



Newsletter

The Arundel Equine Hospital

April 2008

New Staff

WILL MARSHALL BVMS (Hons), MRCVS



Will is the latest addition to the increasing number of Scottish vets at the practice. A farmer's son from Angus, Will went to Vet School in Glasgow where he underwent equine rotations in both Glasgow's Equine Hospital and the Veterinary Medicine Teaching Hospital in Davis California where he completed both medicine

and surgery externships. Upon graduation he joined a mixed practice in Ayrshire where he was responsible for the majority of the equine caseload. Will works in the North of the practice and his professional interests are dentistry and lameness. Outside of work Will is an avid rugby player and enjoys skiing.

ALEX CLARKE BVSc, MRCVS



Alex graduated from the University of Liverpool in 2006. After 18 months in Chester he joined the Arundel Equine Hospital in January 2008 working in the north of the practice. Having been around horses all his life his interests are in hunting and racing, previously riding work for a couple of trainers in the North East where he grew up. His professional interests are in the areas of

equine practice, but he hopes to embark on the Certificate of Equine Internal Medicine in the coming months. Away from horses Alex is a keen climber, mountain biker and, now living so close to the coast, also hopes to get in a bit more scuba diving.

PHILIPPA HAYES BVSc, Cert EM (Int Med), MRCVS



Philippa qualified from Liverpool University in 2001. After a year in mixed practice she joined Bell Equine Hospital in Kent where she worked as a hospital intern for a year, involved mainly in anaesthesia and in-patient care. In 2003 she became an ambulatory assistant for the practice and in 2005 she gained the RCVS certificate in Equine Internal Medicine.

In 2006 she moved to Scone Veterinary Hospital in the Hunter Valley, Australia where she was the resident veterinarian at a large Thoroughbred stud for two breeding seasons. This allowed her to develop her interest in equine reproduction and foal medicine.

Philippa joined the Arundel Equine Hospital in February 2008 and will be primarily involved in stud work. She is currently enrolled for the RCVS certificate in Equine Stud Medicine.

IZZY BROOKES



Izzy has been part of the nursing team at the Arundel Equine Hospital for 5 months now and is enjoying the challenges of working life at the practice. She has two horses of her own which she competes on when not working. Before joining the team at Arundel Izzy went to Chichester College and worked part time at Equitogs. She enjoys the great team

spirit here at the Hospital and is thoroughly enjoying being part of the AEH team both inside and outside of work.

VICKY PARKINSON



Vicky has joined the accounts team from a banking world and has her own horses. She is enjoying working in an environment where the two are combined.

CLAIRE CHAMPION



Claire has worked in accounts roles for many years. She has also run IT support desks for large companies. Claire is new to horses and is enjoying the challenge of learning all about the equine world.

MARY GOLDSACK



Mary has come to us from the Pathology Lab at Worthing Hospital where she worked in the Bacteriology Department for over 20 years. Fancying a complete change of scene we are happy to welcome her into our lab where she is very busy modernizing our methods of bacteriology detection and learning the ropes in all our other

disciplines. Luckily for the laboratory department Mary joined us just in time to make her debut as a very welcome fifth member of our singing lab ladies team at this year's Christmas dinner!

Partners

Ed Lyall
Matt Waterhouse
Paul du Preez
Rob van Pelt

North Assistants

Christine Arentshorst
Paula Broadhurst
William Marshall
Alex Clarke
Philippa Hayes

South Assistants

Pauline Williams
Colin Tait
Gareth Haines
Suzanne Duncan

Intern

Alison Farley

Administrative Staff

Emma Seagrove (Secretary)
Vicky Parkinson (Accounts Admin)
Lisa Marter (Practice Manager)
Claire Champion (Accounts Admin)
Jay Newman (Credit Controller)

Reception Staff

Carol Hill
Daisy Tipping
Louise Massie
Norma Pearson
Theresa Clarke
Arabella Mansfield

Clinic Staff

Sally Hardcastle (Clinic Manager)
Timothy Lee
(Radiography Technician)
John Cole (Yard Assistant)
Debbie Clark (Groom)

Veterinary Nurses

Jill Barriff (Head Nurse)
Emma Poucher
Alanna Harper
Vicky Bradford
Tammy Simpson
Izzy Brookes

Laboratory Staff

Suzannah Stacey
Alison Sandiford
Jean Pittock
Mary Garland
Mary Goldsack



Worming

We have recently updated our worming advice and worming protocol, a copy of which is on the facing page. There are some notes about worming that accompany the protocol, these can be found at our website www.arundelhorsevets.co.uk and should help you find your way through the often complicated decisions of what to worm your horse with. There is lots of other information on the website so if you haven't visited it already have a look.

