



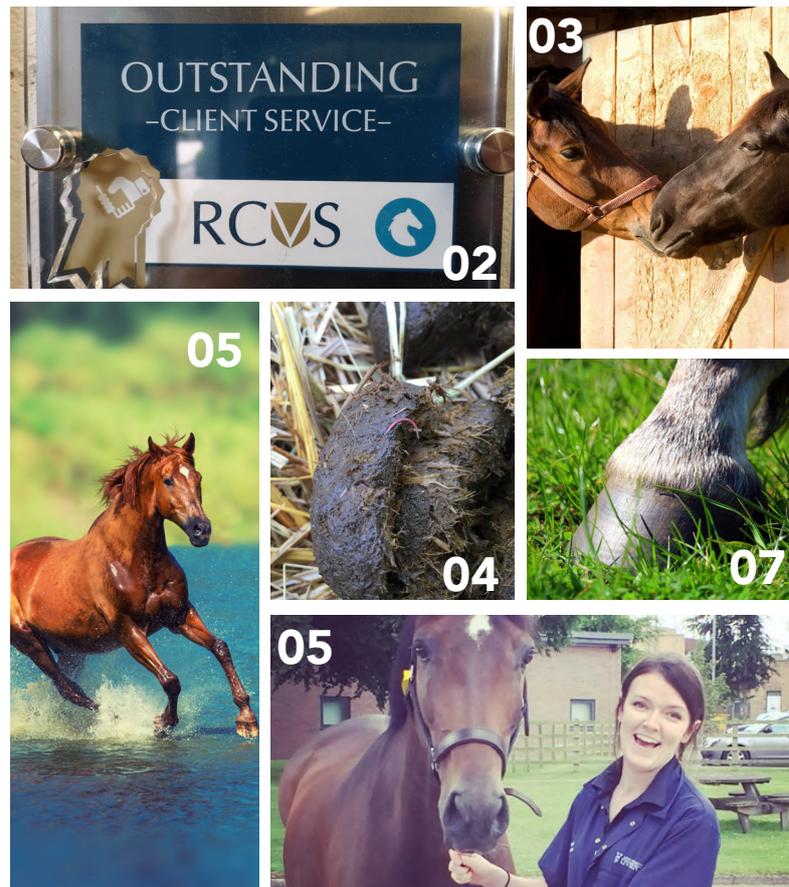
Gillivervet Limited
J.C. Gilliver & Colleagues
Veterinary Surgeons

Gillivervet Summer Newsletter 2019

Summer



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Hello and welcome to the Summer edition of our newsletter. The first day of Summer is the 21st June, and as the weather gets warmer and our evenings are lighter we are thrilled to have more time to ride and spend with our horses.

Summer is a great time of year and horse care is generally easier. However, the hot weather can also bring challenges to our horses. In this issue we have put together some guidelines on how to keep your horses cool this Summer. From providing suitable shade and fresh cool water to monitoring the temperature so it is cool enough for riding.

With Summer comes fresh grass growth, which can be great for some horses but not for laminitics. On page 07 we talk you through laminitis, Equine Metabolic Syndrome and Equine Cushing's Disease.

Sand colic is a relatively common occurrence in horses? Commonly seen in paddocks which have sandy soil, the signs of abdominal pain can be varied - from mild signs such as looking at their side or pawing at the ground to more severe signs like lying down or rolling. On page 6 we go through the diagnosis and treatment of sand colic and how to avoid it.

Did you know we hold events, from educational talks, aimed at riders and horse owners of all abilities, plus talks at Pony Club camp and adult confidence giving camps, to name just a few. To book an educational talk, please contact us via email at office@gillivervet.co.uk.

On behalf of everyone at Gillivervet, we hope you have a fantastic Summer out and about with your



Gillivervet Highlights



Congratulations to Hannah Smith

Huge congratulations to vet Hannah Smith who recently completed the synoptic examination for her equine medicine certificate & now holds an Advanced Veterinary Practitioner Certificate in Equine Medicine.

