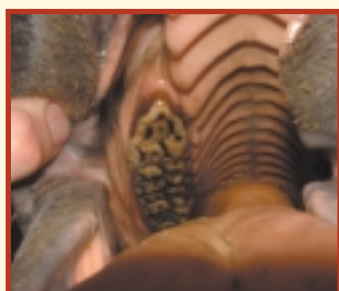


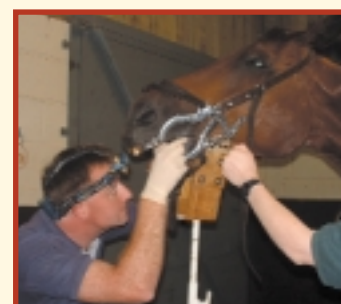


Teeth



The majority of you have your horse's teeth rasped. At least occasional tooth rasping is important for the welfare of horse and ponies. Regular rasping, either 6 months or annual, is important for optimal performance e.g. dressage or jumping and may be necessary if the horse or pony's teeth have even mild abnormalities. We often rasp or check your horse or pony's teeth at annual vaccination. Or we attend the yard to rasp several at a time. All our vets are experienced dental practitioners and have attended courses on dentistry. We can also use the opportunity to discuss diet, management and other health issues you may have. We pride ourselves that we rasp the teeth of over 50% of our patients and our prices are competitive. Many of you use Equine Dental Technicians to rasp teeth. Many of these are very competent and qualified. There is currently a scheme in the UK to register EDTs. It is

planned that they will eventually all be trained, examined and regulated within their own organisation. We work with at least 10 EDTs locally e.g. for sedation. It is likely in the future that we will only be able to work with UK registered EDTs. If you are concerned about credentials, it would be a good idea to ask your EDT about their insurance (sadly accidents do happen to all of us). Cooperation between EDTs and vets should always be in the best interests of the patient – differences of opinion on over-rasping and under-rasping are just that!



Team Kit

You may have seen the vets and practice staff in embroidered polo shirts, fleeces and jackets. This is our attempt at practice identity, uniformity and to encourage me (Ben) to smarten up – although the polo shirts still require



ironing. Due to popular request polo shirts and fleeces are available for the discerning, fashionable client. Contrary to popular request, we are charging for these items, albeit cost price (hopefully it will keep demand down too, I believe a move into the clothing retail sector would be unwise in the current consumer climate). Polo shirts (now embroidered front and back) and fleeces are available from the office, £7.50 and £12.50 respectively.

Insurance

Many of our patients are insured. Horse insurance is very reassuring if there is illness or injury, and repeat veterinary attendance or a trip to the clinic or hospital is necessary. The frequency of claims and their continuation is concerning the insurance companies. They are therefore enforcing exclusions, maximums and time limits. They also require to be informed of any potential claim soon after the vet has attended and claims to be submitted promptly. Some companies require annual health declarations and all companies ask us (and you), when claiming, whether similar or related problems have previously occurred.

We are more than happy to help you with your insurance claim. However, we cannot handle your claim for you as we are not Brokers and we are not regulated by the Financial Services Authority.

We do not charge for filling in insurance claim forms. However, we do charge if more information (reports) is required or if you request an exclusion removal report. We do expect excesses to be paid to the practice and we never participate in fraudulent claims, despite occasional requests.

RCVS Practice Standards



You may have seen this logo on our last newsletter. The Royal College of Veterinary Surgeons, our governing body, launched the Practice Standards Scheme in January 2005. This has three levels: Tier 1 – for basic and small practices, Tier 2 – for general practices, Tier 3 – for hospitals. The Scheme incorporated existing small animal schemes. Mayes and Scrine Equine Veterinary Practice became one of the first equine practices to join the Scheme. We underwent a four-hour, 94 point inspection in March and passed with commendation. As a Tier 2 practice we have proven we have facilities to veterinary nurse teaching level. The Scheme looks at employment practices, training, clinical governance, facilities, management systems, equipment and, of course, Health and Safety. Ben presented at the recent BVA Congress on the impact of the scheme on the practice. The RCVS now identifies practices which have joined the Scheme in its practice directories and its "find a vet" service. Their website is www.rcvs.org.uk.

