



VET notes

EQUINE & LIFESTYLE

SEPTEMBER 11



Meet your vet... Leisa Norris

Leisa was previously based at the Feilding clinic for 4 years full-time, then on and off part-time while starting her family.

She returned to work with us at Totally Vets in the Palmerston North clinic last year doing mainly production animal work but also has a keen interest in horses.

Leisa is Mum to Kobe (6 years), Haana (4 years) and Via (2 years). Nera the 14 year old Cocker Spaniel, 2 cats, pet ducks, a cow and goats make up the rest of her team. She tells us that she comes to work for a rest!

Another multi-talented sportswoman in our clinic, she spent 4 years in Aspen, Colorado as a snowboard instructor before training as a veterinarian. Also a talented netballer, she played for the Western Flyers ANZ Cup team for 4 years and now plays locally for Red Socks Olympic.

Kobe is following in her sporting footsteps as a soccer player for Newbury School and Leisa can be found cheering them on from the sidelines on Saturday mornings.

Totally Vets - Equine Health Plans

Margaret Leyland

Q: How do you make a small fortune?

A: Start off with a large fortune and buy a horse.

Our new Equine Health Plans are designed to help reduce the long term costs of horse ownership by promoting preventative medicine, thereby minimising the risk of costly emergencies. We also offer the option of spreading the predictable costs of healthcare over the year, allowing you to better budget for your horse's needs.

HOW DOES IT WORK?

An initial consultation is performed and a questionnaire completed to identify your horse's needs. This consultation can either be conducted at the clinic or at the same time as your first health and/or dental examination. In either case, there is no additional charge for setting up the health plan. After we have identified your horse's healthcare requirements for the year, the annual cost of the plan is calculated, with the option to pay monthly by direct debit.

THE ANNUAL HEALTH CHECK WILL TYPICALLY INVOLVE:

- Full clinical examination including dental examination with sedation
- Assessment of body condition score and discussion of feeding plan
- Full dental examination and development of dentistry plan
- Vaccination plan and vaccination if required
- Sample taken for faecal egg count, assessment of risk factors and development of an anti-parasite plan
- Blood sample taken if indicated
- Optional gait and musculoskeletal examination

Each horse on the EHP will have a personalised folder with cards recording health checks, dentistry charts, vaccinations and parasite management plan. A calendar of events will also be produced, and will be linked to our reminder system, so that important dates don't get missed. Reminders can be texted, emailed, phoned or sent by letter as you prefer.

BENEFITS

- Preventative medicine - prevention is better than cure
- Predictable cost spread throughout the year

If you are interested in setting up an Equine Health Plan for your horse please contact us at Totally Vets.



From the horse's mouth

Firstly, a bit of goss. Our very own Margaret Leyland competed in the annual "Tough Guy and Gal Challenge" in July coming 13th in the full 12km, women's division!

The course at Linton saw competitors tackle water trails, swamp crossings, steep bush rope

grab, open paddock running, crawl under barb wire, and included parts of the Army assault course. All good practice for the up-coming foaling season!

Many of you will have noticed that Jules, our bubbly receptionist at the Palmerston North clinic has been absent for the last few weeks. We would like to congratulate Jules and Nick

Strangles

Katie McKinlay

Just hearing the word Strangles is enough to make any horse owner shudder. Strangles is present in New Zealand, and cases are seen in the Manawatu. A good understanding of the disease will lessen the worry and panic often associated with strangles.

WHAT IS STRANGLES?

Strangles is a worldwide infectious disease of horses caused by the bacteria *Streptococcus equi equi*. It is characterised by an acute upper respiratory infection and lymph node abscessation. It is primarily a disease of the young but horses of any age without previous infection or immunization may be affected.

HOW IS IT TRANSMITTED?

The bacteria are passed on by direct exposure of infected nasal discharge as well as the pus from abscessed infected lymph nodes. This means that transmission may be direct from horse to horse but also indirectly from contaminated bedding, boxes, grooming gear, water troughs, horse floats, gumboots, quad bikes, fence railings and the list goes on!!!

It is therefore important that areas that have come into contact with the infected horse are sanitised with a disinfectant, e.g. Virkon®, to help prevent further spread. It is also possible that recovered horses can become carriers.

WHAT ARE THE SIGNS TO LOOK OUT FOR?

