



Equine Newsletter Summer 2022

CVC Clinic News

Welcome to the last CVC Equine Newsletter for 2022! Now the sun has finally decided to come out, we hope everyone is enjoying some quality time with their equine friends! Our vets have been enjoying meeting lots of new foals this season and making sure mum and bubs get the best start after foaling. It has also been a very busy few months for laminitic ponies and foot abscesses no thanks to the wet and muddy weather. This newsletter covers some important topics for this time of year including common eye injuries in horses, equine metabolic syndrome and some case studies from the last few months. CVC would like to welcome Suzanne Cameron to our team as receptionist. Be sure to say hello to Suz, next time you are in the clinic! Information on our opening hours throughout the Christmas/New year period can be found on the following page.

Camperdown Veterinary Centre

1 Leura Street , Camperdown

Ph: (03) 5593 1077

Hours:

- 8:00am – 5:30pm (Monday – Friday)
- Medication and food collections only on Saturday mornings

24-hour emergency service available by calling 5593 1077 and following the prompts.

Equine Health Care Package

The equine health care package aims to provide an annual health assessment of your horse and address any preventative health needs such as vaccination, deworming, and dental health.

The package includes the following:

- An extensive clinical examination by one of our vets including body condition scoring, hoof and musculoskeletal assessment, skin assessment, weighing and cardiovascular assessment.
- A dental health examination to identify any pathology or dentistry requirements
- Vaccination booster administration
- Two (2) faecal egg counts to be used throughout the year
- An Equest dewormer
- For senior or competition horses blood testing can be performed at this visit however laboratory charges will still apply.



Valued at over \$700, this package aims to promote regular preventative health care in our horses so they can live long and happy lives. Afterall, prevention is better than cure!

We are also offering a group discount if you book in 2 or more horses on one property on the same day, so why not get a group together and take the first step to having happier healthier horses!

If you are interested in booking your horses in for their annual health check or have any questions regarding the package, please do not hesitate to contact the clinic on **5593 1077**.

*Please note travel charges may vary depending on location. We also have an equine facility available for use if you would like to travel to us and avoid travel charges.





Merry Christmas and a Happy New year from the CVC Team!

The clinic will be closed over the Christmas and New Year period while our staff take a short break to regroup before 2023.

We will have a vet available for any emergency visits required during this time.

If you are planning any stock work during this period that requires medication (such as ram sedation etc.) please get in touch now to order before we close.

Special orders will need to be placed by the Friday the 9th of December to ensure they arrive in time for Christmas.

Please note our opening hours for the holiday period below:

Saturday December 24th 2022	Christmas Eve	CLOSED—Emergency only
Sunday December 25th 2022	Christmas Day	CLOSED— Emergency only
Monday December 26th 2022	Boxing Day	CLOSED— Emergency only
Tuesday December 27th 2022	Christmas Day Public Holiday	CLOSED— Emergency only
Wednesday December 28th 2022	Boxing Day Public Holiday	CLOSED— Emergency only
Thursday December 29th 2022		CLOSED— Emergency only
Friday December 30th 2022		CLOSED— Emergency only
Saturday December 31st 2022	New Years Eve	CLOSED— Emergency only
Sunday January 1st 2023	New Years Day	CLOSED— Emergency only
Monday January 2nd 2023	New Years Day Public Holiday	CLOSED— Emergency only
Tuesday January 3rd 2023	Normal hours	8:30am—5:30pm

Prescribing medications for your horse

To prescribe any medications to your animals, our vets are **LEGALLY** required to meet the following requirements:

- You must be a *bona-fide* client of Camperdown Veterinary Centre .
- Our vet team must have current knowledge of the management, health status and drug status of the animal and be satisfied there is a therapeutic or prophylactic need for use or supply of the drug.
- The vet must follow the requirements of the drugs and poisons and control-of-use legislation in our state.
- Our vets are confident that you understand the instructions regarding the use and storage of the drug (and where appropriate, identification of treated animals and relevant with-holding restrictions) and that you are able to use it properly and safely.
- The amount of medication being prescribed is reasonable for treatment of the condition for which the vet has documented the therapeutic need.
- If the drug is an anti-biotics, the vet has considered the expected infectious agent, spectrum of activity and implications of antimicrobial resistance.

The care of the animal by the veterinarian should be real and not merely nominal, i.e. there must be evidence of

Bona fide clients

A bona fide veterinarian-client relationship exists where each of the following occurs:

- The veterinarian has assumed responsibility for making judgments regarding the health and welfare of the animal and the need for treatment, with the owner's (client's) agreement.
- The veterinarian has sufficient knowledge of the animal to initiate at least a general or preliminary diagnosis of their medical condition. This means that the veterinarian has recently seen and is personally acquainted with the keeping and care of the animal by virtue of a clinical examination, or by medically appropriate and timely visits to the premises where the animal are kept.
- The veterinarian is available, or has arranged for adequate emergency coverage, for follow-up evaluation in the event of an adverse reaction or failure of the treatment regimen.

personally having contact with the animal for diagnosis and treatment and of assuming personal responsibility for the diagnosis, treatment and outcome.

