



Gillivervet Ltd.

Newsletter

www.gillivervet.co.uk

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Summer
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Th

-STOP PRESS- Prescription Charges

Due to a change in legislation, as of 1st April we will be adding a small charge for issuing prescriptions and repeat prescriptions to cover our administration costs . The fee will be £7.00 + VAT

Sweet Itch (Summer Seasonal Recurrent Dermatitis)

Sweet Itch is probably the most common and well known of the summer skin allergies. It is a distressing condition for the horse or pony and often frustrating for the owner as it is difficult to treat.

Sweet Itch is caused by an allergic reaction to the saliva in the bite of **midges**.

The disease is particularly prevalent between April and October when the midges are most active; however with climate change bringing warmer winters affected horses and ponies may well be bothered with the condition well into the winter months.

The affected animals are at their most vulnerable to being bitten either early in the morning or late afternoon, early evening.

Midges like moist conditions in which to breed so pasture adjoining rivers, lakes and marshes should be avoided if possible.

All breeds and types of horses and ponies can get sweet itch but some breeds are more prone than others and it is thought that the condition may be hereditary. It is not contagious, but if an area where a number of horses are kept has a large midge population then more than one horse may be affected.

The midges like to attack the horse along the head, neck, withers and back. The owner will first notice skin irritation and hair loss especially in the mane and tail. As the condition worsens the skin becomes thickened and wrinkly. The skin develops crusty areas and is sore. If these areas become weepy a secondary bacterial infection may develop. By now the horse or pony will swish its tail or shake its head violently to ward off the insects and will frantically rub itself to alleviate the itchiness. Owners may notice that the horse is more difficult to ride and a change in temperament may be observed.

During the colder months the skin has chance to recover totally however problems arise again in the spring. It is now that the owner can try to help the situation for their animal. The owner needs to be aware that

THERE IS NO CURE and it will recur every summer.

However there are a few steps the owner can take to minimise the effect and reduce the distress to the horse.

1. If practical, choose the pasture for summer grazing carefully – avoid marshy boggy areas.
2. The grazing should be well drained and away from muck heaps which attract flying insects.
3. Water troughs should be cleaned regularly to prevent the midges from breeding there.
4. Invest in a good quality well fitting fly rug.
5. Stable the horse from dusk to dawn.
6. Fine mesh across openings will keep the midges out of the stable.
7. If using insect repellents do not use on already inflamed and/or broken skin. All products should be used with care after seeking veterinary advice.

All preventive measures should start in the early spring before the midge season starts.

For further information please visit the Sweet Itch website at www.Sweet-itch.com

GILLIVERVET Ltd PRACTICE POLICY ON REPEAT PRESCRIPTIONS/MEDICATIONS

The current Gillivervet policy on repeat prescriptions and long term medications prescribed is that all animals requiring on going medication MUST be examined by a veterinary surgeon at least every 6 months to comply with regulations and the Royal College of Veterinary Surgeons recommendations. This ensures the animal is receiving the best possible treatment for any longstanding or new conditions.

Examples of POM-V (Prescription only medicine-veterinary) supplied by this Practice on long term basis with repeat prescriptions:

- Danilon Equidos
- Equipalazone oral powder (bute)
- Hydroxyzine hydrochloride tablets (Ucerax/atarax)
- Pergolide tablets (celance)
- Prednisolone tablets
- Regumate equine
- Sedalin gel
- Sputolosin powder
- Ventipulmin powder

We hope this clarifies this situation for when you telephone for repeat prescriptions/medications and our receptionists have to book in an examination for your horse.

For further information please go to our website: www.gillivervet.co.uk

BREED FEATURE

WELSH SECTION A

It is believed that the Welsh

Section A pony existed in the pre-historic times running wild in Wales.

-This breed of pony stands at a height limit of 12hh (122cm).

-A Welsh Section A can be any colour except piebald or skewbald.

The characteristics of a Welsh Section A:

-Small, well defined head with its face dished.

-Sloping shoulders
-Short back
-Limbs set square with good flat bone.

-Round dense hooves



Welsh Section A ponies make great children's ponies as they can be versatile and lots of fun. They also make ideal driving ponies.

Laminitis

What is laminitis?

Laminitis is a very common condition; it typically affects over weight ponies but can affect all types of horses, even an underweight thoroughbred could get laminitis. The word laminitis means inflammation of the laminae; laminae are structures that transfer a horse's weight from the pedal bone in its foot to the hoof walls.

Causes of laminitis

Lots of research is currently ongoing to determine the exact cause of laminitis. Although the disease presents as a condition of the foot it is actually caused by release of substances called endotoxins from the gut. These endotoxins cause impairment of the blood flow to the laminae, without adequate oxygen and nutrients the laminae become damaged and swell causing pain. There are a number of predisposing factors linked with laminitis:

- Excessive intake of grass rich in sugars called fructans
- Excessive intake of high carbohydrate food ie grain
- Blood poisoning (endotoxaemia) ie retained placenta in mares
- Severe lameness of a limb causing overloading of the opposite limb
- Cushing's Disease
- Excessive exercise on a very hard surface
- Obesity

Clinical Signs

Laminitis most commonly affects the front feet but the hind feet can also be affected. The severity of clinical signs is very variable; in mild cases the horse may show a mild lameness with a shortened stride length and sore when turning; whereas a severe case may be reluctant to move, have severe lameness, lie down more often and be reluctant to lift legs. Both mild and severe cases usually show heat in their feet, increases pulses at back of the fetlocks and lifting of alternate feet.

If the damage to the laminae is severe enough the weight of the horse can cause the pedal bone to sink and rotate within the hoof capsule. This is evaluated using x-rays:



Treatment and prevention

Sudden onset laminitis is an emergency, the sooner treatment is started the better chance of reducing the long term damage to the foot. The type of treatment will depend on the severity of the case but in general involves a period of box rest, pain killers, removal of shoes, application of frog supports, deep bed, decrease feed intake and a drug called ACP (Acepromazine) which increases the blood flow to the foot. Longer term treatment involves taking x-rays, remedial farriery and strict control of diet. It is very important to minimise the carbohydrate and maximise the fibre in a laminitic's diet, this can be achieved by feeding poor quality hay, soaked hay or barley straw. Grazing should be restricted by grazing in a small paddock, co-grazing with sheep or cattle, using a grazing muzzle or only graze at night as grass contains less fructans at night.

Once a horse has had laminitis it will be prone to laminitis for the rest of its life. Prevention is better than cure! It is really important to prevent your horse from becoming overweight, we know it's hard but we're here to help, ask one of us to body condition score your horse if you are unsure about its weight.



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