The incubation period for strangles is between 3-6 days. Early clinical signs include a fever, up to 41°C, a decreased appetite and a clear to pussy bilateral nasal discharge. As the disease progresses the lymph nodes of the head and neck become swollen and eventually abscessation of the lymph nodes will be seen. Once abscesses have matured and drained, the normal course of disease will take 10-14 days to resolve. Diagnosis can be made on clinical signs and/or a nasal swab and/or pus from draining lymph nodes.

IS IT A FATAL DISEASE?

Strangles is rarely fatal but it can make horses very sick and because it is very contagious a lot of horses can become sick within a short space of time. Occasionally complications (pneumonia, further abscesses within the body, to name a couple) can arise so it is important to keep in touch with your vet regarding the horse's progress.

HOW DO I PREVENT IT SPREADING?

To prevent spreading between horses on your property isolate the infected horse so there is

no fenceline contact. If the horse has already been running with a mob then that group can be isolated together. It is also important to disinfect yourself between handling different horses.

Care must be taken when introducing naïve horses to recently infected horses as affected animals are infectious for more than 4 weeks after onset of clinical signs.

If you have had strangles diagnosed on your property please do not transport your horses until given the all clear as this will increase the chances of spreading the disease around the country.

CAN WE VACCINATE?

There is a good vaccine available. The programme consists of three vaccinations two weeks apart, followed by a yearly booster. Boosters can be given six-monthly in high risk situations.

We do not recommend vaccination in the face of an outbreak or if your horse has been in contact with a strangles horse. By vaccinating a horse that may be incubating strangles, a disease called pupura haemorrhagica can develop which can have devastating consequences for the horse so please talk to your vet for advice on this. Please contact Totally Vets if you would like to begin a vaccination programme.





on the arrival of their new baby boy, Noah Jeffrey Alan McNeill. We have had a visit from them already and from all accounts Mum and baby are doing well.

Winter is here. We have had an incredible amount of rain in the last month and many horses are unavoidably standing about in muddy paddocks. These are the conditions ideal for development of mud fever. Caused by a bacterium, *Dermatophilus*, mud fever is seen usually on the lower limbs as weepy sores

which develop a thick scab, swelling and may bleed. The same bacteria cause rain scald along the back. The earlier you can begin treatment the better, and in some horses preventative treatment is a good idea. Come into either of our clinics for advice on managing this often frustrating condition. If you are having no success clearing up your horse's mud fever, a vet visit is a good idea to ensure the best treatment for each individual case and to ensure nothing else is going on.



Above The first Nom Du Jeu foal: A lovely colt out of Vera Duckworth born at Fairdale Stud.

Normal Foaling Parameters

A study of 1000 SB mares over 3 seasons under New Zealand conditions.

AVERAGES

- Average pregnancy length; 349 days
 - 11 months 3 weeks

- Range 290-393 days (11 to 13 months)
- Most foalings occurred during the night;
 - 80% between 9pm and 8am
- Average length of foaling; 15 mins
 - 60% foaled within 10 mins
 - 30% foaled between 10-20 mins
 - Final 10% vet generally involved

- 50% within 5 mins
- 83% within 15 mins
- 7% of mares foaled standing up
- Time for foal to stand;
 - 40% within 30 mins
 - 70% within 60 mins
 - 86% within 90 mins

TIME TO STAND POST-FOALING FOLLOWING NORMAL DELIVERY

- Time for mare to stand;

Time to suckle

- 63% foals suckled within 120 mins
- 37% longer than 120 mins

What happens during foaling?

STAGE 1 - LABOUR BEGINS

Womb contractions begin and birth canal opens.

Signs you may observe are:

- Restlessness
- Signs like colic, e.g. flank watching, pawing
- Sweating
- Frequent passage of small quantities of manure

This stage can last about an hour. Stage 1 ends with the 'breaking of the waters', which then flow out of the vulva.

STAGE 2 - THE BIRTH OF THE FOAL

This stage lasts about 30 minutes and is a very explosive event (If it takes longer call Totally Vets immediately).

The mare will lie down and have strong contractions that push the foal down the birth canal. The foal normally comes through the vulva in the following way:

- Front feet first, one slightly in front of the other, hooves facing down, followed by the head etc.

If the foal is coming differently to this sequence, contact Totally Vets immediately.

Do not intervene when the foal is delivered unless the membrane is covering the foal's nose. If this is the case remove the membranes immediately. Otherwise observe from a distance so the normal bonding process can take place.