For our vets to reasonably meet the above legal requirements, it is crucial that your horse has a clinical examination so that an accurate diagnosis can be determined and a suitable treatment plan commenced.

At Camperdown Veterinary Centre our clinic policy is that we have to perform a clinical examination i.e. physically see your horse every 12 months to satisfy the requirements of you being a bona fide client of the clinic and our vets having reasonable knowledge of your horses health status and management.

While we understand that these requirements are not necessarily convenient, please understand that we have a legal obligation to provide a veterinary service within these regulations.

CVC offers an **Equine Health Care Package** which can be used to establish a bona fide veterinarian-client relationship to meet the above criteria for your horses.

Equine eyes

Eye trauma is very common in horse due to their large eyes and eye position. Horses eyes are positioned on the sides of their head making them particularly vulnerable to ocular trauma. We often see an increase in horse eye disease during summer and autumn when there are lots of grass seeds and horses are eating lots of hay. Spring also brings lots of possible allergens to stimulate horses immune systems. If your horse has any type of ocular abnormalities we highly recommend getting a veterinary assessment as early intervention is key to success in treating ocular disease in horses. Below are some of the more common conditions we see in horses eyes.

Corneal ulceration

Corneal ulcers are the most common traumatic eye injuries we see. The cornea is the transparent membrane on the surface of a horses eye. When this surface is disrupted an ulcer forms. During an ocular examination, fluorescein stain is used to assess the integrity of the cornea surface. If an ulcer is present it will show up yellow with the stain as pictured right. The success of treatment for corneal ulcers depends on the depth of the ulcer and how long before treatment is initiated. Superficial uncomplicated ulcers should heal in 5-7 days but in some cases they require weeks of medication or surgical debridement. Swelling around the eye, discharge and holding the eye closed are common signs your horse may have a corneal ulcer.



Conjunctivitis

Conjunctivitis is inflammation of the mucous membrane tissue covering the inside of the horses eyelids. Conjunctivitis is very common in summer due to allergies and insect hypersensitivities. Horses will often have swollen, itchy red eyes with discharge as shown right. In some cases anti-histamines and control of environmental factors are required such as soaking hay and using a fly mask.



Eyelid lacerations

Eyelid injuries are common if a horse catches its eye on a sharp object. Eyelid lacerations and corneal ulcers often occur together due to trauma. The prognosis for recovery of an eyelid laceration is usually good following surgical repair. Antibiotics and anti-inflammatories may be needed in some cases.



EQUINE EYE CASE STUDY

Monet is a 9-year-old, thoroughbred mare presented for assessment of a sore eye following an accident while tied to the float. Monet's owners found her unable to open her eye after hitting it on the side of the float.

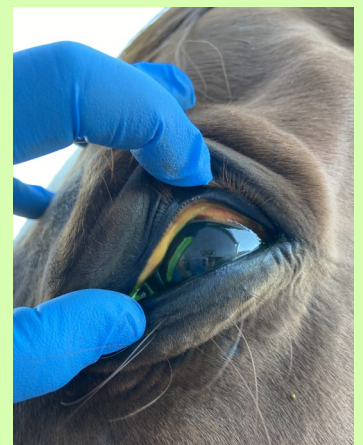


A complete ocular examination was performed by Dr Allie under sedation to assess the eye and ensure there were no foreign bodies in her eye.

Fluorescein stain was added to the eye and revealed a large corneal ulcer of the left eye, as shown in the image to right.

Luckily for Monet there were no foreign bodies in her eye. Because she presented as soon as the injury happened, there was very little time for inflammation and infection present in the eye and her prognosis for recovery was good.

Monet was started on an intensive course of topical ocular antibiotics, systemic anti-inflammatories, autogenous serum given every 3 hours and pain-relieving eye drops for several days. Following a re-visit after 5 days of treatment Monet was given the all clear as the ulcer had healed completely. Monet has made a full recovery and is back out and about!



Equine Metabolic Syndrome

Equine Metabolic Syndrome (EMS) is a disorder associated with an inability to regulate blood insulin levels (insulin dysregulation). Affected horses commonly show increased regional fat deposition and a reduced ability to lose weight. When affected horses consume meals high in specific carbohydrates (e.g. green grass or high grain feeds), their bodies produce higher than normal levels of insulin and are slow to return to baseline values. It is not known exactly how high insulin levels increase a horse's risk of developing laminitis; however, it is believed that the laminae are highly sensitive to the large amounts of circulating insulin, resulting in the development of laminitis (inflammation of the hoof laminae aka foundering). Some horse breeds are genetically predisposed to developing EMS including Warmbloods, Standardbreds, quarter Horses and most pony breeds.



