SUMMER EDITION 2011

XLVETS EQUINE - BETTER TOGETHER

Equine MATTERS

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Inside this issue:

pony pages
FOR OUR YOUNGER READERS

xLvets Excellence in Practice

Practice Focus

In each issue of **Equine Matters** we feature a brief insight into a selection of the XLVets Equine Practices. Featured in this issue are Ardene House, Belmont and Millcroft...

MILLCROFT VETERINARY GROUP

Cockermouth, Cumbria

Millcroft Veterinary Group is a mixed practice offering treatments for all animals from the smallest mouse to the largest bull. On the equine side we cover every size of horse, pony and donkey from Falabellas to Shire Stallions, from Appaloosas to Zebras. Our team of vets and nurses engage in the many varied aspects of this ever-growing area of work for the practice; from vaccinations to vettings.

The equine side of the practice has developed so much in the last couple of years that at a recent Practice Standards inspection by the Royal College of Veterinary Surgeons we were promoted to a higher level. One reason for this is the recent addition of a padded stable which allows us to offer in-house minor operations including geldings and foal hernia repairs.

We also offer a portable x-ray machine if horses or ponies are unable to travel to the surgery, an in-house laboratory service for same-day blood sample analyses and a full set of hand rasps and power float to offer horse dentals to our clients.

ARDENE HOUSE VETERINARY PRACTICE

Aberdeen, Grampian

The practice originated over a century ago providing farrier and veterinary care for the working horses of Aberdeen harbour.

Over subsequent years the practice grew and evolved in its then city-centre sites providing mainly farm and small animal veterinary services as the number of horses in Aberdeen declined. Three decades ago the number of leisure horses in the area sharply increased and with it the corresponding need for vets with an equine interest. Ardene House responded to this demand and in 1996 moved to the current rural veterinary hospital site five miles west of Aberdeen.

The equine department expanded to its current size of four and a half vets who enjoy the help and support of three equine nurses. Additional consultancy is provided on a regular basis by an approved RCVS Specialist.

The practice offers a primary opinion mainly ambulatory service but there is an ever-increasing demand for second opinion and referral services offered by the experienced well-qualified equine team from its modern hospital base.

BELMONT VETERINARY CENTRE

Hereford, Herefordshire

Belmont Veterinary Centre is a first opinion mixed practice. The practice comprises small and large animal veterinary teams. The geographical area extends from Abergavenny and the Black Mountains to the east of Worcester and the Malvern Hills.

Within the large animal team, particular clinicians have an equine bias. As a first opinion practice we aim to provide a high standard of care and keep up-to-date with the latest diagnostic aids and treatments. The majority of our patients are pleasure horses and ponies, though the spectrum ranges from racehorses to donkeys.

Specialist interests include; lameness workups, dentistry, ophthalmology. The practice is one of a network contributing in supplying data, with our clients, for research undertaken by the Animal Health Trust (AHT) into equine laminitis. Laminitis and endocrine diseases, such as equine metabolic syndrome and Cushing's disease, appear to be a growing problem in the equine population.

Evening talks are held for horse owners within the area along with workshops, for example: remedial shoeing courses for farriers.

SUMMER EDITION

XLVets is a novel and exciting initiative conceived from within the veterinary profession. We are all independently owned, progressive veterinary practices located throughout the United Kingdom committed to working together for the benefit of our clients.

XLVets Equine Member Practices

608 Vet Group
Alnorthumbria Veterinary Group
Ardene House Veterinary Hospital
Armour Veterinary Centre
Belmont Veterinary Centre
Bishopton Veterinary Group
Capontree Veterinary Centre
Castle Veterinary Surgeons
Chapelfield Veterinary Partnership
Cliffe Veterinary Group
Clyde Veterinary Group
Drove Veterinary Hospital
Endell Veterinary Group
Farm First Veterinary Services
Fenwold Veterinary Centre
Glenthorne Veterinary Group
Hook Norton Veterinary Surgeons
Larkmead Veterinary Group
Millcroft Veterinary Group
Minster Veterinary Practice
Northvet Veterinary Group
Paragon Veterinary Group
Parklands Veterinary Group
PAWS Veterinary Health Centre
Penbode Veterinary Group
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Rutland Veterinary Centre
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Scott Mitchell Associates
Shepton Veterinary Group
St Boniface Veterinary Clinic
Thrums Veterinary Group
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THE EDITOR

Welcome to the 'Summer' issue of Equine Matters...

Welcome to the summer edition of Equine Matters and with luck to some nice summer weather to enjoy with your horses. In this issue we begin the first of a two-part feature on wounds, so you can brush up on first aid treatment and bandaging of wounds. We also have a special feature on the much feared disease Strangles, which will bring you up to date with the facts and how to deal with an outbreak. We also have the regular pony pages for our younger readers and much more besides. If you have any queries regarding any of the articles or want to know more please contact your local XLVets practice.

Liz Mitchell MA VetMB CertEP MRCVS
Scott Mitchell Associates

CONTENTS

Larkmead Veterinary Group

First Aid Treatment of Wounds

Julia James MA VetMB MRCVS Larkmead Veterinary Group

Wounds are something that all horse owners will have to deal with at some stage with their horse. Horses by their very nature can be flighty and excitable, they can kick each other, and they can injure themselves whilst out hacking or competing, or just hurt themselves in their stable or field. Some horses also seem to be more accident prone than others!

As vets, wound management is one of the common problems we deal with in an emergency situation. Before we arrive appropriate first aid given by owners can be of great benefit and can affect the management and outcome of the wound.

However distressing it may be to see your horse injured it is important to remain calm, to stay safe yourself, (injured horses may behave unpredictably) and to think clearly before tackling the problem. Never hesitate to contact your vet, preferably sooner rather than later, to assess whether a visit is needed.

The aim of any first aid is to:

- protect the horse from further injury
- to control any bleeding
- to minimise contamination of the wound

Call the vet if the wound is:

- bleeding profusely
- through the full thickness of the skin as it may need to be stitched
- near a joint or tendon
- contaminated with dirt
- a puncture wound - although they look small they can be very serious
- causing the horse lameness, especially if the wound is small

Or if the horse is not up to date with Tetanus vaccinations

Always remember to contact your vet if you are unsure about your horse's tetanus cover. Tetanus is a potentially fatal disease so if there is any doubt about vaccine status tetanus antitoxin will need to be given.

Veterinary Surgeon Julia James

XLVets Practice Larkmead Veterinary Group, Oxfordshire

After an accident occurs or you discover a wound, if possible try to move your horse to a safe place to prevent any further injury or pain and to allow proper assessment of the damage.

1. Control bleeding

Any profuse bleeding should be controlled by applying pressure over the source of the blood. This can be done using a thick pad of clean cloth or dressing held in place manually or bandaged using a cohesive bandage. Although worrying at the time, it is important to remember that horses have a lot of blood (about 50 litres) so although there may look like a lot of blood on the stable floor, blood loss from wounds is fortunately rarely life threatening. Do not apply a tourniquet to control bleeding. This can result in long term damage.