Mayes & Scrine

Equine Veterinary Practice

Newsletter: November 2005 Issue 3

In this issue:

- Autumn Talk - 15th November
- Welcome to New Vet
- Passport update
- FAQ of the summer
- Vaccination
- Teeth
- Insurance
- Team Kit
- Cushings's Disease
- RCVS Practice Standards

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



Welcome Back!

We've reached our third edition – the quarterly newsletter's here to stay (albeit not quite quarterly!). Judging from our feedback, many of you enjoy it and have found it useful.

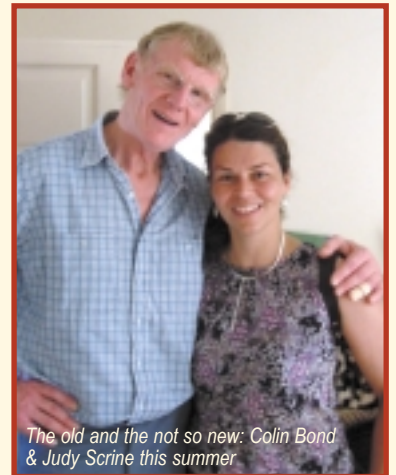
We send it out to all the clients (invoice addresses) we have seen in the previous year: that's over a thousand addresses. We try to get copies out to yards, grooms and other interested parties – if there's anyone you know who would like a copy, let us know and we'd be more than happy to send them one. Also, if you run or know of a yard, tack shop, riding club or forthcoming show we would be delighted to provide a stash for distribution.

Again, it's been a busy few months: with a resurgence of colics, pus in the foot, laminitis and sweet itch as autumn gets going. At the beginning of September we welcomed Anna Hammond, our new vet, to the Practice – more inside. We had a trade stand at Cranleigh Show in August. Many of you came to see us for a glass of Pimms and a chat – it was a very social event. We may do a similar thing next year, but we will have a summer social function at the practice as well.

Don't forget our autumn talk on Tuesday, 15th November – short notice, so you won't! We would like to thank Hurtwood Park Polo Club for hosting this event.

Finally, just in case, the next Newsletter's a little late: *Merry Christmas!*

Ben Mayes - Editor



The old and the not so new: Colin Bond & Judy Scrine this summer

Autumn Talk: Tuesday 15th November

The next meeting, **very soon** (provides a deadline to write the newsletter), will be at the clubhouse, Hurtwood Park Polo Club, Ewhurst on Tuesday 15th November at 8pm. The bar will be open. Anna will present on "Coughs, Snots and RAO" (RAO is the new title for COPD). Fiona Doubleday, a local Chartered Physiotherapist specialising in horses will talk on her work and Claire Jeffs, our in-patient and pharmacy nurse, will present slides from her recent trip to Gambia with the local charity The Gambia Horse and Donkey Trust.



The practice now has established twice-yearly talks. We hope you have found and will find these informative and enjoyable, any feedback is always appreciated. We look forward to seeing you there. If you know you are coming, please let us know, and call the office if you need directions.

Welcome to Anna Hammond: Our New Vet

We are very excited that Anna has joined us. Anna is very experienced, having been an equine vet for over 10 years. After qualifying from Edinburgh, Anna worked at the Liphook Equine Hospital for two years in the mid 90s. Since then she has worked in equine practice in the UK, Australia and New Zealand. Anna has just completed a three-year tenure at the Royal Veterinary College, gaining a post-graduate Certificate in Equine Internal Medicine. Anna and her husband, Richard, also a vet (working for Pfizer), have moved to the area with their daughter, Maggie.

Anna's recruitment to the practice was mutual: with her tenure at the RVC and her family moving down here, she was keen to return to equine general practice and approached us about a position. Meanwhile, Ben, Judy and Laurence have been getting busier and busier, as the practice continues to take on more horses within the locality.

Anna brings experience, expertise and up-to-date knowledge to Mayes and Scrine Equine Vets. We pride ourselves on our comprehensive patient care and client commitment. Anna's skills can only enhance this service.





Laurence writes... on Cushing's Disease

I'm sure we all know an elderly pony with a long curly coat who has been diagnosed with Cushing's. In recent years Cushing's Disease has certainly been seen with increasing frequency (probably because ponies and horses are now living longer due to better management) and we felt it was time to run through a few of the facts about the condition.



