MAYES & SCRINE
EQUINE VETERINARY PRACTICE

Autumn

Newsletter 2021

In partnership with University of Surrey

We are very proud to be in partnership with the University of Surrey Veterinary School. It is the UK's newest School of Veterinary Medicine, creating a vet school that is different, offering an alternative way to provide practical experience to its students. This involves us offering their final year vet students IMR – Intra Mural Rotation - within term time. Each student is allocated a CIM – Clinical Instruction Mentor – our veterinary surgeons teach the students practical day 1 skills, the students are continually assessed and results are fed back to the University towards completion of their veterinary degrees.

The placement gives students opportunity to experience all aspects of first opinion equine veterinary care under close supervision. It is vitally important that students gain experience in basic routine work like dental rasping, vaccinations, respiratory and skin conditions as well as assessing lameness, along with the opportunity of observing surgical procedures and providing pre and post op care.

The CIM's go through training to provide a consistently high level of teaching. Our CIM's are Judy Scrine, Chris Shepherd and Debbie Jackson.

FEI Permitted Treating Veterinarian

Debbie Jackson has recently passed an examination to be an FEI Permitted Treating Veterinarian (PTV). This means that she is now allowed to treat horses whilst they are competing at FEI events. The point of the examination is to ensure that PTV's understand the rules for clean sport and are therefore are able to treat horses at competitions within the rules.

She has always wanted to work with competition horses at the top of their game and being a PTV is the next rung on the ladder towards this goal - she would eventually like to become and FEI Official Veterinary.

She is looking forward to hopefully seeing some of our clients out and about at competitions soon.

Horse & Hound Awards

The Horse & Hound Awards are back for another year - celebrating the stars of equestrianism, in partnership with NAF.

Baileys Horse Feeds Vet of the Year

They are looking for an outstanding equine vet who has made a real difference to the horses in their care.

Please nominate the vet you feel deserves recognition, it would mean so much to them:

bit.ly/3ClAfAN

Nominations close at 5pm on the 30th September.

New team members

We have welcomed two new members to our team over the last couple of months, Catherine Ardern joins our Veterinary Surgeon team and Georgie Stevens joins our Nursing team!

Catherine Ardern

What is your job description?
I am the newest member of the veterinary team, having come from an internship with an equine hospital in Devon. I am enjoying dealing with all aspects of equine veterinary work and have a particular interest in reproductive work and internal medicine.

What do you find most rewarding about your role?
Getting to know clients and their horses and being able to help during difficult times. Seeing an issue through to a positive outcome is very rewarding.

What do you like to do in your spare time?
I like to spend time socialising with my family and friends. I enjoy eating out, cooking and entertaining. Having just moved to the area I like to explore the countryside with my dog.

Do you have pets?
Wilma is 5 years old and I rescued her from life as a stud bitch through a friend who is a small animal vet. She is very good company and will do anything for a titbit!

What is the one thing you can't live without?
My family! We are very close and they have always supported me in everything that I do.

What is one of the things on your bucket list?
I've always wanted to visit the Galapagos Islands to explore the islands and their unique and diverse wildlife.

Describe your practice in 3 words?
Friendly, funny, hard-working!

What is your favourite food and drink?
Baklava and iced tea!

Georgie Stevens

What is your job description?
I am a groom and nursing assistant. This involves anything from mucking out, to running up horses for lameness exams and day to day equine husbandry.

What do you find most rewarding about your role?
Seeing lots of different types of horses coming and going to the clinic. Seeing the process of a poorly horse coming in to the clinic and seeing the treatments they are given and going home in a better condition. I am enjoying learning the diagnostic techniques and procedures used in a lameness work up.

What do you like to do in your spare time?
I spend much of my spare time with my two horses. Kitty is an ex-racehorse I recently acquired who I am currently retraining in the hopes of competing in the future and Rosie is my older horse who is semi retired. I also enjoy drawing and my main focus is animal portraits.