2. Clean the wound

Any wound needs careful cleaning. This will help reduce any contamination and will allow better assessment of the severity of the wound. If the wound is covered in a lot of mud then this is best done using a gently trickling hose taking care not to force any dirt deeper into the wound. The cold water also acts to reduce inflammation. Following this the wound should be flushed, ideally with sterile saline, but cooled boiled water with a small amount of salt added can be used. Avoid using Dettol type solutions as these are too strong and will damage the precious cells required to help with wound healing.

3. Apply a dressing

Following flushing, hydrogels can be used in the wound to keep them moist and prevent further contamination. The wound should then be covered by a sterile non-adhesive wound dressing and bandaged in place to keep it clean whilst waiting for the vet to arrive.

For many wounds that are just superficial scrapes or only partial skin thickness, cleaning them properly and bandaging them may be all the treatment that is required.

4. Fly control

It is also important to prevent fly nuisance to any uncovered wounds in the summer with good use of fly repellents on the rest of the horse and the use of mild antiseptic ointment or Vaseline over the wound.

JULIA JAMES

Appropriate first aid given by owners can be of great benefit and can affect the management and outcome of the wound. If you have any concerns about a wound it is important to call your vet to discuss it with them.

If you have any concerns about a wound it is important to call your vet to discuss it with them. They may need to perform a thorough examination of the wound especially if there is any risk that there is penetration into a joint or tendon sheath as this could be life threatening. In order to do this sedation may be required to allow a detailed assessment. Antibiotic and anti-inflammatory treatment will often be prescribed as these will help in the treatment and prevention of infection and will keep the horse as comfortable as possible.

Any wound that occurs over a joint or tendon/tendon sheath can be very serious as infection or damage to these structures can be life threatening and can cause long term lameness. These horses often need prompt and expert management in an equine hospital with the use of x-rays, ultrasound and laboratory testing to assess the full extent of the damage. Treatment often needs to be intensive and ongoing and can be expensive.

One problem that can occur in horses is the production of proud flesh. This occurs when the granulation tissue in the centre of a wound grows more quickly and is not covered and kept in check by the epidermal cells at the edge if the wound. The result is a fleshy hard pink lump standing proud of the wound. Veterinary help will be required to treat this and can take a prolonged period of time.

Finally it is always good to be prepared by making sure that your horse's first aid kit is ready for use.

THE VETERINARY FIRST AID KIT

- A roll of cotton wool
- Sterile non-adhesive wound dressings
- Sterile saline
- Conforming bandages
- Cohesive bandages
- Wound hydrogel
- Clean bucket
- Thermometer
- Scissors
- Mild antiseptic/fly repellent ointment

PLEASE REMEMBER your local XLVets practice is always available for advice. If your horse has a wound then please ring as soon as possible so we can help you.

Wound Case Study:

Sally Hodgson BSc (Hons) MA VetMB MRCVS Hook Norton Veterinary Group

A 16 year old hunter gelding presented to the equine clinic 90 minutes after sustaining a large skin wound to the front of the right hind cannon whilst out hunting. The horse had caught the leg in sheep netting.

HOOK NORTON VETERINARY GROUP

Veterinary Surgeon	Sally Hodgson
XLVets Practice	Hook Norton Veterinary Group, Oxfordshire

The horse's owner had dressed the wound with a disposable nappy, gamgee and Vetrap to hold the flap in the place it had come from; as a result there was very little swelling of the skin flap or the injured leg. This made stitching the wound much easier and probably resulted in faster wound healing.

On arrival at the clinic, the horse was given anti-inflammatory and antibiotic treatment, and was sedated to allow thorough cleaning and stitching of the wound. A firm bandage was placed over an absorbent dressing; the dressing was changed daily for seven days, during which time discharge from the heavily contaminated wound gradually decreased. Absorbent dressings were then used for a further three days. As expected the wound then began to break down, and the sutures were removed. The largest area of breakdown was at the top of the wound (approximately 10cm x 5cm), with smaller areas of exposed tissue along the wound edges. Most of the skin flap had attached securely to the tissue underneath. The open areas of the wound consisted of healthy granulation tissue and showed signs of beginning to grow new healthy skin.

From this point onwards the wound was dressed every 3 to 5 days under a firm bandage with sterile manuka honey dressings. The horse continued its course of 'bute and antibiotics. There was a small set-back when bandaging was stopped too early; without support from the bandage the wound broke down again and grew larger instead of smaller until bandaging was resumed. The wound had healed in 1 month and bandaging was then stopped. The owner reported that the horse was out hunting again 11 weeks after the original injury. The success of this case was aided enormously by the prompt and correct first aid treatment given by the owner at the time of injury. Skin wounds on the lower legs that do not receive prompt treatment take much longer to heal and have a greater number of complications during healing.

The wound during healing showing the secured skin flap and new skin at the wound edges.

11 weeks after the injury the wound is completely healed and the horse is back in full work.

Sarah Smyth BVetMed MRCVS, Wensum Valley Veterinary Surgeons

Bandaging Wounds...

The main aim of **bandaging a wound** is to create the optimum environment for rapid wound healing.

Bandaging is therefore beneficial for the following reasons:

- The wound is protected from further contamination.
- The pressure reduces swelling.
- Discharge from the wound is absorbed.
- Bandages may immobilise the region, reducing trauma.

A layered approach is used, starting at the wound surface.

1. Wound dressing and topical preparations

Topical gels, e.g. Intrasite, although not antiseptics, promote the optimum environment for healing of the wound. Alternatively, topical preparations, e.g. manuka honey (Activon) provide antiseptic activity as well as promoting wound healing. These preparations should be covered by a sterile non-stick dressing e.g. Melolin.

2. Apply a synthetic padded dressing to hold wound dressing in place.

3. Apply 2-3 layers of rolled cotton wool to the limb, for padding and further protection.

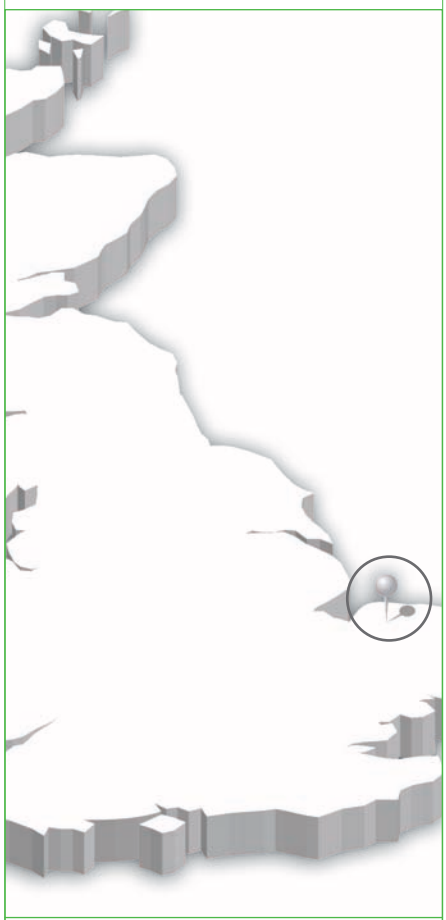
4. Fix the cotton wool in place with gauze bandage, under tension, applying an even pressure across the entire bandage.

