TOTALLY VETS ANIMAL CARE & EXPERTISE

VET notes
EQUINE & LIFESTYLE

JUNE 2010

Above, from left to right Katie, Charlotte, Rhys, Juliet and Emily

Meet your vet... Katie McKinlay

Katie has been working at Totally Vets since she graduated from Massey in 2005. She has particular interests in equine reproduction and medicine. Katie works three days a week and is also a full-time mum!

Katie and Rhys have three girls: Charlotte (8), Emily (5) and Juliet (rising 2). Though she is unfamiliar with the concept of spare time, Katie enjoys bike riding with the whole family, including the two family foxies, going to the beach, and talking!

She also likes to travel - most recently a trip to Europe, where the kids got to meet Mickey Mouse in Paris and Father Christmas in Lapland, as well as catching up with family back in the UK.

Catastrophic injuries, acute lameness and what to do

Katie McKinlay

An equine catastrophic (breakdown) injury refers to a severe musculoskeletal injury in an athletic horse, resulting in an acute lameness. These injuries happen during racing, training or eventing.

The main signs of a breakdown injury include:

- the horse suddenly pulling up lame (often 4/5 or 5/5 lame)
- a crack possibly heard at the time of injury

Most commonly, these injuries are found in the lower limb, in the fetlock region and/or the foot but also occur in the knee, hock, pelvis, or upper limbs. Such injuries include fractures, a ruptured suspensory apparatus, ruptured tendons and/or ligaments.

"My horse can bear weight so there can't be a fracture".

This is a common misconception; until the limb has been assessed by a vet, it is important that first aid be carried out.

WHAT TO DO

- Ideally, there will be a vet present at events, who will be able to attend quickly
- If not, call a vet as soon as possible and in the meantime:
  - Apply a well-padded, large, firm Robert Jones bandage (see below)
  - Confine the horse to limit movement
  - Do not give any medication until you have spoken to your vet
- If you have to transport your horse a short distance to the nearest vet clinic, the Robert Jones bandage is a suitable support bandage for transport

HOW TO APPLY A ROBERT JONES BANDAGE:

1. Apply multiple (2-4) layers of padding (usually gamgee or cotton wool).
2. Between each layer of padding, apply a firm compression bandage (usually Vetwrap or Elastoplast).
   a. The bandage should be of even thickness from top to bottom.
   b. Ensure the bandage extends to include the joints above and below where the likely damage is. For example, in the case of a pastern fracture, the bandage must extend from the hoof to the knee (carpus).
3. If the limb is unstable, splints can be placed medially and laterally (on the inside and outside of the leg) within the bandage, for added support.

This is best done by a veterinarian as an incorrectly applied bandage can do more harm than good.

Bella Ives riding Punga Oscar; 5th in best rider 3-5 years, lead rein

From the horse's mouth

Lucy Cahill

Several of our clients have had some exciting success in the last three months - we would like to extend our congratulations to them all.

Jasmine Tanner, a local Standardbred trainer, had her first win at Hawera on 5 April with her horse *Courageablazin*. It is always nice to see the smaller trainers having success on the track, congratulations from all of us at TVL Jaz!

Horse of the year yielded some great results for local owners and riders. Alan Windle picked up the "In-hand Pony of the Year" title with *Nala Emblems Zephyr* for the sixth

Dirt eating, phosphorus deficiency and pica

Barry Drayton

Recent cases involving dirt-eating are a timely reminder to revisit the question "why is my horse eating dirt?" An abnormal appetite for unusual items is termed **pica**, and may include eating dirt, wood, bones, tails, dung, or other inanimate objects. The two most common forms of pica seen in horses are eating dirt and chewing or eating wood.

Phosphorus deficiency is the main cause of dirt-eating in our area. Cases generally occur in the late summer/autumn period and are more common in drier years. The decrease in both quantity and quality of pasture under these conditions can result in low phosphate intake, even when soil phosphate levels are normal. If low blood phosphate levels result, innate behaviour can lead to horses eating, or even craving, dirt. Other clinical signs of phosphorus deficiency are decreased appetite, loss of coat lustre and colour, loss of condition, lethargy and poor performance in athletic animals.

Blood testing is important in horses showing clinical signs of phosphorus deficiency as not all deficient horses will eat dirt. Conversely, not all horses eating dirt have low blood phosphate levels. If adequate phosphate is supplied from the dirt, other deficiencies or diseases may be the cause.

