive discomfort or if a red structure appears at the vulva. This is called 'red bag delivery' and happens when the placenta does not rupture.

The second stage starts with the breaking of the placenta and finishes with the birth of the foal. The mare will typically be lying on her side, forcefully contracting her abdomen. In normal presentation, the front feet should appear first, followed by the head. This whole process can be very short and violent in comparison to the first stage. The hind limbs of the foal may remain in the mare longer and the umbilical cord should rupture naturally when the mare stands. It is important not to clamp or cut the umbilical cord prematurely, as a large volume of blood is transferred from the mare to the foal just after birth. When the cord ruptures, the umbilical stump should be treated with disinfectant solution, such as 0.5% chlorhexidine or iodine. If the mare seems to be making little progress, the front feet are not coming out first or if the umbilical cord is not breaking, it is advisable to contact your veterinarian.

The third stage involves the passing of the placenta. when it drops from the mare, it should be carefully examined to make sure that none has been retained inside the mare. The veterinarian should be called if the placenta has not been expelled within 4 hours, as retained placenta can result in uterine infection, laminitis, toxic shock, septicaemia and even death of the mare.

The foal usually stands within the first 30 to 60 minutes and should start suckling within 2 hours. Some mares might need to be sedated or restrained to allow the foal to suckle. If both foal and mare are bright and the weather is suitable, they can be turned out in a small paddock as some exercise is beneficial for the mares recovery and helps strengthen the foal.

### MEET HAWK

Our miracle boy was born on the night of the 5th of May. He was malpositioned and too big for his mum, so he needed a lot of extra help to come out. When out, we tubed him with colostrum every two hours and checked him constantly for around ten days.

Although his mum sadly passed away a few days post foaling he is now a beautiful, strong, big one-month-old foal who happily runs around the field all day long learning how to be a horse.



## Freya Wood - BVSC MRCVS

### Headshaking



Voluntary headshaking can be due to a number of reasons including dental pain or as a behavioural response. The headshaking discussed in this article is in many cases is caused by extreme pain across the face and can make the horse's life a misery. There are a number of physical causes of pain across the face that must be ruled out before a diagnosis of idiopathic (or trigeminal mediated) headshaking can be made.

This "idiopathic" or trigeminal mediated headshaking is a condition of the trigeminal nerve, the main provider of sensation to the face. It is not known what causes it but the nerve is over-sensitised which is painful and highly irritating to the horse. Nerve pain in people is described as itching, tingling and electric shock-like sensations which makes these signs that horses show understandable.

A horse that is suspected to be a headshaker may show signs including:

- Repeated involuntary upward, side to side or rotational movement of the head usually worse during exercise
- Clamping or twitching of the nostrils and pinching of the muzzle
- Rubbing the nose or face on the floor, walls or against their legs
- Striking out at the face with its legs



Signs can be subtle or more dramatic with the horse behaving as if an insect has flown up its nose or into its ear.

### Diagnosis

The time when the headshaking signs are most apparent can help guide the investigation and rule in our out other possible causes of facial pain. If signs are most obvious at rest or when eating then dental pain must be ruled out before taking a diagnosis of headshaking further. A full clinical exam is required, including examination of the eye as a painful eye can be a cause of excessive rubbing of the face. Other investigations may include ear examinations, x-rays of the head and sinuses and upper respiratory tract endoscopy. CT scans may be required to truly rule out other causes of facial pain.



Some horses headshake every day whereas others will exhibit signs intermittently. It is useful to see horses in a variety of situations, such as ridden, being lunged, in the field and stabled so it can be helpful if owners are able to take videos prior to the examination for the attending vet to see. Keeping a diary of when the signs are most apparent can also help identify things that may be trigger factors as some horses are worse on days that are particularly bright or windy where the trigeminal nerve is more stimulated. If signs are intermittent it may be that the vet is examining the horse on one of its good days which can make a diagnosis more challenging which is where videos and a diary can be helpful.

Once other signs of facial pain have been ruled out, nerve blocks can be placed in the face. Placing local anaesthetic behind the eye will block sensation to the trigeminal nerve and if the signs are abolished this adds weight to a diagnosis of headshaking.

