

Staff news



We would like to welcome Claire Booth BVM&S CertEP MRCVS to our Veterinary team. Claire started in April and will be with us for a 6 month period before heading off to Australia in October.

Claire has worked as an equine vet for the last 7 years and has gained her certificate in Equine Practice.

Client Evening

Our client evening 'The Art & Science of Equine Lameness' held at Towcester Racecourse on the 18th March was a great success, attracting over two hundred guests. Cedric Chan's interactive talk was enjoyed by all and, as last year, the buffet didn't fail to impress.

Opening Hours

Monday to Friday:
8.30am – 6.00pm

Saturday:
9.00am – 12.00pm

At all other times during out of hours an equine vet will be available to answer incoming calls.

“Moody Mares” – could Granulosa Cell Tumour be the cause?



Picture 1. Mare standing in stocks clipped for laparoscopy.



Picture 2. Mare undergoing laparoscopic ovariectomy under standing sedation.

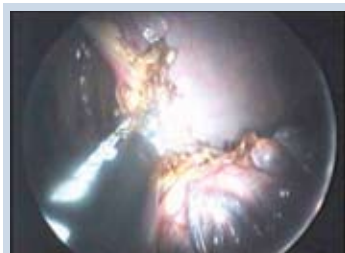
Granulosa cell tumour (GCT) is a benign tumour of the ovary which can occur in any age of mare. The highest frequency is in mares aged between 5 and 9 years.

Clinical signs vary but classically mares are reported to display stallion-like behaviour and aggression. This is because the tumour results in an increase in levels of testosterone in the bloodstream.

Due to this hormonal imbalance the mare will often also show

abnormal cyclic behaviour resulting in prolonged seasons or anoestrus (not coming into season at all).

Diagnosis can be made by ultrasonographic examination of the ovary which often shows an enlarged ovary with a classic honeycomb, cystic appearance. In most cases confirmation can be gained through a blood sample to detect hormonal imbalances caused by the tumour.



Picture 3. View of ovarian blood vessels as seen laparoscopically

Treatment of a GCT is removal of the affected ovary. After this the mare should return to normal cyclic activity and will stop displaying the behavioural abnormalities as the testosterone levels return to normal. Traditionally surgical removal of the ovary (ovarioectomy) was done under general anaesthesia via a large incision into the abdominal cavity. This surgery was associated with several potential complications including prolonged anaesthetic time and haemorrhage.

With the help of new technology ovariectomies can now be performed laparoscopically. This removes the need for general anaesthetic, as the entire procedure is carried out with the mare standing under sedation (*pictures 1&2*). Visualisation of the ovary to be removed and the surrounding blood vessels reduces the risk of post-op bleeding (*picture 3*). The keyhole approach to the ovary via the flank ensures only a small surgical wound and allows a more rapid return to normal work (*pictures 4&5*).

These pictures show Cedric Chan, our consultant surgeon, performing a laparoscopic ovariectomy at Towcester Equine Clinic (*picture 6*).



Picture 4. Affected ovary following laparoscopic removal



Picture 5. Surgery site post ovariectomy



Picture 6. Cedric performing a laparoscopic ovariectomy

Strangles

What is strangles?

Strangles is a bacterial infection of the respiratory tract (Bacterium *Streptococcus equi*) which only affects equids and is highly infectious. The infection is rarely fatal (1%) and is transmitted by direct and indirect contact (hands, clothes, water troughs). The incubation period for the infection is 4-14 days.

Signs of strangles

- Pyrexia (rectal temperature over 39 °C)
- Nasal discharge



- Anorexia & difficulty swallowing
- Soft, moist cough
- Lymph node enlargement – In rare cases enlargement can cause partial obstruction of airway, hence where the name comes from
- Lymph node abscessation, which normally rupture within 10-14 days

In most cases horses only show **some** of the previous signs. They usually mount a strong immune response and the infection resolves within 3-6 weeks.

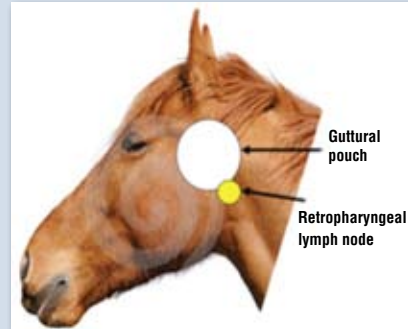
Rarely in immunocompromised individuals, further complications can occur, the disease spreads systemically to other areas of the body and becomes more serious 'Bastard Strangles'. Abscesses can occur throughout the body and can be fatal if vital organs are affected.

Diagnosis

The bacterial culture of *Streptococcus equi* (*S. equi*) from nasopharyngeal swabs and/or guttural pouch washes. Culture of the organism can be difficult but sensitivity can be improved by detecting *Strep equi* DNA by PCR analysis.

The carrier horse

Up to 10% of all horses which have had strangles can become carriers. This means they continue to shed the bacterium *Streptococcus equi* after clinical signs have resolved, and can be a source of infection to other horses for several years

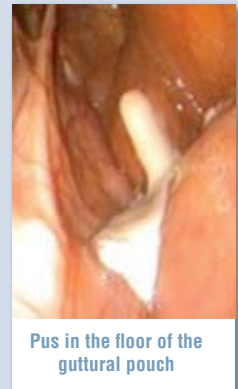


Why?

Rupture of the retropharyngeal lymph node abscesses into the guttural pouch can result in thickened pus permanently residing there.

A single nasopharyngeal swab may fail to identify a carrier horse, so it is advised by the Horserace Betting Levy Board (HBLB) that a series of 3 swabs are taken one week apart.

The endoscopic examination and the culture of guttural pouch washes is a more definitive way of identifying a carrier horse. Saline is flushed through the guttural pouches, collected and sent to an external laboratory for analysis.



Treatment of strangles is contentious and usually involves the use of Non-Steroidal Anti-inflammatory drugs (Phenylbutazone). Antibiotics are sometimes used if the diagnosis is made early enough. The lancing of abscesses may be required in certain circumstances to hasten the speed of clinical resolution. Carrier animals may require infusion of antibiotic directly into the guttural pouches.



Endoscopic examination

Management of outbreak

Management should be tailored to each individual yard. Clinical cases should be isolated and movement restriction of horses on and off the premises should be enforced along with strict hygiene measures. All in contact horses should have their rectal temperature measured twice daily. Any significant rise in rectal temperature should be treated with suspicion. Nasopharyngeal swabs and guttural pouch washes should be used as tools to determine when horses can be moved out of isolation.

Photographs courtesy of the Animal Health Trust (AHT)

If you have queries or would like detailed advice on a strangles outbreak at your yard please contact us.