Phosphorus deficiency may also be seen in the spring as a result of soil-leaching during wet winters. This can be an important cause of poor performance in athletic animals at this time of year. Dirt-eating is not a feature of this form of deficiency.

Phosphorus supplementation generally quickly corrects dirt-eating and other signs of deficiency.

Low grade wood-chewing is usually a stereotypy (keep an habitual behavioural problem) and occurs throughout the year. The epidemics of wood-chewing and eating seen in late autumn/early winter probably involve nutritional imbalances or deficiencies.

All cases of pica should be investigated, particularly when accompanied by loss of condition, poor performance or changes in behaviour. If you have concerns about your horse's appetite, call one of our equine vets to assist with the investigation.

year running. Alan also picked up sixth in the same class with *Nala Nicholais Fern*.

Alana Clapperton, Emma Grammer, Tessa Newton, Kayla and Kristen Wareham, Bella Ives and Samantha Davies were all in the collecting ring this year. These are fantastic results at the top national level of showing.

More local successes in the dressage arenas, with excellent results from Kallista Field (Advanced Champion with *Waikiwi*) and Julie Brougham (Level 3 with *Vom Feinstein*).

The recent Sydney Easter Yearling Sales, which gave NZ vendors mixed results, also provided local vendors the Fells of Fairdale and Goodwood studs with exciting results this year. They had an exceptional sale with their two Zabeel colts (Zabeel x Tall Story and Zabeel x Howmuchyacharging) selling for $150,000 and $260,000 respectively.

The Fells had another success back in March, as the breeders of the $1 million Auckland Cup winner, *Zavite* (Zabeel x Miss Vita). The Fells sold the horse as a yearling to trainer Anthony Cummings at the Sydney Easter Sale.

Congratulations to you all and to the many others who have achieved success in their chosen discipline this season. We always love to hear about your results, and apologise if you have slipped under our radar!

Colic

Lucy Cahill

The word colic simply refers to the presence of abdominal pain. There are a multitude of colic causes and a spectrum of severity associated with these.

The signs of colic are often vague and non-specific, but the more common things to watch out for include:

- Dullness or depression
- Disinterest in food (inappetance)
- Laying down more than usual or getting up and down repeatedly
- Stretching out repeatedly, may appear to be trying to urinate
- Looking at, or kicking at the belly
- Pawing at the ground
- Abnormal frequency and/or consistency of dung
- Sweating or shaking
- Rolling

Factors that may predispose a horse to developing a bout of colic include:

- Sudden change of feed
- Inadequate water intake
- Ingestion of poor quality feeds (excessively fibrous, moldy, containing toxins)
- Dental disease (impairing ability to chew food adequately)
- Internal parasite burden
- Stress
- Tumours in the abdomen
- Sand ingestion
- Previous colic episodes

CAUSES OF COLIC

The most common place for colic pain to originate is the gastro-intestinal tract (GIT), which can be broadly broken down into the small and large intestines and the caecum. Some of the GIT causes of colic are:

- Impactions (often caused by dry feed packing into certain parts of the GIT, which impedes or blocks the flow of GI content)
- Spasmodic colic (increased motility of the GIT)
- Gaseous distension
- Ulceration of the stomach
- Displacements of a portion
- Twists (torsion) of part of the GIT
- Rupture or perforation (usually secondary to ulceration, torsion, distension etc)
- Intussusception (one part of the GIT telescopes inside an adjacent part)
- Infarction (blood supply to a part of the GIT is cut off)

Other conditions that may mimic colic include heart, liver, musculoskeletal, reproductive, or urinary system dysfunction.

In some cases, the cause is simple to determine from the horse's history or findings on physical examination. However, in many cases the exact cause is not found and the horse's symptoms are treated.

If you suspect your horse is suffering from colic, call your veterinarian immediately as some cases can deteriorate very quickly. The earlier we can intervene, the greater the likelihood of a favourable outcome.

While you are waiting for the vet, carefully follow any advice they have given to you over the phone. This may include:

- Removal of food and water
- Putting the horse in an area that is safe - avoid potential hazards in case your horse rolls
- Don't give your horse any medication unless directed to do so by your veterinarian
- ABOVE ALL: Keep yourself safe. Do not put yourself in harm's way!