Do you have pets?
Apart from Kitty and Rosie, we have two dogs Lilly and Letti who lead the life of riley mainly on the sofa!

What is the one thing you can't live without?
My horses and my phone! In that order!

What is one of the things on your bucket list?
I would like visit South America!

Describe your practice in 3 words?
Dedicated, fun, organised

What is your favourite food and drink?
Brownies and gin!

Preparing your horse for autumn

Stabling

If your horse has been out 24/7 all summer and they're going to be stabled more often in autumn and winter, make sure the transition to coming inside is gradual so they can adjust to the change in routine.

Start with short periods of stabling, gradually increasing the time spent inside over a period of weeks.

A useful tip: If your horse is reluctant to drink from the bucket in his stable, try filling it up using the water supply in his field, which he's been drinking all summer.

Autumn worming

Targeted worming is essential to reduce the incidence of resistance to wormers and involves only treating your horse when required, based on faecal worm egg counts (FWECs). FWECs should be done every 3-6 months, depending on the horse and its environment. The horse will only need worming if the faeces sample contains a high number of worm eggs.

Tapeworms and encysted cyathostomins (red worms) are difficult to assess based on a FWEC and therefore treatment of 'at risk' patients may be required and should be based on advice from your veterinary surgeon.

If your vet thinks your horse is at risk, they may recommend treatment in autumn but not all horses will need deworming.

Preparing your horse for autumn

Weight management

How is your horse looking after the summer? Have they lost weight or put on too much?

Now is a great time to body condition score them so you can adjust the feed accordingly.

For a guide assessing your horse's condition, visit:

www.bluecross.org.uk/pet-advice/how-body-score-your-horse

Review your horse's nutritional needs

Whether you have an ex-racehorse or a traditional cob, fibre should be at the centre of any horse's diet.

As temperatures drop, grass growth will slow and its quality will decrease, so it is important to add fibre to your horse's diet to maintain a healthy digestive system. Caution is required as autumn can be surprisingly warm and wet and it is not uncommon to have an autumn flush of grass.

Hay is the most common way of providing your horse with fibre and meeting their nutritional needs.

Do not give your horse hard feed if they do not need it. Feed a balancer instead, which provides the essential vitamins and minerals that a horse needs, without providing extra calories.

Whichever fibre and feed option you choose for your horse, be sure to make any dietary changes slowly to reduce the risk of colic.

Clipping

Most people who exercise their horses over the autumn and winter months tend to have them clipped to minimise sweating and ensure they dry quicker. As we all know, horses can be unpredictable and some can feel anxious about the clipping process. To help keep their handler safe, many horses therefore require sedation for clipping. This can be administered by the owner using an oral syringe (available from your vet practice), or sedation can be given by your vet via intravenous injection. Please note horses can still kick out even when they have been sedated.

Please give us a call if you would like us to come out and sedate your horse.

Preparing your horse for autumn

Mud Fever

Make sure you check your horse's feet and legs daily for signs of skin damage, as these conditions are much easier to treat when caught early.

This time of year puts horses' feet at an increased risk of abscesses and thrush. Mud fever on the lower limbs is also more common during late autumn and winter.

Signs of mud fever include lesions, scabby areas and discharge between the skin. There may also be heat and swelling present. The skin becomes inflamed and looks red and irritated.

Treating mud fever:

- Removal from wet and muddy conditions
- Carefully trim the hair from the affected area
- Remove dirt and scabs using a mild anti-bacterial warm water wash
- Dry very thoroughly
- Speak to your vet who may suggest applying an anti-bacterial, anti-fungal, antibiotic or anti inflammatory ointment

Poisonous Plants

There are a number of poisonous plants which can lead to disease in horses. As autumn arrives, the grass growth starts to slow, and this can lead to horses accidentally ingesting poisonous plants, such as:

- Oak leaves & acorns
- Sycamore seeds and seedlings
- Bracken
- Yew
- Rhododendron
- Buttercups
- Deadly nightshade
- Privet
- Foxglove
- Ivy
- Ragwort

Maintaining a good pasture is essential in minimising the risk of exposure to these toxic plants and it is really important to regularly check your horse's paddock regularly. Removing these plants will prevent your horse from ingesting them.

