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EQUINE

AUTUMN 2009

review

EQUINE
PHYSIOTHERAPY

**CUSHING'S
SYNDROME**
THE CAUSES EXPLAINED

SARCOIDS
THEIR EFFECT ON HORSES



AUTUMN 2009

XLVETS EQUINE REVIEW

FOURTH EDITION

XLVets is a novel and exciting initiative conceived from within the veterinary profession. We are all independently owned, progressive veterinary practices located throughout Great Britain committed to working together for the benefit of our clients.

Our intentions...

Our vision is that by sharing experience, knowledge and skills we can deliver the highest standards of service and care to all our clients. As members of XLVets, we have worked hard to create a model of how veterinary practices can work together as an extended national team, sharing the latest ideas and passing on the benefits that arise to all our clients.

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Welcome

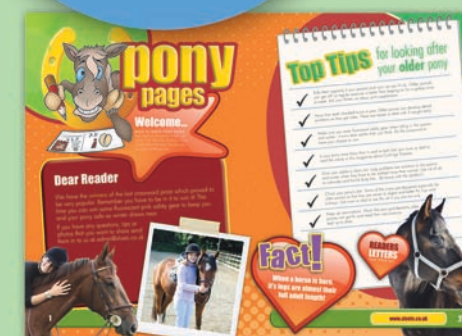
Since our last issue of Equine Review we have welcomed **4 practices into XLVets** so look out for articles from them in future magazines. In this issue we have our normal articles from XLVets practices and from a **physiotherapist, nutritionist** and insurance company perspective.

At our XLVets practices we are committed to finding ways to **benefit both you and your horse** and work closely with other people in the industry to find the best solutions for problems.

Wendy Furness

Scarsdale Veterinary Hospital

FEATURED
in this issue...





COMPULSORY Microchipping FOR HORSES & PONIES

WHY DO I NEED A PASSPORT? European Union regulation means that every individual horse must have a passport with its Unique Equine Life Number (UELN). This legislation aims to avoid unsuitable horses entering the human food chain and was introduced in June 2004.

New Regulations...

ON JULY 1ST 2009 NEW HORSE PASSPORT REGULATIONS CAME INTO FORCE.

- Any foal born in 2009 must now be microchipped and a passport issued by the end of the year.
- Older horses not in possession of a passport may still get one, but they must also have a microchip implanted.
- It is an offence to sell, export, slaughter for human consumption, or use for breeding or competition a horse which does not have a passport.



JANE KING BVetMed MRCVS
WESTMORLAND VETERINARY GROUP

'Adult horses may still have a new passport issued, (of course all horses since 2004 should have had a passport anyway!) but they must also have a microchip implanted, these horses may not enter the food chain.'

PASSPORTS MAY ONLY BE ISSUED BY PASSPORT ISSUING ORGANISATIONS (PIO).

Most of the old breed society stud books became PIOs and these issue passports which provide a verified record of horse's parentage. Many other organisations also set up as PIOs to issue legislation compliant passports for horses of unknown breeding, eg Horse Passport Agency, these are commercial businesses only and do not verify the parentage of the horse.

Medicines used in the treatment of farm animals have undergone rigorous testing. It is known how many days after the last treatment all traces of the medicine have left the animal's body and it is safe to drink the milk produced or eat the meat. These withdrawal times are not known for horses and those which have been treated with certain drugs must have this recorded in their passport and be excluded from entering the food chain. This is done by the owner signing section ix of the passport declaring that the horse is not intended for human consumption. Once signed this cannot be reversed. Any horse treated with phenylbutazone (bute) amongst other things will need to have section ix signed.

So why must horses be microchipped?

Original passports required a written description and silhouette picture of the horse. Veterinary supervision was not required and descriptions could be of varying standards. The National Equine Database (NED) was then set up to hold details of the horses registered with all the different PIOs - over 80 in number. However although horses should only be issued with one passport, the PIO were not obliged to check information given with NED before issuing a passport and so duplication was possible. This has led to the occasional slaughter of stolen horses (Horse and Hound 29 January 2009).

THIS LOOPHOLE HAS NOW BEEN CLOSED ALL FOALS HAVING A PASSPORT ISSUED MUST BE MICROCHIPPED.

Adult horses may still have a new passport issued, (of course all horses since 2004 should have had a passport anyway!) but they must also have a microchip implanted, these horses may not enter the food chain.

It will be mandatory for the PIO to record the microchip number and pass it on to NED.

What about wild native ponies?

Under the EU legislation DEFRA has made a derogation for semi-feral ponies such as those on Dartmoor and in the New Forest so that they do not need to be microchipped until they are sold or if they receive any veterinary treatment.

Is it safe?

Microchipping is a safe, effective and tamperproof way of identifying horses. Since 1999 all Thoroughbred horses registered with Weatherbys have been microchipped and latterly the Fell Pony Society and STAGBI amongst others have used microchips to uniquely distinguish between similar looking animals. Large numbers of horses have been microchipped in the last 10 years with very few adverse reactions. The skin at the site of implantation should be dry and clean, it is then personal preference as to whether the area is clipped and surgically prepared, it is good practice but in some foals it can stress them more and at present there is no evidence that this reduces the risk of complications. Adequate restraint of the foal in a safe hazard free area is essential. In older animals adequate restraint is again necessary and sedation may very occasionally be needed but generally the procedure is over with very quickly and is well tolerated by the majority of horses. It is not uncommon for there to be some bleeding from the site but this should soon stop with a little pressure.

Occasionally the microchip may migrate away from the left side of the neck. If this happens the location of the chip should be recorded on the passport with the letter M to aid the future identification of the horse. Before a microchip is inserted the animal should always be checked to ensure there is not one already there.

