



GILLIVERVET

AUTUMN

Newsletter 2022



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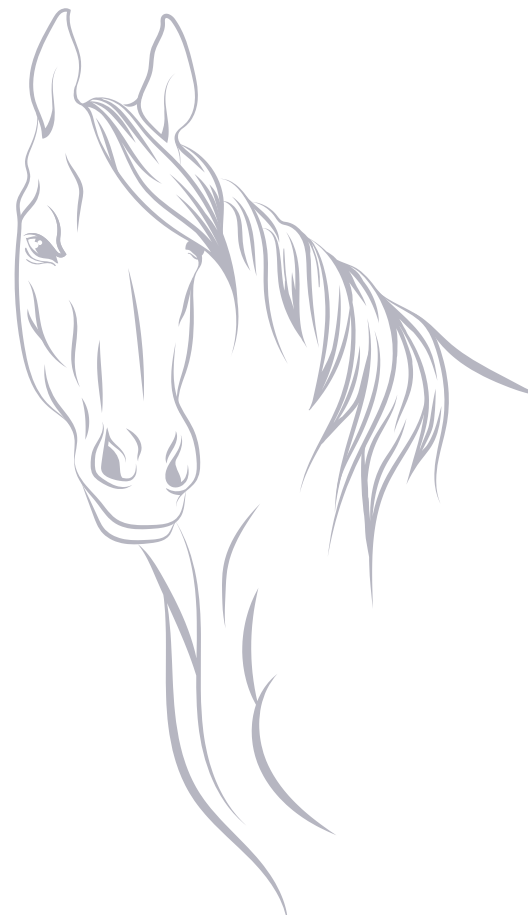
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OUR QUARTERLY UPDATE

Equine Castration Promotion

September & October 2022

£195
inc VAT

Offer Details

- Promotion open to existing and new clients
- Promotion open to colts up to 3 years old who have not been used to cover
- THE PROCEDURE IS TO BE AT THE PRACTICE ONLY
- The colt must be accompanied with a passport which will be signed with certificate of castration
- The horse MUST have sufficient Tetanus cover, if not it will be given & charged
- The price does not include any after care medication or treatment of complications
- PAYMENT MUST BE MADE IN FULL ON COLLECTION

Please book via the office on 01257 483161

TEAM SPOTLIGHT

With Maisie Parsons

Do you have a nickname?

Mais

What is your job role?

Veterinary Surgeon

Do you have a favourite sport?

Netball

Do you have any pets?

A Jack Russell Terrier called Queenie, and three ferrets called Beyoncé, Michael and Janet.

Tell us an unusual fact about yourself?

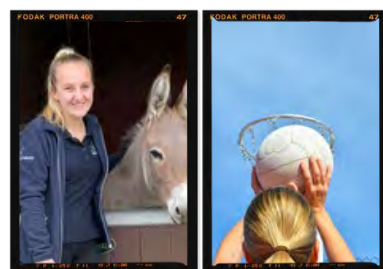
Whilst on an equine placement, I got to watch Prince William play Polo.

Your most memorable patient?

The first time I scrubbed into surgery; it was an orthopaedic surgery on a whippet.

What is on your bucket list?

I would love to do a sky dive or bungee jump! I would also love to hopefully travel around South America and Thailand one day.





PREPARING YOUR HORSE FOR AUTUMN CHECKLIST



PARASITE CONTROL

Some 'at risk' horses will need treating for red worm and tapeworm larvae in the autumn. This should be based on advice from your veterinary surgeon.



NUTRITION

As temperatures drop, the quality of grass will decrease, so it is important to add fibre to your horse's diet to maintain a healthy digestive system. Hay is the most common fibre and can meet all their nutritional needs



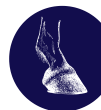
EXERCISE/STABLING

If your stabled horse can't be turned out as often during the autumn/winter months, they will still need regular leg stretches, either in-hand or ridden.



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.



FEET & LEGS

This time of year puts horses' feet at an increased risk of abscesses and thrush. Make sure you check your horse's feet and legs daily.



POISONOUS PLANTS

Maintaining a good pasture is essential in minimising the risk of exposure to toxic plants. It is really important to regularly check your horse's paddock.

WHAT ARE NERVE BLOCKS?

Lameness is a common problem in horses of all ages and types.

Unfortunately, horses can't tell us the source of pain; hence the need for a variety of diagnostic tests accompanied by imaging modalities in order for an appropriate diagnosis, treatment plan and prognosis to be made.

What are nerve blocks?

Nerve blocks, the correct term being diagnostic anaesthesia, are used daily by equine practitioners to accurately determine the site of pain in lame horses. Occasionally, the site of pain may be immediately obvious with localised signs of heat, pain on palpation and swelling of the affected area. Unfortunately, these indicating signs are often absent in the lame horse.