### Treatment

Treatment options for headshaking initially are based on minimising trigger factors, such as avoiding riding in the bright sunlight or using a UV blocking face mask. Using a nose net improves symptoms by up to 70% in 20% of cases so is worth trying in the first instance, especially as it is cheap and non-invasive.

There are drugs available for the treatment of neuropathic pain in people and some, including cyproheptadine and gabapentin, have been used to treat horses with headshaking, but like in their use in people, results are mixed. These drugs can result in the horse being drowsy which would make safety when ridden questionable. Some horses can respond well to these drugs however so they can be worth trying as long as expectations are realistic.

PENS neuromodulation (percutaneous electrical nerve stimulation) is a treatment used for people suffering from nerve pain and has been used in horses with trigeminal mediated headshaking. It involves electrical stimulation of the nerve with the horse under standing sedation and can provide long term relief in patients. Usually a minimum of 3 treatments are required. Although it does not work in every case there have been encouraging results in studies and in horses that have failed to respond to other treatments there has been a success rate of 38% shown. This procedure is currently the best first line treatment for horses that do not respond to a nose net.



**Charlotte Pennington - BVetMed (hons) MRCVS**

### **Urticaria/ Hives**



Urticaria is one of the most commonly encountered skin diseases in horses. It can occur at any time of the year but is most commonly seen in the late spring and summer.

#### **Causes**

It is an allergic type reaction which occurs following exposure (e.g. by skin contact, eating or breathing in) of the horse to an allergen (the substance which it is allergic to). Sometimes we never know the exact cause / allergen but many causes have been implicated such as pollen, fly bites, diets, drugs, stings or contact with a substance. If your horse develops hives it is worth considering any recent management changes such as moving fields, changing the bedding type etc, they may possibly be the cause.

#### **Symptoms**

Once the horse has been exposed to the allergen, this in turn causes an allergic reaction which usually shows as the sudden appearance of soft nodules or raised doughnut-shaped areas over part, or most, of the horse's skin. The lumps are occasionally itchy but are not normally painful and although it looks very dramatic, the horse is usually unaware of its appearance.

#### **Treatment**

The affected skin areas are usually of cosmetic significance only and the lumps will usually self resolve, as long as the horse is not re-exposed to the allergen that caused the reaction within the next couple of weeks. This is why it is important to try to work out the cause to try to limit the horse being re-exposed.



#### **When should I call the Vet?**

Most of the time the hives will self resolve. You should call the vet if your horse is excessively irritated by the lumps or if they repeatedly re-occur.

In severe cases your vet may prescribe either a steroid injection or a course of oral steroids to reduce the reaction. Also if the horse is excessively itchy then they may cause trauma to the skin during the process of itching. This may lead to secondary infections that require treatment via oral antibiotics or topical creams.

## \*\*PARAGON WORMING GUIDANCE\*\*



For more information and specific guidance on treating foals see our worming guide.

Our new worming leaflets are available to collect from Newbiggin and Dalston receptions. Our worming graphic is also aimed at simplifying worming for owners and to encourage worm egg counts and the un-necessary use of wormers which leads to the development of resistance.

Remember to keep dropping those worm egg counts off at Newbiggin and

Dalston.

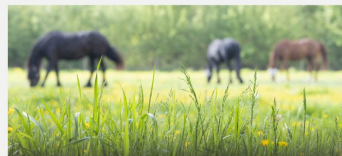
Project worms is currently gathering data about how owners control worms in their horses, if you would be interested in completing a short survey to assist with this project please use the following link <https://www.surveymonkey.co.uk/r/WORMSowner> further details about this project can also be found at [www.projectworms.co.uk](http://www.projectworms.co.uk).



### We are delighted to launch Project WORMS!

Project WORMS recognises that veterinary teams and owners need to work together to tackle resistance to worming products. A responsible approach to the use of wormers is crucial to maximise animal welfare and ensure we have effective products available in the future.

We are looking for horse owners/keepers and stud owners/managers to complete a short questionnaire about how they currently control worms in their horses.



### WIN £100 LOVE2SHOP Vouchers!

The horse owner survey should take approximately 10 minutes to complete, and the stud owner/manager survey around 20 minutes. Your responses are anonymous, but you can opt in and be transferred to get your details into a prize draw to win £100 'Love to Shop' vouchers.

For more information, please use the following link:  
<https://www.projectworms.co.uk>



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