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.

XLVets Member Practices

- 608 Vet Group
- Allen and Partners
- Alnabirumia Veterinary Group
- Andrew House Veterinary Hospital
- Belmont Veterinary Centre
- Bishopston Veterinary Group
- Cain Vet Centre
- Calleva Veterinary Practice
- Castle Veterinary Surgeons
- Chapelfield Veterinary Partnership
- Cliffe Veterinary Group
- Clyde Veterinary Group
- Drove Veterinary Hospital
- Endell Veterinary Group
- Farm First Veterinary Services
- Fairfield Veterinary Centre
- Frans Moor Veterinary Clinic
- Glenthorne Veterinary Group
- Hook Norton Veterinary Surgeons
- Kingfisher Veterinary Practice
- Kingsway Veterinary Group
- Lambert Leonard & May
- Larkmead Veterinary Group
- Macpherson O'Sullivan Ltd
- Milford Veterinary Group
- Minster Veterinary Practice
- Northleat Veterinary Group
- Paragon Veterinary Group
- Penbode Veterinary Group
- Rosewain Veterinary Practice
- Rutland Veterinary Centre
- Scarsdale Veterinary Hospital
- Scott Mitchell Associates
- Shepton Veterinary Group
- Southfield Veterinary Centre
- St Bonfords Veterinary Clinic
- Thrums Veterinary Group
- Tymdale Farm Veterinary Practice
- Wensum Valley Veterinary Surgeons
- Westmorland Veterinary Group
- Willows Veterinary Group
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www.xlvets.co.uk

AUTUMN 2009
XLVETS EQUINE REVIEW
FOURTH EDITION

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...

Sarcoids
Dony
Equine AUTUMN NEWSLETTER
Any foal born in 2009 must now be microchipped and a passport issued. 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.

Older horses not in possession of a passport may still get one, but they must also have a microchip implanted. These horses may not enter the food chain.

Microchipping is a safe, effective and tamperproof way of identifying horses. Since 1999 all Thoroughbreds registered with Weatherbys have been microchipped and latterly the Fell Pony Society and SABG 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. 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 documentary 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. Must 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.

Microchips are a basic identity passport. They should last the lifetime of the horse.

Microchips provide a good tamperproof way of proving ownership of a horse and will also help to provide links to documentary 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.
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.

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 Surgeons (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.
Equine PHYSIOTHERAPY CONTINUED...

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.

For further information please visit; www.acpat.org

2008 OLYMPIC GAMES

PHYSIOTHERAPY AT THE...

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 thoromhion NPR
- 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 DJ or OCD.
- Minimising dysfunction and disability in degenerative conditions.

Horses may present with a variety of symptoms, such as:
- Stiffness and resistance of movement.
- 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, Prовой, 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:
- Reeducating gait, balance and posturoception (spatial awareness).
- Improving strength and flexibility.
- Expanding and 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.

...in the 2008 Olympic Games.

In the 2008 Olympic Games, the equine athletes were treated with physiotherapy to maintain their physical fitness and performance. The horses were monitored closely and were treated regularly over the course of the Games. The physiotherapy treatment was 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.
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 occur in a more aggressive form so great care should be taken before deciding on surgery), they can be variable 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 regrowth may occur after treatment. They are thought to be caused by the bacteria Pseudomonas Virchus 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:

**NORMAL SARCOIDS** are firm spherical nodules found under normal looking skin, they can be variable in size and number and some can ulcerae and become fibroblast.

**VERRUOUS 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 in the mouth, eyes and neck.

**FLAT (OCCULT) SARCOIDS** are single or multiple patches of hair loss which may occur after treatment. They are thought to be the result of repeated trauma e.g. movement of the horse, covering the Sarcoid with bedding, applying a答题 to the site, or allowing the Sarcoid to regress but should only be applied by a veterinary surgeon under strict management conditions.

**NODULAR SARCOIDS** are firm spherical nodules which are seen particularly around the mouth, eyes and neck. They can be variable 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 regrowth may occur after treatment. They are thought to be caused by the bacteria Pseudomonas Virchus which may be spread by flies (the face fly Musca autumnalis) which act as vectors spreading the infectious agent between individuals.

**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 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 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.

**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.

**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.

**INJECTIONS OF CYTOTOXIC CHEMICALS:** the extract 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 to destroy it would be difficult.
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.

**EARLY PREGNANCY (18 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 body 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 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.

**LATE PREGNANCY (LAST 3 MONTHS)**

- During this time, the unborn foal grows rapidly. It gains 65% of its birth weight 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 wisely 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.

**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...**

**PREPARING YOUR MARE TO BE PUT IN FOAL**

- Start thinking about the amount of body fat for 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 weightless 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 3.5-5.5 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.

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**EARLY PREGNANCY (18 MONTHS)**

A specific 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.

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In this day and age it is imperative to have good insurance to protect the investment you have made in your horse or pony, to protect yourself from claims from other people and so you may never have to make the heartbreaking decision to put your horse or pony to sleep because you can’t afford veterinary treatment.

Horde 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.

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 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. This 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 calc 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.

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 if we get stuck on the motorway.

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 horse people are like - we would spend all day gossiping about our horses and ponies if we could get away with it!
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 proopiomelanocortin. 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.

**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 coat, 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). Behavioral 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.

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.

**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.

**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.
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. 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. 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.

If a clinical case of WNV is confirmed, infection, protection and surveillance zones would need to be established. Mandatory slaughter might need to be employed to control an outbreak.

**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 sweet-itch. 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. 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 has produced a vaccine, Duvaxyn® WNV, recently licensed for use in Europe.

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

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!
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:

**PONY PAGES COMPETITION SPRING 2009 WINNERS:**

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

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.

**ANSWER**

Please indicate your preferred colour of Rider Starter Set:

- Yellow
- Pink

**Enter today**

**Good luck…**

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 editor’s decision is final, no correspondence will be entered into.

*For further Equine Information, please contact your local XLVets Practice.*

www.xlvets.co.uk