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New fee structure for dental work

The way the Arundel Equine Hospital charges for rasping teeth has changed. The old system charged according to whether the vet used their manual rasps or one of the three electric tooth rasping systems we have at the clinic. It has become clear however that in some circumstances it is quicker and easier for the vet to use the electric tooth rasp over the manual ones and it was decided that it was unfair to charge our clients more for using the electric rasp. For this reason we have revised our charging policy and now there is no difference in price between the two methods of tooth rasping but rather on the amount of time taken. This is split into five bands and will appear on our invoices as RASP TEETH 1-5.

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Strangles



Strangles is a disease caused by the bacterium *Streptococcus equi*. The signs of a strangles infection can include a nasal discharge, cough, difficulty swallowing, poor appetite, swellings around the head and neck and a high temperature. Young horses are more susceptible but horses of any age can be affected.

Complications are rare and in 95% of cases the infection is confined to the head and neck, however in a small number of horses the infection may spread to other body organs and form abscesses, this is known as bastard strangles. Rarer still is Purpura Haemorrhagica in which blood vessels themselves become affected and can spontaneously bleed. Both these complications can be fatal but thankfully are rare.

A proportion of affected horses will become carriers of the disease and may not show any clinical signs but can act as a reservoir of infection for other horses.

To diagnose strangles in a horse showing signs of infection your vet will normally take a nasopharyngeal swab; an absorbent piece of cotton passed up the nose to sample the back of the throat. This swab can then be tested for presence of *S. equi* by culturing the bacteria or by testing for the presence of bacterial DNA.

After a possible infection a minimum of 30 days since cessation of the signs is the recommended time to test for carriers. Without testing for carriers after an outbreak it is impossible to say whether a horse or the horses in contact are possible sources of infection. Horses that have been in contact with an affected horse or a carrier horse may themselves become carriers.

The guidelines for testing horses for potential carriers are based on guidelines produced by the Animal Health Trust and the Horserace Betting Levy Board.

Laboratory

Tucked into an inconspicuous corner of the entrance yard that belies the purposeful activity that goes on within, the laboratory is now several months into the reproductive season. Running on-site blood tests and growing our own bacterial cultures ensures that all the essentials of good care for both mare and foal are at the immediate disposal of the stud vets, allowing rapid analysis when time is of the essence – has a foal taken in adequate immunoglobulin G in the critical first 24 hours of life for instance?

With the five members of the laboratory team currently employed having participated in the extensive training offered by the NHS prior to arriving with us, we are able to provide an expert service in all aspects of blood analysis, bacteriology, cytology and parasitology. This past year the laboratory has been assisting a company in Denmark to develop the means to cheaply and more easily measure an acute phase protein in the blood that can quickly establish the amount of inflammation that a horse is suffering and how quickly it is responding to the treatment that the vet has prescribed.

Looking into the future the partners are pleased to offer the extensive expertise of the laboratory to neighbouring equine practices, thereby increasing the facilities for practices throughout the South of England to receive fast and accurate diagnostic information on the samples that they take from their patients.

