



Paying the vet promptly

We try to do our best for our patients and clients. We consider that we provide a prompt, reliable service with 24-hour emergency rapid attendance and excellent customer care. In return we appreciate prompt payment. We send out accounts at the end of every month. Each invoice is checked, but if you have a query, just call. We do not have a "prompt payment discount", our experience is that it can lead to confusion (e.g. crossing in the post and insured cases). Instead we charge fairly and appropriately. We appreciate that the odd invoice is lost or forgotten, or that you have been away. We send reminders the following month. However, if you have not paid by then or you have not "got round" to getting an insurance claim form to us, we will ring you up; and start charging you interest; and become wary of providing anything but emergency work. So, if you are dissatisfied with the service we provide, please do not hesitate in letting us know – so we can address the problem and improve our service. Otherwise, please pay promptly.

Basic Fee Structure – excluding VAT

Visit fees:	£17-£40, according to distance from practice (shared between owners of horses seen)
Initial Consultation Fee:	£27.50 Consultation/examination fee thereafter, charge according to time: (£8.50 - £27.50)
Teeth rasping (routine):	£25
Flu + tetanus vaccination:	£27.50
Saturday morning (pre arranged call):	Normal visit + £10
Out of hours calls:	Normal visit + £30
Pharmacy and Supplies:	List available, "Top Ten" on display

How do vets keep up-to-date?

Equine Veterinary Medicine is a young and rapidly growing science. All the vets are members of the British Equine Veterinary Association (BEVA). We receive (and read) several equine veterinary journals e.g. EVJ and EVE, as well as general veterinary journals – the "Vet Record" and the "Vet Times". The practice has its own library of up-to-date books. There are also secure on-line journals and discussion services. Each vet attends a minimum of one week's courses a year: and all of us usually do a lot more. For example, Anna and Judy went on a Ophthalmology course in November, whilst Laurence and Ben went on a Breeding/AI update course in the same month and Anna and Ben went on a frozen semen AI day in February. Anna regularly attends European College of Equine Medicine seminars. Rarely a month goes by without one of the vets attending a day meeting, evening meeting or conference. Claire, our lay nurse, also attends courses: this year she has attended a course on lab work and will be going on an AI nursing day. If a client has a query about something they have read e.g. in the press or on the web, we will endeavour to investigate it and give an informed opinion.

For the benefit of all our patients and clients we are always seeking to extend our knowledge.

Breeding - Update

We have had a very successful breeding season, with 80% of our AI mares pregnant. This includes fresh and frozen semen, but mainly chilled semen from the UK and the near continent. Our natural covering studs have had similarly successful results. Such pregnancy rates are even more pleasing when one considers the type of horses we deal with; often "hobby" and aged mares,

which are not always the most fertile. 60% of these mares took on the first insemination. Several "problem" mares became pregnant with intensive veterinary intervention. However, there are a couple of owners out there who have had a disappointing season and I hope they hold on for next year.



Sweet Itch tips

I consider sweet itch, along with laminitis, one of the major preventable welfare issues facing our equine population. The use of Boett rugs, copious applicants such as Switch, diluted benzyl benzoate, Avon SSS etc (although beware toxicity with some of these) and careful management is essential. In farm yards with standing water in underground old slurry tanks, drains or under stables please be aware that Sweet Itch can be an all year round problem. The Sweet Itch vaccine trials have been very successful amongst ponies in our practice this year -see www.sweet-itch.co.uk.

Mayes & Scrine

Equine Veterinary Practice

Newsletter: Aug 2006 *Issue 5*

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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.

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Practice News

Finally the Summer Edition has arrived. As usual, I apologise for the delay. My excuse this time is the arrival of Catherine and Ben's new baby Darcey Annabel, a sister for the boys, Jude (6) and Archie (4). This is also my excuse for my failure to get the website going yet.....all I can say is that I'm on the case.

Well, the summer heat has brought many problems. Much of the hard-ground lameness has been non-specific, e.g. jarring up and multiple-limb stiffness. Our patients have also suffered swollen legs, eye infections and skin conditions. There was the usual laminitis outbreak in early summer amongst the native ponies, Arabs and other crested beasts. As I write we are getting a trickle of the "August mini-flush" laminitis cases, so beware and remember the number of new cases peaks in October. There's more local epidemiological news in the Update section!

Anna Hammond went on maternity leave at the end of July; sadly she could hide it no longer. We wish Anna, Richard and Mags all the best for the imminent arrival of the baby boy (no we didn't do the scan here).

