KINGS BOUNTY
EQUINE PRACTICE

AUTUMN

Newsletter 2022

Team Spotlight with Bridey Shawyer MRCVS

Welcome to Bridey, the newest member to the Kings Bounty team!

When and where did you qualify?
I graduated from the University of Nottingham in 2022.

Have you got any animals?
Just a few! You'll probably see Nuala my miniature dachshund out on the road with me. My family also have a miniature horse stud which keeps us busy at home.

What do you like to do in your spare time?
I enjoy walking and baking. I also enjoy riding when I find the time and am currently on the hunt for my own horse.

When did you decide you wanted to be a vet?
I knew I wanted to work with animals from a very young age and seeing my own horses cared for by our vet inspired me to become an equine vet.

Autumn worming

We recommend performing faecal worm egg counts in autumn/ early winter to assess the roundworm burden of your horse and determine if treatment is required.
Depending on your horse's individual risk (age, management and worming history) we may also recommend testing for tapeworm.

It is not possible to assess the burden of encysted redworms from a worm egg count and so we recommend treating for encysted redworm following the first frost with a product effective against encysted cyathostomes (redworm) or if there is also a tapeworm burden then a combined product can be used.

Please contact the office to arrange worm egg count testing or if you would like a copy of our worming guide for further information.

PROJECTWORMS Tackling anthelmintic resistance

Unnecessarily worming without knowing if your horse actually needs it is creating a serious resistance to wormers.

We would really appreciate it if you could please take a few minutes to complete the following survey to help us gather information on how you control worms in your horses:

Horse owners/keepers: surveymonkey.co.uk/r/WORMSowner

Stud owners/managers: surveymonkey.co.uk/r/WORMSstud

The lameness work-up

One of the most common requests we receive from clients is to visit a lame horse. Lamenesses can range from the emergency (severe, non-weight bearing lameness) to more subtle performance limiting lameness.

A lameness examination consists of thorough history taking, palpation of the horse's neck, back, pelvis and limbs, and watching the horse move in hand at walk and trot. Flexion tests are often performed as well as moving the horse in tight circles and reversing. If appropriate and safe to do so, vets will request to see your horse lunged ideally on both a firm and soft surface. Again, if appropriate a ridden assessment will also be performed. Watching a horse move in a straight line, and on a circle, on both soft and hard surfaces, and under saddle gives a more complete picture of a lameness than simply watching them trot up.

For a thorough lameness assessment, it is useful to ensure the following:

- Access to a flat firm surface for the trot up
- We recommend a bridle is used to trot up horses especially in open areas or on roads
- Lunge line and safe area for lunging to be performed, ideally on both hard ground and in an arena or field
- Tack, helmet (and rider!) to enable a ridden assessment
- Ideally ensure your horse is not overdue shoeing as this may result in some foot soreness and affect a subtle lameness

Following initial assessment your vet will discuss their findings and options for diagnostic investigations which may include nerve blocks, joint blocks and diagnostic imaging eg radiography or ultrasound or referral for more specialist imaging including MRI and scintigraphy (bonescan).

Nerve blocks

What are nerve blocks?

Nerve blocks (diagnostic anaesthesia) work by injection of local anaesthetic around the nerves that supply different parts of the limb. This results in loss of sensation to the part of the limb below the injection and any source of pain is also numbed. It is often essential to start at the bottom of the limb and work upwards with sequential nerve blocks until the source of lameness is identified.

How does the vet know if the block has worked?

Following injection of the local anaesthetic, the skin sensation below the level of injection is checked. If the horse cannot feel pressure (usually applied with a pen or other blunt object), that is confirmation that the block has been successful in numbing that part of the leg.

What happens then?

Following each nerve block, the horse will be reassessed to see if the lameness has been abolished. This may be in hand, lunged or under saddle. Vets look for at least a 50% improvement and will then be able to identify the "zone" of the limb which the pain is coming from.
It may then be necessary to perform more specific blocks to further localise the pain by performing specific joint or tendon sheath blocks. Once the source of the lameness has been localised, specific diagnostic imaging can be performed in order for your vet to reach a diagnosis and formulate a treatment plan.

