



The Mayes and Scrine Practice Summer Event

Colic – Update

As expected there has been the usual outbreak of autumn colics. However, this has not been as intense as last year. The increased incidence started when the rains returned in mid-August and has continued steadily since.

Last year they all came at once in mid-October. In the early summer the practice vets were seeing approximately one colic a week (out of about 3000 horses and ponies). During the spring and especially the early autumn we can see about four cases a day. The majority of colics we see (about 80%) are “spasmodic”, which usually respond rapidly to an injection or two. However, spasmodic colics can be quite violent and lead on to more worrying types of colic such as intestinal displacements and even twists.

Horses have several hundred feet of intestine, and they use the blind-ending caecum and the sacculated, folded, large colon as sophisticated fermentation chambers to digest the roughage they eat into the high-energy, small molecules required to fuel such a massive, effective athlete.

Weather changes can affect sugar in the grass, causing over-fermentation and excess gas production, e.g. when your horse lies down a lot out in the field or when it comes in after a night out. If this process goes a little bit too far – colic.

Atmospheric pressure changes can affect gas pressures in the gut. We have several ponies in the practice that develop colic (and nose bleeds) before thunderstorms. Changes in diet, e.g. new batch of hay or haylage, moving to a new field, can trigger colic. Changes in routine, e.g. out at a show all day, can also contribute. Wind-suckers are four times more likely to suffer from colic. Overall, colic in the average horse is unlikely. But if you do become concerned, e.g. if your horse stops eating, becomes fidgety, paws the



ground, gets up and down, looks at its tummy, sweats and starts rolling, then don't watch for too long.....call the vet.

Unfortunately, some colics can be very serious. These may require urgent surgery at an equine hospital or, sadly, the animal may have to be put down. Luckily this is relatively rare. We refer about twelve horses a year for surgery and put down about the same number. The incidence of fatal colics increases in older horses and ponies, and these often have not had colic before. If you have any queries about colic then please do not hesitate to contact one of the vets at the practice.

FAQ: Can I have some Dermobion?

This is a very frequently asked question. Unfortunately, after the new Pharmacy Regulations arrived last year, Dermobion has been withdrawn from the European market. This is because it contained a carcinogenic chemical, nitrofurazone. Although this was not the key ingredient (neomycin antibiotic and prednisolone steroidal anti-inflammatory were) the manufacturers just ceased production.....or did they? Dermaped is available in the traditional tub format in Australia. We have sought* permission from the Veterinary Medicines Directorate to import Dermaped on a Special Treatment Certificate. However, each animal and the reason why the Dermaped is required must be stated on the certificate and the VMD (a government agency) charge a fee. We are continuing to look into sourcing Dermaped viably and legally.

Meanwhile, for minor wounds we recommend gentle cleaning, e.g. cold hose, dilute antiseptic wash (Hibiscrub, Betadine, tea-tree) to remove the mud and a normal saline flush (one teaspoon salt per pint of boiled water) before the application of Dermagel (Equine America),

Betadine Ointment or similar. For deeper wounds, do not cold hose without veterinary guidance as this may contaminate the wound further, use dilute antiseptic wash around the outside only; and then a saline flush. Application of a hydrogel (Aquaform, Intra-site) may be useful. If the wound site allows, apply a sterile dressing with padding.

Dermobion was also used for Mud Fever, Cracked Heels and other Dermatitis cases. We had always used other topical applicants as well. We currently have Fuciderm (small animal), Flamazine (human) and Mastitis Tubes (large animal) in our armoury. We are increasingly using oral or injectable antibiotics at the same time.

We recommend you seek veterinary advice or assistance if you are unsure about any wound. Please be wary of the wound position in relation to joints as these require special treatment.

* spelling gurus, thank you for pointing out the misspelling/misuse of **sought/sort** in the last two newsletters.