Clinical signs of EMS may include:

- Regional adiposity—excessive fat in areas such as crest, prepuce, tail base, udder, and above the eyes.
- Generalised adiposity (obesity)
- Recurrent laminitis, especially when grazing pasture



Diagnosis of EMS is based on history, clinical signs and a thorough physical examination by your vet. There are a number of diagnostic tests available for EMS ranging from tests screening for insulin resistance to dynamic testing which involves fasting your horse overnight, taking baseline insulin and glucose levels then repeating testing after a meal.



Management of equine metabolic syndrome requires strict dietary modification with the addition of exercise to reduce obesity and improve insulin sensitivity. The prognosis for horses with EMS varies from horse to horse. Many horses respond well to management through diet and exercise. Horses that are “easy-keepers” or have persistently high insulin levels can be more challenging to manage and may require medical treatments.

Although proper treatment can reduce clinical signs, there is no “cure” for EMS. The aim of EMS management is to get your horse to a healthy body condition score and mobility level to allow regular exercise.

CASE STUDY: Bob

Bob is an 11-year-old Welsh Pony that is used for showing and pony club riding. Dr. Ness was called out to examine Bob as he was still experiencing laminitic episodes and bouts of lameness following work, despite the owners' best efforts to manage and restrict his diet. Even with anti-inflammatories (Bute) on board. Bob was still uncomfortable and not sound enough to ride. On clinical examination, Bob was deemed to be in good body condition (5/9), however he did have regional adiposity (fatty deposits) over his rump and crest region. Radiographs of Bob's front feet were taken to assess the health of the pedal bone (looking for evidence of pedal bone rotation, sinking and sole depth) and to assist with future farriery appointments. The hoof radiographs illustrated distal displacement of P3 in both feet, however the right fore appeared to have more significant rotation and distal displacement of P3. The length of the yellow lines between the dorsal aspect of pedal bone and hoof wall will increase in size (cm) as laminitis progresses as seen on the radiographs. We have adequate sole depth on both left and right fore feet.

Blood was also taken at the time of the appointment to determine both his insulin and cortisol levels. Bob was diagnosed with Equine Metabolic Syndrome following recurrent episodes of pasture associated laminitis and an elevated resting hyperinsulinemia. EMS is characterised by insulin dysregulation and abnormal adipose tissue distribution. This syndrome results from an interaction between genetics and environment and thus the risk of laminitis in the individual animal therefore depends on the relative weighting of these influences.



CASE STUDY: Leroy's unfortunate accident!

Leroy is a 20-year-old Welsh Pony gelding who presented to CVC for assessment of a swollen eye following a paddock accident.

Leroy's owners found him with a swollen face and blood nose after what they suspect was a kick to the head from his cheeky paddock mate. Initially, Leroy was given a course of an anti-inflammatory which helped but when he came off the medication his face and eyes both swelled up!

At the time of presentation, the tissue surrounding Leroy's eye was so swollen you could not see his eye! This condition is called chemosis and is where the conjunctival tissue surrounding the tissue becomes severely inflamed and swollen. He also had a large painful bump right in the middle of his forehead which held great concern for a skull fracture.

Under sedation and with the help of some nerve blocks, Dr Allie was able to perform a full ocular examination of Leroy's eye and establish that the eye itself was healthy. Whilst Leroy's eye looked normal it was at a high risk of corneal ulceration due to the surrounding swelling. He was started on a number of topical eye medications including anti-biotics and anti-inflammatories.

Whilst he was sedated, Dr Allie also took some radiographs of Leroy's skull to determine if there were any fractures. Radiographs of his skull revealed a large skull fracture (red arrows) and nasofrontal suture line periostitis (yellow arrows shown right). The fracture involves multiple bones of the skull including the frontal, nasal and lacrimal bones. Leroy also had a significant amount of blood sitting inside his sinuses which put him at risk of developing sinusitis. He was started on a course of systemic antibiotics to prevent this occurring as bacteria and fungi love to grow in blood!

Horses' skulls are made up of multiple bones (colourful diagram shown) which are held together by slightly flexible junctions called bone sutures. These junctions allow very slight movement of the bones as the head grows, allowing growth of the brain and other internal structures of the skull. In adult horses a horizontal swelling on the front of the face can develop called nasofrontal suture line periostitis. These are often non-painful swellings that self-resolve with time. When trauma occurs at the suture near the eye, the swelling can cause blockage of the nasolacrimal duct (tear duct) and results in excessive tearing and swelling of the periocular tissues. This is what happened in Leroy's case!

We also suspected that the instability of his skull fracture was causing great pain every time he moved his mouth. For this reason, he was placed on a complete slurry diet to limit how much he had to chew his food while his fractures healed.

After many weeks of treatment and TLC, Leroy is back to his mischievous self, shown here enjoying the spring sun!

