



# WALNUT GROVE VETERINARY SERVICE

# .. Update

WWW.WALNUTGROVEVET.COM

8225 Walnut Grove Rd. Troy, Ohio 45373

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Telephone: 937-845-3146

### **Veterinary Staff:**

Charles R. Savini, DVM  
Zachary A. King, DVM  
W. Michelle Bucci, DVM

### **Clinic Staff:**

Patti Savini, RVT  
Jessica Woods  
Ashley Dillman

### **Office Hours:**

Monday—Friday:  
9 AM to 5 PM  
Saturday : 9 AM to 12 PM

### **Emergency Service:**

Available 24 Hours  
Holidays and Weekends

*Ambulatory and  
Haul-In Service by  
Appointment*

### **Services Include:**

#### **Health Maintenance**

Vaccination  
De-Worming  
Nutritional Advice

#### **Dentistry**

Power-assisted floating  
Bite Alignment  
Molar extraction

#### **Diagnostic Imaging**

Endoscopy  
Radiology (X-Ray)  
Ultrasound ( Tendons,  
Ligaments, Abdominal  
and Reproductive)

#### **Lameness**

Complete Examinations  
Diagnostic Blocking  
Shock Wave Therapy

#### **Pre-purchase Evaluations**

#### **Reproduction**

Pregnancy checks  
Artificial Insemination  
Semen Collection &  
Evaluation  
New Foal Exams

#### **Surgery**

Gas anesthesia  
Dedicated Surgery Suite

## *Spring is Coming!*

It's cold outside but it is never too early to be planning for spring. There have been some changes at the office since our last newsletter. Many of you may know Dr. Rhiannan Kaufffeld moved to Florida last spring. We wish her the best of luck in the warmer weather. In the clinic, we are joined by Ashley Dillman who somehow survived the Ohio winter after moving from Florida. In October, Jessica 'tied the knot' with her fiancé Ben. We wish them many years of happiness!

As many of you may have discovered, we have a new veterinarian, Dr. Michelle Bucci. Dr. Bucci came to us in the spring after her internship at The

Ohio State University Equine Field Service. For further information on our vets and staff please visit our webpage that we hope to keep improving to be more interactive and informational.

New this year, we are now offering in-house (McMasters) fecal exams which are recommended yearly, prior to de-worming. If you would like a copy of our new de-worming/fecal exam protocol it is available on our webpage or we can have one mailed to you upon request.

This being our welcome to spring issue, we will be discussing spring vaccinations, Coggin's Test, Health Certificates, and extensive information on new foals.

For more news and events Follow us on Facebook!

## *UPDATES FROM THIS YEAR'S AAEP*

The annual AAEP convention is held each December, and is a great way for our veterinarians to keep up with the latest developments in equine medicine and surgery. A couple of the more interesting presentation topics this year were the following.

Osphos (clodronate disodium) and Tildren (tiludronate disodium) were both approved by the FDA for treatment of navicular syndrome late in 2014. These similar drugs are bisphosphonates, and act to inhibit bone reabsorption, which is increased in many degenerative bone or arthritic conditions. The precise reason that this inhibition relieves pain associated with navicular disease or osteoarthritis is unclear but both scientific evidence and past experience (Tildren has been available for importation from Europe for several years), indicate that these drugs may be one valuable means to help horses with navicular disease, lower hock pain refractory to other treatments and other similar conditions.

