



Team Spotlight with Gill Seaton

Welcome to Gill Seaton who has joined the Kings Bounty team as an administration assistant having previously worked within marketing, entertainment and education sectors. Gill has two daughters, one who is passionate about horses, and one who is not! Subsequently, Gill and her daughter have two mares.

Gill is a very keen and capable cook and loves entertaining friends and family and enjoys walking with her two dogs. Gill has volunteered for the RDA and is hoping that working at Kings Bounty will also give her the push she needs to get back in the saddle!



Welcome back to Becky Mountfield who has returned from maternity leave to resume her role as practice manager. It's great to have her back in the office again!

Client evening:

Our client evening in early November was a huge success and we would like to thank all who attended.

Amy and Bridey led the evening talking about Equine Asthma and Targeted Worming. We hope you all enjoyed the evening and found it useful and informative.

We will be looking to organise further client evenings in the future, so please keep an eye on our Facebook page and on your emails for details of further events.

Please also get in touch if you have any requests for future talk topics.

Emergency and first aid training:

It has been a busy few weeks of training courses for our team at Kings Bounty.

Amy recently attended a BARTA (British Animal Rescue and Trauma Care Association) Veterinary Responders course for vets from local practices.

The BARTA training prepares veterinary responders for emergency situations involving horses and equips vets with the training they need to work effectively alongside the fire department whilst keeping themselves, others, and the horse safe.

The use of a model horse enabled vets to practice in various situations including horses in ditches, cast in stables and down in trailers/ stocks.

Back at the practice all staff attended a day of first aid training (for humans!) and now all hold a Level 3 qualification in Emergency First Aid at Work. Training involved CPR, use of an AED (defibrillator), wound first aid and first aid for other emergencies in the workplace.

Whilst we hope our team members never need to use their first aid training, it is best to be prepared should the need arise.



Christmas/ New Year opening hours:

Friday 23rd December: Normal opening hours

Saturday 24th December: Emergency cover only

Sunday 25th December: Emergency cover only

Monday 26th December: Emergency cover only

Tuesday 27th December: Emergency cover only

Wednesday 28th December to Friday 30th December:
Normal opening hours

Saturday 31st December: Emergency cover only

Sunday 1st January: Emergency cover only

Monday 2nd January: Emergency cover only

Tuesday 3rd January: Resume normal opening hours



Winter Worming:

Moving into late autumn and winter it is time to think about testing for tapeworm and treating for encysted small redworm. We advise testing for tapeworm by the tapeworm saliva test which owners can buy direct from the manufacturers online.

We recommend horses are treated for encysted redworm once the temperature has cooled (after the first frost and the temperature is consistently below 4 C) using a Moxidectin based product or using a combined product (Moxidectin/Praziquantel) if treatment is required for tapeworm.

If you have youngstock or miniature horses then please get in touch so we can best advise you on good worming protocols for your horses as recommendations for these vary from the general horse population.

Care of the Miniature Horse

When describing Miniature Horses, the best way to describe them is 'a large horse attitude compacted into a small horse's body'. However, there are several things of veterinary interest that differ from large horses and should be considered when owning a mini.

Dentistry

An adult horse has up to 44 teeth, and this is the same for miniatures. The problem arises when fitting these teeth into a considerably smaller jaw and overcrowding is frequently seen, predominantly in three- to five-year-olds. Large and persistent eruption bumps are one of the first signs seen. These bumps are hard swellings over the lower jaw and bridge of the nose and in some cases can cause discomfort.

Miniatures are also prone to malocclusions, causing under- or over-bites, and abnormal hook formation on cheek teeth due to abnormal wear.

Regular dental examinations is vital to ensure your mini's mouth remains pain free. Equally as their heads are so small, it would be advisable to sedate for dentistry. This allows your vet or dentist fully assess the mouth which is important because the hooks that can form from malocclusion, are often found and missed at the back of the mouth.



Care of the Miniature Horse continued...

Colic

As part of a colic assessment, vets will usually perform a rectal examination to assess location and possible abnormalities of the abdominal structures. However due to a miniature's size, this is often impossible and so some vets may opt to perform abdominal ultrasound instead.

There are some causes of colic that are particularly common in miniatures, namely impactions and formation of fecaliths (stones of impacted manure/foreign bodies). This is due to the small diameter of their gastro-intestinal tracts. Research has shown that fecaliths account for 67% of surgical colic in miniatures. Supplementing with psyllium, laxatives and regular dentistry may help avoid fecalith formation.