If my foal is branded will it still need a microchip?

In short yes! The British Equine Veterinary Association does not condone hot branding. Freeze branding is a good identification feature but is not tamperproof and is not always visible.

Where is it put?

All microchips in horses are put in a standard site on the left or near side of the neck of the horse into the nuchal ligament, about 2 or 3 cm below the mid crest.

Where do I get the microchip from?

For Thoroughbreds, the stud book Weatherbys sends a stock of their microchips and blood sampling kits to equine vets. Other stud books will send the chips to the owner with the registration forms and DNA hair kits. Vets have their own microchips for horses needing a basic identity passport.

Can anybody put a microchip in?

No unlike dog and cats where the microchip is placed under the skin, in the horse it is placed deep in a ligament in the neck and so must be implanted by a vet.

How long do microchips last?

They should last the lifetime of the horse.

What happens when I sell the horse?

The new owner should notify the PIO of the change of ownership. The PIO should notify NED, but you can also check your horse records at www.nedonline.co.uk.

Microchips provided by vets will also be registered on a national database such as petlog and new owners need to update their details with them as this is a separate register to NED and covers all microchipped animals including dogs, cats, birds and snakes.

Microchips provide a good tamperproof way of proving ownership of a horse and will also help to provide links to documented proof of an animal's age, it is even possible in the future that technology may improve to provide links to a horse's medical history. Most vets think that the introduction of compulsory microchipping is a good thing and will help to reduce horse thefts and disputes over age and identity.

FIND OUT MORE...

For useful links and more information visit the websites below:

- www.defra.gov.uk/animalh/id-move/horses/index.htm
- www.beva.org.uk
- www.nedonline.co.uk

Equine Physiotherapy is now an accepted part of Veterinary Medicine and it is not uncommon for a physio to be involved in the management of a variety of equine musculoskeletal conditions in the acute, chronic and rehabilitation phases.

Chartered Animal Physiotherapists have been using techniques which have been developed and proven in the human field to treat horses for over 40 years.

EQUINE PHYSIOTHERAPY

BAC QUACK

MORE THAN JUST THE

VICTORIA SPALDING MSc MCSP HPC Reg ACPAT Cat A
BRITISH EQUESTRIAN TEAM PHYSIOTHERAPIST



The title 'Chartered Physiotherapist' is protected by law and can only be used by physiotherapists who have achieved a high level of academic and practical training in all aspects of human physiotherapy and are consequently qualified and registered with the Chartered Society of Physiotherapy (CSP). The Association of Chartered Physiotherapists in Animal Therapy (ACPAT) is recognised by the CSP as the clinical interest group representing Chartered Animal Physiotherapists. ACPAT members are fully qualified Chartered Physiotherapists who have undergone further training in physiotherapy and rehabilitation for animals. All members of ACPAT abide by the Veterinary Surgeons Act 1966 and work only with Veterinary referral.

WATCH OUT THERE'S A BACK QUACK ABOUT...

There are a confusing number of practitioners who offer a variety of treatment techniques for horses, not all of whom are qualified or insured.

The treatment of animals is more regulated than the treatment of humans. The Veterinary Surgeons Act (1966) states that, with certain exceptions, only a Veterinary Surgeon may carry out Veterinary Surgery (this means any type of treatment). Of the exemptions created by the Veterinary Surgeon's (Exemptions) Order (1962), one permits the treatment of an animal by 'physiotherapy' (including osteopathy and chiropractic) provided such treatment is given by a person acting under the directions of a vet who has examined the animal and has prescribed the treatment of the animal by physiotherapy.

Anybody other than a vet who treats an animal must have veterinary referral. If they don't they are breaking the law and will have no professional liability insurance and no professional regulation. These practitioners may have had inadequate training which could render them at best ineffective, at worst dangerous. In the human field, the title Physiotherapist or Physical Therapist is now protected, meaning it can only be used by a physiotherapist who is registered with the Health Professions Council (HPC). This protection has not yet been extended to the treatment of animals by physiotherapists. To ensure the same high standards that are now protected by law for humans, choose a Chartered Animal Physiotherapist to treat your horse.

Chartered Physiotherapists are not vets, they are however, trained specialists with extensive background in anatomy and biomechanics whose in-depth knowledge complements a vet's training. In the ideal world, a team of professionals including vet, physiotherapist, farrier, saddler and trainer all work together to provide a holistic approach to the management of injury and dysfunction. As a physiotherapist, working closely with a veterinary practice is essential. Working regularly with the vets from XLVets Minster Equine Veterinary Practice enables this team approach in our management of equine orthopaedic conditions.



WHY PHYSIOTHERAPY...

Horses need physiotherapy for much the same reasons as people do, such as:

- Management of musculoskeletal problems, such as joint and soft tissue injury, muscle injury including sore and stiff backs, tendon or ligament injury, splints, windgalls and thoroughpins.
- Enhancing athletic performance: the equine athlete may need regular maintenance throughout their competitive career.
- Optimising recovery from illness and injury. For instance following veterinary treatment of suspensory ligament desmitis, hock or stifle DJD or OCD.
- Minimising dysfunction and disability in degenerative conditions.

Horses may present with a variety of symptoms, such as:

- Stiffness and resistance
- Schooling issues such as bucking or poor performance
- Behavioural issues
- Low grade lameness
- Swellings and cosmetic blemishes

Many riders are one sided in their muscular development, causing crookedness in their position. These cases almost always lead to a similar crookedness in the horse, and that lack of equal strength and flexibility can lead to lameness and discomfort.

