

Equine Newsletter – June 2010

LAMINITIS AND WOUNDS IN THE HORSE, PONY AND DONKEY

*AN EVENING WITH DEREK KNOTTENBELT
FROM LIVERPOOL UNIVERSITY
VETERINARY SCHOOL*

We are thrilled that Professor Derek Knottenbelt has agreed to come and talk to our clients and their friends about these two topics. Laminitis is a particularly topical subject at this time of year and we have seen a worrying number of cases over the past few weeks.

Wounds always cause much worry for an owner, particularly when they first happen.

Derek is a hugely respected vet in this country and abroad and gives lectures to the public and vets worldwide. His style is extremely entertaining and will appeal to professionals and the horse owning public alike. We are honoured that he should come and speak at The Millstones, Skipton Road on the 21st June at 7.30 pm.

You, your friends, and anyone else you think might be interested, are most warmly invited to this entertaining and informative evening. Derek is not charging for the two talks and therefore we ask that you make a charitable donation on the night. Your donation will be split between SPANA Disabled Riding Centre in Bamako, Mali (Derek's choice) and the local charity Follifoot Disabled Riding Group. We

are indebted to Intervet Schering Plough who are most kindly sponsoring the event.

If you would like to come please ring or email the surgery and let us know numbers attending.

STRANGLES

IDENTIFICATION OF CARRIER ANIMALS.

Some horses are carriers of Strangles meaning that they are infected with the disease but do not show any signs of it. These animals can be a source of infection to susceptible individuals. Strangles may occur in horses of any age and severe infections may result in death.

Outbreaks of Strangles typically occur with movement of horses and mixing of groups that contain one or more carriers. Therefore, identification and treatment of carriers eliminates potentially infectious horses and significantly reduces the probability of Strangles outbreaks.

Where does the Strangles bacterium live?

It is most commonly found in the Guttural Pouch of the horse. Infection does not always resolve spontaneously and untreated carrier animals can remain a source of infection for five years.

When should you test for carrier animals?

1. Testing of individuals prior to introduction to a yard can significantly reduce the probability of Strangles outbreaks. New arrivals should be kept in quarantine until

testing is complete and infection has been ruled out.

2. Following an outbreak of Strangles the best time to detect carriers is a minimum of THIRTY days after the last clinical signs are seen, as most horses cease to be infective within this time.

Detection of carrier animals is NOT useful unless horse owners are able to commit to proceed with either permanent isolation of the carrier or more preferably, treatment and follow up testing to demonstrate elimination of infection and, hence, 'carrier free' status

Tests for Strangles

1. In animals showing typical clinical signs of Strangles i.e. a yellow nasal discharge, diagnosis can be confirmed from a swab of the pus.
2. At least 30 days after an outbreak horses that showed clinical signs should be tested in order to establish their infection status. Samples should be taken from the Guttural Pouches and nasopharynx at the same time – using an endoscope and long nasopharyngeal swabs.
3. In animals that have no clinical signs and need to be screened (for example, prior to introduction onto a new yard) and also at the end of a Strangles outbreak (at least 30 days after) and ONLY in the horses that showed no clinical signs, these animals can be blood tested. If any of them are positive they should then have endoscopy and nasopharyngeal swabs to determine if they are true carriers.

None of these procedures hurt the horse and often no sedative is required.

Treatment

All horses which show a positive culture from a swab or from endoscopic sampling of the guttural pouches should be isolated from other horses.

The most effective treatment comprises:

1. Removal of material harbouring infection – usually by endoscopic flushing of the guttural pouches and grasping and removal from the guttural pouches of concretions of pus.
2. Instillation of topical antibiotic – endoscopically.
3. A 7 day course of antibiotics by injection
4. Repeat endoscopy and nasopharyngeal swab testing to confirm absence of infection 30 days after treatment.

RCVS ACCREDITATION

We are thrilled to announce that we have achieved Royal College of Veterinary Surgeons Accreditation recently. This is a voluntary quality assurance programme.

We passed a rigorous inspection by The Royal College which looked at all areas of our veterinary practice including hygiene, the facilities and equipment provided, the correct use and storage of drugs and the continuing education of staff including vets. The Equine service, Farm service and Companion Animal service were all individually inspected.

As an accredited practice we agree to be inspected every four years, must certify annually that we continue to meet the scheme's standards and expect to be subjected to 'spot-checks' between full inspections.

RCVS accreditation means

- Peace of mind for you
- Quality care for your animals
- Regular inspections for the practice

Not all practices are accredited. We are one of two in the area that are! As a client of an RCVS Accredited practice you can rest assured of a high quality of care throughout the practice.