Dr. John Madigan's presentation, made as part of the Milne State of the Art lecture, on neonatal maladjustment or "dummy" foal syndrome was particularly interesting. It has been thought that these foals, who are to varying degrees non-responsive and always fail to bond to the mare and nurse normally, were suffering the consequences of oxygen deprivation during birth. Dr. Madigan's group at UC Davis has hypothesized that "dummy" foal syndrome may, in fact, be caused by a biochemical imbalance. During gestation, the fetus is kept reasonably sedated in part by the effects of neurosteroids, including allopregnenolone. In a normal foal, levels of these neurosteroids fall quickly after birth. Dr. Madigan's group measured pregnane levels in sick and "dummy" foals. They found both groups initially had elevated levels of pregnanes. Pregnane levels in sick foals quickly fell, however, once treatment was started, while levels remained elevated in "dummy" foals. The group was also able to turn normal foals into "dummies" for a short time by administering an intra-venous infusion of allopregnanone. It is possible that this biochemical imbalance can be treated with finasteride or dutasteride (drugs used to treat prostate cancer in humans), and preliminary results were "promising" The most impressive part of the presentation, however, was the potential use of the soft rope squeeze technique to 'reset' the brain's chemistry, possibly by simulating the birthing process. A soft rope is used to apply pressure around the foal's chest for 20 minutes. During this time the foals became somnolent, or fell asleep. The videos presented at the conference depicted foals waking up from this treatment, stretching and shaking off sleep normally and in some cases going directly to the mare to nurse. Of 12 foals treated this way all were improved and all 12 survived to be discharged from the hospital. Simple, cheap and really cool, I think.

There isn't enough room here to discuss about clinical research into lameness caused by sacro-iliac pain, current thoughts about EPM treatment, or increased use and usefulness of MRI in lameness diagnosis. Maybe next time...

# Spring Vaccinations:

Vaccination is a vital part of keeping your horse healthy throughout the year. In general, if mares are vaccinated in their 10<sup>th</sup> month of gestation their foals will not need vaccination until they are 5-6 months of age. For more specific information on mare and foal vaccines please call the office or consult the vaccine guidelines designated by the American Association of Equine Practitioners (website listed below)

Why vaccinate in spring:

Ideally, horses should be vaccinated before the onset of the disease vectors, which for multiple diseases include mosquitos and flies. Therefore, we recommend having your horse vaccinated in March-May to give your horse's immune system adequate time to become protective before mosquito and fly season. Spring is also a time when owners are excited to take their horses trail riding, to horse shows, or change barns which means they will be at an increased risk of disease spread by direct contact with other horses (flu/rhino).

What vaccines are recommended?

**CORE VACCINES:** recommended for every horse yearly as the diseases are highly infectious or can cause serious illness (including death) and the vaccines have proven to be highly safe and effective with a low risk of side effects.

◇ **Rabies**-While often forgotten horses are susceptible to rabies as they are in areas that can frequently expose them those animals that may carry the disease (bat, raccoons, opossums). It is rare but possible for horses to spread the disease to human through their saliva. Symptoms of rabies vary among horses, but some include fever, weakness, colic, lethargy, inability to swallow and behavior changes. Rabies vaccines are recommended annually as there is no cure for an infected animal and the vaccine is extremely effective at preventing disease.

◇ **Eastern Equine Encephalitis (EEE)/Western Equine Encephalitis (WEE)** - Both Eastern & Western Encephalitis viral neurologic diseases spread by mosquitoes and other biting insects and causes severe neurologic disease. Transmission from horse-to-human and horse-to-horse is rare. Once infected, the disease is potentially fatal and vaccination is recommended annually to semi-annually (spring and/or fall) depending on the duration and severity of the mosquito/fly season.

◇ **Tetanus**- Tetanus is a neurological disease caused by a toxin released by the bacteria, *Clostridium tetani*. *Clostridium tetani* is considered to be everywhere in the soil and can easily be contracted by open wounds such as foot abscesses, lacerations, surgical incisions or a foal's umbilicus. Horses are one of the most susceptible species for contracting tetanus which means they require at least an annual vaccine and potentially a booster if they have a cut or laceration.

◇ **West Nile**- West Nile is a viral neurologic disease that is also spread by mosquitoes. Symptoms include: fever, incoordination, depression, weakness, muscle twitching, convulsions and death. Affected horses have a high risk of death and survivors often have residual neurological effects. Since this disease is so serious we recommend your horse be vaccinated annually in the spring. If you are planning on travel south or if the mosquito season is abnormally long your horse may need a booster in the fall.