HOW CAN PHYSIOTHERAPY HELP...

As in human practice, Chartered Animal Physiotherapists use clinical reasoning to formulate a treatment plan. Types of treatment may include:

- Manual Therapy - Stretching, joint and soft tissue mobilisation/manipulation and massage.
- Electrotherapy - Ultrasound, laser, electrical muscle stimulation, TENS, H-wave, static and pulsed magnetic therapy.
- Exercise therapy.

One of the most important components of each patient's treatment is a progressive, well planned and executed rehabilitation programme. Rehabilitation is the use of active exercise to facilitate restoration of normal function by:

- Re-educating gait, balance and proprioception (spacial awareness)
- Improving strength and flexibility
- Restoring or increasing normal range of movement
- Increasing athleticism
- Improving stamina

In the equine patient, rehabilitation programmes may consist of

- In hand work
- Lunging
- Pole work
- Taping
- Static/active proprioceptive rehabilitation
- Ridden exercise

PHYSIOTHERAPY AT THE...

2008 OLYMPIC GAMES


Physiotherapy support at the Beijing Olympics was as essential for the equine athletes as for their human counterparts.

Hong Kong provided a challenging environment, not only for the horses and riders but also the support staff who work behind the scenes. There is a great support network behind the British Equestrian Team consisting of vets, farriers, physiotherapists (equine and human), sports psychology, trainers and managers all working hard to make sure that everything is in place for optimum performance.

The horses were all monitored closely and were treated regularly over the course of the Games. The types of physiotherapy treatment commonly used were massage, soft tissue treatments and stretches to maintain joint and muscle mobility. Each horse had their own treatment routine, varying depending upon individual areas of stiffness but the basic principles are the same for all disciplines. Electrotherapy modalities such as pulsed magnetic field and massage rugs were used before work and an arsenal of laser, ultrasound, TENS, taping and all sorts of applications of cold therapy were taken out to treat any injuries that might occur.

Physiotherapy has been shown to be an effective part of the management of equine musculoskeletal and orthopaedic conditions. Many Veterinary Practices now work closely with a Chartered Physiotherapist. Advances in the human field guide research and development in the field of Animal Physiotherapy, giving horses at all levels greater chance of achieving optimum performance.

FIND OUT MORE...

For further information please visit;
 www.acpat.org



RICHARD MORRIS *BSc BVetMed CertVD MRCVS*
FENWOLD VETERINARY PRACTICE, SPILSBY

Equine sarcoids are spontaneous, locally invasive tumours of the skin of horses, mules, and donkeys and are the most common equine neoplasm representing over half of all equine tumours. They are variable in appearance, location and rate of growth and although they seldom affect a horse's usefulness (unless they are in a position likely to be abraded by tack) they are unsightly and may cause considerable discomfort to the horse.

equine



This case of a Nodular Sarcoid appeared in the groin of an 8 year old mare, it was removed surgically and no relapse was noted 3 years after the operation. However any case should be fully assessed before surgery is embarked on.

BECAUSE OF THE UNPREDICTABLE NATURE OF SARCOIDS IT IS BETTER TO STICK WITH TREATMENTS FROM VETERINARY SURGEONS

They can occur anywhere on an animal's body although areas exposed to trauma or skin damage seem more commonly affected, they may proliferate in size and number and may develop at other sites. Treatment is not always necessary but where required it can prove difficult and expensive and re-growth may occur after treatment. They are thought to be caused by the Bovine Papilloma Virus which may be spread by flies (the face fly *Musca autumnalis*) which act as vectors spreading the infectious agent between individuals.

SARCOIDS ARE CLASSIFIED ACCORDING TO THEIR APPEARANCE:

NODULAR SARCOIDS are firm spherical nodules found under normal looking skin, they can be variable in size and number and some can ulcerate and become fibroblastic.

VERRUCOUS SARCOIDS are slow growing wart like proliferations of the skin which are seen particularly on the face, groin and body.

FIBROBLASTIC SARCOIDS are fleshy proliferative growths which often ulcerate and are locally invasive and are seen on the eyelid, lower limbs, groin, coronet, and areas of trauma.

FLAT (OCCULT) SARCOIDS are single or multiple patches of hair loss which may contain nodules and often become locally aggressive, they are seen particularly around the mouth, eyes and neck.

MIXED SARCOIDS are transitional between verrucous and fibroblastic and become progressively more aggressive as more fibroblastic transformation takes place.

MALEVOLENT SARCOIDS are multiple and invasive tumours which spread along lymphatic vessels and lymph nodes, they are frequently the result of repeated trauma e.g. surgery to other types of sarcoid but not all malevolent sarcoids develop as a result of this.

There are many approaches to the management of equine Sarcoids with the choice of treatment dependent on the site of the lesion, size of the tumour, aggressiveness, and treatment facilities available. The identification as Sarcoid tissue should be carried out before treatment if possible to identify Sarcoids from other lesions such as scar tissue, exuberant granulation tissue or skin cancers such as Squamous Cell Carcinoma or Melanoma.

SOME OF THE VARIOUS TREATMENTS AVAILABLE INCLUDE:

SURGICAL REMOVAL: this may be appropriate if the Sarcoid is small and localised in an area where it can be removed easily such as the groin where there is plenty of spare skin to close the hole after removal of the Sarcoid. However 50% recur after excision, occasionally in a more aggressive form so great care should be taken before deciding on surgery.

CRYOTHERAPY (FREEZING): freezing the Sarcoid causes ice crystals to form in the Sarcoid cells so that they rupture, allowing the host's immune system to get exposed to the Sarcoid agent and attack it. Several cryotherapy treatments may be required to get the Sarcoid to regress.