Repeat the cotton wool and gauze layer if the wound is producing a large volume of discharge or the limb requires extra support.

5. Cover the gauze bandage with self-adhesive vet bandage (e.g. Co-plus or Vetrap).

The top and bottom of the bandage may require extra adhesive bandage to prevent the bandage from slipping.

The final bandage should apply even pressure over the limb. The frequency of changes of the bandage is dependent on the volume of discharge and the environment in which the horse is kept. The bandage should be kept dry and minimal movement of the limb should be encouraged in order to promote rapid healing and help prevent over-production of granulation tissue (proud flesh).



Veterinary Surgeon Sarah Smyth

XLVets Practice Wensum Valley Veterinary Surgeons, Norfolk

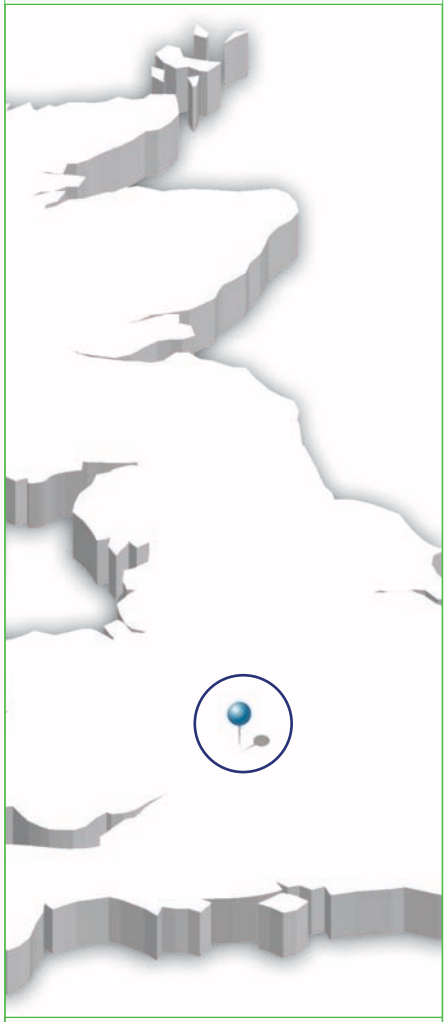
Mat Fernandez MRCVS

Horse Behaviour

CAN IT BE A HEALTH PROBLEM?

Horse behaviour can be difficult to understand. Abnormal behaviour is often interpreted as a temperament issue rather than, as can often be the case, a sign of disease.

608 VETERINARY - GROUP -



Veterinary Surgeon Mat Fernandez

XLVets Practice 608 Veterinary Group, West Midlands

As it is outside the scope of one article to cover the full spectrum of abnormal behaviour, I have covered a selection of them.

1. Abnormal behaviour, such as aggression might arise as an attempt to deal with a perceived threat.
2. A horse with vices may be trying to improve an underlying problem.
3. Situations that could provoke a 'beyond the horse's control' abnormal behaviour, such as head-shaking.

Aggressive behaviour

Aggression is a reaction to a threat which might be in the environment (another horse trying to interfere with a mare's foal or a new horse in the field) or, more relevant in this instance, from within the animal e.g. through pain or discomfort. The degree of aggression will largely depend on the degree of pain and on the temperament of the animal. The same reasoning can be applied to the attempted escape of the horse whose back is hurting when ridden and tries to buck the rider off or raises the head (often violently) upwards and backwards to lower the back in an attempt to escape from under the saddle.

Horses that try to kick the farrier when he or she is about to pick up a hind leg to start shoeing, might be suffering from pain as a result of the flexion of that leg or the weight-bearing of the opposite leg.

Horses have long memories and the one that shows an obvious reluctance to be tacked-up might be doing so as an anticipation of the pain that they remember occurs when ridden.

Vices

Some horses will show exaggerated behaviour at meal times with incessant kicking of the stable door and charging through to the

feed-bucket. While they apparently have a ravenous appetite, they are often notorious bad-doers. Some others will be constantly on edge with an array of very ill-tempered reactions to the most minimal interaction. Travel to competitions can also trigger a state of anxiety in some horses and in serious cases they will become unmanageable. All these behaviours can be explained by the discomfort and, sometimes, obvious colic pain caused by stomach ulcers (EGUS).

We try to stop vices (i.e. the symptom) because of the irritating and damaging effects when they are performed (e.g. colic associated with wind-sucking). However, recent work suggests that some of the resulting 'effects' of stereotypical behaviour (e.g. digestive disorders, colic) may in reality reflect underlying problems that the horse is attempting to comfort by performing the vice. In such cases, attempts to prevent the behaviour could do more harm than good.

With crib-biting and wind-sucking the horse might be trying to increase the production of saliva to buffer an increased acidity in the stomach resulting from EGUS. Any forceful attempt to stop these two activities without addressing the underlying problem will stress the horse. Since gastric ulcers are linked to stress, this will compound the problem.

Weaving develops as a form of frustrated escape response. This is clear because the vice worsens when the stable-mate is taken to the field. Box-walking is the consequence of confinement to a stable impeding the natural behaviour of the horse. Both vices lead to an excessive use of energy with consequences on the horse's body weight. Asymmetrical

MAT FERNANDEZ

Horses that try to kick the farrier when he or she is about to pick up a hind leg to start shoeing, might be suffering from pain...

musculature can develop if pacing is always in the same direction with resulting problems for saddle fit. Excessive sweating and injuries against the wall or the door of the stable can also result.

Wood-chewing is usually caused by boredom, lack of exercise and nervousness but can be associated with dental problems, parasites or mineral deficiencies.

Pica is the ingestion of non-nutritive or non-food items (wood, soil, faeces) which can be caused by boredom but mainly by deficient diet with all the possible health implications.

Coprophagia or eating faeces (a type of pica), while normal in foals, might indicate a diet poor in protein and has been linked (either as a sign or as a consequence) with equine motor neuron disease in which the predisposing factor is a diet rich in grain and with poor quality grass or hay or no access to grazing.

Other abnormal behaviours

The third big group includes a range of abnormal behaviour from headshaking to frank demented episodes which are the result of neurological abnormalities and, therefore, devoid of any control on the horse's part.

Headshaking describes the uncontrollable reaction caused by abnormal and unpleasant/painful nerve signals from structures in the head. Most commonly the lining of the nasal cavity is affected but the eye and teeth can also be responsible for some cases. It is thought to be due to a malfunction in the nerve supply in these areas. The signs range from snorting and rubbing of the nose over the knee or a wall to severe, violent jerking movements of the head, often violent enough to make the horse unrideable. The issue is that, in the early, mild stages, the head movements (and the resulting disturbance of the desired rhythm and outline) can be confused with a stubborn opposition to being ridden in a properly schooled manner.