**RISK-BASED VACCINES:** recommended based on your horse's individual risk of disease depending on location, horse's use, and age. It is best to consult a veterinarian to determine if your horse is at risk for these diseases and require vaccination.

◇ **Flu/Rhino- Equine Influenza virus** is one of the most common infectious diseases of the equine respiratory tract, spread by respiratory secretions. Symptoms include nasal discharge, cough, fever, lethargy, and inappetence. The disease also destroys the horses respiratory defense mechanism in the trachea making them more susceptible to bacterial infection. Flu is highly contagious via nasal secretions/coughing or through contaminated objects such as; water buckets, pitch forks, grooming supplies, or humans. **Equine Herpes Virus (EHV)** can infect the respiratory tract (rhinopneumonitis) similarly to flu, but can also cause abortion and neurological disease. It is spread via coughing, contaminated objects, nasal secretions, and contact with aborted fetuses/placentas when abortions occur. We recommend a Flu/Rhino vaccine twice a year, especially for:

Young horses <5 years of age.

Show horses, boarded horses, or if you plan on doing any activities in which your horse will have contact with another horse.

◇ **Potomac Horse Fever (PHF)** - PHF is a non-contagious disease caused by *Neorickettsia risticii*, which is an intracellular bacteria that usually occurs seasonally (late summer and early fall). Clinical signs are variable and may include fever, diarrhea, colic, laminitis (founder), and mid-gestation abortion. The effectiveness of vaccination is controversial and field efficacy of the vaccination is unclear. However vaccination may lessen the severity of disease (decrease clinical signs) and is therefore recommended if you are in an area of higher risk.



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## Vaccinations continued:

◇ **Strangles**- Strangles is a highly contagious disease caused by the bacteria *Streptococcus equi subspecies equi*. Clinical signs include: fever (>102.0 F), difficulty swallowing/anorexia, enlarged lymph nodes, and thick nasal discharge. It is transmitted by direct contact with infected horses, sub-clinical carriers (infected but not showing signs) or by indirect contact via pastures, stalls, tack, water troughs, or clothing contaminated with nasal discharge. Vaccination is recommended in places with high risk of exposure or on facilities that have previously had an outbreak.

Vaccination against strangles is not without risk and does have the potential to cause adverse reactions including Purpura hemorrhagica. Purpura Hemorrhagica is an immune-mediated, generalized vasculitis that can develop 2-4 weeks following vaccination or natural infection with Strangles. Common signs include swelling of the limbs, abdomen, and head, and bruising of the gums, and at times sloughing of swollen areas. Horses previously infected with strangles have been shown to retain immunity for up to 5 years and are therefore more susceptible to adverse reaction. There is a blood test available to determine your horse's level of immunity to Strangles if you are unsure of its previous medical history. Currently we only stock and administer intranasal Strangles vaccines which have shown to have a decreased risk of inducing Purpura hemorrhagica. Please call to ask about your horse's specific risk.

For more information visit the vaccination guidelines section of [aaep.org](http://www.aaep.org/info/guidelines) at: <http://www.aaep.org/info/guidelines>

## What to Expect with Your Pregnant Mare:

Congratulations! You have been waiting 11 months for a large bundle of joy to finally meet the world, but even if this is not your first foal it can be a source of anxiety. Odds are you are sitting by the monitor watching and waiting for the moment to arrive. If you are unsure of the due date it may help to know that the mare will not develop prominent mammary glands until 3-6 weeks before foaling and will usually not start "waxing" until 6-48 hours prior to first stages of labor. Important things to remember before foaling are that if your mare has a Caslicks (sutured vulva shortly after breeding) it will need to be opened 2 weeks before her due date. And don't forget to do your last round of vaccinations and dewormed 4-6 weeks before foaling.