The certificate is an advanced qualification in veterinary medicine achieved by equine vets demonstrating significant knowledge in the designated area.



Welcome Sarah Willson

The team would like to welcome vet Sarah Willson to the team. Find out more about Sarah in our Staff Spotlight section on the back of this newsletter.



Practice Standard's Award

We are thrilled to have obtained our second Royal College of Veterinary Surgeons, Practice Standard's award. This time, an outstanding award for Ambulatory Service. While the whole team worked incredibly hard to achieve this accolade, our nurse & clinical coordinator Charlotte Hartley played an integral role in obtaining this award. Charlotte explains more about the award on the following page.



Welcome Back Bryony!

Welcome back to Bryony! Bryony returns to her role as a groom following maternity leave.

Gillivervet Weight Clinic...Coming Soon!

Please be mindful of your horse's weight. Unfortunately, we see many patients exiting Winter overweight and these patients are at high risk of succumbing to laminitis after turn out on 'Spring' grass. If your horse is overweight, restrict grazing time and consider muzzle placement. Also, while stabled, do not overfeed. Ideally feed hay which can be soaked for 8-12 hours before feeding to reduce the non-structural carbohydrate load. Hay can be double netted to slow down speed of ingestion. From a bucket feed perspective, a localorie balancer will more than likely suffice but if you are concerned about your horse's nutritional requirements, please seek advice from your vet. Remember, exercise also places a crucial role in any weight loss plan.

We will soon be restarting our Gillivervet Weight Clinic. Please keep an eye on our Facebook page for further information.



Equine Flu Update

New outbreaks of Equine Influenza continue to be confirmed throughout the UK on a weekly basis. 96 outbreaks have been reported countrywide thus far. However, the actual number is likely a lot higher due to some horses not receiving veterinary attention & diagnostic testing.

So far, we have had three laboratory confirmed outbreaks in Lancashire (two outbreaks on 18.04.19 & one on 24.05.19) and one in Manchester (on 8.05.19). All have involved unvaccinated horses. Unfortunately, the exact Lancashire location of the three confirmed outbreaks has not been publicly released by the AHT.

Outbreak 'a' confirmed on 18.04.19, involved two unvaccinated horses which developed clinical signs consistent with flu (cough, nasal discharge & fever). There were 6 premises, with approximately 70 horses; most of which were unvaccinated, in the vicinity of the confirmed outbreak & multiple horses subsequently developed clinical signs consistent with flu.

Outbreak 'b' confirmed on 18.04.19, involved six young, unvaccinated horses in the index group which had recently received a new arrival which was coughing. Further horses on this premises subsequently developed compatible clinical signs.

On May 24th, a further outbreak was confirmed in an unvaccinated patient in Lancashire. Six, unvaccinated in-contacts also displayed compatible clinical signs. These seven horses had no reported contact with other horses as of late suggesting airborne spread of the virus.

In the Manchester outbreak on 8.05.19, there were twenty horses in-contact with the index case. Some of these horses were vaccinated; others were not. Those not vaccinated, developed clinical signs consistent with flu while the vaccinated horses remained clinically well. This highlights the vital role vaccination plays in reducing clinical disease. While vaccination for equine influenza does not offer 100% protection, it reduces severity of clinical signs and viral shedding.

Therefore, at this time, it is more important than ever to have your horse up-to-date with their flu vaccinations. Similar to humans, the virus is incredibly contagious & the most 'at-risk' of succumbing to severe disease are the young, the old and the immunocompromised.

If your vaccinations have lapsed, a re-start course will be required which consists of two initial flu vaccinations 4-6 weeks apart and a booster vaccination 5 months after the 2nd vaccination. If your horse's vaccinations are 'up-to-date' but they haven't been vaccinated within the last 6 months, a booster vaccination is recommended. Furthermore, many competition rules/venues require 6 monthly flu vaccinations at this time. Therefore, before competing we recommend that you check your passport, venue and competition rules to ensure your horse meets the required criteria. We are always happy to assist you with checking your passport.

