Tarwin Veterinary Group

New Theory Pty Ltd A.C.N. 007 126 196

Equine Newsletter - Spring

Pregnancy Diagnosis in the Mare

While there are several methods for diagnosing pregnancy in mares, the mainstay is trans-rectal ultrasound. Using ultrasound for diagnosing pregnancy in mares has several advantages over other techniques such as hormone assays using blood or urine but the key advantage is that it can be performed very early in the course of pregnancy. Initial scanning is best done at 14 – 16 days of pregnancy as at this time the embryo is still mobile within the uterus which is important if twins are detected as one embryo can be popped at this stage with minimal risk to the twin.

Generally mares are rechecked for pregnancy at about 45 days when the foetus is fully formed and a heartbeat can be easily detected.

The procedure is generally well tolerated by most mares but some maiden mares and some fractious mares need sedation to allow the scanning to be done safely (both for the vet and the mare). It is essential to have a suitable crush and the Tarwin Vet Group has a strict policy of "no crush – no rectal" for all horses. Fortunately, we have a suitable crush at the Large Animal Centre in Leongatha that will allow any mare to be safely scanned. While there is always an inherent risk of a rectal tear when pregnancy testing a mare, good facilities and adequate sedation when necessary make this a very rare occurrence.

In the case where a mare cannot be transported to the LAC and suitable facilities are not available on farm to allow her to be safely pregnancy tested using the ultrasound, blood testing is a viable alternative. Oestrone sulphate levels can be measured after about 90 days of pregnancy and are generally a very reliable indicator of pregnancy and foetal viability. However, there is no way to determine if a mare is having twins with a blood test.

Wound care in horses – some tips and tricks.

Wounds are a frequent occurrence in the equine world. Wounds can vary in severity ranging from a scratch to a life-threatening wound such, as a penetrating wound into the chest. The first step in managing a wound is triage – deciding how serious the wound is. The location of the wound and the structures involved is one of the main determinates of severity. The structures involved in the wound may be obvious (such as bone or ligament), however, the extent of the damage (such as joint involvement) may not be fully apparent when the wound is first discovered.

Wounds to the legs are the most common and they often involve tendons, ligaments and bones. The extensor tendons are found on the front of the legs and the flexor tendons are found on the back of the legs. Damage to the extensor tendons is much less serious and usually results in a much more successful recovery that damage to the flexor tendons. Some wounds involve joints such as the fetlock, knee or hock. Wounds that involve these structures can be very serious and if an infection gets into a joint then specialist treatment is usually required.

If your horse is injured the first thing you should do is to stop any serious bleeding. Placing something firmly against the wound such as a tight bandage will usually stem all but the most serious arterial bleeding. Next, keep the wound as clean as possible before getting it assessed by a vet. This can be done by placing the horse in a stable or yard and washing off any mud with clean water.

Treatment of most wounds will require a course of anti-inflammatories and possibly antibiotics as well to be administered to the horse for a week or more. Always administer a Tetanus Antitoxin and a Tetanus Vaccination if your horse has not been vaccinated in the last 2 years. Bandaging the wound is also advisable, where possible, to reduce movement and facilitate healing. If the wound is fresh (e.g. < 24 hrs.), the vet can assess which tissues are viable (still alive) and the wound may be sutured together to help the healing process. As a very general rule, wounds on the head, neck and body should always be sutured, wounds on the upper legs are sometimes sutured and wounds on the lower legs are rarely sutured.

Wounds heal in 3 stages – inflammation, proliferation and maturation/remodelling. During the second stage of proliferation when the wound is trying to create new cells to enable it to heal, excessive granulation tissue (or proud flesh) can grow. Proud flesh occurs in many equine wounds. This is especially the case when there is a poor healing environment caused by excessive movement, infection or irritating substances being regularly applied to the wound.

There are many products in the market place to use on wounds. There is no research to show that any of them are superior and cause more rapid wound healing. There is however lots of evidence to show that some of them delay healing. Irritant substances used to prevent proud flesh (e.g. lotagen, yellow lotion, bluestone etc.) actually damage the new cells being formed and delay wound healing if used inappropriately.

*Cont.d….*Wound care in horses – some tips and tricks.