Month Of The Year	January	February	March	April	May	June	July	August	September	October	November	December
YEAR 1			*Moxidectin + Praziquantel for tapeworm eg EQUEST PRAMOX			Moxidectin 13 weeks after previous dose eg EQUEST			*Moxidectin + Praziquantel for tapeworm eg EQUEST PRAMOX			Moxidectin 13 weeks after previous dose eg EQUEST
YEAR 2		Ivermectin+ Praziquantel for Tapeworm eg EQUIMAX or EQVALAN DUO		Ivermectin 10 weeks after previous dose eg EQVALAN or ERAQUEL		Ivermectin 10 weeks after previous dose eg EQVALAN or ERAQUEL		Ivermectin 10 weeks after previous dose eg EQVALAN or ERAQUEL		Ivermectin+ Praziquantel for Tapeworm eg EQUIMAX or EQVALAN DUO		
YEAR 3		Pyrantel at Double Dose eg STRONGID P or PYRATAPE P		Pyrantel 6 weeks after previous dose at normal dose rate eg STRONGID P or PYRATAPE P		Pyrantel 6 weeks after previous dose at normal dose rate eg STRONGID P or PYRATAPE P		Pyrantel 6 weeks after previous dose at normal dose rate eg STRONGID P or PYRATAPE P		Pyrantel 6 weeks after previous dose at normal dose rate eg STRONGID P or PYRATAPE P	Ivermectin plus Praziquantel for Tapeworm eg EQUIMAX or EQVALAN DUO	Back to Year 1 Again

The pregnant mare should be following a worming programme recommended by your vet and in the last month before foaling your mare should be wormed with an ivermectin product. Eqvalan Duo and Equest Pramox are not licensed for use in pregnant mares.

*Note, Moxidectin should not be used in thin or emaciated animals, if you are unsure please contact the Hospital

Month Of The Year	January	February	March	April	May	June	July	August	September	October	November	December
Foals					Ivermectin 10 weeks after previous dose eg EQVALAN or ERAQUEL	Ivermectin 10 weeks after previous dose eg EQVALAN or ERAQUEL	Ivermectin 10 weeks after previous dose eg EQVALAN or ERAQUEL	Ivermectin 10 weeks after previous dose eg EQVALAN or ERAQUEL	Ivermectin 10 weeks after previous dose eg EQVALAN or ERAQUEL	Ivermectin 10 weeks after previous dose eg EQVALAN or ERAQUEL	Ivermectin+ Praziquantel for Tapeworm eg EQUIMAX or EQVALAN DUO	
Yearlings		5 Day course of Fenbendazole (PANACUR GUARD) Followed by Ivermectin + Praziquantel on day 6 eg EQUIMAX or EQVALAN DUO			Ivermectin 10 weeks after previous dose ERAQUEL		Ivermectin 10 weeks after previous dose ERAQUEL			Ivermectin 10 weeks after previous dose eg EQVALAN or ERAQUEL	5 Day course of Fenbendazole (PANACUR GUARD) Followed by Ivermectin + Praziquantel on day 6 eg EQUIMAX or EQVALAN DUO	

Foals are wormed from 1 month of age and every month thereafter with an ivermectin up to and including 6 months of age when they should also be treated for tapeworm. At 6 months of age the foal can be slotted into your standard/yearling worming programme. **Please refer to additional sheets for further information and advice regarding this protocol and worming in general**



Septic Joints

A septic joint, or septic arthritis, is a joint which has become infected with bacteria, usually as a result of a traumatic wound that introduces bacteria into the joint space, but can also be as a sequel to septicaemia, especially in foals. When your vet is called to treat a wound that is near a joint the challenge for them is to try and decide whether the joint has become contaminated. The difference between a simple wound and one that has penetrated a joint is huge in terms of seriousness.

Diagnosis

The signs seen in a horse that has a septic joint are chiefly a reluctance to bear weight on the affected limb, there is often swelling of and around the joint. In addition horses can sometimes be dull, depressed and have an elevated temperature, however if the wound has been sustained recently then these signs may not yet have developed. One method of ascertaining whether a wound has entered a joint is to, after having clipped and scrubbed the joint at a site distant from the wound, insert a needle into the joint and inject some sterile fluid into the joint space. If the wound in question has entered the joint then the sterile fluid will leak from the wound, if not then only enough fluid to fill the joint space may be injected.

