



KINGS BOUNTY

EQUINE PRACTICE

Autumn 2020 Newsletter

Kings Bounty Practice Life

We hope everyone is managing to continue to stay safe and well. Thank goodness for our four legged companions who bring us so much joy during these crazy times! We thought you may appreciate a snippet of practice life as we know it at Kings Bounty these days! #AlfrescoMeetings!



A Warm Welcome to Emma!

Emma joined the practice in Spring 2020 as part of the administration team. Many of you may have already had a chat with her on the phone when calling the practice. Emma has a wealth of experience in both the equine industry and finance. She has ridden from a young age and trained for her BHSAI. Over the years, Emma worked for an Accountancy firm but upon discovering that she missed horses too much, she became a SJ groom in the USA for 2 years, travelling to all the major shows.



Since then, Emma has combined her experience working within the equine industry in retail, finance and office admin all whilst keeping her hand in grooming!

Emma spends her spare time on long country or coastal walks with her dog Dylan and socialising with friends and family.

Staff Spotlight with Practice Manager - Becky Mountfield



When did you join the practice?

I joined the team in Winter 2015

Best thing about working at KB?

Working with such an amazing supportive team of people

Particular interests in the job?

I thoroughly enjoy the financial side of my role along with the daily interaction with our great clients

Any Pets?

A 22 yo Hanoverian Mare 'Ginger' and 11 yrd massive Alaskan Malamute 'Dakota'

Any Hobbies?

Apart from the equine variety, I love skiing and scuba diving

Favourite place in the world?

Anywhere with decent ski slopes. My last trip was to Finland and I fell in love with it!

Favourite Food?

I have a very sweet tooth but also love a good curry!

Biggest Achievement outside of work?

Learning to pronounce

'Llanfairpwllgwyngyllgogerychwyrndrobwllllantysiliogogoch'!





The Facts About Atypical Myopathy

What is Atypical myopathy?

Atypical myopathy is a potentially fatal muscle disease in horses which mostly occurs in the autumn and spring, and is associated with horses eating sycamore seeds or seedlings.

Sycamore seeds and seedlings contain the toxin Hypoglycin A. When ingested, the toxin causes muscle damage and particularly affects the postural muscles (those that enable the horse to stand), the diaphragm (those muscles that facilitate breathing) and the heart muscle.

Could my horse be at risk?

Sycamore seeds appear in the autumn and are shaped like helicopters, which enable them to travel a long distance, especially in the wind.

Horses don't tend to find sycamore seeds very palatable but if your horse is grazing on poor quality pasture, they may be tempted to eat them.

Most cases will occur during the autumn when the seeds have dropped onto the pasture, or during spring due to sycamore seedlings which can also be high in Hypoglycin A.

Can I prevent the risk of Atypical myopathy?

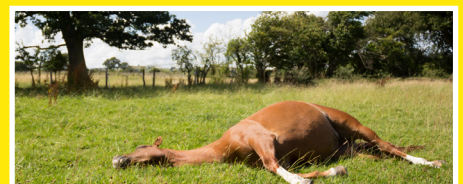
- Check fields carefully for sycamore leaves and seeds
- Keep horses away from areas where seeds are falling
- Fencing off areas where sycamore seeds and leaves have fallen
- Hoover-up/pick up sycamore seeds off the pasture
- Turning horses out for shorter periods
- Provide extra forage (hay or haylage), especially where pasture is poor or grazing is tight
- Reducing stocking density so there is plenty of good grazing for every horse
- Seedlings must be removed, mowing or using weed killer does not remove the toxin from the pasture and horses will eat the dead seedlings unknowingly

When a case is seen or suspected, then field mates should be removed from the pasture and blood tested to see whether they too have muscle damage and could be developing the disease.

Provision of antioxidants, B vitamins and amino acid supplements may be worthwhile in these cases. Unfortunately outbreaks of disease are common but many horses with only changes on their blood work will not show any clinical signs and will do well.