Nerve blocks involve injecting local anaesthetic around the nerves which supply sensation to the limb. The local anaesthetic prevents conduction of impulses along the nerve fibre so that the horse is no longer able to feel the source of pain.

To use this principle for diagnostic purposes it's essential for nerve blocking to begin at the bottom of the limb. If started at the top, all sensation to the lower limb will be lost and we will be no further in identifying the exact site of the problem.

For this reason, most lameness investigations begin with lower limb blocks, usually a palmar digital nerve block in the front limb and a low-6 point nerve block in the hindlimb, due to the high prevalence of foot problems in the forelimbs compared to the hindlimbs.

It is worth mentioning that this is not an exact rule and is dependent on the temperament of your horse and the approach can vary in every case according to the presenting complaint.



How does the vet know if the block has worked?

This is achieved by testing skin sensation beneath the level that the block was performed with a blunt object, such as a pen. If the horse responds to this test, further local anaesthetic will be injected around the nerves until complete loss of skin sensation has been achieved.

What can I expect to see after a nerve block has been performed?

The overall aim is to continue blocking in an upward direction until the lameness improves substantially (at least >50%) or ideally, is abolished altogether. Your vet will identify a zone of the limb, between the previous block and the current block level, within which the problem resides.

My horse has been blocked what next?

Once the lameness has been localised to a region of the limb it may be necessary to perform further specific perineural, joint, tendon sheath or synovial bursa blocks. In the same way local anaesthetic is placed around nerves (perineural), it can be injected into synovial structures to determine even more precisely the site of pain (joint block). Injection of joints is not without potential complications and should always be performed in sterile conditions to reduce the potential risk of introducing infection to the joint.

Following further specific blocks, the multiple imaging modalities available to your vet can be used to identify the lesion. An accurate diagnosis, treatment plan and prognosis can then be determined for your horse based on these findings.



Commons signs your horse may have joint pain:

- Your horse is moving differently to normal
- Your horse starts misbehaving when the farrier holds the leg up for long periods of time
- Your horse is reluctant to exercise and or an unexplained change in behaviour
- Your horse is reluctant to lie down or is lame after getting up
- One or more of the joints look different or there is swelling or thickening around the joint
- General stiffness

If your horse is showing any signs of lameness, please call us for advice or to arrange a visit from one of our vets.

HEART MURMURS

JUST A NOISE?

What is a heart murmur?

Heart murmurs are heart sounds that are detected when listening to the horse's chest with a stethoscope.

A normal heart beat will sound like:

lub__dub__lub__dub

The lub is the first heart sound and corresponds to the top part of the heart (atria) contracting and dub is the second heart sound that corresponds to the bottom part of the heart (ventricles) contracting.

If a heart murmur is present then a 'shhh' sound may be heard before or after the first or second heart sound depending on the type of murmur
e.g: lub_shhh_dub__lub_shhh_dub__

There are two types of murmurs. A functional/physiologic murmur is a heart murmur that is primarily due to physiologic conditions outside the heart, e.g. if the horse is dehydrated. Other types of murmurs are due to structural defects either from holes in the heart that allow blood to flow between heart chambers or from leaky valves that allow blood to flow backwards in the wrong direction.

Once a murmur has been detected then your vet will try and characterise it based on a number of factors. Firstly where the murmur occurs in the cardiac cycle, i.e. whether it is systolic (occurs when the heart is contracting between the lub and the dub) or diastolic (occurs when the heart is relaxing after the dub).

They are then graded 1-6 based on how loud they are:

Grade 1 - barely audible/just detectable.

Grade 2 - murmur is quieter than the normal heart sounds.

Grade 3 - murmur is as loud/same intensity as the heart sounds.

Grade 4 - murmur is louder than the normal heart sounds.

Grade 5 - as grade 4 and a precordial thrill is present (when can feel vibration of the murmur by placing hand on the chest wall behind the shoulder).

Grade 6 - murmur sufficiently loud that it can be heard with the stethoscope raised just off the chest surface.



A NORMAL HEART BEAT WILL SOUND LIKE:
LUB__DUB__LUB__DUB

Once these two things have been established the murmurs can be further characterised based on how they sound, e.g. musical, how long they last (i.e. are they just heard between the heart sounds as in a holosystolic murmur or is the murmur also heard over the heart sounds as in a pansystolic murmur) and the area at which the murmur is heard the loudest, which is known as the point of maximal intensity (PMI).

Once a murmur has been identified, a diagnosis can often be made based on the above characteristics alongside the age and other factors of the affected patient. Occasionally further investigations, including stress testing and an ultrasound of the heart, may be warranted. These would be recommended to help confirm the diagnosis and also to determine if the murmur has caused any secondary enlargement of the heart chambers which could potentially lead to other problems.