Tracheal Collapse

This disease is virtually solely seen in miniature horses, and signs include honking sounds when the horse takes an inwards breath, difficulty breathing, excessive effort with the outward breath and increased breathing rate.

Mild cases may only be detected when exercised, whilst severe cases will be seen at rest. Tracheal collapse can be diagnosed by history, clinical signs, endoscopy, and radiography. Treatment is often supportive with varying prognosis depending on extent of tracheal involvement.

Worming

Due to the size of miniatures, their weight is often overestimated and consequently they are overdosed.

With this in mind, we advise extreme caution when considering the use of Moxidectin in Miniatures due to the narrow safety margins of the drug.

This makes it particularly difficult when looking to combat encysted redworm as it leaves 5 day fenbendazole as the only other licensed option, which has seen extreme resistance.



Therefore, if using the fenbendazole 5 day course, we recommend following up with a faecal egg reduction test two weeks later, to determine the efficacy of fenbendazole within your horses.



Foaling

Again due to size, miniature horses are far more prone to complications whilst foaling and cases of dystocia are common. It is also important to note that gestation lengths of miniature horses can be hugely variable when compared to a larger horse or pony.

Miniature foals can frequently have issues in the early stages of life due to their small size. For these reasons, veterinary attendance either at the time of foaling or in the post-partum period is recommended in order to check mare and foal health. If you are thinking of breeding your mini mare then please get in touch.

Spotlight on Stifles:

The equine stifles are very large and complex. The stifle is the equivalent of the human knee and consists of two joint articulations: the femoropatellar joint (between the femur and the patella) and the femorotibial joint (between the femur and the tibia). There are a large number of soft tissue structures within and around the stifles including 2 menisci and 9 different ligaments which are important for stabilisation of the joints.

There are a few key features of the horse that heavily involve the stifle. Firstly, due to the muscles, tendons and ligaments in the hindlimb, when the stifle is flexed the hock also flexes (and vice versa). Secondly, when the horse is standing still, it is able to 'lock' the medial patella ligament over the femur. This results in the stifle being locked in extension (weight-bearing) and hence the hock is also then locked in the weight bearing position. This is the reason why horses are able to sleep standing up without falling over.

How is stifle lameness diagnosed?

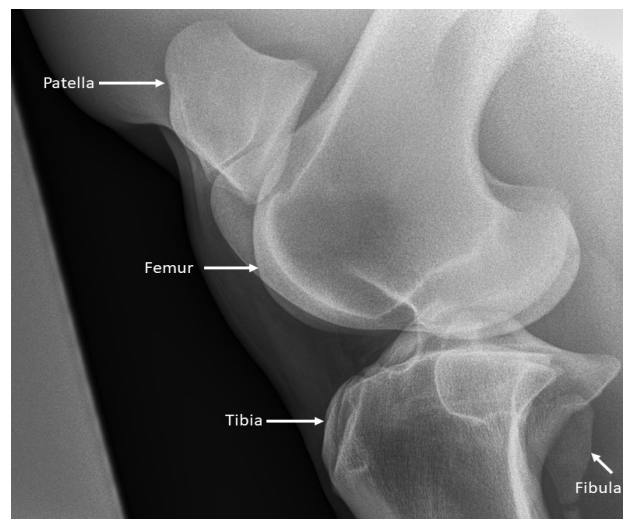
Following orthopaedic examination, lameness due to the stifle is confirmed by injecting a large volume of local anaesthetic into the stifle joint and the lameness then being seen to improve. The next stages are to image the stifle joint, in the first instance this is usually done by performing radiographs and ultrasound scans. This enables the bones, joint spaces and soft tissue to be assessed for any changes, inflammation or damage. -

In some instances the horse is then referred for arthroscopy of the stifles. Arthroscopy is carried out under general anaesthesia at a hospital and involves inserting a small camera into each of the compartments of the stifle. This enables a very thorough examination of the soft tissues, joint spaces and cartilage surfaces and identification of any areas of concern. Depending on the findings, arthroscopy also acts as treatment and any damaged cartilage or soft tissue is able to be debrided and removed.