The umbilical cord usually breaks when the foal struggles to rise or the mare gets up. The umbilical stump (the foal's navel) will need treating with a disinfectant (e.g. iodine or chlorhexidine) to prevent infection.

STAGE 3 - THE AFTERBIRTH IS EXPELLED

This usually occurs within 1 hour of foaling. If it has not been expelled within 6 hours call us

at Totally Vets. Keep the afterbirth because it can provide us with valuable information.

WHAT ARE THE SIGNS THAT SOMETHING IS WRONG?

Foaling difficulties occur in only 4-6 % of births. These can be life-threatening to the mare and foal.

SIGNS TO LOOK FOR ARE:

- Prolonged Stage 1, or particularly, Stage 2 labour. If either of these stages is prolonged by even a short amount of time, there is much less chance of having a healthy foal
- Incorrect presentation of the foal
- A foot or the head protruding through the anus
- Continued straining with no progress

Foaling is a relatively 'explosive' process and difficulties arise quickly. It is essential that you detect signs of abnormality and contact Totally Vets for assistance promptly. It is better that we arrive early to find the mare has foaled safely, than to delay the call and arrive to a disaster.



Summer sheep problems

Leisa Norris

Hopefully the initial long nights of feeding have paid off and your lamb is happy, healthy and growing well... so what now?

WEANING: Once your lamb is eating an adequate amount of feed (greater than 75% of the diet), then weaning at around 6-8 weeks old is fine. This will be helped by encouraging them to eat grass, sheep nuts, hay etc as young as possible. Early weaning decreases the time required each day for feeding but if your lamb is being used for a school pet day then you may want to keep up with a bottle or two to maintain the child-lamb relationship!

ENVIRONMENT: Lambs, and adult animals, continue to need a safe and secure environment with shelter, quality pasture, fresh water and companionship.

VACCINATIONS: Clostridial vaccination (5in1 or 10in1) is an important and relatively cheap insurance policy to protect your lamb against potentially fatal diseases! The schedule to use depends on the vaccination status of the ewe:

- Ewe fully vaccinated (lamb has maternal antibodies) - give vaccination at weaning with booster in 4-6 weeks, then yearly booster 4 weeks before lambing.
- Ewe not vaccinated (lamb has no maternal antibodies) - give lamb vax (tetanus antitoxin plus pulpy kidney) prior to docking, followed by TWO shots of 5 in 1 or 10 in 1, vaccinations 4-6 weeks apart (i.e. 3 shots total), plus yearly booster as above.

DOCKING OF TAILS & TESTICLES: This is normally done as early as 2-4 weeks of

age with rubber (elastator) rings placed around the tail at the desired level and around the base of the scrotum, ensuring that both testicles are present.

DRENCHING: There is no generic recipe to suit absolutely everyone as treatment depends on your situation (stock numbers/types/classes/ages etc). However as a very general guide start at weaning with an oral combination drench every 6-8 weeks for a series of 6 treatments and then as required (growth and appearance of stock, presence of dags, faecal egg count results etc).

SUPPLEMENTS: If your pasture is selenium-deficient AND you've had lambs develop white-muscle disease OR had selenium deficiency diagnosed, you may want to inject lambs with selenium & vitamin E supplement.

Depending on your experience and what you are comfortable doing, docking, drenching and vaccinations can be done by yourself or your vet. Please don't hesitate to contact the team at Totally Vets for more information.

Recent information on EIPH or "bleeders"

The term "bleeder" is used in the racing industry to describe a horse suffering from Exercise Induced Pulmonary Haemorrhage (EIPH). These

horses suffer from haemorrhage in the lungs during high intensity exercise, which shows as blood at the nostrils and is most commonly diagnosed via endoscopy.

There are many treatment options available, some are more effective than others, but several are banned for use in race horses.

Recent preliminary research has highlighted the use of diets rich in omega-3 fatty acids as an effective way to reduce the severity of, and treat horses with, EIPH. This is postulated

to be a result of increased fluidity of the red blood cell membranes and decreased inflammation in the lungs.

Kentucky Equine Research produces a high quality Omega-3 supplement for horses which is available through either of our clinics. It has been shown to have the highest levels of biologically active Omega 3 EPA and DHA, and the highest Omega-3 to Omega-6 ratio compared to several other feeds and supplements.

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