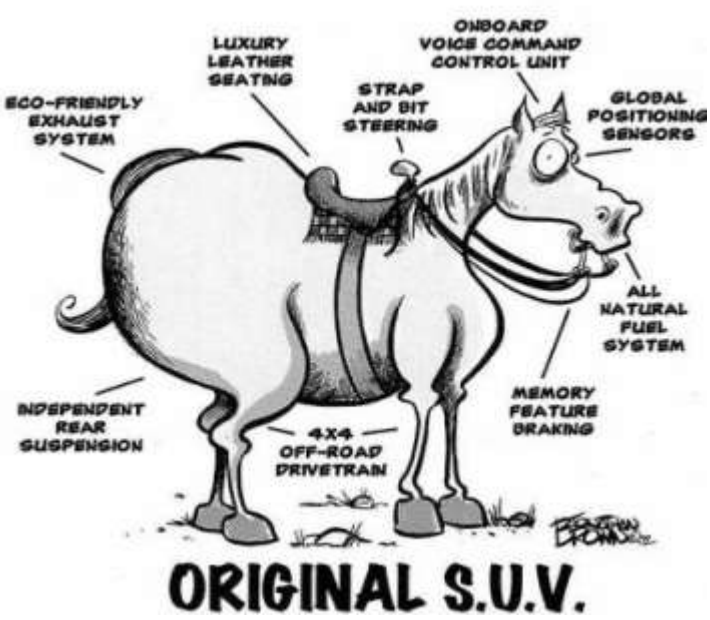
If your horse has a wound that develops proud flesh, then the pink, central part of the wound will grow outwards until it has grown higher than the edges of the healthy skin around the wound. If excessive proud flesh occurs then it may stop the wound from healing and needs to be surgically resected by your vet. The wound healing process is a long process, which can take months in some wounds. Consult your vet as soon as your horse is injured for the best outcome.

Worming Programs for Horses

As a horse owner you may be led to believe that keeping your horse worm free is as simple as giving them an oral paste every 6 weeks. In reality, these worming programs might be keeping worm numbers down in the short term, however such a program may actually be a cause of future illness in your horse through the development of drug resistant worms.

There are many different types of worms that can cause many different problems in your horse. Most worms can cause the horse to loose weight and occasionally have diarrhea. In some cases worms can even be life threatening. For example, one type of roundworm (*Stronglus vulgaris*) can migrate and lodge into the main blood vessels of the intestines starving them of blood causing death of the intestines and fatal colic. Also, large numbers of roundworms (*Parascarisacorum spp.*) can cause obstructions in foals causing life-threatening colic and Cyathastomes (small strongyles or small red worms) can cause severe diarrhea in adult horses. Horses at high risk of worms include young and immuno-compromised horses such as the sick, pregnant or old.

If extensive drug resistance develops in the worm population, there is a greater likelihood that disease related to worm infestation will become commonplace. Resistance has already been documented in Cyathastomes and P*arascarisacorum spp.* and widespread resistance is likely to develop if we keep worming at a 6-8 week interval. Protecting your horse from large worm burdens should be more about management rather than blanket drenching. Some important management practices to minimize the worm burden on your pastures are cleaning up manure twice weekly, rotational grazing with sheep or cattle and grazing on longer pastures.



The current literature recommends that to manage worms and minimize the development of resistance a fecal egg count (FEC) should be performed regularly and treatment ought to be based on the outcome of these tests. Fecal egg counts are conducted by a Vet clinic and are relatively simple to perform. A fresh sample of manure is placed in a McMasters chamber and the number of worm eggs can be counted, thus identifying the relative number of worms. It is beneficial to treat the horse immediately when there are a significant number of worms but when worms are present in low numbers, drenching is unlikely to have any positive health benefits for your horse and may help promote the development of resistance.

A FEC reduction test is currently the only method available to test for resistance. A FEC is performed before an oral drench is given and again in two weeks. The percentage of egg shedding reduction can be calculated and the presence of resistance can be determined. Regular rotation of drench types will assist in the control of worms and reduce the opportunity for resistance to develop, however, the appropriate drench needs to be given at the right time of the year which depends on the life cycles of the various worms. Several sound rotational drench programs are readily available on the internet.

A complete worm control program will involve regular FEC, drenching when required with an appropriate drench and occasional FEC reduction tests to screen for worm resistance in conjunction with good manure and pasture management. This will ensure your horse remains healthy and you minimize the opportunity for the development of drug resistant worms.

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Looking for more useful information check out our webpage:

www.tarwinvetgroup.com.au

Here you can find copies of newsletters, meet the staff, find fact sheets, photo gallery, contact details, find out about any new products and much much more.

PRESCRIPTION DRUG DISPENSING HOURS:

Monday to Friday 8.45am – 10.00am & 1.00pm – 2.00pm, Saturdays 9-10am
Telephone 5662 2251

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