



# VET notes

EQUINE & LIFESTYLE

MARCH 10



## Meet your vet...

Margaret (a.k.a. Peg)

For the next few editions you will find a profile on each of our equine and lifestyle vets in this slot, so that you can get to know our team better.

Margaret has been with us at TVL for two years. Following completion of her veterinary training with distinction at Bristol University, she worked in Morocco and Sheffield and then completed an internship at Massey University Equine Hospital. She is currently studying advanced equine and stud medicine through the Royal College of Veterinary Surgeons.

Peg's areas of special interest include equine medicine, reproduction and dentistry. Those of you who have had her to your horses will also know that she travels with her co-pilot "Holly" (the dog).

You may not be aware, however, that outside of work hours Peg is a keen snowboarder and triathlon enthusiast. She also finds time in her busy week to ride her horse Rocky, is a talented photographer and bakes a mean chocolate brownie.

## Preparing the older horse for winter

Katie McKinlay

With the winter months not too far away, it is time to start thinking about preparing your horse for winter. For those older equines, a little extra support may be needed.

### NUTRITION

All horses' nutritional requirements increase over winter; older horses more so. Checking your horse's body condition now allows enough time to add a few extra kilos, if required, before winter. Generally your horse's ribs should be easily felt under a layer of fat but should not be visible.

The largest part of your horse's diet should be made up of forage or hay. Hay is a great source of roughage and because it is digested in the large intestine by a bacterial fermentation process, it also produces heat. Supplementation with concentrates may also be necessary in some horses. Horses with worn or lost teeth may only be able to partially digest long-stemmed hay, resulting in weight loss and increasing the chance of colic and choke. A high-fat, short-stemmed feed will be more easily digestible, as will feed softened with warm water.



### SHELTER

Stalling is not necessary for all older horses but any clipped, sick or underweight horses will require warm blanketing and a place to shelter from the extremes of winter.

### ROUTINE HEALTH CARE

Autumn and winter parasite control should include treatments for tapeworms, encysted small redworm larvae, lice and bots. Remember that faecal egg counts provide information on the effectiveness of your drenching program, but will not detect encysted redworm larvae.

Keeping vaccinations current is the cornerstone of disease prevention - boost now for tetanus and strangles if not already done.

Teeth should be checked for wear, sharp edges and loose teeth and floated as required. This will ensure maximum chewing efficiency, proper utilization of available forage and a pain-free mouth.

Long, wet winter grass and mud help promote conditions such as mud fever and thrush. Regular hoof trimming, grooming and frequent picking out of feet will help to minimise these. Horses with arthritic joints may have more pain in winter and benefit from joint supplements, anti-inflammatories and light exercise.

**Please speak to one of Totally Vets' large animal veterinarians for more information.**

# From the horse's mouth

Barry Drayton

## 2010 NATIONAL YEARLING SALES

The feature of the recent yearling sales was undoubtedly the 33% increase in the overall average sale price, with a 42% increase in the median price. These increases were mainly due to strong Australian interest in the better staying-type yearlings - in particular progeny of Zabeel, O'Reilly, Pentire and Pins.

Overall, local vendors sold as well as or better than expected. As always, some individual results were accompanied by unexpected, and often unexplained, euphoria or epiphora (tears!).

Local buyers, while showing strong interest, often found it difficult to compete. Orders appear to be filled though, with approximately 50 yearlings returning for Ready-to-Run or racing preparations.

Congratulations to Fairdale and Goodwood Studs for completing arrangements at the Sales to stand Nom de Jeu at Fairdale this

coming breeding season. This well-performed and impressive son of Montjeu is a welcome and exciting addition to the region.

From March onwards, we will be busy branding the local Thoroughbred (TB) foal crop.

At the same time, TB's are microchipped, vaccinated and ID forms submitted to NZ Thoroughbred Racing. Remember that all foals need to be registered with NZTR by 31st July; after this time there is a monthly late fee.

## Laminitis

Joao Dib

### THE HORSE'S FOOT

The equine foot is composed of the pedal bone and soft tissues, enveloped within the outer hoof capsule. The pedal bone (and all the weight it bears) is suspended within the capsule by strong tissues connecting it to laminae, which form the inner lining of the hoof wall.

### WHAT IS LAMINITIS?

Laminitis means inflammation of the laminae, which leads to failure of the structures that support the pedal bone within the hoof capsule. When these structures collapse, there is loss of the normal anatomical relationship of the pedal bone in relation to the hoof capsule. The degree of damage ranges from mild pain and reversible changes, to permanent damage to the foot.

In the **acute phase** (the first 24-48 hours), the inflammatory process is at its peak and blood supply to the foot is usually compromised. Rotation and sinking of the pedal bone inside the hoof may be occurring.

