



## Summer Newsletter 2016

Competition season is well and truly underway. We have loved hearing all the great results from our clients out and about on the various competition circuits. Don't forget to keep visiting our **Facebook Page** and **Website** to catch up on the latest news!

### Latest News

#### Congratulations Steffi and Charlie!

Our very own Steffi and 'Cider with Charlie' had a great day at The



Badminton Grassroots Championships this summer. They did tremendously well with a dressage score of 31.9, a clear show jumping round and had one frustrating



stop in the XC. It was great seeing the Kings Bounty Colours being taken over such an iconic, famous setting. Well done!



#### Free Cushing's Tests

'Talk about Laminitis' is back again this summer. We are able to offer **FREE ACTH Tests** to any horse/pony that has not previously been tested for Cushing's Disease. Visit the website for more information and to download a voucher code: [www.talkaboutlaminitis.co.uk](http://www.talkaboutlaminitis.co.uk)

### Up and Coming Events

#### Gastric Ulcer Client Awareness Evening

Keep an eye on our Facebook page and website for more information on this. The evening will mark the start of our Gastric Ulcer month that we will be running.

Kings Bounty Equine Practice will be hosting a stand at the **Hampshire Country Sports Day** at the end of the summer on **Sunday 11<sup>th</sup> September**. The day promises to be a great day out for everyone! Look out for the burgundy gazebo and come over to say hello and enjoy a glass of Prosecco!



We are all excited for the start of the Olympics on 5<sup>th</sup> August and will certainly be cheering on our British Equestrian Team! **Go Team GB!**



# Equine Liver Disease

*(Please visit the client downloads section of our website for more information on this)*

The liver is one the largest organs in the body, comprising approximately 1% of the horse's body weight. It is an extremely important organ with many vital functions. Despite having a capacity to regenerate, the liver is susceptible to injury and disease. Death of liver cells results in them being replaced with new liver cells or fibrous tissue. Replacement with fibrous tissue is a severe problem and carries a poor prognosis if wide spread, as liver function is compromised. Unfortunately, liver disease is difficult to diagnose in the early stages as signs of liver disease may not be evident until more than 60-80% of the liver is non-functional.

## Signs of Liver Disease:

- Depression
- Decreased appetite
- Jaundice – yellowing of skin, gums and whites of eyes
- Weight loss
- Colic
- Neurological signs – due to Hepatic Encephalopathy caused by build up of toxins, especially, ammonia.
- Photosensitization – Particularly non-pigmented skin → Reddened, inflamed, itchy skin
- Diarrhoea

*Horse grazing Ragwort contaminated pasture.*



## Diagnostic Tests

**Blood tests** can be carried out initially to look at liver enzymes and to look at liver function. If abnormal blood results are obtained, the liver can be evaluated with **ultrasound** to assess its size and structure. Not all the liver can be imaged however.

Obtaining a **liver biopsy** remains the 'gold standard'. This is because different causes of liver disease can lead to characteristic patterns that can be seen when the liver is assessed microscopically. Liver biopsies are performed under ultrasound guidance and it is advisable that at least 2 sites are sampled. Liver biopsy samples are sent off for evaluation. Bacterial cultures can also be run from the liver samples.

## Treatment

Different causes of liver disease will require different treatments. There are many different causes of liver disease/ failure:

1. **Toxic causes** e.g. Ragwort poisoning, Mycotoxins.
2. **Infectious causes** e.g. Cholangiohepatitis, Tyzzer's disease
3. **Inflammatory, Non-infectious causes** e.g. Chronic active hepatitis, Neoplasia, Granulomatous (disease)
4. **Metabolic causes** e.g. hepatic lipidosis, hyperammonaemia.
5. **Obstructive causes** e.g. biliary stones, Right dorsal colon displacements etc
6. **Unknown causes** e.g. Theiler's disease

Infectious causes will often require antibiotics. If non-septic inflammation is present, corticosteroids can be used. Supportive therapy includes: fluid therapy, dietary changes (low protein, high branched chain amino acid diet), liver support e.g. Milk thistle, SAM-e, Vitamin E.

If toxins are suspected as being the cause e.g. Mycotoxins, it is advised to remove the horse and herd mates from the pasture that they are grazing on, or remove the suspected feedstuff that contains the toxin. Tests can be performed on pastures/ feed stuffs to assess for toxins but it is often hard to diagnose. In these cases, herd mates should be blood tested as a screening method to see if they have been affected. *Prognosis* for horses with liver disease depends on the

stage at which liver disease has been diagnosed and the extent of liver damage.