Mayes & Scrine

Equine Veterinary Practice

Newsletter: Nov 2006 Issue 6

In this issue:

- Practice News
- Autumn Talk - All Welcome
- Aussie Hunk Joins Practice
- Seasons Greetings
- Strangles Update
- Digital Xrays at Mayes & Scrine
- FAQ - Equine Thrush
- Paying the Vet Promptly
- How do Vets keep up to date
- Sweet itch Tips

Office Hours:

Monday to Friday 8am til 5pm
24 hours emergency care and
access to urgent advice.
Please ring the office number
in the first instance.

Contact Details:

Dawes Farm
Bognor Road
Warnham, Horsham
West Sussex RH12 3SH
tel 01306 628222
fax 01306 628379
office@equinevetpractice.co.uk
www.equinevetpractice.co.uk



Practice News

I can't believe how the weeks fly by – time to put finger to keyboard once more. The autumn, so far, has been extremely busy, or at least it seems so with the dark evenings shortening the day. The mild, wet weather has caused an exceptional autumn flush in the grass – pure sugar. This has caused an outbreak of colic and,

unsurprisingly, laminitis. Ironically there has also been cases of weight loss, especially amongst stressy horses and the older population. The grass may be sugary, but it is not spring grass, it lacks vitamins, minerals and even protein.

We are sad to lose Laurence, but we are pleased to welcome Frank to the fold (see below). Anna Hammond had her baby, Fergus, at the end of August. She is unlikely to return as her husband has become a professor at the new Nottingham University Vet School. Ben, Judy and Frank will provide our increasingly diverse equine veterinary services. We expect to be fairly busy over the winter, traditionally a fairly quiet time, and are likely to require another experienced vet to join us in the spring.

Thank you to those who joined us at the "End of Summer Event", as I write, only 8 weeks ago! It was a beautifully warm day and the Apex jazz band jollied us along as always. Thank you to all the helpers and to Adam Johnson for the superb hog roast. See you all at the autumn talk.....better start writing that now....or the website.....saved by the bleeper, off to see one of you! **Ben Mayes**



Aussie Hunk Joins Practice

(take a look inside)

Autumn Talk – All Welcome

I am happy to announce that our Autumn Talk will take place on the evening of **Monday 27th November 2006 at 8pm** at Hurtwood Park Polo Club, Horsham Road, Ewhurst Green, near Cranleigh, Surrey, GU6 7SW. The club is about one mile due south of Ewhurst on the Horsham Road, the entrance sign is well lit (even if the roads are not). Ben will talk on "**Over-wintering your horse, an overview**", Liz Drury from Saracens will present on "**Feeding the geriatric and the poor do-er in winter**" and Frank Low will talk on "**Breeding, what it entails**". As usual, at least at present, entrance is free and the bar will be open (no bar food). After high attendance at the Spring Talk I am endeavouring to arrange microphones.

We look forward to seeing you there, please let the office know if you are coming so we have some idea of numbers.



Seasons Greetings



A Merry Christmas and a Happy New Year to you all!

After many meetings debating the issue, and following the traditional "baa, humbug" attitude of the practice, we do not send Christmas cards, so this little message is all that you'll get. That's not to say we don't appreciate all the wonderful cards and presents that you send us. I hope you feel that my quarterly effort to write the newsletter is devotion enough!



Judy writes – All about Sarcoids

Sarcoids are INFECTIOUS, BENIGN, SKIN TUMOURS of the horse and donkey.

They are not to be confused with sarcoidosis, an unrelated human condition. Current evidence suggests that infected cells are carried from horse to horse by flies and are inoculated into the skin. This explains why sarcoids are most common in parts of the horse (or donkey) most attractive to flies, such as the groin, the axillae (armpits), eyes, lips and any wounds. Not all infected horses will develop sarcoids, only those unlucky enough to have the genetic make-up that allows the sarcoid cells to be supported and develop. At the moment we do not know enough about this genetic susceptibility to be able to test for it. There are links with the cattle wart virus, but we don't fully understand the significance of these links. Worldwide, sarcoids are found in about 2.5% of horses and donkeys, but in the UK, up to 9% of our horses are affected. Professor Derek Knottenbelt of Liverpool University, a specialist in sarcoid treatment and management, is convinced that our fly control is nowhere near as good here as it is in other countries. Also in some countries,



such as Australia, a horse will be excluded from yards if it has sarcoids.