In the **chronic phase** (from 24-48 hours onwards) pain usually decreases and radiographic (x-ray) evidence of rotation and sinking may be more evident. Pain across the sole of the foot may be increased and the pedal bone may in some cases be close to penetrating the sole.

### PREDISPOSING FACTORS (TO MENTION A FEW)

- Excessive highly-soluble carbohydrate in the diet (grains, lush grass etc)
- Retained afterbirth
- Excessive bodyweight
- Increased weight-bearing in one limb
- Severe colic
- Possible side effect of some drugs
- Genetic predisposition

### PREVENTION

- Always feed a fibre-rich diet
- Minimise sudden dietary changes
- Aim to maintain an ideal bodyweight through feeding and exercise
- If one limb is out of action for prolonged periods, talk to your vet about protecting the opposite limb
- Suspect retained afterbirth? Get your vet in URGENTLY
- There are preventative treatments that can be used in situations where at-risk animals are exposed to lush grass eg Foundergard™ (A6863 P.A.R. Class I).

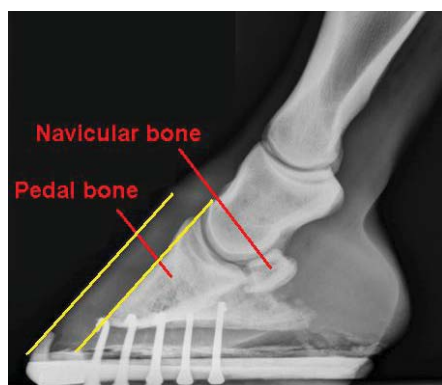
### TREATMENT

Time is of the essence. Radiographs are useful to evaluate the degree of damage and monitor progress. In the acute phase the goal of treatment is to minimise pedal bone rotation, reduce sinking, avoid sole penetration and manage welfare with pain relief.

- Cool the limb for prolonged periods in an ice boot or cold water
- Provide a soft, accommodating surface for the animal to stand on. Sand is the best, followed by wood shaving, sawdust, straw or hay
- Therapeutic shoeing and trimming, aiming to shift weight from the toe to the heels.
- Anti-inflammatory pain relief
- Restricted movement

In the chronic phase the goal is to improve the disrupted relationship between the pedal bone and the hoof capsule via careful shoeing and trimming by your farrier.

**A co-operative** association between the vet and the farrier is the key to a successful outcome and remember that adequately treating laminitis can be a long-term and expensive process.



**Above** radiograph of an unaffected foot. Yellow lines represent the front of the hoof wall and the front of the pedal bone. These should ideally be parallel.



**Above** radiograph of a laminitic foot with rotation of the pedal bone. The yellow lines are no longer parallel.



# Tetanus - is your horse vaccinated?

Anita Renes

Out of all domestic animals, horses are the most susceptible to tetanus toxin. Combine this with the equine propensity to acquire wounds, hoof injuries and abscesses and tetanus becomes a significant risk.

Tetanus is a disease caused by the bacterium *Clostridium tetani* which is a common natural inhabitant of the intestinal tract of animals (including humans). The bacteria produce spores which persist in the soil. These spores are the infective form that invade wounds and hoof injuries, releasing a potent toxin that causes the disease tetanus. Tetanus is not transmissible between horses.

Tetanus spores thrive in anaerobic (poorly oxygenated) environments. Hence, deep penetrating wounds where tissue and blood supply have been destroyed provide the ideal environment for spore proliferation. Toxin produced by spores travels via nerves to the brain and spinal cord, interfering with certain neurotransmitters. The incubation period ranges from three days to three weeks. Affected horses will show general muscle stiffness - especially affecting the jaw ('lockjaw') spreading to the muscles of the neck, trunk and limbs. As the disease progresses the horse experiences a lot of pain and becomes very distressed, will sweat and salivate and have difficulty chewing, swallowing and moving. Death occurs when paralysis of the respiratory muscles prevents breathing.

Most horses that contract tetanus will die. Early, aggressive treatment will save some. Early diagnosis and treatment is critical to success. Tetanus can look similar to conditions such as colic, laminitis and tying-up in the early stages of the disease.

The disease tetanus is rare nowadays, largely due to vaccination and improved medical management of wounds. The reduction in cases, however, is not due to a reduction in the

number of environmental bacteria and every unvaccinated horse is still at risk.

Tetanus toxoid vaccine is used in routine vaccination programmes. It contains an inactivated form of the tetanus toxin which stimulates the body to produce long-term immunity.

If your horse is unvaccinated and receives an injury or infection, your vet will administer tetanus antitoxin. Tetanus antitoxin contains pre-formed antibodies that immediately begin to neutralise any tetanus toxin present in the horse's body. Antitoxin only lasts for about three weeks.

It is always better if a horse is fully vaccinated with tetanus toxoid prior to injury than to administer an antitoxin at the time. Tetanus toxoid vaccination provides excellent long-term immunity - it is one of the most effective equine vaccines available. The disease tetanus progresses very quickly and by the time an injury is detected and antitoxin administered, it may be too late. Most importantly, in many cases of tetanus no known injury has occurred.