Signs that your horse may have Atypical myopathy:

- Muscle soreness
- Stiffness
- Muscle tremors
- Weakness
- Lethargy
- Fast/laboured breathing
- Reluctance to work
- Red or brown urine
- Choke
- Whinnying
- Head tossing or low head carriage
- Fast or irregular heart beat
- Sudden death



If you suspect your horse has atypical myopathy then call your vet immediately as intensive care will often be required. Even with treatment survival is quite low but is improved with intensive care.

Advice on Redworm and Tapeworm

Faecal worm egg counts enable us to understand which of our horses are passing the most eggs onto our pastures and therefore which need worming and which do not.

Redworm



Small redworms are one of the most common and usually do not cause harm except in young horses with a significant burden of larvae (immature worms). The small redworm larvae will hibernate (encyst) within the intestinal wall during the late autumn and winter. While encysted they cannot be detected on faecal worm egg counts. When these larvae mature and emerge from the gut wall they can cause a large amount of damage to the intestine leading to weight loss, colic, diarrhoea and may be life-threatening.

Strategic worming is becoming an essential part of horse husbandry alongside excellent pasture care (collecting manure regularly and co-grazing with cattle and sheep).

It is important to use faecal worm egg counts to monitor worm burdens through the year although it should be noted again that this test does not pick up encysted red worm (because they are immature worms in the wall, rather than adults releasing eggs into the ingesta) or tapeworm. Therefore the majority of horses will require a minimum of an annual wormer to treat tapeworm. If a young horse, or on particular sorts of management, it might be appropriate to treat for small redworm too - please talk to your vet about this.

Tapeworm



Appropriate treatment for tapeworm is an essential part of a deworming program as a heavy burden can lead to multiple different forms of colic. Depending on advice from your veterinary surgeon, your pasture management, access to particularly wet land and previous treatments, a suitable protocol can be made. As a minimum it is recommended to use a product that will kill tapeworm once a year although if the risk assessment indicates a high risk group then twice yearly might be required. The time of year is not dramatically important as there does not appear to be a seasonal peak, but treatment timing should be based on advice from your veterinary surgeon.

There are a number of horse wormers available on the market, which are not all able to treat redworm and tapeworm. It is therefore important to make sure you choose the right worming methods and products for your horse's circumstances by discussing your worming programme with your vet.

Please don't hesitate to contact us on 01420 520164 for some advice about worming your horse and the best way to reduce the risk of resistance to the wormers.



Sacroiliac Pain in Horses

The sacroiliac joints (SIJ) in the horse are the joints between the ventral (lower) aspect of the iliac wing (part of the pelvis) and the dorsal (upper) portion of the wing of the sacrum of the spine. They are involved in the propulsion of forces from the hindlimbs to the vertebral column and have multiple closely associated ligaments.

The sacroiliac joint region is a common area for pain in horses being a common contributor to poor performance and/or hind limb lameness. Pain can be associated with inflammation associated with the joint itself or with the surrounding ligaments. Sacroiliac joint region pain is often secondary to hind limb lameness. A study looking at SIJ pain in 296 horses found only 14.5% of these to SIJ pain alone, with the majority having a concurrent hindlimb lameness (Barstow and Dyson, 2015).



Clinical signs associated with SIJ pain vary widely and are often most noticeable when the horse is being ridden, emphasising the importance of the ridden assessment when performing lameness examinations. Signs are often most notable in the canter.



Signs can vary from mild to more severe and can include:

- Poor performance/ unwillingness to work or go forward
- Lack of propulsion
- A stiff and stilted gait, bunny hopping gait or changing of leads behind and a reluctance to canter
- Behavioural issues especially when being asked to work on the bit. Tightness through the back and refusing jumps or behaviour such as bucking or kicking out
- The farrier may also comment on the horse being more tricky to shoe behind as horse's with SIJ pain are often reluctant to fully weight bear through one limb when sore

Treatment of SIJ pain often includes medication of the area with anti-inflammatory drugs such as corticosteroids. Horse's that have had ongoing hind limb lameness issues such as suspensory ligament desmitis, hock pain, stifle pain etc are often prime candidates for this, due to the secondary SIJ pain.

Medication can be performed at the yard and we like to use an ultrasound guided technique.

Horses will also benefit from physiotherapy and a rehabilitation plan that can be tailored to your horse's individual needs.