A pony with Cushing's Disease

Cushing's affects ponies much more frequently than horses, is almost exclusively seen in animals over the age of 15 and its prevalence increases with age. In fact it has been suggested that Cushing's is a normal ageing change and that all horses would develop Cushing's if they lived long enough.

The clinical signs of Cushing's disease result from an overproduction of the body's natural steroid, cortisol, by a gland that sits next to the kidney called the adrenal. The production of cortisol is normally regulated by hormones released from a part of the brain called the pituitary gland. Release of hormones by this gland are in turn inhibited by a chemical called dopamine (stay with me now, this section allows you to understand the treatment we use). During Cushing's disease there is a decrease in the inhibition by dopamine, allowing the pituitary gland to enlarge and produce more hormones, which in turn leads to an increased production of cortisol by the adrenal.

The clinical signs are often vague and non-specific but can include:

1. Weight loss, most obviously through the saddle region and the quarters, usually accompanied by a pot-belly
2. Lethargy
3. A long, curly coat which is not shed in summer
4. Excessive sweating, compounded by the long hair coat
5. Increased drinking and urination
6. Recurrent infections, especially dental, respiratory and foot abscesses
7. Laminitis

It should be emphasised that not all horses with Cushing's will have all of these signs at the same time. If we are concerned that your pony has Cushing's disease but the signs alone are not conclusive we may need to perform further tests. The simplest tests involve taking a blood sample to look at specific hormones such as insulin, cortisol or ACTH (adrenocorticotrophic hormone – one of the hormones released by the pituitary). The same blood sample can also be used to check the general health of your pony. These hormone tests often do not prove Cushing's disease is present but can give some strong clues. The most accurate test we use is called the *low dose dexamethasone suppression test* and involves taking a blood sample, immediately giving a steroid injection and then taking a further blood sample the next day. Giving any horse a steroid injection carries a small risk of causing laminitis, but this is rarely seen. Unfortunately this test is not 100% accurate either, and a negative result does not completely rule out Cushing's. The particular test we employ depends on the precise situation, and there are a number of other choices we can consider but that would be a whole article in itself.

Having diagnosed Cushing's disease we must then all decide on the best course of action. Often simple management changes can address the main symptoms, so let's go through the above list of signs and their treatment.

1. The diet can be altered to increase the protein and energy content to help with weight loss. This must be done carefully so that we do not risk inducing laminitis. Because of the ongoing nature of this condition it is unlikely that diet alone will ever replace all of the wasted muscle.
2. Lethargy may be improved by the other management changes
3. The coat should be clipped out which will make the pony more comfortable and...
4. Decrease the sweating
5. Increased drinking and urination is not a problem to your pony, unfortunately the extra mucking out may be to your back!
6. Regular dental care and vaccination can help minimise infections. Careful, frequent foot trimming will decrease the incidence

of foot abscesses. We can also advise you on treatment programmes for worms and external parasites, which often contribute to the general malaise caused by Cushing's.

7. Laminitis in ponies with Cushing's is much more serious than a standard grass-induced episode of laminitis. Specific medical treatment of Cushing's is required in this situation if we are to have a chance of beating this problem.



After treatment

If management changes alone have not controlled the disease adequately we may need to use drugs to treat the condition. Treatment will be lifelong, is fairly expensive and will improve the clinical signs but not eliminate the disease. The most common drug that we use is called pergolide. This drug increases dopamine production, hence decreasing the production of cortisol-producing hormones from the pituitary. It takes about 3 weeks to start seeing an improvement in the hair coat and urine production and in each individual it can take time to find the optimum dose. There are other medications that we can use in certain circumstances (bromocriptine, trilostane, metapyrone and cyproheptadine) that all have slightly different mechanisms of action to pergolide.

Although Cushing's is a progressive disease, with the above management changes many ponies continue to have an excellent quality of life for several years. Complications such as recurrent infections or laminitis may eventually occur and can necessitate euthanasia. If you have any queries or concerns relating to this article, please call or email the practice and ask to speak to one of the vets.



Passport Update

The DEFRA passport scheme is definitely up and running. We now assume all our patients have up-to-date passports. This means the horse/pony/donkey is registered with the passport issuing authority in the current owner's name and that the passport has a Section IX Medical Treatment Section.

