

## Practice News

### Email Communication

In an attempt to keep up with the times, we are going to try to make more communication by email for things like vaccination reminders, information about forthcoming events etc. Initially, at least, we will continue with paper copies as well, but if you would like to be added to the email list, please either phone the surgery on 01327 811007 or drop us a short email at [equine@towcester-vets.co.uk](mailto:equine@towcester-vets.co.uk)

### Congratulations!

Michelle Barber, the head nurse here at Plum Park has now passed her final exams and is officially a Registered Equine Veterinary Nurse (REVN). Many congratulations from us all.

### Pitter Patter of Tiny Feet!!

We are very excited and proud to let you know that Mike and Alice are expecting their first baby. The new addition to the Sheldon family is expected to arrive towards the beginning of August... we will keep you posted!



## PREVENTATIVE HEALTH CHECKS for the older horse and pony

Following on from Mike's client talk in December 2009 on 'The Geriatric Horse and Pony', the clinic is now offering a new Preventative Health Plan for older patients. Horses and ponies in their mid to late teens form a significant proportion of the equine population and are an important and much loved group with specific veterinary needs.

The health plan has four principle components. Firstly, a detailed clinical examination is carried out where all the important body systems are examined for specific signs of age-related disease. For example, subtle lameness due to osteoarthritis or chronic laminitis in cases with Cushing's Disease, may be dismissed as just 'stiffness' associated with old age (*figures 1 and 2*). With careful examination and discussion of management and treatment options, it is possible to dramatically improve the quality of life for these animals.



Fig 1



Fig 2

Figure 1 Radiograph of hock osteoarthritis  
Figure 2 Radiograph of laminitis case



Fig 3

Other examples of age-related problems that might go undetected include heart disease, ocular disease and very commonly, dental disease (*figure 3*).

The second component of the health plan is a discussion of the current feeding, worming and exercise programmes of the horse or pony. Colic is a common problem, which can often be fatal in the older horse.

Although the clinical signs associated with this are usually sudden in onset, a discussion of these aspects may highlight areas where management can be improved to reduce the risks of colic.

The third component of the plan is optional and provides the opportunity to have a blood sample taken and analysed. As well as screening for infections or generalised inflammation the analysis will test for common age-related problems such as liver disease. Additional analysis can be performed to test for low grade Cushing's disease and the potential risk of laminitis developing if the clinical examination is suggestive of these problems. Cushing's disease is a condition of insidious onset and the early signs can often be thought of as normal ageing changes, such as poor body condition, a thick coat and an increased susceptibility to infections (*figure 4*). Early recognition of the problem allows more appropriate management to be introduced and if warranted, medical treatment initiated.



Fig 4

The fourth and final component of the health plan is a written summary of the vet's findings and a professional interpretation of these. This will be sent out to you within 10 working days of the initial examination and will include the results of any blood tests taken, suggested modifications to current management to be implemented and treatment recommendations. As the horse/pony ages additional problems may arise and it is recommended that health plan examinations are conducted approximately every 12 to 18 months, depending on individual circumstances and initial findings. Some cases may require additional routine checks on specific conditions during this period.

**The examination and blood sampling can be done on the usual Free Zone Visit system providing the principle owner/carer of the horse or pony can be present at the allotted time. For further details of pricings please contact the Plum Park reception on 01327 811 007.**



Horse rolling with abdominal pain i.e. colic

The term 'colic' simply means abdominal pain. There are many causes of colic and signs range from very mild to violent.

### What are the symptoms?

A horse with colic will show varying signs depending on the cause of the colic, how long it has been present and the stoicism of the patient. Mild signs of colic include dullness, curling up of the top lip, adopting a 'straining to urinate' stance and lying quietly. Severe colic pain can cause a horse to roll and throw itself about in an uncontrolled and dangerous manner.

### What causes colic?

Colic can be due to something as simple as a gut 'spasm' resulting from a change in diet or routine i.e. a digestive upset or as serious as twisting of a part of the intestine with consequent strangulation of its blood supply. The more common causes include impaction (where the intestine becomes clogged with semi-digested food material), displacement of a segment of bowel from its normal position, torsion or twisting, strangulation through hernias or holes, strangulation by fatty tumours wrapping around them and other causes of obstruction.



Intestines of a horse with colic at laparotomy (abdominal surgery). The darker intestines have their blood supply damaged (strangulated)

### How is colic treated?

Different types of colic require different treatments, so an accurate diagnosis is the first step. Simple large colon impactions usually respond to treatment by lubrication with oil, salt and water given by stomach tube. Many cases respond quickly to analgesics (pain killers) such as 'Buscopan' (a muscle relaxant) and equipalazone ('bute'). Some cases require urgent aggressive treatment – either medical or surgical, if the horse's life is to be saved.

There are some colics that can only be treated by operating to correct the underlying problem.

### What should I do if my horse has colic?

Call your veterinary surgeon immediately and explain the signs. Persistent severe pain usually indicates a serious problem and an emergency situation. If possible, keep the horse walking but do not attempt to take the horse out of its stable if it is in uncontrollable pain. Remember that the key to success with colic is early diagnosis and treatment. It is better that the horse has recovered when the veterinary surgeon arrives rather than at 'death's door' after waiting too long before seeking help.

### How can a vet tell what is causing the colic?

In addition to straightforward clinical examinations of the horse's behaviour, attitude, temperature, pulse and respiratory rates and mucous membrane colour, veterinary investigations such as rectal examination, taking blood and peritoneal (abdominal) fluid samples, ultrasound scanning and passing a stomach tube can all give indications of the type and severity of the problem. It is not always easy to establish the exact problem and in some cases, surgery is needed to allow examination of the abdominal cavity (exploratory laparotomy) to pinpoint the abnormality as well as to allow correction or treatment. In many cases your veterinary surgeon will quickly determine whether your horse is 'surgical' or not, and recommend the appropriate action, which maybe referral to a specifically experienced veterinary clinic. In all cases, the earlier the decision can be made as to whether medical or surgical treatment is needed and that treatment is begun, the better the horse's chance of survival.

### Can I prevent my horse from getting colic?

To a certain extent – Yes. Regular worming to prevent damage to the intestine and its blood supply helps enormously. Keeping to a routine and avoiding sudden changes in management and feed type also helps. Horses and particularly their intestines are creatures of habit. Changes should be made gradually and carefully. Horses who are injured or having a break from exercise should not be bedded on straw. Many will eat their bedding and their large intestines will become impacted with this. This can be prevented by bedding them on shavings, paper or other non-edible materials. They should have unlimited access to drinking water and, if possible, some exercise. Nevertheless, some cases of colic are neither preventable nor predictable. You must be alert to any changes in your horse or pony's health.



Redworm larvae at root of intestinal arteries