If you suspect your horse has been poisoned, call your vet immediately. Don't take any risks!

Preparing your horse for autumn

Exercise

If your stabled horse can't be turned out as often during the autumn/winter they will still need regular leg stretches, either in-hand or ridden. Ideally, every horse should be allowed daily turnout in a paddock or arena to move around and have a good roll too!

When exercising your horse during the colder months, it's important to warm them up and cool them down properly. Long hours in the stable may make your horse stiff, and the colder weather means muscles take longer to get going.

Over–rugging your horse

When the temperature gets cooler, it can be tempting to start wrapping your horse up just because you feel chilly, but it's important that you don't over-rug them.

It can be a big problem during autumn, as it can be cold in the early morning and during the night. However, during the day the temperature can rise to the mid-teens, so a horse that is left in a rug that's too thick can easily overheat.

Over rugging overweight horses can also hinder weight loss efforts and many unclipped overweight horses do not require rugs at all.

A good quality and well-fitted rug, that is waterproof and windproof will be most efficient, rather than worrying about tog value.

Be safe & be seen

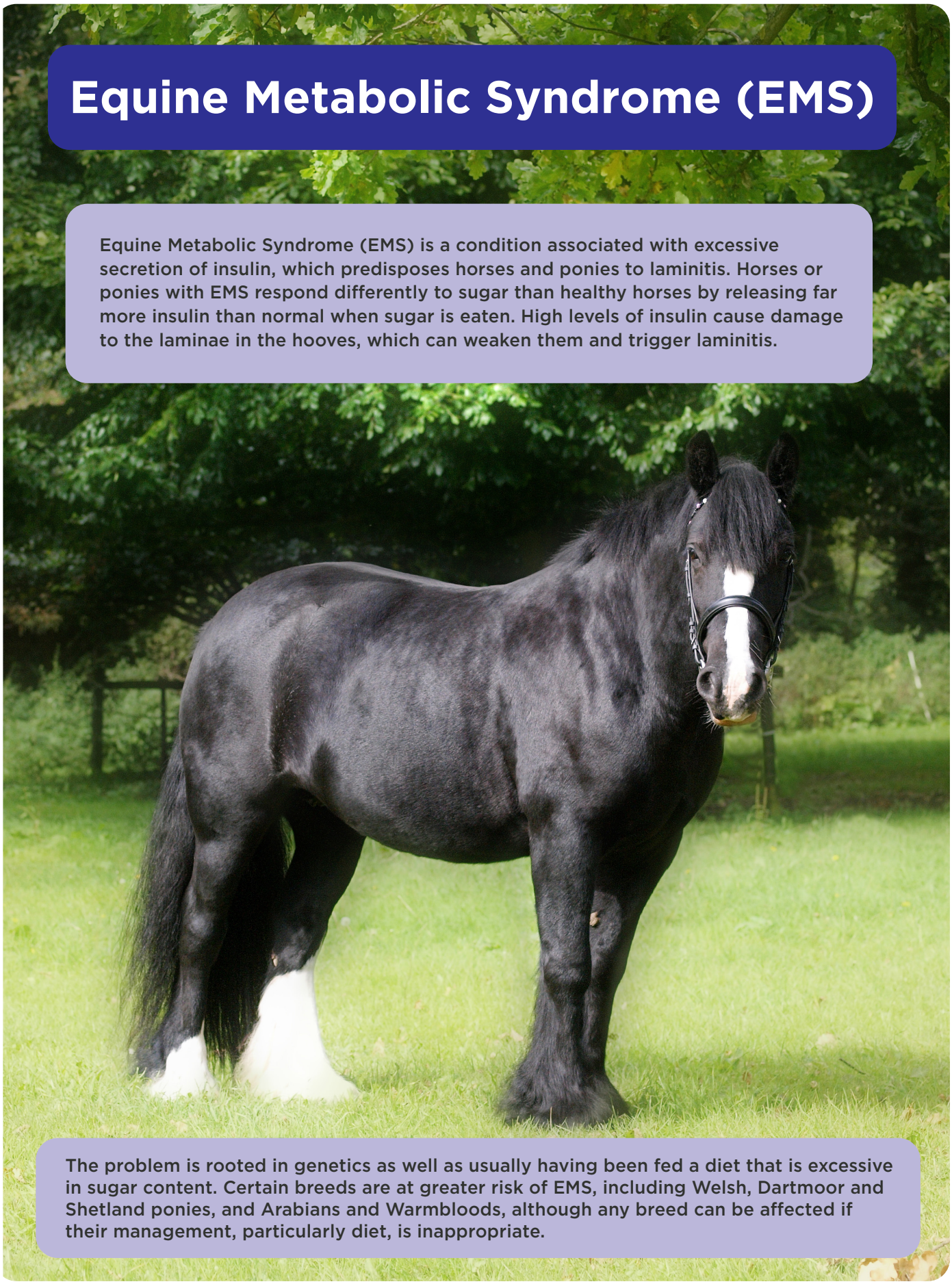
As at any time of year, you and your horse should wear hi-viz gear when hacking out and it's especially important in autumn and winter. Daylight begins to fade earlier, and poor weather conditions can affect your visibility.