If the vet suspects that the joint has been contaminated for some time, or there is no obvious wound, then they may decide to take a sample of the fluid that lubricates the joint, the synovial fluid, for analysis. They do this in a similar way to injecting sterile fluid into the joint, that is the joint is clipped and scrubbed and a needle is inserted into the joint space. Some of the synovial fluid may then be withdrawn and taken for analysis. Often the

sample will appear contaminated to the naked eye and the vet may be able to assess the degree of infection present at the yard. If not then the sample is brought back to the Arundel Equine Hospital and analysed in our laboratory. One of the many advantages of having our own extensive lab facilities is that samples such as these can be analysed very quickly. Similarly to the vets there is a member of the lab staff on call out of normal working hours so samples do not have to wait to be analysed in emergency cases.

The sample submitted will be analysed for the number of white blood cells present, the proportion of these that are neutrophils (the white blood cell responsible for attacking bacteria), the protein level and the presence of bacteria. All these values are increased in a horse that is suffering from a septic joint.

Occasionally in foals if the infection has been present for some time x rays are taken to assess whether there is bone as well as joint involvement in the infectious process, this is rare in adult horses so these are rarely radiographed for this purpose.

Treatment

The best treatment for a septic joint is to surgically flush the affected joint with several litres of sterile fluid. Septic joints are a serious problem in the horse because the bacteria and the body's response to them produce a lot of proteins and enzymes that are damaging to the cartilage that lines the bones within the joints. Just killing the bacteria using antibiotics will not remove these inflammatory products and therefore is unlikely to completely cure the problem as damage to the cartilage will result in permanent lameness. For that reason flushing of

the joint is the best treatment. The horse is given a general anaesthetic and the surgeon inserts an arthroscope into the joint allowing him to visualise the inside of the joint and remove any infected tissue that may act as a focus of infection. After any tissue that needs to be removed has been several needles are placed into the joint and several litres are passed through the various needles to ensure that all parts of the joint are adequately flushed. When this is completed then the joint is injected with antibiotics and the incisions into the joint sutured. The horse is then hospitalised for several days so the vet can assess that the infection has been successfully treated, during this time they are given antibiotics and some pain relief. In some cases where the vet believes the septic joint may need more aggressive treatment then the surgeon may elect to place antibiotic impregnated beads into the joint to enhance the concentration of antibiotic within that joint. Another method of doing this is to place a tourniquet around the affected limb and inject antibiotics into the veins around the affected joint, this allows much higher concentrations of antibiotic to be maintained within the joint, this is called a regional limb perfusion.

Prognosis

The prognosis for septic joints in adult horses is generally very good provided that the condition is recognised and treated early enough. The ability to analyse laboratory samples by our dedicated laboratory staff and the surgical facilities we have here at the Arundel Equine Hospital mean that if a horse is unlucky enough to sustain a septic arthritis then the diagnosis and treatment can be obtained very quickly, greatly enhancing the chance of returning that horse to its full athletic potential.

Congratulations to Paula Broadhurst!

Everyone at the practice would like to congratulate Paula Broadhurst for passing her Certificate in Stud Medicine. RCVS Certificates are awarded to people who have proved their experience and expertise in their chosen subject and require a lot of time and effort, not to mention more exams! They do allow the holder to place the letters of the certificate after their name so Paula's full title is now Paula Broadhurst BSc., BVMS, Cert EM (Stud Med), MRCVS. Well done Paula!

Insurance

Many of the horses that we treat at the Arundel Equine Hospital are insured by their owners to cover the costs of vet's fees and treatment in the unfortunate event of them becoming unwell or getting injured. It is our policy to request payment from the owners of an insured horse according to our published terms and conditions and for the insurance company to reimburse the cost of treatment to the owner.

Fat Club

Is your pony or horse overweight? Does it live on fresh air? Is there a history of laminitis, Cushing's or Metabolic Disease? Does your pony still have a cresty neck in spite of losing weight?



The Fat Club combines routine weight checks on the weigh bridge with condition scoring, fat measurements, professional veterinary and nutritional advice on feeding, laminitis risks and underlying predisposing factors.

In addition Saracen Horse Feeds are currently trialling a new feed specifically formulated for the obese, the laminitic and those at risk from Metabolic Disease and some or all of the Fat Club may be suitable candidates.

Can you take the risk of not being part of the Fat Club this Spring? Are you interested in the trial? Have you got transport to the hospital? If so please contact the hospital on 01903 883050.