When your mare is ready to foal, she will begin in stage 1 of labor. Stage 1 is identifiable by restlessness due to uterine contractions. She may sweat, roll to facilitate turning of the foal occurs hours prior to foaling. Once her water breaks (2<sup>nd</sup> stage labor) the foal should be expelled within 15- 30 minutes beginning with its front feet followed by its head and then body. **If the foal is not delivered within 15 minutes quick intervention and a veterinarian are needed, immediately.** The third stage of labor is identifiable by expulsion of the fetal membranes (placenta), which should occur within 3 hours of foaling or it is considered retained and requires medical intervention by a vet.

Normal Foals should follow the **1-2-3 Rule**:

- Stand within **1 hour** of birth
- Nurse within **2 hours** of birth and continue nursing 3-5 times an hour
- A prophylactic enema can be given shortly after birth to reduce the risk of meconium impaction
- Pass their Meconium (pasty dark brown/black manure) within 12-24 hours
- Mare's should pass the entire placenta within **3 hours** of birth



All foals (and mares) should be examined by a veterinarian within 12-24 hours after birth, especially foals that do not follow the above timeline. During the exam a vet will assess their general health as well as inspect for congenital abnormalities. One of the most important indicators of a foal's future health is the amount of antibodies absorbed via the mare's colostrum (mare's first milk containing vital antibodies need for healthy immune function) shortly after birth. If for any reason a foal does not receive adequate colostrum (antibodies), that foal will quickly become susceptible to infection with no immune defense to fight it. A simple blood test (IgG test) can be used to assess the foal's absorption of colostrum and ability to fight infection in the future. It is also important to know their immune status early as if they have insufficient antibodies they can be given intravenous plasma to aid the issue.

## *Coggins Tests & Health Certificates*

**What is a Coggins Test?** A coggins test is used to detect the disease Equine Infectious Anemia (EIA). It is spread by direct blood transmission through contaminated syringes, but mostly through large biting insects such as horseflies and deerflies. Clinical signs include fever (up to 105 degrees Fahrenheit), lethargy, edema/swelling, and anemia. However, a majority of the horses are inapparent carriers (show no signs) which can allow further spread of the disease. While EIA has become rare in the United States there remains no effective treatment and no vaccination available to prevent EIA. Every year there are a small number of horses tested positive for EIA and unfortunately they are either euthanized or must live their life in isolation away from other horses. Thanks to the Coggins test we can accurately detect infected and inapparent carrier horses in the population and isolate them before they contribute to the spread of the disease. Due to the disease severity a recent (usually within the last year, but varies by state) negative Coggins test is needed to cross state lines, enter some horse shows, trail rides, races and other events.

**What is a health certificate?** A health certificate is a form filled out by an accredited veterinarian stating that your horse is clinically (not showing signs) free of infectious disease. A recent negative Coggins test is needed to be able to sign this form. A health certificate is another form required to cross state lines and is needed to enter many shows, events, and races. It is only valid for 30 days past the date your horse was examined (date form was issued). Please keep in mind that these tests and forms take time so if you know you are going to an event or out of the state please call well in advance to schedule these to be done. As with everything individual events and states may have their own restrictions so please determine specific requirements prior to your appointment. If you are traveling to another country (including Canada) there are likely additional requirements necessary in addition to a Coggins and health certificate.



**NEEDLE-SHY HORSES:** We strive to make every visit from the veterinarian a positive one for your horse. Unfortunately we often have to do procedures the horse perceives as unpleasant, the most common of which is giving shots. Tricks like feeding treats or grain can drastically help change your horse's way of thinking about injections, but is not always enough. If you have a horse that is particularly difficult or nervous about shots, it is possible to use oral sedation (Dormosedan gel) that is placed under the tongue, to aid in making difficult tasks a safe and positive experience for your horse. Please contact the clinic prior to your appointment if you think your horse will need Dormosedan gel for difficult jobs such as shots, foot trimming, or clipping.

For more information about Dormosedan gel visit:

[www.zoetis.com/Products/Pages/DormosedanGel/](http://www.zoetis.com/Products/Pages/DormosedanGel/)