Some potential causes of stifle lameness:

- Osteoarthritis
- Chondropathy (cartilage damage)
- Meniscal and collateral ligament tears
- Patella ligament damage
- Osteochondrosis (OCD lesions)
- Bone cysts

Some of the above causes are most common in younger horses who are still developing, whilst others most commonly occur following trauma.



What about sticky stifles?

Upward fixation of the patella occurs when the medial patella ligament becomes stuck in the 'locked' position. Most commonly this can occur in young, poorly muscled horses. The horse is unable to unlock its stifle and can present standing stiffly with the affected hindlimb held rigidly backwards. When asked to walk forwards, these horses will often refuse to move or drag the affected limb. The quickest way to relieve a horse in this situation is to push it backwards a few strides which will enable the patella ligament to move and the stifle to unlock.

Occasionally, mature horses may also present with sticky stifles and in some instances this may be secondary to other causes of lameness resulting in weakening of the muscles of the hindquarters. If you have a horse who has sticky stifles then please give your vet a call to discuss for further advice and intervention if necessary.

If you are concerned regarding any form of lameness in your horse, then please contact the office to arrange a visit.

UNDERSTANDING SEDATION IN HORSES



In order for veterinary surgeons to safely perform a range of procedures, such as dentistry, stitching up wounds, and surgical and diagnostic procedures, it is often necessary to use sedation.

- Can only be administered intravenously by the clinical team under the direction of a veterinary surgeon
- Be aware horses can still kick and react, despite administering any type of sedation
- Have a safe area with good footing (e.g. rubber matting) for the horse while sedated
- A sedated horse may become slightly ataxic (wobbly but this is rarely a problem and the effect is only short term)

Sedation can be given orally, via a syringe in the mouth, intravenously, via an injection into the horse's vein, or injected into the muscle.

Orally:

Advantages:

You can administer yourself

Disadvantages:

Slow to work and not as powerful as injecting

Intravenous injection:

Advantages:

It works fast and offers the most successful sedation

Disadvantages:

Can only be administered intravenously by the clinical team under the direction of a veterinary surgeon

Injecting into the muscle:

Advantages:

More reliable than administering orally

Disadvantages:

You need a higher dose than you would give intravenously and can only be administered by a vet

The amount of drugs and degree of sedation varies between each horse.

What type of sedation will your horse need?

The type of sedation your horse requires will depend on the procedure. For example, dental checks and clipping will depend on your horse's behaviour and how they are likely to react to the procedure. The type of sedation can also depend on whether your vet needs to do further work after sedation. An example would be if the horse has had to be sedated for a nerve block, they will need to see your horse trot up again to see if the nerve block has worked. Therefore, a milder sedation will need to be administered to ensure the horse wakes up quicker in time for the trot up.

What to expect when your horse is sedated

You may see your horse react to the sedation in a number of ways. This depends on the level of sedation administered:

Light sedation:

The horse will appear calmer but will still be alert

Medium sedation:

The horse will be extremely calm and may look sleepy with their head slightly lowered and a 'droopy' lower lip. The horse may also appear to be slightly 'wobbly'.

Heavy sedation:

The horse will be very sleepy with their head lowered to the ground. Again, the horse may sway and will still remain standing.

How long does sedation last?

Depending on the dosage and amount administered, sedation will usually wear off after about an hour. However, some horses may be awake quicker, within half an hour. You will need to monitor your horse for around 1.5 – 2 hours after sedating. You will know when they have fully recovered as they will be back to their normal selves.

Where should they be kept to wake up from the sedation?

The safest place for the horse to recover from sedation is in a stable. Ensure there is no food left in the stable as a sedated horse eating can result in choke. If you do not have a stable, then a small pen may be suitable.

When can they eat again?

Your vet will advise you on when your horse can start to eat again after sedation. Once your horse is fully awake, you will need to monitor them and ensure they are passing normal droppings. Sedation can slow the gut down, which can result in an impaction.

When can the horse be safely ridden again?

This will depend on the amount and dosage of sedation administered and should be discussed with your vet. Usually, the horse can be ridden the next day/24 hours after sedation.

Are there any potential side effects?

- Sweating profusely – a common side effect and not usually a cause for concern
- Small possibility of an allergic reaction
- Collapse
- Impaction, if fed to early after sedation
- Choke, if fed to early after sedation

Remember, a sedated horse can still be unpredictable!