APPLICATION OF CYTOTOXIC CREAMS: Chemotherapeutic ointments containing 5-fluorouracil, arsenic, antimony, and mercury salts are prepared by Professor Knottenbelt of Liverpool Veterinary School. They can prove very effective in causing the Sarcoids to regress but should only be applied by a veterinary surgeon under strict management conditions.

INJECTIONS OF CYTOTOXIC CHEMICALS: Cisplatin is a caustic anticancer drug which has been shown to cause Sarcoids to regress after it has been injected into the lesions. It is very irritant and should be used with extreme care to ensure it is only placed where it is needed.

BACTERIAL EXTRACTS (BCG): the extracts of the Bacterial Cell Wall of certain *Mycobacteria* (BCG) are injected into the Sarcoid, this stimulates the host's immune system to identify the Sarcoid as foreign and mount a response attacking the Sarcoid and causing it to regress. This approach works particularly well with Sarcoids around the eye where there is very little spare skin so surgery

Sarcoids



This second case (above) is of an occult Sarcoid with a large nodular Sarcoid in the centre which had been treated with the cytotoxic cream from Liverpool Veterinary School on many occasions. Although it had shrunk a little it started to grow again soon after the last treatment and as a result cryotherapy was tried on two occasions a month apart. This caused the Sarcoid to regress completely and although the affected area has remained hairless, no relapse has been noted five years after treatment.



This verrucous Sarcoid in front of the eye was treated with BCG injections under guidance from Professor Knottenbelt of Liverpool Veterinary School, it responded fully and no relapse was noted two years later.

SARCOIDS CAN BE A SERIOUS PROBLEM AND TAKE A VARIETY OF FORMS HOWEVER WITH THE RIGHT TREATMENT APPROACH THEY CAN BE MANAGED BEFORE THEY BECOME TOO EXTENSIVE

would be difficult and getting a good cosmetic result is important.

RADIOACTIVE IMPLANTS: radioactive rods (iridium wires) are inserted into the Sarcoid to destroy it. However being radioactive the treatment can only be carried out under strict regulations on registered premises and it is expensive.

There are various anecdotal reports of other treatments which I have come across including piercing a black slug with the thorn from a hawthorn bush and squeezing the juices onto the Sarcoid.

Because of the unpredictable nature of Sarcoids it is better to stick with treatments from veterinary surgeons which have been scientifically proven to work, rather than waste time and subject the horse to further distress with treatments that may do more harm than good.



FEEDING THE Broodmare

LOUISE JONES BSc, MSc, R.Nutr NUTRITIONIST
DODSON & HORRELL

Breeding from your mare is a long-term investment and will bring you a lot of pleasure, but it can also be a challenging time, particularly for new breeders. The success of a breeding programme is influenced by many different factors and nutrition can play a significant part in this. Late pregnancy and lactation are two of the most nutrient demanding times of a horse's life and correct feeding is very important.

PREPARING YOUR MARE TO BE PUT IN FOAL

- Start thinking about the amount of body fat your mare is carrying in late summer. Check that she is not overweight, but that she is receiving adequate minerals, vitamins and nutrients to ensure that as her pregnancy progresses she is not draining already depleted stores.
- Most mares will be covered in spring and early summer, by which time she may have gained weight because of the better grass. You should not allow your mare to become overweight as a mare that is overweight or who is on a weight-loss diet may have more difficulty getting in foal.

- You should aim to have your mare at a moderate body fat score (i.e. a score of 3-3.5 out of 5 - you should be able to feel her ribs easily) by the end of the winter, as studies have shown that this will improve her chance of becoming pregnant.

what to FEED... ?

...IN PREPARATION A specific stud ration will not be needed at this stage. Usually a leisure feed will be perfectly suitable. If your mare tends to be a very 'good doer' a feed balancer is ideal.

EARLY PREGNANCY (0-8 MONTHS)

- A mare's pregnancy lasts about 11 months and it can be tempting to feed her too much during the first eight months but at this stage the mare may not require any extra calories and should not be allowed to become overweight.
- A stud ration will not be necessary at this stage. However, to support foetal development and avoid the mare depleting her own bodily stores she will need a good supply of amino acids, vitamins and minerals.
- Feed her as you would normally but continue to make sure her mineral and vitamin intake is adequate. Although good

LOUISE JONES NUTRITIONIST, DODSON & HORRELL

...There are stud feeds available that have been specifically formulated for part-breds, natives and warmbloods as they tend to maintain weight easily.

quality forage (grass and/or hay) may meet the mare's energy requirements during early pregnancy, it will not provide her with all the essential vitamins, minerals and protein.

what to FEED... ?

...IN EARLY PREGNANCY Again, a specific stud ration will not be needed at this stage and you should continue to feed her on the recommended levels of a leisure feed, or if she is a 'good doer' a feed balancer.

LATE PREGNANCY (LAST 3 MONTHS)

- During this time, the unborn foal grows rapidly. It gains 65% of its birth weight and over 40% of its skeletal structure. At this stage the mare should be getting visibly bigger, but not fat.
- It is crucial that the mare receives minerals such as calcium, magnesium and phosphorus at this stage as they are essential for skeletal development.
- As the foetus begins to occupy a larger portion of the mare's abdominal cavity she may not be able to eat as much forage as before. It is therefore important to make sure that you feed only good quality forage and that concentrates are fed little and often.
- Certain herbs (e.g. Raspberry Leaves) have been reported to help relax the uterine muscles, shorten the second stage of labour and result in easier births. Herbal blends containing Raspberry Leaves such as our Brood Mare should be fed 6-8 weeks before foaling date but no earlier than this.

what to FEED... ?