Not to be confused with box-walking is the compulsive walking that is associated with hepatoencephalopathy (a very serious and often fatal development of liver disease). The disease produces, amongst some other signs, depression, incoordination, yawning, head-pressing against fixed, cool structures and periods of somnolence.

Narcolepsy-like behaviour is seen when a horse falls asleep or collapses at an inappropriate time e.g. during grooming. It is often associated with sleep deprivation which can occur when the horse suffers from an orthopaedic condition that impedes him from resting at night. In this case, the presentation of an odd behaviour is the result of pure exhaustion. Once this cause is established (and it might require monitoring the horse with a CCTV system at night for a few days running) the vet can proceed to investigate the cause of the musculo-skeletal condition.

IN SUMMARY

The horse's behaviour might be the only obvious sign of a health issue. It is less detrimental to the animal's welfare to prove that we are dealing with a behavioural issue, only after ruling out injury or disease, than to brand the horse as badly behaved and in need of 'sorting-out'.

Behaviour type	Presenting signs	Possible causes
Aggression	Kicking Biting Bucking	Environmental threat Pain/discomfort
Vices	Anxiety at feeding/travel Crib biting & Wind-sucking	Stomach ulcers (EGUS)
	Weaving Box walking	Confinement
	Wood Chewing	Boredom, dental pain
	Pica	Mineral imbalance
	Coprophagia	Inadequate protein Equine Motor Neuron disease
Neurological	Head shaking **Hepatoencephalopathy** (walking, depression, headpressing)	Nerve dysfunction Liver disease
	Narcolepsy (inappropriate sleep)	Sleep deprivation Orthopaedic pain

Chris Dixon BVSc MRCVS, Paragon Veterinary Group

Equine recurrent uveitis (ERU)

Equine recurrent uveitis (ERU) also known as moon blindness and periodic ophthalmia can be a serious and debilitating disease. ERU is the most common cause of blindness in the horse, has been reported since the 4th century AD and continues to be a problem in many breeds and crosses around the world today.

ERU classic presentation. Left eye with cloudy cornea, small constricted pupil and pus pooling inside the eye.

ERU chronic presentation. Right eye iris colour is now dark and bands connect it to the surface of the lens through the pupil.

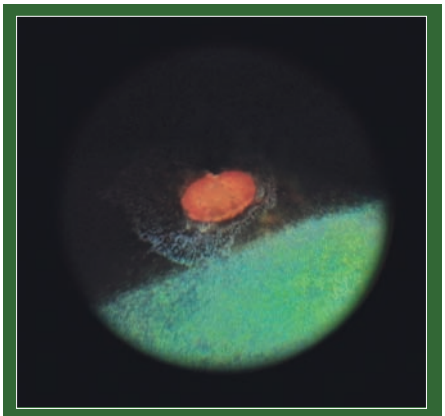
What is uveitis?

The term relates to inflammation inside the eye and in the syndrome ERU it will characteristically come back time and time again. Historically the disease was thought to be caused by the movement of the moon and hence the term moon-blindness.

Over the years many studies in different countries have tried to find the cause of ERU and we now know that the disease is related to a stimulation of the horse's immune system. However ERU does not have a single cause and many factors may contribute to its inception. Studies have demonstrated links to genetic makeup, bacterial and viral infection, trauma and UV light.

The number of affected horses varies around the world. Thankfully the UK does not appear to be as severely affected as parts of Europe and the USA, where it can be seen in as many as 1 in 4 horses. However, very few surveys have been conducted in the UK and an exact number of cases diagnosed each year has not been recorded.

ERU is seen more commonly in Appaloosas and Warmbloods, however it has been seen affecting most breeds from Falabella ponies to Clydesdales. It is a debilitating disease because it causes a painful spasm of the muscle inside the eye pulling the pupil into a small slit. The horse's vision is severely impaired and the surface of the eye (the cornea) can become cloudy or opaque. Cataracts may develop and the disease process can also damage the retina (which normally translates light into electrical signals passed on to the brain). A horse may recover from a single bout of uveitis with minor inflammatory damage, but the effect is compounded each time it occurs.



'Butterfly' lesions seen at the back of the eye with ERU.

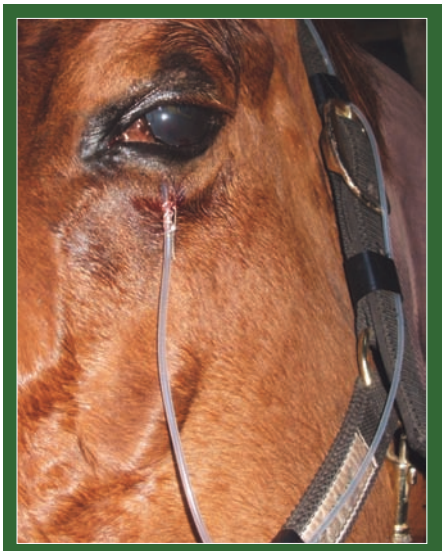
Veterinary Surgeon	Chris Dixon
XLVets Practice	Paragon Veterinary Group, Carlisle

Most horses with uveitis will initially present with a sore eye. Unfortunately the signs of uveitis are varied and can easily be mistaken for other less severe causes of ocular discomfort.

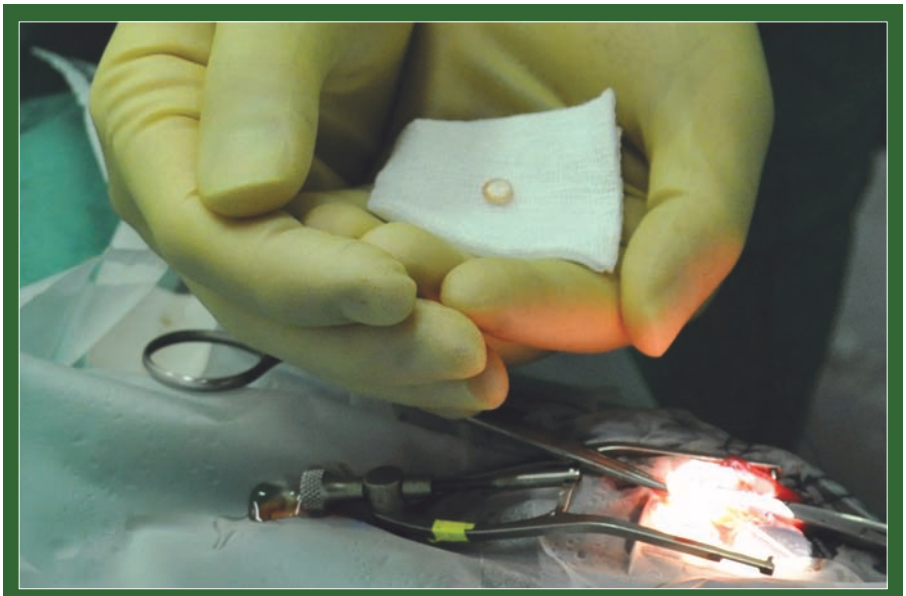
SIGNS TO LOOK OUT FOR:

- Excess tears
- Squinting
- Avoidance of bright light
- Redness and swelling of the conjunctivae
- A small pupil
- A blue tinge to the surface or inside the eye
- A white or red substance inside the eye
- Rubbing the eye
- Surprise when approached from one side
- Tripping over objects

Prompt diagnosis and treatment by a veterinary surgeon is essential if vision is to be saved. If an infection is suspected, tests can be carried out to determine the primary cause, but normally treatment will commence before results can be returned from the laboratories. Treatment is aimed at controlling the inflammation and eliminating the muscle spasm. Unfortunately horses do not always appreciate the application of eye drops several times per day, and will quickly become head-shy once feeling better. A sub-palpebral lavage catheter (SPL) is a special piece of tubing (about 1 metre long) that can be surgically inserted through an eyelid and sutured into place. The remaining tube is then secured to a head collar and allows topical eye drops to be injected through it and onto the surface of the eye. If the SPL is correctly placed it will sit comfortably against the soft conjunctivae and does not cause any irritation.

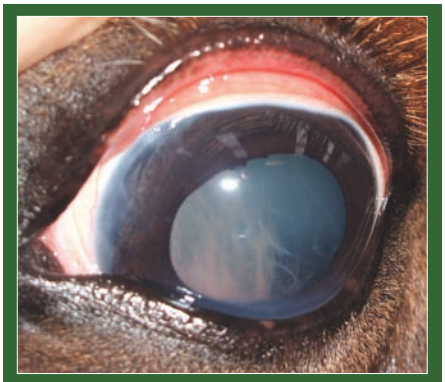


Sub-palpebral lavage catheter (SPL) placement.



Cyclosporine implant prior to insertion.

If the inflammation can be controlled the eye will enter a 'quiescent phase' and will appear to be comfortable once again. In cases of ERU the time between bouts of inflammation can vary and it is impossible to predict when it will happen next.



ERU degeneration of vitreous gel with fine white strands seen through the pupil.

A new treatment has been developed by Professor Brian Gilger and his associates in the USA. It involves the placement of an implant into the tissues at the back of the eye. The implant is a small disc impregnated with a drug (cyclosporine) that is slowly released into the eye. It has been demonstrated that a single implant can last longer than 3 years and will delay the progression of the disease. The implant does not affect the horse's vision and we have not seen evidence of discomfort following placement at our centre.

Another surgical treatment that has successfully been used involves the removal and replacement of the gel (vitreous humor) that holds the eye in its normal shape. This process is designed to treat cases that are suspected of being caused by a bacterial infection and is more commonly used by veterinary ophthalmologists in other parts of Europe.

Many horses are failed at pre-purchase examinations due to the signs of ERU. It is a costly disease to both the owner and the horse and in the worst cases both eyes may be affected. When treatment has not been administered or failed to work, vision can be compromised and the horse may not be safe to ride, and in severe cases it can lead to total blindness.

IN SUMMARY

- ERU is not a new disease
- Appaloosas and Warmbloods are predisposed
- It is thought to be caused by multiple factors
- It results in severe eye pain
- It is characterised by repeat episodes
- Inflammation leads to destruction of the tissues of the eye
- Prompt veterinary attention is required to prevent loss of vision

Suitable eye protection to prevent repeat ERU.

CAREERS
ADVICE AND GUIDANCE

Jack Ashby from Glenthorne Veterinary Group describes his first year in practice and offers advice for those considering a career as a vet.

Careers: Veterinary Surgeon

Veterinary Surgeon	Jack Ashby
XLVets Practice	Glenthorne Veterinary Group, Staffordshire

Nine months into my first job as a mixed practice vet and I'm already managing to feel confident enough with things to relax a bit and enjoy work. I knew being a vet wouldn't be easy, but I'd hoped that once I gained MRCVS status it would all become much easier…so only now are the words of advice given to me at my graduation hitting home; 'You're qualified, but it'll be a good 5 years until you really feel like you can call yourself a vet.' So with the next major leg of the journey to becoming a 'vet' ahead of me, it's comforting to be able to look back and see how far I've already come. Working within an XLVets practice has made my life as a new graduate much easier. I have in-practice help from a large team of 17 vets, on top of that are the resources and support made available by working for a practice that is part of the XLVets group and yet I'm not pressured by dictation from above on how I have to treat and manage cases. In the next five years I'll be drawing heavily on this support network for advice, but this article gives me the chance to give something back and offer advice to the younger generation.

If you are thinking about a career as a vet, where do you start? The only ways you can practise as a vet in the UK are with a veterinary degree from one of the 7 UK Vet Schools, with a recognised veterinary degree from an EU university or with a non-accredited veterinary degree from a foreign university and then passing an involved RCVS entrance exam.

Unfortunately veterinary degrees are amongst the most oversubscribed in the UK. This is due in part to the relatively static intake levels of the vet schools, only increasing gradually in line with the demand for vets, but also due to veterinary surgery being made increasingly appealing over the years, starting with the 'James Herriot' books and furthered in recent years by countless television programmes glamorising the profession. Given the level of competition this causes, applicants need to demonstrate not only academic prowess but also commitment to animal care, initiative, a good work ethic and more!

Getting a place at your chosen university is going to rely on a strong application. High grades in science and having work experience under your belt by the time you apply is a minimum. To increase your chances it's best to keep up with extra-curricular activities, sports, DofE and anything else that makes you stand out from the crowd.

Application to UK Vet Schools
Universities with veterinary courses

Bristol
http://www.bristol.ac.uk/vetscience/

Cambridge
http://www.vet.cam.ac.uk/

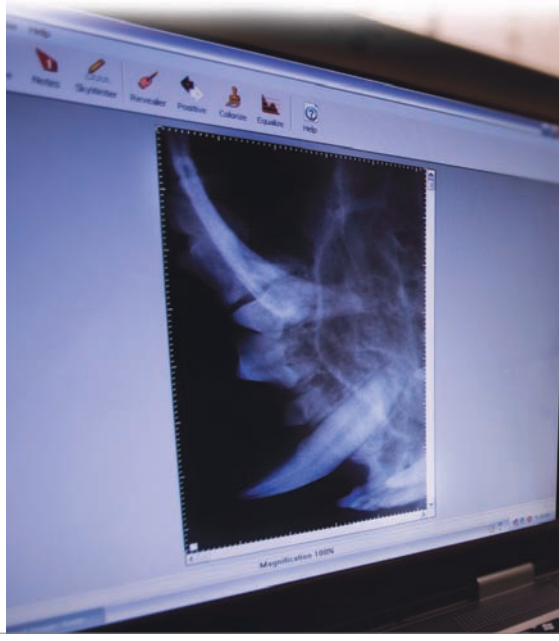
Edinburgh (Royal Dick School)
http://www.ed.ac.uk/schools-departments/vet

Glasgow
http://www.gla.ac.uk/schools/vet/

Liverpool
http://www.liv.ac.uk/vets/

London (Royal Veterinary College)
http://www.rvc.ac.uk/

Nottingham
http://www.nottingham.ac.uk/vet/



You could even combine your efforts, for instance using a sport/club that you're involved with, to put on a fund raiser for an animal charity is a good use of your time and resources and shows initiative. It may also open new doors, providing you with contacts which allow you to do more work experience.