Sarcoids can have a variety of appearances, anything from a slightly scaly bald area of skin to lumps beneath apparently normal skin. They may not seem to be a problem at all, or they may get in the way of the tack, be prone to getting knocked so bleed and become secondarily infected, or look very unsightly. Those affecting the eyes, ears and lips can be particularly problematic, often have deep roots and tend to be more difficult to treat. A horse may have just one small sarcoid that may even vanish or never get any bigger, or that horse may end up peppered with open, suppurative sores. Occasionally a horse with multiple, severe sarcoids or a deep rooted one over an eye may have to be put down. There is no way to predict how each case of sarcoid is going to develop. If sarcoids are found during a pre-purchase examination it is impossible to predict how much that horse will be affected in the future, and don't forget that anything found during the pre-purchase examination will have implications for that horse's insurance cover and resale chances. Although sarcoids are actually tumours, thankfully they never spread internally into the rest of the horse, and always remain in the skin only.

Research is going on all the time to try and increase our knowledge of sarcoids and



particularly how best to treat them. There is a long list of possible ways to treat sarcoids, and each case will be different both in the actual treatment used and the regime of its application. Treatments include topical chemotherapy pastes, injectable chemotherapy, cryosurgery (freezing with liquid nitrogen), application of rubber rings, surgical debulking, thuja, injection of BCG and radiotherapy (iridium wire implants). The fact that there are so many different treatments shows that there is no single solution to sarcoids. It is very important that half-hearted treatments are not tried – every time a treatment is used that is not effective at getting rid of the sarcoid, the chance of the next treatment regime working is reduced by 40%. This includes the application of astringent products such as Camrosa. This often causes the sarcoid to initially reduce in size, but encourage it to develop a protective carapace reducing the effectiveness of further treatment.

If you have concerns about any skin lesions on your horse, or need advice about sarcoids, please do not hesitate to contact one of the vets at the practice. Meanwhile, consider the importance of good, effective fly control and wound management.

Laminitis – Update

Laminitis continues to plague the ponies, and some horses, in the practice. This is an extremely debilitating disease and extremely frustrating to manage. Although there are medications to help prevention.

The fact remains that susceptible ponies can often not go out at high-risk times, not even starvation paddocks. Protective shoeing, exercise, stabling, vigilance of owners, sharers, farriers and vets is essential.

A recent study has demonstrated ratios of blood glucose, blood fat levels and blood insulin levels can produce a "laminitis risk assessment". This costs £52 + VAT (plus

visit). Please contact us if you wish to use this test to assist laminitis prevention.

As expected October has been a peak-incidence month, especially with the mild weather encouraging grass growth and weeds, both of which are high in sugar. We have seen several animals with hind-feet laminitis, often in one foot and with no warmth in the hoof. Most of these ponies have had

front-feet laminitis previously and have only been shod in front. Some of them have only had mild signs, with lethargy and mild, intermittent lameness.

The British Equine Veterinary Association (BEVA) is running a national survey on laminitis. The practice has some forms or they are available on-line. If you would like to get involved, please contact Frank at the practice.



Aussie Hunk Joins Practice

We welcome Frank Low BSc(Hons), BVSc, MRCVS as a new veterinary surgeon at the practice. Frank is a true Aussie, and his accent is quite catchy, I am having trouble retaining my home counties' lilt.



Frank in action

Born in Hong Kong before spending his early years in the USA, Frank spent his formative years in Queensland. His parents had a small-holding in the bush, and they had ponies and horses – mainly used as working beasts, e.g. cutting and roping. Frank qualified from Queensland University vet school in 2000, and initially worked in Australian equine practice, gaining valuable experience, including stud work.

Frank has been working in equine practices in the UK for over two years now and comes highly recommended by English colleagues. We have tried to make Frank and his partner, Kelly (a small animal vet), as comfortable as possible. He has settled into the practice very quickly and I trust you will all welcome him to your yards if and when the occasion arises.