...LATE PREGNANCY There are stud feeds available that have been specifically formulated for part-breds, natives and warmbloods as they tend to maintain weight easily. If your mare tends to lose weight a traditional stud feed may be more suitable as they have been formulated to be fed in larger amounts to meet the needs of Thoroughbred mares foaling outside the natural breeding season.

NURSING MARES - LACTATION

- Your mare will produce 2-3% of her bodyweight as milk per day for the first three months of lactation and this requires a huge amount of energy (calories).
- Her diet must provide sufficient energy to maintain her body condition during this time and she also needs a well-balanced supply of vitamins, minerals and quality protein for milk production.
- Depending on the grazing quality and the nutrient contribution from the pasture, it may be necessary to increase the quantity of stud feed to maintain her body condition and to provide enough energy for milk production.
- After the first 3 months of lactation milk production begins to decline. At this stage the quantity of stud feed fed can be reduced slightly provided the mare is



maintaining good body condition. If feeding less than the recommended amount you will need to 'top-up' your mare's vitamin and mineral intake.

what to FEED... ?

...NURSING MARES Continue to feed a suitable stud ration. However, if your grazing is very good or the mare is getting too fat you may need to reduce the quantity of feed per day. If you are feeding less than the recommended quantity of a stud feed you will need to give some extra vitamins and minerals by adding a feed balancer or a vitamin and mineral supplement.

Case STUDY...

NAME:	Megan
AGE:	8 Years
WEIGHT:	350kg
BREED:	Dartmoor
BODY FAT SCORE:	3 (out of five)
BREEDING HISTORY:	This will be her first foal
WORKLOAD:	Medium, but workload will reduce to light work once Megan is in foal
CURRENT DIET:	2.8kg competition mix, 500g Alfalfa
MANAGEMENT:	Turn out in a good paddock 24hrs/day

RECOMMENDED DIET:

EARLY PREGNANCY: As Megan's workload has decreased she will not need a competition feed. I suggest you replace the competition ration with a leisure feed and a low calorie chaff can replace the Alfalfa Chaff. Monitor her body fat score carefully. In the 8th month of her pregnancy gradually begin to reduce the quantity of the leisure feed she is fed and replace it with a suitable stud ration.

LATE PREGNANCY: Gradually build up the quantity of the stud feed Megan receives; you can continue to feed a little chaff. Add some Raspberry Leaves to her ration 6-8 weeks prior to foaling which may assist with birthing and milk production. Make sure she stays at a fat score of 3 out of 5.

LACTATION: Continue to feed the stud ration during peak lactation (1-3 months). After the 3rd month of lactation the quantity of feed can be reduced. If feeding less than the recommended amount 'top-up' her vitamin and mineral intake by adding a feed balancer or vitamin and mineral supplement.

insurance

FOR YOU AND YOUR HORSE

DAVID BUCKTON, ASSOCIATE DIRECTOR OF EQUINE INSURANCE SOUTH ESSEX INSURANCE BROKERS LTD

Horse and pony insurance is well established and offered by specialist firms who advertise extensively.

Advising on and selling general insurance is regulated by the Financial Services Authority (FSA). Only firms authorised by the FSA may advise on and sell insurance in the UK - firms may be directly authorised or may act as an appointed representative of an authorised firm - this status must always be declared and should be stated in the firm's literature.

Although the selling agent must be authorised the insurance company underwriting the policy may not be. It is therefore essential to also check the status of the insurance company recommended by the broker or intermediary.

Then if you do have a problem the Financial Ombudsman Service, which is free, is there to help resolve any complaint. Companies authorised by the FSA have a statutory duty to treat all their clients fairly and will be members of the Financial Services Compensation Scheme.

Choose a policy that suits you; do you want a comprehensive policy covering everything from death and vet's fees to liability or have you got some areas already covered? For example, some societies such as the BHS or World Horse Welfare offer third party insurance with membership. Your tack and sometimes third party claims could be covered on your household policy. Then a pick & mix policy would probably suit you better and is likely to save you money.

Your horse will be insured for death as a result of illness, disease or accidental injury and often theft as well, up to its market value. A postmortem may be required. Don't be tempted to over insure and it's best not to try and save on the premium by insuring at a lesser value. Humane slaughter is covered. In an emergency there is a recognised procedure agreed between insurers and the British Equine Veterinary Association. If not an emergency then the insurance

company must be contacted for their agreement before euthanasia; the insurer may want a second opinion.

It is not a nice thing to think about but disposal of a carcass is expensive and you may have your own personal preferences. Having met a claim for the death of the horse, some policies can now be extended to include a contribution to these costs; one less detail to worry about at a distressing time. Some owners, especially of competition animals, like to take out 'loss of use' insurance. A percentage, which varies from company to company, is paid out if the horse is no longer able to continue with the use for which it is insured and is to be retired. This may be because of disease or injury; some policies restrict loss of use cover to accidental injury only.

Most owners will opt for veterinary fee insurance. The good news is that conditions that were previously terminal can often be cured or controlled but sometimes at great expense. Sophisticated diagnostic techniques, such as MRI scans, are costly. £5,000 of veterinary fee cover is advisable although lower limits are available. You should be able to choose the amount of excess you would like to pay in the event of a claim; the bigger the excess the lower your premium will be. Many policies will also cover a level of complimentary treatment should your vet recommend physiotherapy or corrective farriery for example.

PUBLIC LIABILITY COVER IS ESSENTIAL.

As horse owners we may not just be liable because of our own negligence should the horse injure someone else or damage a third party's property. The Animals Act imposes strict liability on horse keepers. We can be successfully sued for something that is not our fault!