For further information check out:
<https://www.aht.org.uk/disease-surveillance/equiflunet>

AHT
Animal Health Trust

EQUINE INFLUENZA

The Animal Health Trust recommends five basic protocols:

VACCINATE

BOOST YOUR HORSE'S VACCINATION IF IT WAS GIVEN

MORE THAN 6 MONTHS AGO

AND ENCOURAGE OTHERS TO DO THE SAME

If your horse is not vaccinated, it will need to start a course of vaccinations and will not have protection until two weeks after the second vaccine in the course is given.

ISOLATE

WHAT BIOSECURITY MEASURES ARE IN PLACE AT YOUR OWN YARD?

Immediately isolate new or unwell horses away from the main yard. Flu is easily spread amongst a group of horses.

COMMUNICATE

BE OPEN

If you have a suspected or confirmed outbreak, tell others and help minimise the spread of flu.

INVESTIGATE

#1 IF YOU SUSPECT EQUINE FLU

CALL YOUR VET IMMEDIATELY TO INVESTIGATE

#2 IF YOU'RE PLANNING TO ATTEND AN EVENT OR EQUINE GATHERING,

CONTACT THE ORGANISERS & ASK ABOUT THEIR BIOSECURITY POLICIES

If you are not comfortable with what is in place, don't attend!

MITIGATE

DO ALL YOU CAN TO KNOW

THE RISK OF MOVING YOUR HORSE OR ATTENDING AN EVENT.

Mitigate against the risk and make your own sensible decision based on this.

The latest information from the Animal Health Trust on equine flu outbreaks is available from www.equiflunet.org.uk or by following @equiflunet on Twitter.

Practice Standards Scheme Awards

We are delighted to announce that Gillivervet Ltd has been awarded an **'outstanding'** in our recent Practice Standards Inspection for 'Ambulatory Service' undertaken by our governing body the 'Royal College Veterinary Surgeons (RCVS).'

The RCVS Practice Standards is a scheme a little like 'Ofsted,' in that it aims to make information available to help you choose a veterinary practice! Knowing we are an accredited practice and hold awards for both 'Client Service' and 'Ambulatory Service' ensures that you have chosen a practice that can promote and maintain excellent standards of care.

We already hold an **'outstanding'** award for 'Customer Service' which we achieved after demonstrating high levels of care for our clients by encompassing practical and behavioural steps to continually improve our service.

Our latest award for 'Ambulatory Service' showcases the quality of the ambulatory service we provide to both clients and patients. The inspection also highlighted that we provide an outstanding dental service to our patients. Staff have been recognised for continuing their professional development through completion of further qualifications and training. It was also acknowledged that all our staff recognise pain appropriately in our patients and only prescribe and recommend medications as and when required taking into consideration responsible use of antibiotics. We also achieved a huge 100% for maintaining hygiene and safety in the practice and our practice vehicles.

Targeted Worming

Responsible use of wormers is of paramount importance to ensure our horses are not being wormed unnecessarily and also, to help prevent the development of resistance to the wormers available to us. The ease of which wormers can be obtained in this country means that horses are often 'over-wormed' and the incorrect wormer administered at the incorrect time of year. For this reason, in certain European countries, wormers are a prescription-only medicine. To ensure wormers are used correctly, we recommend that you formulate a worming plan, consisting of judicious use of wormers and diagnostic testing, for your horse/yard with your veterinary surgeon.

Faecal worm egg counts provide information about a horse's adult roundworm burden. This test involves microscopic examination of a small faecal sample. When collecting the sample, a fresh pile of droppings should be selected and a small amount of faeces taken from multiple faecal balls- this maximises the accuracy of the test. The sample should then be dropped to the practice as soon as possible for the worm egg count. Depending on the result, we will advise as to whether worming for roundworm is required or not.

Future blood test for small encysted redworm?