We also assume that the Section IX Medical Treatment Section Part A has been signed by the owner to state that they do **not** intend the equine to be used for human consumption. Please note, this does not have to be countersigned by the competent authority unless the animal is going abroad. If the

Section IX (Medical Treatment) has been signed in this way, that is all that needs to be done.

If Section IX is not signed, then YOU (the owner or their representative) are responsible for recording all drugs used on the animal. A list of the drugs we have used/supplied is listed on your monthly invoice under each horse's name.

There have been a couple of incidences of clients wishing to subsequently register with their breed society (e.g. for breeding) when they already have a non-breed "agency"

passport. This is possible, but the agency passport must be rescinded.

If the equine sadly dies, the issuing authority must be informed. This is responsibility of the owner (or their representative), it cannot be done by the vet or the slaughterer.

In summary, if you have a passport, please ensure it is in your name and has a SIGNED Section IX. If you don't I would strongly urge you to get one. DEFRA have been seen in this area doing spot checks at shows, events and yards. When travelling, please also take your passport with you. It may save a lot of hassle.

Vaccination

The majority of you vaccinate your horse or pony. Here's a few pointers:

- Equine Influenza vaccine is a requirement of many competitive organisations e.g. BSJA, British Eventing, Showing, Jockey Club. Also it's a requirement at certain levels e.g. area Pony Club and Riding Club competitions. Many livery yards and riding establishments require it as well.
- The "Jockey Club" rules are followed by these competitive organizations. A primary course consists of two jabs 3 weeks to 3 months apart (21 to 90 days) and a third jab 5 to 7 months later (150 to 215 days). Then an annual booster, which must be done in under a year (even one day over is "out of date").
- FEI rules for international competition, including certain levels of eventing and showjumping in the UK, require 'flu boosters every 6 months (14 days either side).

- Influenza vaccine is regularly updated with new strains, the latest is the South African 2003 strain.
- Tetanus vaccination can be done separately or combined with 'flu. After a primary course it only needs boosting every couple of years. Tetanus antitoxin provides short term cover from tetanus (it is an antiserum, not a vaccine) and can be given to unvaccinated injured horses, foals or colts when they are castrated.
- Equine Herpes Virus (type 1 and 4) vaccine provides protection against these common respiratory viruses that can also cause abortion and, rarely, a paralytic disease. It is unclear how much protection vaccine provides against paralysis, but it is assumed there is some. EHV1,4 vaccine requires 6 monthly boosters.
- Strangles vaccine has recently become available, but remains controversial. The vaccine is given in the lip and can cause local reaction and often makes the horse

or pony "off colour" for a few days. It can reactivate field strains of Strep. equi, causing Strangles, in carriers (up to 10% of horses). Reactivated field strains are contagious. To provide any protection, at least 70% of the yard must be vaccinated and boosters must be given every 6 months (3 months if high risk).

- Most of our clients vaccinate for 'flu and tetanus. Many livery yards require this level of cover. Larger yards require EHV vaccination and some require Strangles vaccination (although none where we are the "yard vet").
- We operate a computerised reminder system and send out postal reminders to the invoice address in good time before a vaccine is due. This applies whatever the stage of the course. Our system is 99.9% accurate. Sadly, this means vaccines still get missed. I stress that keeping vaccines up-to-date, especially in competition horses, is ultimately the responsibility of the owner.

FAQ of the summer:

My grey horse in his late teens had Fly Strike in his sheath. Is this common?

Fly strike is relatively uncommon, but it is on the increase in horses/ponies in this area. We see less than ten cases a year. The most common site is inside a gelding's sheath. The owner who asked the question has a grey and she was concerned that melanomas inside the sheath may attract the flies. This is certainly possible, although a predisposition to greys is not borne out in my experience of cases: the flies are normally attracted to dried blood/infected wounds/necrotic (dead) tissue. For example, several days old wounds or thrush in the frog as well as up the sheath. Fly strike of the sheath should be considered in any older horse or pony showing itching, restlessness, out of character behaviour and even colic (kicking belly/swishing tail, but not rolling/sweating or blowing). Veterinary treatment is required. Regular sheath cleaning of an average gelding is not usually necessary. If you must clean up the sheath use a simple soap, not a disinfectant. Frequent cleaning will destroy the normal bacteria. Over-cleaning may lead to us having to use a gelding bacterial sheath broth to repopulate the area with the "good" bacteria.