If you are concerned regarding lameness in your horse then please call our office to arrange an appointment

HEART MURMURS
JUST A NOISE?

A NORMAL HEART BEAT WILL SOUND LIKE:
LUB___DUB___LUB___DUB

What is a heart murmur?

Heart murmurs are heart sounds that are detected when listening to the horse's chest with a stethoscope.

A normal heart beat will sound like:
lub___dub___lub___dub

The lub is the first heart sound and corresponds to the top part of the heart (atria) contracting and dub is the second heart sound that corresponds to the bottom part of the heart (ventricles) contracting.

If a heart murmur is present then a 'shhh' sound may be heard before or after the first or second heart sound depending on the type of murmur e.g: lub_shhh_dub___lub_shhh_dub___

There are two types of murmurs. A functional/physiologic murmur is a heart murmur that is primarily due to physiologic conditions outside the heart, e.g. if the horse is dehydrated. Other types of murmurs are due to structural defects either from holes in the heart that allow blood to flow between heart chambers or from leaky valves that allow blood to flow backwards in the wrong direction.

Once a murmur has been detected then your vet will try and characterise it based on a number of factors. Firstly where the murmur occurs in the cardiac cycle, i.e. whether it is systolic (occurs when the heart is contracting between the lub and the dub) or diastolic (occurs when the heart is relaxing after the dub).

They are then graded 1-6 based on how loud they are:

Grade 1 - barely audible/just detectable.

Grade 2 - murmur is quieter than the normal heart sounds.

Grade 3 - murmur is as loud/same intensity as the heart sounds.

Grade 4 - murmur is louder than the normal heart sounds.

Grade 5 - as grade 4 and a precordial thrill is present (when can feel vibration of the murmur by placing hand on the chest wall behind the shoulder).

Grade 6 - murmur sufficiently loud that it can be heard with the stethoscope raised just off the chest surface.

Once these two things have been established the murmurs can be further characterised based on how they sound, e.g. musical, how long they last (i.e. are they just heard between the heart sounds as in a holosystolic murmur or is the murmur also heard over the heart sounds as in a pansystolic murmur) and the area at which the murmur is heard the loudest, which is known as the point of maximal intensity (PMI).

Once a murmur has been identified, a diagnosis can often be made based on the above characteristics alongside the age and other factors of the affected patient. Occasionally further investigations, including stress testing and an ultrasound of the heart, may be warranted. These would be recommended to help confirm the diagnosis and also to determine if the murmur has caused any secondary enlargement of the heart chambers which could potentially lead to other problems.

In general, murmurs are common. Low grade murmurs are generally not a concern and most murmurs will progress slowly. Horses can remain active despite a murmur (depending on the grade) as many cardiac problems are not significant. Any significant cardiac problem will generally result in poor performance but the significance of any problem will be increased in the horses that are working the hardest e.g. racehorses/eventers.

Common murmurs seen in practice

Low grade murmurs (grade 1-3) are relatively common in older horses but they rarely represent a significant health issue. Aortic insufficiency (leakage of blood from the aorta back into the heart) is the most common acquired murmur (i.e. murmur that has developed with age). Mitral or Tricuspid regurgitation is when there is leakage of the valves allowing blood to flow from the ventricles back into the atria. This can lead to widening of the top part of the heart, which can predispose the heart to an arrhythmia known as atrial fibrillation. Endocarditis (infection of the heart valves) can develop in very sick horses. Ventricular septal defects are an example of a congenital defect where there is a defect/hole in the septum between the bottom chambers of the heart.

One of the major concerns facing vets in practice once a murmur is detected is that of rider safety. In general, if the murmur is localised, grade 1-3, and there are no signs of exercise intolerance or raised resting heart rate, then continued use can be justified provided the intensity of exercise is not increased. If there is a raised resting heart rate or the murmur is a grade 4-6, then it is advisable not to ride until further investigations and an ultrasound have been performed. If there are signs of congestive heart failure then horses should not be ridden.