



Helicopter Rescue

Katie McKinlay

Just as the routine part of the equine stud season was starting to gain momentum and the equine vets were beginning to recognise the mares by their rear ends, TVL received a phone call one Thursday late in September which added a new dynamic to the day.

Lucy and I (Katie) were greeted by the ever-chirpy receptionist Anna who informed us that a client's unbroken horse, Willie, was trapped down a very steep bush clad gully, Helipro were on standby for an airlift rescue and TVL were asked to assist with the veterinary side of the operation!

Willie had gone missing on the Tuesday and was discovered on Wednesday night. Willie's owners had already climbed down to see him and taken him hay and water.

The gully was steep, about 20m deep and had a significant tree canopy with power lines overhead... was an airlift even possible? Our initial assessment of Willie revealed no obvious injury, mud across his back and rump - suggesting he may have fallen into the gully - and naturally, he was scared. We successfully head-collared Willie and waited for the Helipro ground crew to arrive. After extensive Helipro safety checks and a joint TVL/Helipro hazard analysis had been performed, the OK was given by the pilot for an airlift rescue to proceed, using Helipro's



twin engine (Kawasaki BK117) helicopter. We made our way down on foot to Willie, with the ground crew, having not managed to persuade the boys to winch us down...

Willie was given a general anaesthetic to achieve recumbency. Naturally, horses never go down on the side you want them to when it counts so with mud over our ankles we manoeuvred Willie onto the cargo net. Time was critical, with 20 minutes to safely get him out before he began to wake, which could potentially have made him a dangerous unbalanced load. The chopper's engines started, the bush began to sway, rustle and crack, and communication between us and Helipro ground crew was limited to hand signals due to the noise. A hook was winched down from overhead with superb accuracy and attached. Final vet and Helipro checks were completed. Willie was lifted with ease, smoothly negotiated through the tree canopy and into his paddock in less than 12 minutes. Lucy met Willie up the top and released him from the net and checked vitals - all was well.

Willie began to wake within 10 minutes after the landing and recovered uneventfully, completing what had been a four-hour rescue mission! A memorable afternoon.

From the horse's mouth

Anna Huston, our receptionist at the Awapuni clinic, has a new addition to her herd! Mare **"Genie"** foaled a cracker coloured filly by local Stationbred stallion **"Thunder"**. She was born at 8.30pm on the 22nd of October and all is well with mare and foal. We look forward to seeing Anna and **"Kahlua"** out on the hunt field in a few years time!

Continuing on last month's theme of new stallions to the area, Wellfield Lodge's

"Road To Rock" (Encosta De Lago x Trewornan) has had an exceptional first crop of foals, which are hitting the ground running. His progeny are proving to be a big, impressive type with excellent temperaments. Pictured is **Road to Rock x Makaraka Lady 2011 colt**.

The Manawatu PC Showhunter Champs were held at Foxton in October. Totally Vets would like to congratulate the Grieg family on a successful weekend, in particular Laura (Di and Owen's

daughter) who was the overall winner of the Cat C division on **Rednalhgh Latta**. This is a very impressive result against riders travelling from all over the north island! Sophie, Laura and Grace all compete successfully on the showhunter circuit.

Corneal ulcers of the eye

Margaret Leyland

Ulceration is the most common corneal problem and frequently poses a substantial threat to vision, because subsequent infection can rapidly lead to devastating and painful ocular disease.

A corneal ulcer is a full thickness break in the epithelium (outer surface), exposing the stroma beneath. Erosion is loss of some of the 10 to 15 layers of the stroma.

The majority of epithelial defects in horses are a result of trauma, but primary infection with equine herpes virus does occur less commonly. Eye injuries can occur due to rubbing, foreign bodies, grass seeds, navigating doorways, branches etc. Damage to the eyelids preventing functional blinking can also cause trauma to the cornea.

Laceration injuries to the eyelids should usually be stitched as a matter of urgency to

prevent defects in the eyelid margin. Newborn foals should be checked for entropion (inward-turned eyelids) because the eyelashes will rub on the cornea. Older foals may also develop entropion if they become sick and dehydrated.

SIGNS OF CORNEAL ULCERATION:

- discharge from the eye - may be clear to purulent
- painful eye - horse doesn't open eyelid fully
- swelling of the eyelid
- cloudiness or obvious defects in the surface of the eye

DIAGNOSIS:

In order to fully examine the eye, the vet will often sedate the horse and use local nerve blocks to temporarily paralyse the eyelid. Local anaesthetic will also be applied to the eye to allow a thorough check for foreign bodies around the eye and behind the third eyelid. A fluorescent stain will be used to highlight any damage to the cornea and assess the severity of any damage.

Eye examination is much more successful in a dark place such as a stable or float.



A corneal ulcer stained with fluorescein

Serial examinations may be necessary to ensure that the eye is healing as expected.

Corneal ulcers are usually not infected initially, but like wounds anywhere on the body, may worsen rapidly if infection occurs. Treatment will therefore involve antibiotic ointments or drops.

Eye conditions can be challenging to manage because treatment needs to be given very frequently. Some horses won't tolerate this well and an indwelling treatment delivery system can be fitted to allow effective treatment.

Remember with eyes, early aggressive treatment is key, so if you suspect a problem call us as soon as possible.





Anna's new foal "Kahlua"



Road to Rock x Makaraka Lady 2011 colt



Laura and Rednalghih Latta

Neonatal Isoerythrolysis - NI

Lucy Cahill

Neonatal Isoerythrolysis (NI) is a disease of foals less than a week of age. The disease causes illness in foals ranging from weakness to death, through destruction of the foal's red blood cells.