Here are some tips to keep you and your horse safe and seen on the roads:

- Be confident to give your horse confidence
- Always ride single file
- Make sure you're clearly visible from the front, rear and above
- Wear approved protective headgear
- Always make sure you are alert, and look and listen out for traffic and other hazards
- Use the correct hand signals to communicate with other road users. Smile and say thank you – nod your head or raise your hand

Equine Metabolic Syndrome (EMS)

Equine Metabolic Syndrome (EMS) is a condition associated with excessive secretion of insulin, which predisposes horses and ponies to laminitis. Horses or ponies with EMS respond differently to sugar than healthy horses by releasing far more insulin than normal when sugar is eaten. High levels of insulin cause damage to the laminae in the hooves, which can weaken them and trigger laminitis.



The problem is rooted in genetics as well as usually having been fed a diet that is excessive in sugar content. Certain breeds are at greater risk of EMS, including Welsh, Dartmoor and Shetland ponies, and Arabians and Warmbloods, although any breed can be affected if their management, particularly diet, is inappropriate.

Equine Metabolic Syndrome (EMS)

How is EMS recognised?

A predisposition to laminitis is the commonest reason to suspect EMS. Indicators of this can include poor horn quality, uneven or divergent growth rings on the hooves, flat or convex soles, divergent white lines and chronic foot infections. Lameness is not always obvious and hoof damage often occurs gradually and apparently painlessly in many cases. Your vet may take x-rays of your horse's feet to determine the severity of any structural changes within the foot following laminitis as sometimes such changes occur without obvious signs of pain.

Obesity is also a typical sign of EMS and it may be seen as being generally overweight, or as localised uneven distribution of fat (e.g. fat deposits on the crest of the neck, above the eye, behind the shoulders or at the tail head) also known as regional adiposity.

How is EMS diagnosed?

Your vet may be suspicious of EMS based on the body condition of the horse and a history of laminitis, but a definitive diagnosis requires demonstration of abnormal regulation of insulin. Common testing methods include:

Karo Light Syrup Test (Oral Sugar Test)

Feed should be withheld for 3-6 hours (usually simply achieved by reducing the supply of overnight hay) and then giving a calculated dose of Karo Light corn syrup by mouth. Your vet will then blood sample your horse between 60-90 minutes later to monitor the blood glucose and insulin responses. The vast majority of EMS cases show abnormally high insulin values following this test, although a few other conditions can produce similar responses such as equine Cushing's disease (PPID), pregnancy, stress, anxiety and other generalised illnesses.