All the other paraphernalia that goes with horses can be insured; tack and saddlery (although not personal clothing) and trailers.

A reputable and specialist Broker will also insure your 4X4 that pulls the trailer or your horsebox if you have one. Breakdown cover to rescue you and your horses is available if you get stuck on the motorway.

AND WHAT ABOUT YOU WHEN YOU FALL OFF? Horse and pony policies often include or can be extended to include personal accident insurance. The cover is usually limited but if you are self-employed you might want to consider getting a quote for a loss of income policy.

The premium you pay will depend on the value of your horse or pony, what you use it for and how many of the various extensions you choose to personalise your policy. The cost can be spread by a monthly direct debit or the convenience of a credit/debit card. Age limits vary from company to company; typically standard cover can be available from 30 days to 16 years but may be extended to 20 for animals already insured. After that Veteran Plans are available.

Good insurance will buy that most important of assets - peace of mind. Where will the money come from for the next one if I lose this one? Can I afford £4,000 if he needs colic surgery? Will I lose my home if the mare escapes and causes a multiple pile up? We all fervently hope that none of these things happens to us; it's worth protecting ourselves from the financial consequences should the worst happen by investing in an insurance policy from a reputable company.

ADVICE...

PLEASE READ YOUR POLICY If you don't understand something telephone and ask. A reputable Broker will always be happy to talk to owners and their vets. Many of us here are riders and you know what horsey people are like - we would spend all day gossiping about our horses and ponies if we could get away with it!

DAVID BUCKTON is responsible for SEIB's specialist insurance policies for horses and ponies. He is a keen horseman and hunts regularly in the season. Before joining SEIB he was a partner in a livery yard in Kent. David is a member of various working groups advising DEFRA on issues such as Exotic Disease Control and follow up legislation to the Animal Welfare Act.

Associate Director
South Essex Insurance Brokers Ltd



Equine Cushing's Syndrome (pituitary pars intermedia dysfunction) is caused by an abnormality of the pituitary gland. The pituitary gland is situated at the base of the brain and is responsible for synthesising a large peptide called pro-opiomelanocortin. This peptide makes a range of hormones that have varying roles within the body. In horses with Cushing's Syndrome, synthesis of this peptide is increased and so hormone levels also increase within the body.

Cushing's SYNDROME



GEMMA LAMBLE BVSC MRCVS SCARSDALE VETERINARY HOSPITAL, DERBYSHIRE

'Due to the wide range of symptoms that can be seen in horses with Cushing's Syndrome, treatment should be tailored to each individual horse's needs...'

It is these hormone imbalances that cause the clinical signs seen in horses with Cushing's Syndrome.

CLINICAL SIGNS

Cushing's Syndrome is seen most commonly in horses over 20 years of age but can occur in horses as young as 15. One of the most obvious signs of Cushing's Syndrome is retention of a very long curly coat (hirsutism). The hairs can be as long as 2 inches and the coat is not shed normally during the summer months. Affected horses may also have dramatic weight loss and have a decreased muscle mass. They often have abnormal fat stores, particularly in the crest, over the rump and above the eyes. Horses increase the amount of water that they are drinking and have increased urine production (polydypsia and polyuria). Behavioural changes may also be seen, with some horses becoming depressed or lethargic. Affected horses are much more prone to getting infections. Small cuts can get infected easily and take a long time to heal. The reproductive cycle of mares can be interrupted and lactation without pregnancy is sometimes seen.

One of the more common reasons for Cushing's Syndrome to be investigated is due to regular episodes of laminitis. Horses with Cushing's Syndrome can get repeated episodes of laminitis even though they have

not had access to grass and are not over weight. These episodes of laminitis can be very difficult to stabilise when Cushing's is an underlying factor.

DIAGNOSIS

Diagnosis is made by looking at a combination of clinical signs, blood and urine tests. Often clinical signs can lead to a high suspicion of Cushing's Syndrome. Cushing's is very rare in horses younger than fifteen and hirsutism is present in a high percentage of cases. A single measurement of cortisol may be high in cushingoid horses (approximately 50% of cases) but this is not a definitive test. In horses where clinical signs are indicative of Cushing's, an elevation in serum insulin and glucose levels in a single blood sample may be enough for a confident diagnosis. The presence of glucose in the urine can also aid diagnosis.

In horses where diagnosis is more complicated, more complex blood tests can be carried out. Most tests are based on the cortisol level within the blood. Cortisol levels are increased following over production of ACTH due to the abnormal pituitary gland. One of these tests is the dexamethasone suppression test. This measures the response of cortisol levels to the administration of a steroid. In normal horses the level of cortisol should decrease following administration of a steroid. In cushingoid horses the levels of cortisol remain high.

Other tests look at the response of cortisol levels following administration of Thyroid Releasing Hormone (TRH). Your veterinary surgeon will discuss these tests with you and decide which would be best for your horse.

TREATMENT

Due to the wide range of symptoms that can be seen in horses with Cushing's Syndrome, treatment should be tailored to each individual horse's needs. Episodes of laminitis should be treated as normal with box rest, anti inflammatory medication and corrective farriery. In horses that sweat excessively or that take a long time to cool down after exercise, the coat over the neck and body can be clipped. Any infections should be treated with appropriate antibiotic therapy. Horses should be kept up to date with vaccinations, worming and teeth should be rasped regularly.

In conjunction with these treatments, medication can be used to help control the symptoms. These include pergolide and trilostane. Pergolide is now a very affordable treatment that can greatly improve the quality of life of those horses and ponies with Cushing's Syndrome. It is easily administered by a daily dose in feed.