DIAGNOSIS

Your veterinarian will ask you for a complete history and carry out a thorough examination on arrival. A general examination will usually include heart and respiratory rates, temperature, hydration, gum colour and refill and gut auscultation (listening with a stethoscope). It may also be necessary to perform a rectal examination to feel for any distension or displacements, among other things. A naso-gastric tube may also be passed. This tube passes through the nostril to the stomach and helps determine whether excess fluid is present in the stomach, indicating a blockage further along the GIT. Further diagnostic procedures are sometimes necessary and can include blood tests, passing a needle into the belly (testing for excess/abnormal peritoneal fluid) or ultrasonography.

TREATMENT

Based on the findings made, the horse is often treated on site, generally with a combination of anti-inflammatories, anti-spasmodics, sedation, fluids, GI lubricants and/or electrolytes.

If the veterinarian is concerned that the cause is something requiring major intervention such as surgery, referral to a specialist equine hospital is also an option. Your vet will assess all the information available and provide you with advice and options regarding the best course of action.

Remember...colic can be fatal! If you suspect your horse is colicking, call your vet immediately.

Small block snippets

Anita Renes

The time of year is fast approaching when there will be a burst of new life on farms. Keep a close eye on your animals in late pregnancy. Keep pregnant cows away from Macrocarpa trees as ingestion of these can cause abortion.

Pregnant cows and ewes can develop metabolic conditions like milk fever and pregnancy toxaemia or ketosis around the time of lambing/calving. Avoid over-fatness but make sure you have enough high-quality feed for late pregnancy and don't restrict feed at this time. Sheep pellets are very useful as a high-energy supplement for heavily pregnant ewes if quality grass is in short supply.

Pregnant cows should be supplemented with magnesium from late pregnancy to help prevent metabolic disease. Pregnant ewes may benefit from iodine supplementation. Give your ewes their 5-in-1 booster in late pregnancy to ensure protective antibodies are passed onto the newborn lamb.

Many lifestyle block owners will rear a few calves every year. Selection of the right calves is the first important step in making this a success. Choose calves that are alert and active with bright, clear eyes. Feel the navel; it should be clean, dry and no thicker than your little finger. The tail should be dry with no sign of diarrhoea and the calf should have a strong suckle reflex. Calves (and other young animals) rely on the antibody-rich first milk of the cow (colostrum) to protect them against disease. Colostrum intake in the first 12-24 hours of life is vital for the future health and survival of the calf.

Ideally purchase calves directly from a reputable farmer who can give you assurance that colostrum has been fed. Calves purchased through the sale yards usually have an unknown history and may have come into contact with infectious bugs during the sale process. Time spent selecting the right calves can save much heartbreak and frustration.

Vaccinations in alpacas

Peter Aitken

Much has been written and said about when to vaccinate alpacas.

However, the fact is that no one knows the appropriate schedule because no challenge studies have been undertaken in which camelids have been vaccinated at specific ages and then challenged with the disease organism. Veterinarians with livestock experience will usually recommend regimens similar to that used for other species.

My own recommendation for clostridial protection is to vaccinate crias at 6-8 weeks with a booster 4-6 weeks later, followed by a booster at 6 months of age and then every 12 months thereafter. A booster shot given to pregnant alpacas 4-6 weeks prior to the anticipated birth of a cria helps to ensure maximum antibodies present in the colostrum at the time of birth. This should only be undertaken in quiet animals as stress around this time can lead to abortion.

On properties where clostridial disease has been the cause of problems in young animals, vaccination may take place as early as 6-10 days of age for at-risk cria. This will need to be followed up with a full program starting at 6-8 weeks as mentioned above.

If you have any questions about your vaccination procedures/protocols, please don't hesitate to contact Totally Vets for advice.

Be a winner!

Answer the questions below and drop into the Palmerston North or Feilding clinics.

The 1st **five** correct answers drawn out at the end of June will receive **one free tube of Fen-IverQuantel horse drench, valued at $24.80*.**

What does the term "intussusception" mean with regards to colic?

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(Tip: answer can be found in this newsletter)

Do you find the information in this newsletter useful?

◯ Yes ◯ No

What do you like best?

◯ Short articles ◯ Long articles

◯ Current health reminders

◯ From the horse's mouth

How do you like to receive info from us?

◯ Email ◯ Newsletter

◯ Face to face ◯ Seminar

◯ Website

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