



# Newsletter

The Arundel Equine Hospital

Winter 2008

## Granulosa Theca Cell Tumours

An interesting case that has been treated by The Arundel Equine Hospital recently involves a 14 year old mare called "Bonnie".



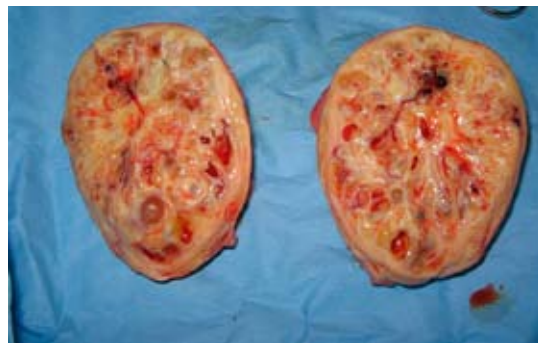
Ultrasound scan showing cystic ovary

"Bonnie" has had a couple of foals previously over the last few years but for the last 12 months she has been used for pleasure riding and enjoying time off from being a mum. This year her owners decided that they would like to put her back in foal so an appointment was made with one of the stud vets for her to be examined. However on her rectal examination an unexpected abnormality of her ovaries was identified, in that the left one was larger and firmer than normal. Using the ultrasound to scan the ovary showed that it contained multiple small cystic structures rather than the typical appearance that we would expect them to have. This immediately alerted the treating vet that "Bonnie" might have an ovarian tumour.



Surgical removal of affected ovary

The most commonly diagnosed ovarian tumour in horses is a Granulosa Theca Cell Tumour (GTCT) and it can occur in mares of any age even as young as 2 years. This tumour causes the affected ovary to become enlarged and filled with cystic type structures, sometimes if not diagnosed early the ovary can develop to a size bigger than a basket ball! In "Bonnie's" case her ovary was only about 13 cm as it had been diagnosed early. Fortunately while GTCT can get very large within the



Sectioned tumour showing cystic structure

ovary they are benign and don't spread to other places in the body so that means they can be cured via surgery.

GTCT are hormonally active and can cause excessive amounts of hormones in the mare's body. In about 50% of cases testosterone is produced in excessive amounts and this can result in the mare starting to behave like a stallion, such as biting, herding paddock mates, becoming aggressive and trying to mount other horses. In about 90% of cases another hormone called  $\alpha$ -inhibin is elevated, therefore blood tests to measure the levels of these hormones can help with diagnosing this particular tumour. The changed levels of hormones can also cause some mares to cycle unusually and sometimes they will stop cycling altogether with the unaffected ovary becoming small and inactive. In "Bonnie's" case she showed absolutely no changes in her behaviour at all to give any indication of the problem inside so it was lucky that her owners decided to try and put her in foal so it was found. This is why we will often recommend a rectal examination and ultrasound scan on mares if they are displaying abnormal hormonal behaviour to check that their problems are not being caused by a cancer of the ovary.

Ideally once diagnosed the treatment for this condition is to remove the cancerous ovary surgically. If the ovary is not removed it will continue to get bigger over the following years and will eventually usually start to cause the mare pain and discomfort due to its large size and this can result in a surgical colic. In "Bonnie's" case her tumour has been removed surgically and this means that over the next 2 to 12 months her other ovary should start to function normally. "Bonnie" has made an excellent recovery following surgery so once her right ovary starts working normally again. If her owners still want to they can put her in foal next year instead.

### Partners

Paul du Preez  
Ed Lyall  
Rob van Pelt  
Matt Waterhouse

### North Assistants

Christine Arentshorst  
Paula Broadhurst  
William Marshall  
Alex Clarke  
Philippa Hayes

### South Assistants

Pauline Williams  
Colin Tait  
Gareth Haines  
Suzanne Duncan

### Intern

Tori Ludlow

### Administrative Staff

Lisa Marter (Practice Manager)  
Emma James (Secretary)  
Jay Newman (Credit Controller)  
Vicky Parkinson (Accounts Admin)  
Sarah Rogers (Accounts Admin)

### Reception Staff

Daisy Tipping  
Carol Hill  
Louise Massie  
Theresa Clarke  
Tanya Bricker

### Clinic Staff

Sally Malone (Clinic Manager)  
John Cole (Yard Assistant)  
Alex Wenham (Groom)  
Charlotte Maheu (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



# The Gambia Horse and Donkey Trust



*Colin gives instruction in rasping teeth*



*The team at the Gambia Horse and Donkey Trust*

The Gambia Horse and Donkey Trust (GHDT) has been up and running now for 6 years and in its time it has made a real difference to the animals and people which it comes into contact with in the Gambia. Over the last year a number of links have been made with this charity and the Arundel Equine Hospital. The first of these saw two of the GHDT staff leave their native country on a trip that included visits to the Donkey Sanctuary, the National Stud, the Animal Health Trust and a weeks experience at our busy Arundel Equine Hospital during July. One of our vets, Colin Tait, followed this with a two week trip to the Gambia. During this time, together with two vets from the University of Liverpool, they were not only able to treat a large number of cases but also, more importantly, they did this whilst teaching 25 Gambian students who are enrolled at the Gambia College equine husbandry course for animal health workers. Along with their largely theory based course the GHDT is providing them with six 2 week sessions at their base where the students can gain practical skills and learn from experienced guest tutors. This was Colin's 3rd trip to assist the aims of this worthwhile charity over the past fourth years and

he was encouraged by the progress that was being made and in particular with the compassion and enthusiasm of the students involved.