Although there's nothing wrong with repeatedly seeing practice at your local vets over a few years, the universities really rate people with broad ranges of experience. This may mean doing work that relates to areas of veterinary practice that don't appeal to you, but it shows that you have a grasp of the broad range of work that vets do and that you're happy to push yourself out of your comfort zone. Not everyone wants to become a small animal vet or work with dairy cattle, but you'll still have to learn all about them and pass their respective exams at university. Add to that the fact that views often change with time, as you learn more you may find yourself pulled from one area to another, so make sure you give everything a go, you might be pleasantly surprised!

You might be starting to think that all of this work experience and extra activities are going to take a lot of commitment and use a lot of your spare time and you'd be right!

This is a really important factor, one that persists throughout and after your degree (in my 5 years at university I was required to spend a minimum of 38 weeks holiday performing unpaid placement work) and is another reason universities want you to see so much before you apply... Starting a degree is a big investment for both the university and you. A wasted place due to someone dropping out of the course because they decide it's not for them is very bad financially for both the university and the individual... not to mention it means someone else has missed out.

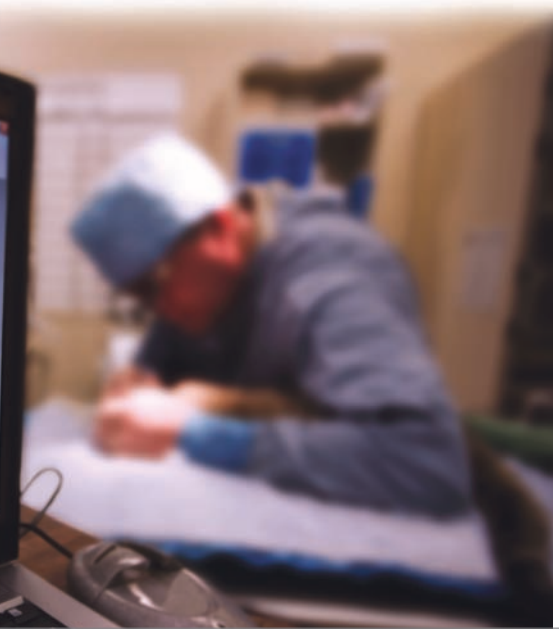
I can't emphasise how important it is to be totally infatuated by the career before you start. For every brilliant day spent out and about in green fields enjoying the sunshine, many more hours will be spent toiling in a muddy, freezing ditch or in the pouring rain at 2am. Despite this you have to enjoy what you do or you won't last. I won't lie, I don't enjoy being woken up in the night, but I do enjoy the feeling when the cow has been successfully assisted to calve or when you can reassure an owner that their horse's colic isn't life threatening. I hate putting people's pets to sleep, but I console myself knowing that we gave them the best quality of life whilst they were alive and prevented them suffering unnecessarily at the end.

I think, because of this seesaw nature of veterinary medicine, the only way you can tell if it's for you is to go and see practice and find out. I was a typical teenager, when my parents would ask what I'd done at school they might get a monosyllabic answer if they were lucky, usually just a grunt or sigh. After my first day of work experience at a local veterinary practice I didn't shut up from the moment I got through the front door to when they fell asleep...I'd truly been bitten by the bug and there was no going back.

Work experience at an XLVet practice is a great place to start. Most of the practices are mixed, so it's a sensible use of your time; it's not unusual for one part of a practice to go quiet for an afternoon, so rather than just waiting for horse calls you could step into small animal consultations or go out on a calving! Keeping a diary of the interesting cases you see and finding out why we vaccinate and worm animals will also help you for interviews at university. When you're on a placement, ask questions! If you're wondering why you can't just feed a cow more to get more milk, or why some horses have to have their grazing restricted, just ask! Placements are for learning and questions are the best way to find out more. Seeing work at an XLVets practice allows you to meet a range of farmers/stable owners that you could potentially work for to gain experience. You can then use the practice as a base for your work experience when at university and who knows, maybe even for your first job!

WORK EXPERIENCE CHECK LIST:

- ❑ EQUINE PRACTICE
- ❑ LARGE ANIMAL (FARM) PRACTICE
- ❑ SMALL ANIMAL PRACTICE
- ❑ DAIRY FARMING
- ❑ BEEF FARMING
- ❑ SHEEP FARMING (LAMBING)
- ❑ PIG FARMING
- ❑ POULTRY FARMING (LAYING/BROILER)
- ❑ RIDING STABLES
- ❑ KENNELS/CATTERY
- ❑ ABATTOIR WORK
- ❑ LABORATORY WORK
- ❑ ZOO WORK



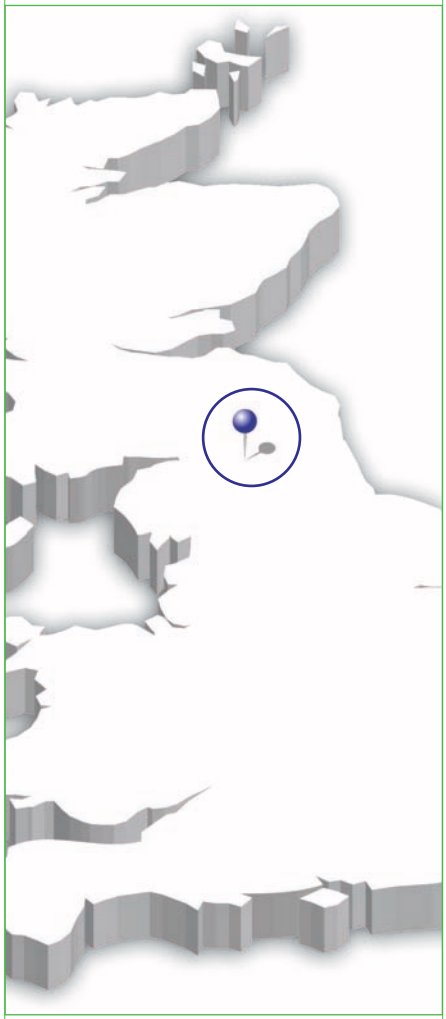
Colin Mitchell BVM&S CertEP MRCVS Scott Mitchell Associates

Update on Strangles

An upper respiratory disease

'Strangles' is an upper respiratory disease of the horse which most horse-owners, even if they have not experienced an outbreak, will almost certainly have heard of. Many owners, quite incorrectly, think there is a stigma associated with the disease and this can hinder quick diagnosis and effective control. Strangles is not caused by poor horse husbandry or neglect - it is a respiratory infection.