Tetanus is a rare but devastating disease. Horses are the most vulnerable species and as excellent vaccines are available, every horse should be vaccinated.



This photo is of a seven year-old show jumper with tetanus. The owners called the veterinarian because the horse seemed to be showing signs of mild colic. She had competed the day before and appeared normal. The mare was not vaccinated against tetanus and had no known recent wounds. The veterinarian diagnosed tetanus but despite intensive treatment the mare was euthanased 4 days later when her condition became so bad she could not stand.

**If your horse is due for a tetanus vaccination, please contact Totally Vets.**

	First vaccination	Second vaccination	Third vaccination	Booster
<b>Standard tetanus vaccination</b>	Any time after 12 weeks of age	4 weeks after first vaccination	1 year after second vaccination	Every 5 years
<b>Pregnant mares</b>	As for standard course if not vaccinated			1 month prior to every foaling
<b>Foals from unvaccinated mares</b>	Administer tetanus antitoxin at birth Standard course from 12 weeks of age			
<b>Unvaccinated horses at time of wound/abscess</b>	Administer tetanus antitoxin as soon as possible after injury Begin standard course as soon as possible - it can be started at the same time antitoxin is given			
<b>Vaccinated horses at time of wound/abscess</b>	Nothing further needed if vaccinated within last 12 months If not vaccinated in last 12 months, give standard booster			

## Donkeys - how are they special?

Margaret Leyland



Troy, Barnaby, Tarquin and Brownie: Four loyal TVL clients looking forward to their next dental.

From a vet's perspective, donkeys are very similar to horses in many respects. However, there are some important differences that go beyond the obvious things that anyone can see from across the paddock.

Donkeys tend to have quite different characters to horses. While horses tend to have a strong "flight" reaction when threatened, donkeys are much more likely to stand and "fight" - although their strategy tends to be one of passive resistance. If you can lead a horse to water, but not make it drink, you may get stuck at stage one with a donkey.

The ancestors of domestic donkeys evolved to cope with harsh desert conditions, so grazing the lush pastures of the Manawatu can bring its own problems. Local donkeys may be overweight and prone to laminitis unless managed appropriately.

When donkeys get sick, they need to be managed a little differently to horses. They can be less dramatic in their expression of pain, so even subtle changes in behaviour should be taken seriously. If they go off their feed, they can get a dangerous condition called hyperlipaemia, especially if they are overweight to begin with, so nursing care is particularly important.

Giving drugs to donkeys is a little bit different too. They metabolise certain drugs more quickly than horses, and are more sensitive to others, so there are donkey-specific doses for many drugs. It can also be more difficult to get a blood sample or inject into the jugular vein because the *cutaneous colli* muscle is much thicker than in a horse, and the vein is hidden under thick connective tissue.

**Please give us a call to discuss routine care or if your donkey is sick.**

## The ins and outs of TB testing and Animal Status Declarations

Anita Rénes

Any farmer or landowner who has cattle or deer on their property has certain obligations under the national TB control programme.

- Every owner must register their herd with the Animal Health Board (AHB) and one animal is considered a herd! You can do this on the AHB website <http://tbfree.ahb.org.nz> or by phoning 0800 482 329.
- You must advise the AHB if you buy, sell or move your herd.
- If you are moving cattle or deer over one month of age out of your herd, including sale and transport to a slaughtering facility:
  1. They must be correctly identified with AHB approved ear tags. This allows traceback of animals to the source of infection if a positive TB test occurs. Details are available on the website. Tags can be ordered from most farm supply outlets. Contact 0800 ID SCHEME.
  2. A full Animal Status Declaration (ASD) must go with the animals. The ASD asks you to fill in information about the herd's history. ASD declarations can be downloaded off the AHB website or by phoning the number above.
- You will be contacted by the AHB when it is time for your herd to be TB tested. It is important that you present all eligible animals and that your yards are safe and suitable to carry out the test.

**Please speak to one of Totally Vets' large animal veterinarians for more information.**

## Alpacas...

Pete Aitken

Now is the time to be wary of facial eczema, so if you have not already taken precautions it would be wise to start. Spore counts are on the rise and if the current weather conditions

continue it will be a good season for spores. Go to [www.totallyvets.co.nz](http://www.totallyvets.co.nz) for more info on facial eczema.

Young cria will now be starting to graze more and as such will be at a greater risk of picking up worm eggs from the pasture, particularly as they graze closer to the ground when the pasture covers drop. It would be worthwhile

doing worm counts on your young animals to see how they are coping and to determine if drenching is required. Just drop a fresh faecal sample (about 2 tablespoons) into either the Feilding or Palmerston North clinic.

**Please speak to one of Totally Vets' large animal veterinarians for more information.**