Prior to his departure, a plea from Colin resulted in over a ton of tack and other useful items being kindly donated by a number of clients. He was overwhelmed by the response and wants to relay the sincere gratitude of the charity workers and Gambian people to those of you who kindly donated resources to aid in the charities aims. Thanks also need to go to Merial, Fort Dodge, and Royal Canin for their contributions

Two examples that he saw first hand of the work that the GHDT were able to carry out directly thanks to your donations were a bit exchange program that allowed the severe Senegalese bits that often cause tongue lacerations and much discomfort to be swapped with some of the 'kinder' bits you donated, likewise the Gambian harness makers, trained by the ILPH in conjunction with the GHDT, frequently used the donated numnahs to add extra padding to harness where they were rubbing the horses or donkeys.



*This horse has horrific burn injuries from a fire*



*The same horse on Suzanne's visit in November, the burn is healing well*

More recently in November, Suzanne Duncan spent a further two weeks providing veterinary support in the Gambia during a period which sees the GHDT organise two horse and donkey shows designed to get the Gambians to value their animals as more than just an addition to their labour force.

The GDHT was established to reduce rural poverty by increasing productivity of working horses and donkeys through animal welfare and management education. It has already trained farriers, harness makers and, through its clinics in the communities, it not only treats injured and diseased animals but educates the owners and most importantly the children on how to care for their equines. It is

Continued from previous page....

slowly changing a culture by making the people of the Gambia understand that their animals are not inanimate objects of labour, but have certain welfare needs and which benefit from good management. The benefits which the GHDT makes are not only to the welfare of the horses and donkeys but also to that of their owners. The Gambia is one of the smallest and poorest countries in Africa with a population of 1.5 million, most of whom are peasant farmers. A healthy working equine can increase a family's income by 500%, so the families touched

by the GHDT enables families to claw their way out of poverty, giving them the opportunity to send their children to school rather than work as labourers.

The co-founder of the Gambia Horse and Donkey Trust, Heather Armstrong, was extremely grateful to the partners at the Arundel Equine Hospital for their support, as well as to Colin and Suzanne for their efforts and to all those who were kind enough to donate their new and used tack.

If you would like to find out more about this charity check out their website -

[www.gambiahorseanddonkey.org.uk](http://www.gambiahorseanddonkey.org.uk)



GHDT staff visit the Arundel Equine Hospital

## New Staff

We have some new members of our team at the Arundel Equine Hospital, all of whom are clients of ours.

### Tori Ludlow BVetMed MRCVS

Replacing Alison Farley, who is now working as an Equine Vet in Devon, is Tori. A local girl from Haywards Heath, Tori graduated from the Royal Veterinary College, London in 2007 and worked in Horsham for almost a year in mixed practice before joining the team here at the AEH. Tori loves working with horses and has her own, Louis, who she competes in dressage competitions. She also owns Fern, a Hungarian Visla. Tori is excited to be working with the enthusiastic team here at the AEH.



### Sarah Rogers

Sarah joins our accounts department from Manhattan Kitchen Furniture where she worked for two and a half years. In her spare time Sarah competes her mare Poppy in dressage competitions and has recently qualified for the Novice South East Championship at Hickstead.



### Charlotte Maheu

Charlotte joins us as a groom having previously worked as a groom at a local dressage yard for nearly two years. She regularly competes her horse Beau in dressage competitions. She is enjoying seeing the veterinary aspect of grooming in a hospital environment.



### Alex Wenham

Our youngest member is Alex, just 19, who joins us as a groom having previously worked in the dispensary at a pharmacy in Steyning. Alex owns a foal, Max, and Bert a Welsh Section B which she shows. In her spare time she enjoys riding.



### Tanya Bricker

Tanya is the newest member of our reception team, she owns a horse and a pony called Millie and Owen and enjoys pleasure riding in her spare time when she is not attending gymnastic competitions with her eldest daughter.