Nasal discharge is often but not always seen with strangles but can have many other causes.



Veterinary Surgeon	Colin Mitchell
XLVets Practice	Scott Mitchell Associates, Hexham

Clinical signs

Not all horses will show all the signs, but some of the following symptoms may be seen:

- Raised body temperature
- Nasal discharge
- Off-colour/lack of appetite
- Difficulty swallowing
- 'Noisy' breathing
- Enlarged (and possibly painful) lymph nodes between the horses lower jaw, or, less commonly, under the ears
- Abscesses draining pus

Strangles is caused by a bacterium, Streptococcus equi, which is spread from horse to horse and via tools, equipment, tack, owners and their clothing. Shared water troughs are also a common source of infection. In most cases, there are few complications from the disease and most horses make a full recovery. If a horse is affected and then recovers, immunity will usually last for approximately 3-4 years. A small number, approximately 5-10%, of those affected will become carriers of the infection and intermittently shed the bacteria, infect other horses and cause future outbreaks. These carrier horses will usually not show any clinical signs to identify them as carriers.

A less common form of the disease is seen when the horse shows only milder signs such as a raised temperature and loss of appetite. Coughing is not usually a major feature of infection.The signs seen and severity of infection are related to the health and inherent resistance of the individual rather than to the variations in the bacterium itself.

Diagnosis

The diagnosis should be confirmed by growth and detection of the bacterium from a naso-pharyngeal (throat) swab taken from suspected animals. Pus can also be taken from a discharging abscess. Blood samples can be taken from horses to see if they have been exposed to the infection. The blood sample does not indicate if the animal is affected at the time of sampling.

Spread of infection between animals

Transmission of strangles requires fairly close contact between infected and susceptible horses. Spread can also occur through shared water troughs and/or mechanical spread through personnel and grooming kit etc.

The incubation period, that is, the period between infection and signs being evident varies from 7 to 14 days, though up to 21 days has been reported.

The main source of infection is carrier animals, but the bacterium can survive for long periods (up to 9 weeks) on wood if conditions of temperature and humidity are optimal.

After infection, most animals will eliminate the bacterium fairly quickly, however, a significant proportion, perhaps 5-10% may not eliminate the infection fully and become carrier animals. The infection often remains dormant in the guttural pouches of these animals.

Treatment

Good nursing care is the mainstay of strangles treatment:

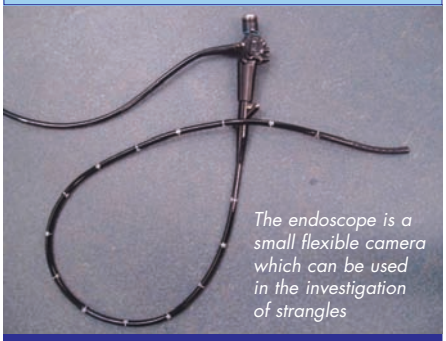
- Keep water buckets clean and free from mucus (this mucus runs down the horse's nose as it lowers its head to drink)
- Keep the nostrils clean allowing them to breathe more easily and smell food
- Encourage appetite with soft, easy to chew foods that the horse is known to like
- Non-steroidal anti-inflammatory drugs (bute) can be given to reduce throat inflammation
- Keep affected horses warm with appropriate rugs

The advice regarding the use of antibiotics in the treatment of strangles remains unclear. Opinions vary but in certain circumstances, particularly those where horse welfare is severely compromised, antibiotics will be used, usually given by injection as the affected horses are struggling to eat.

Managing an outbreak

Each situation will vary, but management of an outbreak on a yard will likely involve the following::

- Definitive confirmation that Strep.equi is the causative bacterium and the disease is, in fact, strangles
- Movement restrictions to limit horse traffic on and off the affected yard
- Isolation of known affected cases
- Segregation of the non-affected horses into two groups:
  - Those that have been in contact with affected horses, but are not yet showing clinical signs
  - Those that have had no contact with affected horses
- As the outbreak runs its course - horses may need to be moved between these groups
- Blood testing of individuals to determine if they have been exposed to the infection
- Either naso-pharyngeal swabbing (three swabs taken at 7 day intervals), or endoscopic examination and flushing of guttural pouches of those affected horses to determine when they are free of infection



The endoscope is a small flexible camera which can be used in the investigation of strangles

Prevention of future outbreaks

- Consider a vaccination policy, the vaccine is now available again
- Quarantine and testing of new horses arriving on the yard
- Produce a 'Health Plan' for the yard which details the strategy to cope with any future outbreaks of strangles and other infectious/contagious diseases

SUMMARY & KEY POINTS

- Strangles is not a notifiable disease
- Strangles is not associated with bad husbandry or poor management
- Rapid identification and diagnosis with appropriate segregation leads to quicker recovery times and yard movement restrictions being lifted sooner
- Horses appear quite ill, but the vast majority will make a complete recovery
- 5-10% of affected horses will remain carriers of the infection
- When the costs of an outbreak are fully considered (see box below) vaccination may be a worthwhile consideration
- One of the main obstacles to effective control of a yard outbreak is owner resistance to following infection control procedures

Endoscopic exam to visualise the guttural pouches

COSTS ASSOCIATED WITH A STRANGLES OUTBREAK

- Nursing time of sick horses
- Veterinary interventions: diagnostic/ laboratory tests and treatment
- Lost competition entries
- Loss of fitness due to lack of work/lessons
- Lost income for those on yard who work with horses on other yards, e.g. farriers, instructors, horse-transporters, dealers etc.

NURSING
STRANGLES FEATURE...

Nina Darling
Cliffe Veterinary Group

The Strangles case: Isolation nursing

Isolating your strangles patient at home can be a daunting prospect for any owner. The responsibility of preventing the spread of a highly contagious, infectious disease need not be as onerous as it may seem. Effective barrier or isolation nursing is easy when following simple steps; consider everything before you start and prepare and maintain a systematic approach to the care and management of your horse throughout a strangles outbreak.

Veterinary Nurse	Nina Darling
XLVets Practice	Cliffe Veterinary Group, Lewes

Firstly, find the easiest place for you to isolate your horse or pony considering the clinical signs he has and his temperament. In some cases a small isolated paddock may be better than a stable; discuss the issue with your vet. If you have the option a stable away from the rest of the yard or on the end of a row with an empty box between your horse and the neighbour, is ideal.

The next step is to create a physical isolation area; this acts as a boundary between clean and contaminated areas. Outside a stable a roped off area or gaffer tape line on the floor works well. Assemble the equipment you need (remember to keep it simple, you will be the one cleaning and disinfecting it all!)

Items for the isolated area:

- Mucking out tools - use bedding sacks or bin liners for muck
- Grooming kit and rugs if required
- Feed and water buckets
- Items for treating your horse as directed by your vet
- Overalls, wellies and a box of gloves

Other items you will need include a dip with disinfectant (a plastic storage box works well), hand sanitizer and, if available, a garden sprayer is very useful. For your dip and garden sprayer Virkon is the disinfectant of choice as you can safely use this on buckets and grooming kit. You can buy Virkon in most tack shops or direct from your vet. Hand sanitizer is ideal for use as you leave the isolated area but is not an alternative to thorough hand washing, which should be carried out immediately.