NI occurs when a foal inherits a blood type from the stallion different to the blood type of the mare. Some mares produce anti-red cell antibodies (protein produced by the immune system to neutralise or destroy a certain foreign particle) against certain foreign blood types that they have been exposed to in the past. This occurs either during a previous foaling through exposure to the foal's foreign blood type (there is no transfer of blood across the equine placenta), or if the mare has had a blood transfusion in the past. Maiden mares are rarely affected.

Foals do not receive antibodies through the placenta like humans. They rely on the antibody rich colostrum of the mare, from which they can absorb these specialised proteins for the first 24 hours of life. It is after they absorb the anti-red cell antibody from the colostrum, which the mare has made in response to previous exposure, that the destruction of red blood cells begins. This is why most NI foals are born normal and only begin to show signs of disease between 12 hours and 4 days of age.

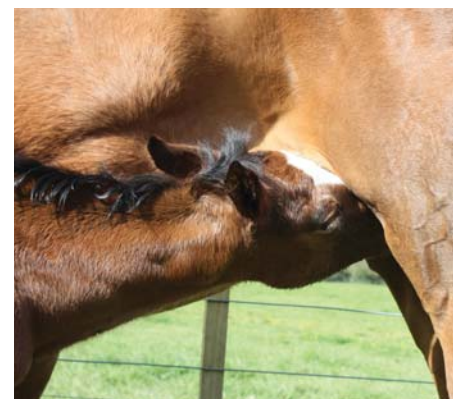
The severity and onset of the disease depends on the amount of antibody ingested and how destructive the particular antibodies are. Foals can present lethargic and dull, or in severe cases can be found suddenly dead.

CLINICAL SIGNS OF NI INCLUDE:

- Jaundice - a yellow discolouration of the mucous membranes caused by accumulation of bilirubin from red blood cell breakdown. Best seen in the eye and gums.
- Anaemia - a reduction in the red blood cell volume within the blood. Causes pale mucous membranes.
- Dullness and depression. Often progressive, can lead to recumbency (inability to rise).
- Increased heart and respiratory rates.

If NI foals are caught early, treatment can be successful. Depending on the severity of the anaemia, a blood transfusion is often necessary. Whole blood, usually collected from a local donor horse is used. It is best to use a "universal donor" which has been tested negative for the commonly implicated blood types. If this option is not available, an unrelated standardbred gelding who has not had a blood transfusion is the safest bet, as SB's are most likely to have the suitable blood type, and geldings are safer as they have never had a foal! Other treatments commonly employed are based around supportive care.

Once a mare has become sensitized, she is likely to produce subsequent NI foals. It is possible, but seldom practical or desirable, to avoid NI by mating the mare to a stallion with a known blood type lacking the factors to which the mare produces antibodies. However 98% of



thoroughbreds have the most common blood factor for NI.

Mares can be tested in late pregnancy to see whether they have anti-red cell antibodies present, the test is called a NI titre. This can be performed on blood collected from the mare. Testing is done at the Massey University Equine Parentage and Genetics lab. If the titre is found to be over a certain level preventative steps should be taken. Any mare that has previously had a NI foal should be tested. The lab can also blood type your mare at any time to advise what her risk is for having a NI foal.

The foaling of a potential NI must be attended and the foal muzzled to prevent it from drinking the mare's colostrum for 48-72 hours. The foal must be supplemented with another source of colostrum, mares banked colostrum is best. The dam's colostrum should be stripped and discarded for this period, after it is safe to let it nurse from the mare.

NI can be a nasty and heartbreaking disease to be faced with, if you see any abnormal signs in your foal, contact Totally Vets as soon as possible and remember that prevention is better than cure!

Small block banter

Facial Eczema often appears on high risk properties as early as December. Go to our website www.totallyvets.co.nz and click on the link on the Home page for all you need to know about Facial Eczema.

Poisonous plants

Leisa Norris-Spring

Plant poisoning of animals is a fairly common occurrence and we thought that perhaps a regular article identifying several different potentially toxic plants each newsletter would be an interesting and useful read!

RHODODENDRON:

Evergreen garden shrub with flowers of varying colours. Contains toxic compound andromedotoxin. Most common scenario is animals eating prunings thrown into paddocks near the garden. Goats and sheep are most at risk. Clinical signs include increased salivation, abdominal pain, decreased breathing, weakness, staggering, convulsions and potentially death from respiratory failure.

FOXGLOVE:

Biennial herb with erect stem up to one meter or more tall with purple or white flowers. Contains toxic compound digitalis purpurea which has profound effects on the heart. All parts of the plant are toxic but leaves are the most toxic at start of flowering. Not commonly eaten by animals unless very hungry in the absence of other feed. Cattle and horses are most at risk. Clinical signs include gastrointestinal irritation and diarrhoea, anorexia, nausea, slow but strong pulse, contracted pupils.

RAGWORT:

Annual herb with erect stems up to one meter tall, light green leaves with yellow flowers of about 2cm diameter and likes higher rainfall areas. Contains toxic alkaloid compounds that cause liver damage. All parts of the plant are poisonous in both the fresh and dried state with toxicity peaking at flowering. Horses, cattle and sheep are most at risk. Poisoning can be sudden or over a longer period of weeks. Clinical signs include depression, diarrhoea, unsteadiness, irritability, dark coloured urine, yellow mucous membranes.



If you suspect that your animal(s) has potentially eaten a toxic plant remove the animal from dangerous paddock (or, if easier, remove offending plant(s)!) quickly and quietly and then call the vet immediately.



Clients & Staff Christmas BBQ



WHEN?

Friday 9 December

WHAT TIME?

From noon till late

WHERE?

25 Manchester Street, Feilding
and

189 Pioneer Highway,
Palmerston North

We would love to see you!