In general, murmurs are common. Low grade murmurs are generally not a concern and most murmurs will progress slowly. Horses can remain active despite a murmur (depending on the grade) as many cardiac problems are not significant. Any significant cardiac problem will generally result in poor performance but the significance of any problem will be increased in the horses that are working the hardest e.g. racehorses/eventers.

Common murmurs seen in practice

Low grade murmurs (grade 1-3) are relatively common in older horses but they rarely represent a significant health issue. Aortic insufficiency (leakage of blood from the aorta back into the heart) is the most common acquired murmur (i.e. murmur that has developed with age). Mitral or Tricuspid regurgitation is when there is leakage of the valves allowing blood to flow from the ventricles back into the atria. This can lead to widening of the top part of the heart, which can predispose the heart to an arrhythmia known as atrial fibrillation. Endocarditis (infection of the heart valves) can develop in very sick horses. Ventricular septal defects are an example of a congenital defect where there is a defect/hole in the septum between the bottom chambers of the heart.

One of the major concerns facing vets in practice once a murmur is detected is that of rider safety. In general, if the murmur is localised, grade 1-3, and there are no signs of exercise intolerance or raised resting heart rate, then continued use can be justified provided the intensity of exercise is not increased. If there is a raised resting heart rate or the murmur is a grade 4-6, then it is advisable not to ride until further investigations and an ultrasound have been performed. If there are signs of congestive heart failure then horses should not be ridden.



ATYPICAL MYOPATHY

Horses can be more susceptible to Atypical Myopathy in the autumn, when the paddocks are bare and the autumnal winds blow.

Atypical myopathy is a potentially fatal disease of horses in the UK and Northern Europe which affects grazing horses. It is linked to the toxins that are present in sycamore seeds and has a seasonal prevalence, with most cases occurring in autumn/early winter and sometimes the following spring.

Sycamore seeds and seedlings contain the toxin Hypoglycin A. When ingested, the toxin causes muscle damage and particularly affects the postural muscles (those that enable the horse to stand), the diaphragm (the muscles that facilitate breathing) and the heart.

It is a common misconception that the disease always results in death. However, the chances of survival are 50:50 at best so it is vitally important that treatment is thorough and starts immediately. Horses often get worse for 24-48 hours before they start to improve so even if the signs are mild, transport to a hospital should be considered, whilst it is still possible.

Treatment involves:

- Intravenous fluids to help protect the kidneys from being damaged. Fluids are also important because horses with Atypical Myopathy tend to become very dehydrated
- Infusions of powerful painkillers and anaesthetic drugs
- 24/7 intensive nursing care
- Supplementary vitamins and minerals

Initially recovery is slow, but most affected horses that recover go on to make a complete recovery and return to work with no long-term effects of the disease.

To prevent Atypical Myopathy, horse owners are advised to:

- Check fields carefully for sycamore leaves and seeds
- Fence off areas where sycamore seeds and leaves have fallen
- Pick up sycamore seeds and seedlings from the pasture
- Turn horses out for shorter periods
- Provide extra forage (hay or haylage), especially where pasture is poor or grazing is sparse
- Reduce stocking density so there is plenty of good grazing for every horse

Signs of Atypical Myopathy

Atypical Myopathy is a disease that affects the skeletal, respiratory and cardiac muscles of the horse, resulting in a range of clinical signs with variable severity:

- Weakness
- Trembling
- Recumbency (lying down)
- Muscle soreness
- Stiffness
- Lethargy
- Fast or laboured breathing
- Reluctance to work
- Red or brown urine
- Choke
- Whinnying
- Head tossing
- Low head carriage
- Fast or irregular heart beat
- Sudden death



PROJECT WORMS

Tackling anthelmintic resistance

Unnecessarily worming without knowing if your horse actually needs it is creating a serious resistance to wormers.

We would really appreciate it if you could please take a few minutes to complete the following survey to help us gather information on how you control worms in your horses:

Horse owners/keepers:

surveymonkey.co.uk/r/WORMSowner

Stud owners/managers:

surveymonkey.co.uk/r/WORMSstud

vetpartners.co.uk/project-worms-working-together-to-tackle-anthelmintic-resistance/

PROJECT NURSE



Recognising and enabling veterinary nurses' skills

Project NURSE aims to improve animal health and welfare by employing the drive, knowledge and skill of our equine nursing teams to develop their roles and provide more services directly to you.

We would be very grateful if you could please complete a short questionnaire about your perceptions of, and experiences with registered equine veterinary nurses (REVNs):

surveymonkey.co.uk/r/REVN



vetpartners.co.uk/project-nurse-recognising-and-enabling-veterinary-nurses-skills/



Separately you'll have an opportunity to supply your details for entry to a prize draw to win £100 "Love to Shop" vouchers.