The Spring and Autumn talks are now established events on the practice calendar. The Spring Talk held at Hurtwood Polo Club, with presentations on emergencies, colic and laminitis by Judy, Anna and Laurence respectively, was a massive success with well over 100 people attending; microphones next time.

Fund Raising Ball

Our local equine charity, The Gambia Horse and Donkey Trust, have a fund raising Ball coming up (see the advert to the right). Some of us will be attending, it would be great to see you if you want to get a table up and come along too.

End of Summer Event

You are cordially invited to join us on
Sunday 10th September 2006, 12 - 4pm,
for a Hog Roast, Jazz Band, Exhibition
and Bouncy Castle at the Practice.

Please contact the office by 4th September if you
intend to attend, all welcome.



Digital X-rays arrive at Mayes and Scrine

Partners invest in Kodak CR500 Computerised Radiography System

Just as a large amount of you will have recently changed over to digital cameras and digital TVs, we have gone digital with our x-rays.

Producing an x-ray is essentially the same as producing a photo with 35mm film but using x-rays instead of light. The traditional way of taking x-rays involves exposing a film within a cassette to an x-ray beam. This produces a latent image on the film, which is then processed through developing and fixing fluids to produce a classic x-ray which can be held up to a light.

The system we are now using has exactly the same x-ray machine to produce the beam, but the film within the cassette has been replaced by an image plate. This is then scanned into a machine to produce an analogue image which is then converted into a digital picture. The image can then be viewed directly on a computer screen. (Technically this is a "computed" radiograph rather than a strictly "digital" one).

So what are the benefits to you?

As everything is becoming more computer oriented, having the radiographs in a digital form means they can easily be looked at on



any computer, we can make copies (including for the owner if they would like one) and can store them easily. In addition we have software on the computer that allows us to examine the image in much greater detail than a traditional x-ray. We can zoom in on areas of interest and change the contrast to help with reach an accurate diagnosis. If we require an expert opinion on the shots we can easily email the image to a specialist. Producing an image is quicker, as



developing time is faster, so examinations do not take as long. No nasty developing chemicals are involved. Less x-rays have to be taken as the software allows us to manipulate the image instead of having to take several exposures. This means both your horse and our team taking the pictures are exposed to less x-ray radiation whilst achieving excellent diagnostic images.

The cost of such a system is quite daunting for a small practice like ours. The plates alone are a significant expense. We currently have 14 plates, each of which has to be processed at the clinic before re-use. This is plenty for survey x-rays of one limb or for



most field lameness when the horse is unfit to travel. The exception would be for vetting x-rays, when insurers ask for a radiographic examination in which more than 20 images may be required. We would always recommend that pre-purchase x-rays are taken at the clinic anyway, so we can check that all the images are acceptable, e.g. to insurers or other interested parties, before the horse is bought or sold.

The new Kodak System, provided through BCF Technology, has already proved its worth on several occasions involving tricky cases. These include a fractured elbow x-rayed "in the field" (at a yard), a spiral fracture of a cannon bone (notorious for being missed in standard x-rays) as well as subtle degenerative joints. Owners can take CDs of their horses x-rays (with limited viewing software) home and surgeons can be sent digital images quickly if required. BCF have also provided us with a new highly portable Mini-Scan ultrasound machine, primarily for use in stud work.

Hopefully your horse or pony will never need x-raying, but we hope that with our new system our radiography service will be of the highest quality providing quick and accurate diagnosis.

FAQ: What is Equine Thrush?

Thrush is an anaerobic bacterial footrot infection affecting the soft part of hooved feet, e.g. the frog. It thrives in cracks and crevices. In bad cases it can lead to lymphangitis, lameness and sheared heels. It is so common that some yards consider it normal and often, in winter, it can only be controlled, not eliminated. The bugs can live in the soil and affects horses that stand around in wet mud. Wet bedding doesn't help, but is not the cause. Pick the feet out daily: twice daily in intensive management. Make sure the farrier trims the frogs well.

Use of Keratex Thrush Buster or 1% hydrogen peroxide a couple of times a week is usually adequate for control. This can be bought as 6% from us (98p/100ml) or a chemist, apply with a small syringe and/or an old toothbrush. Sometimes we need to provide antibiotic sprays (over the counter purple spray does not have antibiotic in it) or recommend dressing with "sugardine" (sugar soaked with Betadine). Obviously, in bad cases veterinary advice should be sort.



Fly Control – Update

As we march into August the fly season is truly upon us. The fly population exponentially increases as the summer progresses and each generation hatches out.



The horse fly emergence in early July has now relented. Fly strike, in unattended wounds, thrushy feet and aged geldings' sheaths, is now quite common, the latter often being confused with colic.