As we have mentioned, at this time, there is no laboratory test for small encysted redworm. However, a test is currently being developed which is really exciting progress. This test, if validated, will hopefully be available by the end of the year. To complete the research project for test validation, patients are required. If your horse is having a blood sample taken for another reason, has worm egg counts performed & the yard worm egg count history is available, you may be able to help! If interested, please ask your attending veterinary surgeon who will be able to provide further information.

Remember, worm egg counts will only provide information about adult roundworm burden and does not provide information about tapeworm or small encysted redworm burdens.

At this time, we have two diagnostic tests available for tapeworm. The more established test is a blood test, which can be obtained by your veterinary surgeon. The more recently developed test is a saliva test (EquiSal Tapeworm Saliva Test), which can be performed by yourself. A tape wormer should be administered if results indicate tape worming is required.

If choosing not to perform diagnostic testing for tapeworm, we advise administering a 'tape wormer' once yearly. Equitape, a tapeworm specific wormer, has recently been withdrawn from the market; however, we are now able to obtain an alternate product. For further information, please call us.

Sadly, at this time, there is no diagnostic tests for small encysted redworm. A test is; however, in the pipeline. Therefore, we advise administering a moxidectin wormer for small encysted redworm November/December time after the first frost.



We all look forward to spending the Summer months with our horses however, the heat can cause your horse a number of problems. From providing suitable shade and fresh cool water to monitoring the temperature so it is cool enough for riding, we have put together the following guidelines on how to keep your horse cool in the hot weather!

Turnout times

Turn your horses out during the cooler times of the day. Early in the morning and overnight are the best times.

Fresh cool water

Make sure your horse has access to clean, fresh and cool water. Like us a horse will drink much more in the hotter weather.

Shade

If you have no access to a stable, make sure your horse has plenty of shade from trees or a purpose built shelter.

Salt Lick

Providing a salt lick will encourage the horse to drink more.

Electrolytes

Electrolytes are lost when a horse sweats. Giving electrolytes to horses by adding them in their water will help with their hydration.

Exercise

Horses in work should be kept as cool as possible before, during and after ridden work. Riding should be done during cooler times, so early in the morning or late in the evening. Make sure you cool down your horse afterwards by hosing them down, or using a sponge with cold water all over their body.

Sunburn

Keep an eye out for sunburn. To prevent sunburn use a mask or a fly rug. You can also use high factor sun cream on the pink coloured skin of a horse. There are plenty of sun creams that are on the market that are suitable for horses/ponies.

Signs of heat stroke:

- Weakness
- Increased temperature
- High respiratory and heart rate
- Lethargy
- Dehydration
- Dry mucous membranes in the mouth - they should be pink and have a slimy feel to them. To check the mucous membranes, press your finger on the gums and they should turn white with pressure. Once you have released your finger they should return to a normal pink colour

If your horse has overheated move them immediately to a cool area, wash them off with cold water and provide drinking water. If you are worried at all, please call us on 01257 483161.



Sand Colic

Can affect horses grazing paddocks with a high sand content. In Lancashire, the highest incidence will occur in coastal areas such as along the Southport/Formby coast although cases are seen throughout the county. Horses can present with varying degrees of abdominal pain ranging from mild (flank watching/pawing) to more severe (lying down/rolling). Others present with diarrhoea as the first clinical sign.

Ingested sand causes irritation/inflammation of the intestinal lining and the more sand that accumulates, the greater the degree of inflammation. This results in abnormal forward movement (peristalsis) of the intestine that may lead to diarrhoea. A sudden large accumulation of sand may cause an acute obstruction causing more severe pain.

When we examine an affected horse we usually find that the pain causes an increased heart and breathing rate. Gut sounds in the flank region may be abnormal. In cases where a large amount of sand has accumulated, we can sometimes hear the sand moving when we listen to the intestinal sounds using our stethoscope - it sounds like waves breaking on the beach. On rectal examination our findings may/may not be normal.

A sand sedimentation test can be performed on a faecal sample. This involves suspending faeces in a glove filled with water. If sand is present, it will settle out in the fingers of the glove after a period of time. Results may/may not be normal depending on how much sand the patient is passing in it's droppings. The presence of sand is confirmatory but the absence does not rule out sand colic. Diagnosis is confirmed by taking an abdominal radiograph (x-ray).