Vale Laurence

Frank has replaced Laurence O'Hara MA, VetMB, MRCVS, who had been with us for two years. Laurence joined us after a post graduation internship at Bell Equine Hospital in Kent. Although his outward appearance was youthful and boyish, Loz became a firm favourite with many clients due to his extensive knowledge, practical skills and cheeky-chappy manner. Laurence truly enjoyed his time with us, but has always muttered about doing a Residency and learning to be a dedicated surgeon. He then managed to land himself the sole Equine Surgical Residency at the Royal Veterinary College, sponsored by the Home of Rest for Horses. This is a three-year training position leading to Certificates in Equine Surgery and becoming a diplomat of the European College of Equine Veterinary Surgeons. This is a source of pride within the practice and we wish Laurence all the very best in his new career.



Ben writes – all about Ringworm

Ringworm is a dermatophyte skin infection – the parasite is not a true fungus but this is how it is best considered. It can survive in the environment for long periods as spores and it can infect humans (a zoonosis). Ringworm is very common in training and livery yards, especially in damp conditions, e.g. rain after a long dry period anytime of year, and many yards have an “endemic” strain.

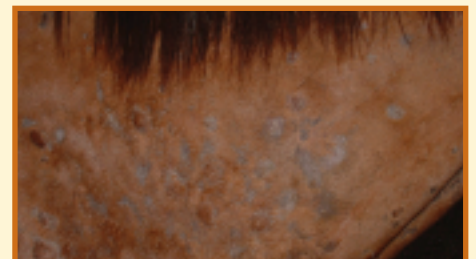
There are many species of ringworm, both from the Trichophyton and Microsporum groups. T equinum is the most common in horses. In my experience this rarely effects humans, but the potential is there, especially if the person is ill or run down. So precautions must be considered in all yards, especially if there is a regular turnover of horses.

Horses under stress, e.g. new to a yard, ill, young or old, are the most vulnerable. The incubation period is 1 to 4 weeks. A prime example of a case is a new horse in a livery yard developing lesions about 4 weeks after arrival. The new owner gets the blame, whereas in fact the horse has caught the yard's endemic strain to which all the others are immune.

The lesions usually consist of patchy bald areas, with crusting and scaling and red, raw skin underneath. They can be itchy and be raised to start with – like a mild urticaria. The

lesions are rarely aggressive, but occasionally the horse develops multiple, raw, sore lesions quite rapidly. This is often a new strain of ringworm or the possibility of a different or superimposed skin disease such as bacterial dermatitis, rain scald, allergy or autoimmunity. A diagnosis of ringworm requires positive lab results – looking for spores in a skin scrape under the microscope and lab culture. Both of these can produce false negatives and I often advise treatment without labs as this is more economic and often quicker.

Treatment is twofold, the horse and the environment. Imaverol wash (enilconazole) is very effective and costs £22.28. Dilute (e.g. 20ml in one litre lukewarm water) and wash the affected and surrounding areas every three days, four times. The environment, rugs and tack are best treated using Virkon (£1.74 per sachet, making a bucket of disinfectant, viable for 7 days). Ideally this should be done



a couple of times, for example at the time of the first and fourth Imaverol treatment. The bedding should be destroyed, or at least sprayed. A Virkon-loaded garden sprayer is a good way of disinfecting the stable environment (wear a protective mask). Topical treatment (the Imaverol wash) is effective. Griseofulvin powder can be fed to a horse for 7 days as a treatment, but this is expensive, dangerous for female handlers and is only effective in conjunction with topical treatment anyway.

Finally, please remember that Ringworm is endemic in most yards and horse populations. Often it can only be controlled, especially in large yards or where new horses come and go. It often affects “stressed” animals, but is usually self-limiting and resolves slowly on its own. Usually humans are not affected, but be careful. Although slow to come and slow to go, Ringworm is unpredictable, so, if in doubt, ask your vet.