Resting or fasting glucose and insulin blood test

Glucose and insulin can be also measured after a horse has been eating its normal diet (e.g. after a haynet or a period of grazing) or sometimes after a short fast for a few hours. Normal results in these tests do not rule out EMS, but they do offer useful information regarding the suitability of the current diet by giving insight about whether or not the current diet stimulates insulin levels high enough to lead to damage to the laminae.

Adiponectin is a hormone made by fat tissue that affects insulin actions.

It is found to be abnormally low in most EMS cases.

How can EMS be managed/treated?

The most crucial element of treating EMS cases is to ensure an appropriate diet; both with respect to what is fed as well as how much. It is important to realise that high insulin levels are the cause of damage to the laminae, so a diet must be given that does not stimulate excessive insulin levels.

As sugars and starches are the major cause of insulin release, this must be targeted and restricted to no more than 10% of the horse's diet. Most mixes and cubes will contain higher levels of starch and sugar than this, and it is not unusual for hay to have higher values also. Any dietary changes should be made gradually (over at least 2 weeks) as a sudden, severe calorie restriction is potentially harmful.

Weight loss and increased exercise (if sound) are also helpful as leaner and fitter horses tend to release less insulin than overweight and unfit ones. In some cases, medication can be beneficial, although will never be a substitute for changes in management.

Forage

Hay is generally preferred as the source of forage as some evidence suggests greater insulin release after eating haylage.

Soaking hay for one to 12 hours (depending on the ambient temperature) will reduce its sugar content, although how effective this will be? is variable between hay batches.

Weigh your hay! In order to achieve weight loss, most horses should receive 1.2-1.5% of their body weight in forage every day, comprising hay and also everything else that is fed.

Equine Metabolic Syndrome (EMS)

Grazing

Access to pasture should be restricted or eliminated while EMS is being treated and rich, sugary grass definitely avoided, especially in the spring and summer, as this usually causes high insulin levels which cause further damage to the laminae.

Turning your horse/pony out with a grazing muzzle and restricting grazing to a small area of the field can be helpful in maintaining a healthy weight following on from a weight-loss programme. Turning out in a sand or woodchip pen or bare paddock with hay is better still. Also, turning horses/ponies out at night might reduce high sugar intake as the sugars within the grass are often lower during this time, although this effect can be variable.

Other feeds

Any additional feeds that are offered (e.g. to carry drugs or supplements) must be low in calories, sugar and starch. Non-molassed chaff-based products are good in this respect.

Anything else?

A feed balancer is important to include in the ration to ensure adequate protein, mineral and vitamin intake.

Do not feed treats as these are often high in sugar.

Medications:

Diet and exercise are the best way to manage EMS, but sometimes a little help is needed from short-term medication:

Metformin - decreases glucose uptake by the intestine, therefore reducing blood sugar levels and the insulin response.

Levothyroxine – may aid in weight loss by increasing the basal metabolic rate, but will also increase appetite so it is important that diet is restricted.

Exercise:

As long as laminitis is not currently present, and the feet are strong, daily exercise helps weight loss and decreases insulin levels. At least 30 minutes of exercise that makes your horse work (i.e. sweat!) several times a week is required to make a difference. Buying a heart rate monitor can be helpful in measuring how hard the horse has worked - aim for 110-170 beats per minute.

Regular Check-Ups:

- **Weigh tape** – using a weight tape weekly is helpful to see whether your horse's weight is going up or down and therefore whether dietary changes are required
- **Weighbridge** - this will give you a more accurate measurement of your horse's weight
- **Vet checks -** regular check-ups from your vet will help to monitor your horse's progress and allow for regular assessment of insulin levels

How can I prevent EMS?

Maintaining a fit horse with a low sugar diet and a healthy weight is the best way of preventing EMS!