To find out if these medications would be suitable for your horse you should contact your veterinary surgeon.



EMERGING

Viral Threats to UK's Horse Population

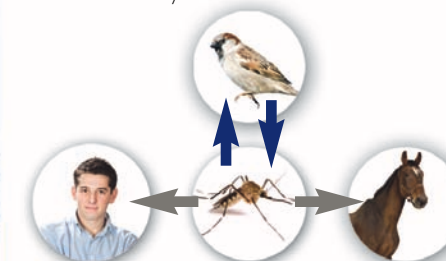
EMERGING VIRAL THREATS TO UK'S HORSE POPULATION

African Horse Sickness (AHS) and West Nile Virus (WNV) sound like exotic diseases but are a real potential threat to the equine population in the UK. These viruses have been shown considerably more interest recently as a result of the bluetongue virus outbreak (affecting sheep and cattle) that arrived in the UK in 2007.

As the weather gets warmer, so environmental conditions across northern Europe have become more favourable for the insect vectors of these viral diseases. Though the chances of these viruses reaching the UK imminently are very slim, many veterinary experts now believe it is not a case of 'if' these viruses arrive but 'when'.

West Nile Virus

WNV is member of the flaviviridae family. Mosquitoes transmit the virus by taking a blood meal from an infected bird. Humans and horses can be incidentally infected but they do not transmit the virus themselves. Clinical cases have been reported in countries as close as France and Italy.



It was in 1999 that WNV really registered on the western world radar when it caused an outbreak of human encephalitis in New York City. It rapidly spread across North and South America, within three years there were more than 15,000 cases of WNV in horses.

CLINICAL SIGNS MAY INCLUDE:

- fever;
- inappetence;
- lethargy;
- muscle weakness;
- impaired vision;
- head pressing;
- circling through to paralysis;
- coma; and
- death

Some cases are subclinical i.e. there are no visible clinical signs. Treatment is not curative, but relies on symptomatic intensive nursing. The mortality rate is 33.9%, with immune compromised or older horses more likely to die.

Prevention of WNV involves limiting the horse's exposure to mosquitoes (such as repellents, stabling and disrupting the mosquitoes' breeding) and the vaccination of horses. Fort Dodge has produced a vaccine, Duvaxyn® WNV, recently licensed for use

in Europe. In the USA outbreak, the odds of survival were significantly improved if a horse was vaccinated.

How worried should we be in the UK? No clinical cases of WNV have been recorded to date. Horses with WNV are not infectious to other horses. However, migrating birds regularly visit the UK from WNV-affected countries, and susceptible native birds, such as sparrows, crows and magpies, are present in the UK. Mosquito vectors are also present in the UK. Large numbers of UK horses travel to WNV affected areas each year. Care should be taken when taking UK horses to WNV-affected areas to minimise their risk of infection. Vaccination is available in the UK for those animals travelling to endemic areas.

African Horse Sickness Virus

AHS is a member of the reoviridae family of which bluetongue is also a member. It is endemic in sub-Saharan Africa and is transmitted by the culicoides midge, the insect involved in the pathogenesis of sweetitch.

THERE ARE FOUR SYNDROMES:

- pulmonary form (respiratory distress and froth seen at the nostrils)
- cardiac form (fever, oedema +/- colic)
- mixed form; and
- horse sickness fever (temperature and swelling above the eyes)

Mortality rates range from 50-90%. In the event of an outbreak in the UK, minimising contact with biting insects will play a significant role in the control. Merial is currently developing a vaccine and preliminary results look promising.

The potential impact AHS could have on the UK equine industry could be devastating, as many equine events would be prohibited and movement restricted.

There is a strategy document in place for the control of AHS. If an outbreak was confirmed, infection, protection and surveillance zones would need to be established. Mandatory slaughter might need to be employed to control an outbreak.

FORT DODGE

We would like to thank Fort Dodge, manufacturers of Duvaxyn WNV® vaccine for kindly supplying the images included in this article.

(TOP) Protective Helmet for West Nile Virus

(ABOVE) Horse with West Nile Virus

(BELOW) Horse with West Nile Virus in a sling

Veterinary bodies in conjunction with DEFRA and the equine industry are raising awareness, increasing surveillance and planning for the future to minimise the impact of these emerging viral threats.



SOPHIA CHINN BvetMed MRCVS
ALNORTHUMBRIA VETERINARY GROUP

'How worried should we be in the UK? No clinical cases of WNV have been recorded to date...'



pony pages

Welcome...

BACK TO XLVETS PONY PAGES. THIS TIME AS PROMISED THERE ARE SOME TOP TIPS FOR KEEPING YOUR OLDER PONY FIT AND HEALTHY AS AUTUMN APPROACHES.

Dear Reader

We have the **winners** of the last crossword prize which proved to be very popular. Remember you have to be in it to win it! This time you can win some fluorescent safety gear to keep you and your pony safe as winter draws near.

If you have any questions, tips or photos that you want to share send them in to us at admin@xlvets.co.uk



Top Tips for looking after your older pony

- ✓ Ride them regularly if your parents and your vet say it's ok. Older animals can get stiff so regular exercise is better than leaping on for a gallop once a week. Ask your XLVets vet about joint supplements.
- ✓ Have their teeth checked twice a year. Older ponies can develop dental problems as they get older. These are easier to deal with if caught early.
- ✓ Make sure you wear fluorescent safety gear when riding in the autumn and winter - it turns dark earlier than you think. Do the crossword to have your chance to win.
- ✓ Is your pony more hairy than it used to be? Get your mum or dad to read the article in this magazine about Cushing's Syndrome.
- ✓ Give your stable a clean out. Lung problems are common in the autumn and winter when they have to be stabled more than normal. Get rid of all the cobwebs and horrid dusty bits. Be brave with the spiders!!!
- ✓ Check your pony's diet. Some of the mixes are designed especially for older ponies so that they are easier to digest and better for liver and kidneys. Get mum or dad to ask the vet if you are not sure.
- ✓ Keep up vaccinations. Much like your grandparents older ponies can get flu and need their vaccinations kept up to date.