## Equine Influenza

Equine influenza is a viral disease caused by viruses that are closely related to those that cause 'flu in humans. The virus affects the upper and lower respiratory tract of horses and donkeys. There are many different strains but the clinical signs are usually similar. Affected horses have a high temperature, inappetence, a frequent cough, an initially clear discharge from the nostrils (and sometimes eyes) which may turn a thick yellow/green and an enlargement of the lymph nodes of the head, seen as swellings below and behind the jaw. The incubation period for equine influenza is between 1 and 5 days and it is extremely infectious spreading through groups of susceptible horses very quickly. These horses usually recover over 2 to 3 weeks.

As with any disease isolation of possibly infected horses is a priority coupled with strict hygiene to try and limit the spread. Transmission is via respiratory secretions in aerosolised droplets whilst coughing but also possibly on hands, tack, clothes etc. Usually 100% of horses that have not been vaccinated against 'flu or had it before will become infected. Diagnosis is on the basis of the clinical signs, i.e. a rapidly spreading respiratory infection in a group of horses characterised by a fast onset, high fever, depression and widespread coughing. As there are many possible causes of respiratory infection

in horses isolating the virus on swabs of nasal secretions or observing rising antibody levels in the blood to the virus gives a definitive diagnosis.

There is no effective drug treatment for equine influenza and good nursing whilst the horse recovers is all that can usually be done. Sometimes the lining of the respiratory system will be damaged by the 'flu virus and will be susceptible to a secondary bacterial infection causing pneumonia for example. For this reason antibiotics are sometimes prescribed to prevent this, although they have no effect on the 'flu virus itself. Obviously no work should be performed whilst a horse is suffering from equine influenza and it is wise to keep them in as dust free an environment as possible to prevent the development of RAO (or COPD as it used to be called).

The best way to limit the spread of equine influenza is to keep your horse regularly vaccinated. Although this is not guaranteed to stop the disease completely it will decrease the chances of contracting it and decrease its severity. We have recently changed the type of vaccine that we use at the Arundel Equine Hospital to take advantage of recent developments in vaccine technology. In order to prevent any vaccine causing disease in the patient it must be unable to replicate within

the host and cause disease. Most vaccines contain inactivated virus that is unable to replicate. Our new vaccine, Proteq-Flu, is a recombinant vaccine, it contains elements of the equine influenza linked to a virus that causes canarypox. This virus is unable to replicate within the horses cells as they are not the normal host but is presented to them as a virus more closely mimicking the natural presentation of 'flu. This should induce an immune response more prepared for any potential threat.

If you are competing your horse then there is usually a fixed protocol for when the vaccines should be administered. The most common of these is the Jockey Club rules which are as follows:

- 1st vaccination (Day 0)
- 2nd vaccination: 21-92 days after the first injection
- 3rd vaccination: 150-215 days after the second injection
- Annual vaccination: Can be given six months early, can be given on anniversary of previous vaccination but not one day over.
- FEI vaccination rules differ from this so call the practice if you have any queries.

## Microchipping

There have been many reports recently in the press about the theft of horses in the South of England, possibly by steal-to-order gangs. Microchipping is a convenient way to help safeguard against this threat and uniquely identify your horse as yours. Microchips are about the size of a grain of rice and are inserted in a ligament in the neck where they are tamper proof and can be read with hand held scanner carried by vets, the RSPCA and the police, allowing the rightful owner to be contacted in the case of horses being found. This is not only useful in cases of theft but also for escaped horses found on the road, this was shown recently in finding an escaped horse and checking the microchip to find that it had been inserted by us allowing us to contact the owner directly.

All microchips numbers are stored in a central database allowing you to be contacted even if you move to a different part of the country.

In addition new EU legislation requires all horses being issued with a passport for the first time to be microchipped from 1st July 2009.

In an attempt to increase the numbers of horses that are microchipped we have recently reduced our microchipping fee to £25 + VAT and also offer discounts when groups of horses are microchipped together. Call the practice if you would like to arrange for your horse to be microchipped and to find out the discounts available for groups.

## Harry Hawkins Incineration Services

Due to the current economic climate and a significant number of people failing to settle their accounts with Mr Hawkins they have issued instructions that they "will only conduct disposal and cremation services with payment prior to collection (cash or cards, no cheques)."

We appreciate that this will cause added stress at an already difficult time however, this move has been necessary to reduce the number of individuals failing to settle their accounts.

## Prescription Charge

For the past three years the Competition Commission has obliged all Veterinary Practices to provide written prescriptions to clients on request free of charge. From the 31st October 2008 this restriction will be lifted.

From the 1st November 2008 we will be charging £10 + VAT for a written prescription. You will appreciate we need to charge this to cover the cost of the Veterinary Surgeon's time to check records and confirm that the medication requested is still appropriate for your horse and issuing of the prescription. We feel this is a reasonable charge for the time and responsibility involved and it compares favourably with the charge levied by local doctor's surgeries for issuing private prescriptions.

We trust that you will understand that we can no longer provide a service free of charge when such service bears a cost to the practice. If you have any queries please don't hesitate to contact us.