Initially, drugs are used to provide pain relief. If sand colic is confirmed on x-ray, laxatives can be administered. If medical therapy is insufficient to control the pain, surgery is sometimes required.



Once a horse has been diagnosed as having sand colic they are more likely to suffer from the condition again. If your pasture is sandy, avoid turning out when the pasture is very short, especially after recent rain and do not feed hay from the ground. Regular treatment with psyllium will also reduce the risk of sand accumulation.

Ticks

With the promise of warm weather and the ever present long summer grass ticks are becoming prevalent again. Not only are these an annoyance but they can cause localised inflammation and can transmit diseases. Removal of the ticks should be done with tick removers to reduce the risk of leaving remnants in the skin. If the head is left in the skin it can cause an infection or very inflamed tissue leading to pain and discomfort.

There are two main diseases transmitted by ticks to horses: Lyme disease and anaplasma. Clinical signs are very variable but can include lethargy, fever, anaemia, lameness or changes in behaviour. If concerned you should contact your veterinary surgeon and they can have blood work run to see if your horse has been exposed to either disease.



Laminitis

Sadly, we have seen an incredibly high incidence of laminitis over the past number of months. Laminitis indicates inflammation of the lamellae in the feet. As a result, the secure connection anchoring the pedal bone within the hoof capsule becomes unstable and the pedal bone can sink and/or rotate. Varying degrees of severity are noted with some affected horses being a little potterly whereas others are unable to stand due to foot pain. Diagnosis is based on the presence of compatible clinical signs namely, a characteristic gait, increased digital pulses, +/- heat in the feet. Response to hoof testers is variable. Approximately 90% of the laminitis cases we see occur secondary to underlying Equine Metabolic Syndrome and/or Equine Cushing's Disease.

Equine Metabolic Syndrome (EMS) is a condition seen in overweight horses and/or those with abnormal fat deposits. EMS is often suspected based on a horse's appearance but is confirmed on blood tests. There are three commonly used blood tests for diagnosing EMS and your vet will select the most appropriate test(s) for your horse. Management of EMS is based on diet and exercise (provided your horse is comfortable on its feet). There are a couple of drug therapeutic options which again can be discussed with your vet. Grazing should not be permitted until given the go-ahead by your veterinary surgeon. When grazing recommences, it should be restricted and with a grazing muzzle in place.



Equine Cushing's Disease (ECD) is a neurodegenerative disease most commonly seen in horses over 15 years old but can occur in younger patients. Traditionally, people associated ECD with a long, curly haircoat & while this is one of the hallmark signs for ECD, these days we generally diagnose the condition at an earlier stage. Compatible clinical signs include laminitis, increased drinking/urination, muscle loss, abnormal fat deposits, recurrent infections and/or coat changes (late shedding/thicker than normal coat etc.). Diagnosis is based on a blood test, the lab fee for which is currently free of charge through the 'Talk About Laminitis' scheme. ECD is generally successfully managed through use of a medication called pergolide (Prascend).

A great reference website for laminitis, EMS & ECD is <http://www.talkaboutlaminitis.co.uk/>

Staff Spotlight - Sarah Willson

Job description?

Equine
Veterinary Surgeon



When did you qualify?

I qualified in 2015



Best aspect of working at Gilliveret?

Definitely the team. Everyone is so lovely and welcoming and I feel like I've settled in straight away!

Any pets?

A naughty little sausage dog puppy called Tommy. He completely rules the house and his speciality is his multiple kisses!

Career highlight

A massive stitch up over the whole left hindquarter of a fresh youngster which healed so well she went back to showing, a major achievement given the size and depth of the wound.

Any hobbies?

I really enjoy playing and watching football and getting into the mountains to snowboard. There's nothing better than fresh mountain air and snow!

Favourite food?

I think Mexican food in general is amazing and particularly the burritos from Chipotle.



3 most favourite things?

Probably my family, friends and my puppy.