Fly repellents are just that, they can ease the number of flies on your horse or pony but do not eliminate them. The use of fly masks and fly rugs massively reduce the fly burden and we strongly recommend their use. Obviously they should be carefully fitted and regularly

checked, and do not go well with barbed-wire fencing. Keeping horses in during the day keeps the flies off too, but beware stables that get too hot in the afternoon!

Commercially available fly repellents vary massively in their effectiveness. If you have one that works for you, then stick with it. Some of the "natural" ingredients can be of dubious effect. Citronella, a traditional natural repellent is (allegedly) being withdrawn in the EU! Neme, lavender, ginger, garlic and tea are other commonly used natural agents. Kerosene (paraffin/aviation fuel), diluted one teaspoonful/gallon water and "frothed", is also an effective repellent. As with ALL products, patch test on a small area of the horse first to check that he/she does not react. Permethrins are effective chemical fly repellents. They are available commercially as Deosan Deosect, which is diluted and

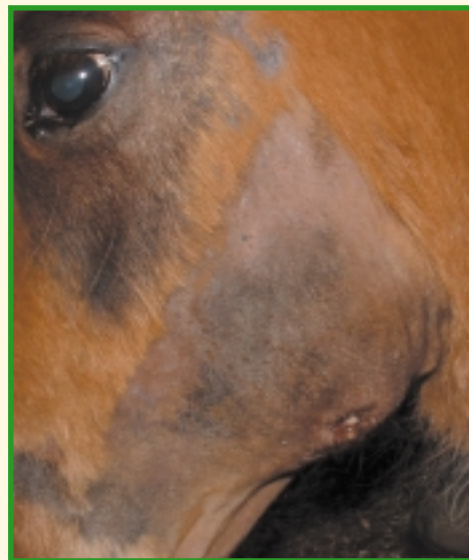
sprayed on fortnightly; Switch, a weekly pour-on, and Cooper's Fly Repellant Plus, which is a daily applicant (and much more dilute). All of these are available from us. Other products containing permethrins are available from horsey outlets. Some people use the permethrin-containing cattle ear tags in the mane, although we do not recommend this. D.E.E.T. is also an effective chemical repellent. It can be bought from chemists, e.g. Boots' Repel is 50% DEET and the roll on applicator is useful. 90% DEET is available from the sweet itch website.

Flies cause conjunctivitis, bite reactions, sheath infections and can carry disease. Did you know that sarcoids are caused by a fly-borne virus? - although the horse has to be genetically susceptible to getting sarcoids as well. Fly control will become more and more important as our summers get longer and warmer.

Strangles – Update

Several yards in Surrey and West Sussex have had the misfortune of Strangles outbreaks this year. Although Strangles is always around a new strain seems to have arrived in the last year or so and our population seems to be susceptible. Here are a few facts and tips:-

- Strep. Equi is rarely fatal (1%). It is a contagious upper respiratory tract infection causing inappetance, fever, snots, cough and occasionally abscesses in the throat. Rare complications such as Purpura or "bastard strangles" cause the fatalities.
- It is contagious by shared air space (next door stable), being coughed over, shared water or by handlers "carrying" the snot from one horse to another. It is not blown across fields by the wind.
- If there is a yard outbreak it should be voluntarily be quarantined. Infected horses should ideally be isolated from apparently unaffected ones, although the latter should not leave the premises. This means no shows, going out etc for weeks or even months.
- Veterinary advice for all involved should be sought, e.g. a yard meeting. See www.hblb.org.uk for the equine industry Codes of Practice. No laws, except welfare laws and export, apply to Strangles.
- The first signs are a temperature and a "sore throat", both causing inappetance. The disease can take up to 14 days to spread from one horse to another.
- Up to 10% of affected horses can become carriers, and can shed the bug for months after apparently getting better. This is how it spreads between yards.
- After an outbreak, ideally all "in-contact" equines should have three clean swabs taken over at least a fortnight to weed out carriers, which can then be treated.
- A Strangles vaccine is available. At least 70% of the horses in the yard must be vaccinated for effective control and it must be done at least every 6 months. If this is done, an outbreak is unlikely and any quarantine should only be for a short time. Reactions can occur when a horse is vaccinated, especially when the primary course is given.



- New horses to a yard should be monitored closely for signs of respiratory disease for the first 2 weeks and should be isolated if there is concern.

Although it is unlikely that your yard, whether private or livery, will experience an outbreak, I consider it important that such a scenario should be considered by the yard manager and the horse owners made aware of the yard policy. Should an outbreak occur, this may save considerable extra aggravation.