Fact!

When a horse is born, its legs are almost their full adult length!

**READERS
LETTERS**
HAVE YOUR SAY...



pony pages

Competition winners...



Alnorthumbria
Charlotte Jackson

Winner



PONY PAGES COMPETITION SPRING 2009 WINNERS:

Thank you to all those who entered the spring pony pages competition and congratulations to the following winners who were drawn from all the correct entries from their XLVets practice:

PRACTICE NAME:	WINNER NAME:
Alnorthumbria	Charlotte Jackson
Ardene House	Lee-Marie Bremner
Belmont	Imogen Harris
Bishopton	Molly Robinson
Castle Vets	Thomas Fall
Chapelfield	Frances Wright
Clyde Vets	Jill Calder
Larkmead	Olivia Hollis
Millcroft	Sarah Welford
Minster Vets	Debbie Stuart
Northvet	Suki Linnit
Paragon	Hazel Noble
Scarsdale	Elizabeth Heldreich
608 Vet Group	Emma Croxall

Fact!

There are over 350 different breeds of horses and ponies!



ENTER TODAY
GOOD LUCK...

competition page

Welcome to the 2nd XLVets crossword competition.



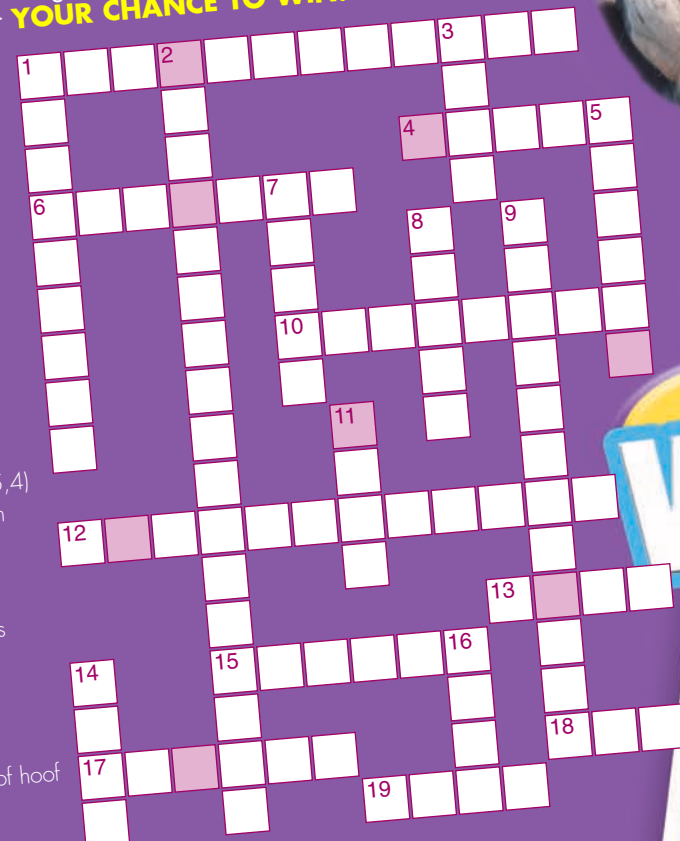
Simply put your answers to the clues into the crossword below. Then rearrange the letters in the highlighted boxes to reveal the answer to this question:
'A skin infection that affects horses legs in muddy conditions is called?'
Complete the entry form below, don't forget to include your answer to the question and send back to us for **YOUR CHANCE TO WIN.**

ACROSS

- 1 Native breed of carriage horse (9,3)
- 4 Black coloured native breed
- 6 Coloured ribbon given as a prize
- 10 Chewing vice
- 12 Exciting phase of eventing (5,7)
- 13 Naughty ponies might do this especially with pack pain
- 15 You might do this when out of control!
- 17 Native breed of pony
- 18 Front of foot
- 19 Ball game on horseback

DOWN

- 1 Useful when your pony is moulting (5,4)
- 2 Use this person to keep your horse in full health (10,7)
- 3 Food item which can also be used in poultice
- 5 Item of grooming used to keep eyes and nose clean
- 7 Pattern of clip
- 8 Joint of foreleg just in front of girth
- 9 Large strong breed often crossed
- 11 'V' shaped soft part of underside of hoof
- 14 This colour of pony is difficult to keep clean
- 16 Point of horse between its ears



WIN a V-Bandz Horse & Rider Starter Fluorescent Set (One Size), comprising of a rider hatband and tabard, and for the horse there are legbands, a tail guard and a noseband. This set is EN1150 compliant in 2009.



A winner will be chosen from all the correct entries received before the closing date, Friday 23rd October 2009. Answers will be revealed in the next issue of Equine Review. The editors decision is final, no correspondence will be entered into.

ANSWER

Please indicate your preferred colour of Rider Starter Set:

Yellow ☐ Pink ☐

Name _____

Address _____

Postcode _____

Send your completed entry to: Crossword Competition No.2 XLVets, Carlisle House, Townhead Road, Dalston, Carlisle, CA5 7JF

Daytime Telephone Number _____

Email _____

XLVets Practice Name _____

☐ I do not wish to receive further information from XLVets

☐ I would like to receive further information from XLVets by e-mail