Once you have your isolation area in place maintaining that barrier between your horse and others around him is down to you. If you have other non-infected horses to look after make sure, where possible, the isolated horse is the one you do last. Before you step over your barrier into your overalls and wellies make sure you have everything you need to treat and manage your horse; having to step in and out of your area increases the risk of contaminating the non-isolated area and takes up your valuable time.

Before you exit your isolated area make sure it is tidy; contaminated hay and dirty bedding left on the floor can blow round the yard and spread infection too. A garden sprayer is great for disinfecting the stable door and floor area after sweeping. Remember anything that leaves the isolation area must be disinfected.

My two considerations during barrier nursing before I touch anything are, 'where has it been and where is it going' and, 'where have I been and where am I going?'

Communicating with those around you and thinking before you do things can make the difference, and save you a lot of extra disinfecting!

VET VIEWPOINT...

WE VIEW THE OPINIONS OF OUR VETS ON THE TOPIC OF **STRANGLES...**

Why is strangles so prevalent?

Ben Sturgeon BVM&S BSc CertEP MRCVS
Castle Veterinary Surgeons

The difficulty with the emotive subject of strangles infection is twofold. First, the infection and recovery may take several months and second, the bug is likely to remain (10% of infected horses become carriers) resulting ultimately in further outbreaks. In an outbreak your actions should be based military style:

1. Stop (spread the condition no further).
2. Contain (prevent new contact by education, hygiene and possible vaccination).
3. Eliminate (treat).
4. Authorise (confirm freedom of infection by negative swabbing).

Remember strangles is rarely fatal (less than 1% of infected horses die as a result) but it is highly infectious (60-70% of horses exposed will develop signs of infection).

Richard Parker MA VetMB CertEP CertES (Orth) MRCVS
Endell Veterinary Group

Being based on the outskirts of the New Forest we have a large population of wild horses and ponies in the surrounding area. As a result, each year we see several strangles outbreaks with infected horses and ponies coming into close contact with client's animals. As the population of wild ponies increases each year, the disease seems to cycle from one year to the next. Infected animals are free to roam and this no doubt contributes to the high numbers of infections we deal with.

The incidence of animals with carrier status in the area is unknown but may be responsible for the ever present threat of strangles. Fortunately the levels of owner vigilance and husbandry are high which is a very effective method of preventing the spread of this disease. Most owners are well aware to avoid obvious risk factors and separate their animals from the wild population.

Jim Slaine MVB MRCVS Parklands Veterinary Group

Strangles in Northern Ireland

Strangles would not be a common diagnosis within the horse population which we deal with. However there would be a notable prevalence within horses owned by the travelling community who often keep many horses of all ages in a herd style set up.

In addition these horses would be bought and sold on a regular basis therefore constantly changing 'herds' and the use of natural service allows for exposure of young stock to the bacterium at different premises.

We tend to find young foals and older horses more severely affected leading in some cases to fatalities. The disease does occur sporadically in show jumping yards but on an infrequent basis.

Our owners are aware of strangles as a highly infectious and potentially devastating disease that requires good isolation procedures and closure of yards.

For more information about Strangles, please contact your local XLVets practice.

pony pages

Welcome...

TO THE SUMMER 2011
XLVETS PONY PAGES

Fact!

Did you know - there are approximately 75 million horses in the world and NO two horses are identical...

Top Tips FOR YOUR PONY!

Pony tips for a healthy coat and skin

By Colin Lindsay, BVM&S MRCVS, Capontree Vets

- To get your pony's coat nice and healthy involves a good diet, and daily grooming.
- The bulk of your pony's diet will be hay, haylage or paddock grazing. There are a lot of other feeds and supplements available that may help, but the most important thing is that the diet is balanced by feeding either a complete cube or mix or adding a general vitamin and mineral supplement.
- Grooming should be part of your daily routine whether your pony is stabled or outside.
- Always remove any dirt or mud especially from the areas where the tack goes and pick out the feet.
- If your pony is rugged up always make sure it is fitted correctly - watch out for straps rubbing.
- Shampoos are useful; always make sure you use one that is suitable for horses and apply it at the recommended rate. Take care not to over shampoo as this can remove all of your pony's natural oils.
- Your grooming kit is very important. Your tack shop will stock a full range of brushes, sponges, pads etc. Make sure the combs and brushes aren't so hard that they irritate your pony's skin when being groomed. Don't share your grooming kit with others as sharing brushes can spread skin infections.
- After riding it is important to remove the sweat from your pony as it can irritate the skin. If it is a warm day wash down any sweaty patches, but in colder weather it is better to let it dry then brush out the sweat.
- When grooming, if you notice any bald patches, a lot of scurf, or if your pony is very itchy ask your mum or dad to speak to your vet.

winner

CONGRATULATIONS TO...
COMPETITION 6 WINNER
Wright & Morten Winner:
Charlie Gillespie

1st Competition page

ENTER TODAY
GOOD LUCK...

Welcome
XLVets Competition

How many differences can you spot between the two pictures below. Circle the differences as you find them, then write how many you can find on the competition entry form below and send it back to us for **YOUR CHANCE TO WIN.**

Spot THE Difference

WIN an Equestrian Bag, containing six items including a small body brush, dandy brush, flick brush, face brush, hoof pick and sweat scraper.

WIN!

Answer to Spring 2011 competition: 5 Differences

A winner will be chosen from all the correct entries received before the closing date, Friday 12th August 2011. The winner will be revealed in the next issue of Equine Matters. The editor's decision is final, no correspondence will be entered into.

THE NUMBER OF DIFFERENCES: _____

Send your completed entry to: Equine Matters Competition No.7
XLVets, Carlisle House, Townhead Road, Dalston, Carlisle, CA5 7JF

Name

Address

Postcode

Daytime Telephone Number

Email

XLVets Practice Name

☐ I do not wish to receive further information from XLVets

☐ I would like to receive further information from XLVets by e-mail

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XLVets - We Excel

The members of XLVets have worked hard to create what they see as a model of how practices can work together, sharing the latest ideas and passing on savings and joint expertise to clients.

www.xlvets.co.uk

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Alnwick, Northumberland
Telephone: 01665 510999

Ardene House Veterinary Practice
Aberdeen, Grampian
Telephone: 01224 740700

Armour Veterinary Centre
Mauchline, Ayrshire
Telephone: 01290 550200

Belmont Veterinary Centre
Hereford, Herefordshire
Telephone: 01432 370155

Bishopton Veterinary Group
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Telephone: 01765 602396

Castle Veterinary Surgeons
Barnard Castle, Durham
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Chapelfield Veterinary Partnership
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Cliffe Veterinary Group
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XLVETS EQUINE - BETTER TOGETHER

June 2011