

White Lodge Equine Clinic

01643 703649 equine@whitelodgevetclinic.co.uk

Welcome to our Autumn Newsletter!

Welcome to the Autumn edition of our newsletter. With the unprecedented dry summer, specific problems are likely to arise this autumn with horses, including colic as discussed below. Hopefully by the time this newsletter makes it to you we will have had some rain and grass growth! However, with the grass in short supply, horses are likely to start seeking other forms of food - don't forget ragwort, acorns, sycamore, water dropwort, yew, and bracken have all growing annoyingly well still, and can cause severe issues and death. Please check all of your grazing (even over the fences!), and if you have any concerns please call!

In staff news, Hannah has sadly left us to pursue her dream of travelling and we wish her every success in the racehorse practice near Melbourne she's moving to!

Thank you for your two years with us Hannah!



We have also recently welcomed Charlotte, who will have met many of you while she spent time with us as a student. Charlotte graduated this year from the University of Bristol, and will be splitting her time between the farm and equine practice and companion animals. Charlotte has four horses and two dogs at home keeping her busy, as well as enjoying wild-swimming, running, yoga and surfing!

FAREWELL MR BROWNE!

We have recently celebrated the retirement of Philip Browne after 52 years in practice! Philip qualified as a Veterinary Surgeon from Bristol University in 1970, and only managed to stay away from Minehead for three and a half years after qualifying, before returning to work as a mixed vet for the founders of White Lodge - George Carter (Philip's cousin) and Bill West.

Over the years Philip gradually honed his interests from covering all species, to point-to-point and National Hunt racing, working as the lead vet for two large National Hunt yards and vetting at many local Point-to-Point races, along with other equine work.

In his now increased spare time, Philip loves shooting and Point-to-Point racing, with three working dogs and his own Point-to-Point horses. Congratulations to Philip for sticking with us for so long, thank you from us and all of our clients for all your hard work over the years!



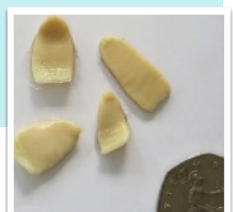
DOES YOUR HORSE REALLY NEED TAPEWORMING?

Traditionally, it has been advised to worm your horse against tapeworm every 6 months, with one of only two effective drugs (praziquantel and double dose pyrantel embonate). However, research has shown that potentially as few as 12% of the horses tested were found to need tapeworm treatment.

Over-treatment, while generally not harmful to your horse, is likely to speed up the development of resistance to our only effective medications, leading to severe long term complications for the whole equine population.

There are two methods to test for tapeworm - blood and saliva. The saliva kit can be purchased from us, and sent off to assess whether treatment is necessary or not.

If you have any questions about tapeworms or worming in general then please contact us for horse-specific advice!



Anoplocephala tapeworms

Focus on: AUTUMN COLICS

Colic can affect any horse, at any time, but specific times of year or circumstances can make certain types of colic more likely.

Colic isn't a 'disease' - but a description of abdominal pain (normally the guts), caused by a wide range of potential causes, from mild gut cramps, to life-threatening twisted bowels.

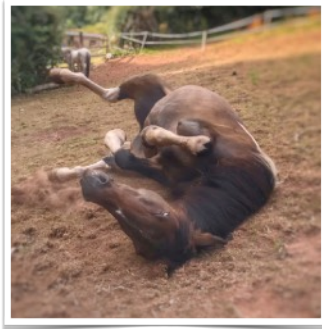
Impaction colic

Impaction colic is where a large amount of (normally) food gets stuck in a part of the guts. The most common place for this is the 'pelvic flexure' - a 180° turn in the bowel at the back/left of the abdomen. A sudden change in a diet, normally an increase in the amount of hay/straw being fed is a common cause for this, especially when combined with a reduced water intake.

Impaction colics often need quite intensive medical treatment, and can require surgery if medical treatment isn't working.

Spasmodic colic

Any change or stress can lead to a spasmodic colic, where the guts are in 'spasm' or stretched with gas, and they can be extremely painful. A 'simple' spasmodic colic should normally respond to medical treatment.



Worm colic

Different types of worms can lead to various colics, especially mild but unresolving colics, and impactions. Some horses may have built up a large worm burden over summer, especially if regular worm egg counts haven't been performed with treatments as needed. We have seen some very high worm egg counts in horses this year likely due to the short grass leading to indiscriminate grazing.

Colic after worming

Some horses can have colic reactions to wormers. This is usually caused by large numbers of worms dying and releasing irritants to the gut. These are normally spasmodic colics. Horses should always be monitored carefully for 24h after administering a wormer.

Tips to avoid Autumn Colic

Slowly does it!

Any changes in a horses' management can affect the guts, leading to colic. All changes should be made gradually (over two weeks) if possible to reduce the chances of an issue, such as changing feeding or stabling regimens.

Does my horse need worming?

The decision to worm your horse will be based on many factors, and speaking to your vet if unsure is the best plan to ensure the best treatment!

Keep drinking!

Hydration is particularly important to reduce the chance of impaction colic. Ensure your horse always has easy access to fresh, clean water that isn't too hot or cold, consider soaking feed, and break ice on troughs regularly.

CUSHING'S DISEASE - TIME TO TEST!

Pars Pituitary Intermedia Dysfunction (PPID), and more commonly known as 'Cushing's' in horses, is the most commonly diagnosed hormonal disorder of the horse. It is a disease of the pituitary gland in the brain which most commonly affects horses over 15 years of age.

Common signs of the disease include laminitis, long curly coat, a thick crest, lethargy, excess drinking and urinating and weight loss.

Testing or monitoring for the disease is most sensitive and therefore recommended to be carried out in Autumn if possible. The current first-line test is the measurement of ACTH hormone concentrations. If results come back in a grey-area then a TSH stimulation test may be recommended to give a more reliable result.

Treatment of the disease starts with a daily tablet of a dopamine-like replacement hormone to replace the hormone that isn't being produced by the pituitary gland. This treatment is effective at managing the signs of the disease in most cases.

Horses may also need management changes as well as tablets - such as clipping more frequently or increasing exercise to avoid obesity and laminitis.

If you're concerned your horse has Cushing's, or hasn't been tested recently and is on treatment, then give us a call to book in for a blood test - these can be done on zone visit days too!

