



## Spring Newsletter 2020

### Practice News

Welcome to the spring 2020 edition of our quarterly newsletter. We certainly could not have predicted that spring 2020 was going to bring these troubling times and we really hope you and your family are all well. Like everyone else, COVID-19 has certainly changed the way in which we would normally go about our working day. As you have probably already heard, all equine and small animal vets have been urged by the Royal College of Veterinary Surgeons to only undertake urgent and emergency work during these difficult times. Here at Ardene we take the health of our clients and employees very seriously and we feel that it is our duty to do what we can to prevent the spread of coronavirus. We want to reassure you though that our equine vets are always available to attend emergencies 24 hours a day, 7 days a week. We are all set up to speak to and advise clients about less urgent matters over the phone and using video apps, so please feel free to contact us about any worries or concerns. On the next page you will find more details about our position in relation to equine vet visits during the COVID-19 lock down.

Before coronavirus hit, January saw the Equine Dental Clinic visiting Ardene. They had a busy few days with us and we look forward to their next visit which will be scheduled once movement restrictions have been lifted. In January we also welcomed Chris Dixon, a visiting ophthalmologist specialist. Chris is a vet who specialises in treating complicated equine eye conditions and he helped us with some tricky cases.

We had our first client meeting of 2020 at the end of February. One of our vets, Austen, spoke about breeding, Jennifer a representative from the drug company Boehringer gave a presentation on Cushings and Katherine Mieras from Topspec kindly attended to discuss any nutrition and feeding queries. The evening went really well and we hope everyone who made it along found it enjoyable and informative. Our next client evening, discussing gastric ulcers and a new stem cell treatment for orthopaedic problems, had been scheduled for April, however this will now be re-arranged for later in the year.

We had also been planning to run a gastroscope week at the clinic where horses could be gastroscoped to check for the presence of stomach ulcers, at a reduced cost. This was to be followed by a reduced price, foot balance x-rays package. Both these promotions will be re-arranged for later in the year once things have got back to some kind of normality.

Hopefully this worrying time will be short lived, but for now we want to remind everyone to stay safe.

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- New drug delivery service
- Update on Strangles testing



Check out our new website and let us know what you think.

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## COVID-19 = Implications On Equine Vet Visits

There has been a lot of discussion as to how all vets in the UK should undertake their work, and what work should be done, during the COVID-19 restrictions. Here at Ardene House we feel it is really important that we do everything we can to help reduce the spread of Coronavirus. We are therefore following guidelines issued by the British Veterinary Association (BVA) as to how we should provide veterinary services during the lockdown period.

During the lockdown the BVA have said that vets can continue to work but must only provide urgent treatment and emergency care and all unnecessary client contact needs to stop. Our team of equine vets will therefore still be available to provide visits for emergency care and treatment 24 hours a day, 7 days a week. But we have been advised that for non-urgent conditions we should use technology to provide consultations. We are all more than happy to assess photos/videos and give advice over the phone and in some situations it may be decided that a visit is warranted.

If a vet visit is needed we will be required to keep at least 2 meters away from the handler, in order to achieve this we may need to sedate your horse. If you are self-isolating or have COVID-19 then we would ask that you make us aware of this and that you do not attend the visit and we will bring a nurse with us to assist.

The BVA have issued us with some examples of conditions and procedures that would and would not warrant a visit during the lockdown period. So to help you know what to expect in relation to equine vet visits during this time, here are the guidelines that we have been asked to adhere to:

Visits to be stopped/delayed	Remotely assess in 1 <sup>st</sup> instance	Warrants a visit
Pre-purchase exams	Repeat medication checks	Anything remotely assessed that is deemed to require a visit.
Routine dental work	Mild trauma	Quidding
Vaccinations (unless it's a 2 <sup>nd</sup> vaccine due within the next 3 wks)	Skin issues	Painful facial, jaw or limb swelling
Stallion licensing	Lumps	Eye complaints
Routine reproductive work	Wounds	Severe trauma/haemorrhage
Routine health checks	Sarcoids or other skin tumours	Difficulty breathing
Riding school inspections	Nasal discharge/cough	Severe acute lameness/laminitis
X-rays for sales	Inappetence	Colic
Poor performance investigations		Acute diarrhoea
Joint medication		Acute ataxia/neurological conditions
		Foaling difficulties and other foaling problems such as retained fetal membranes.
		Sickness/lameness in foals
		Euthanasia (put to sleep)

We are aware that there is a lot of concern in relation to horses going over their 365 day annual vaccination. We understand the concern and annoyance this will cause, however as there should only be very limited movement of horses during this time, the risk of contracting equine influenza is greatly reduced. The British Equine Veterinary Association is in talks with the competition authorities to try and agree upon some flexibility on the vaccination rules. In addition to this, Independent Veterinary Care (the company that Ardene House is part of) is currently negotiating a vaccination amnesty with the drug companies.

We hope that this information helps to clarify what our position is during these troubling time, but if you have any concerns please don't hesitate to contact us.



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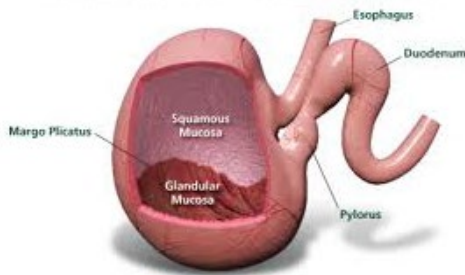
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## Equine Gastric Ulcer Syndrome

Equine gastric ulcer syndrome (EGUS) describes the erosion of the horse's stomach lining, due to prolonged exposure to the acid produced by the stomach, and is reported to affect up to 1 in 3 horses and ponies. The equine digestive tract evolved in animals that continually foraged for high fibre and low-starch food for 16 hours a day. In contrast, the modern day horse has a different lifestyle with restricted feeding patterns.

Equine Gastric Ulcer Syndrome spans a wide spectrum of severity, from an inflamed but intact stomach lining, through to widespread erosion and bleeding. All horses and ponies can be affected by this condition - recent studies have reported that 37% of leisure horses, 63% of performance horses, 93% of racehorses, 67% of broodmares and nearly 50% of foals were affected.

### How do gastric ulcers develop?



The equine stomach has two parts, the upper squamous portion is particularly susceptible to ulceration as it doesn't have a protective barrier and acid can easily splash up into this region. The lower half of the stomach is the glandular portion and is less commonly affected by ulceration as it has a mucous and bicarbonate barrier.

Horses have evolved to continually graze, resulting in roughage and saliva constantly entering the stomach which helps to buffer and neutralise the acid. Horses secrete gastric acid continuously, whether or not they are eating. When horses have prolonged periods without food, or have diets high in concentrates, ulcers may develop.

### What factors increase the risk of my horse having gastric ulcers?

Severe gastric ulceration may develop in the absence of risk factors, but the following have been identified as increasing the risk of your horse having gastric ulcers:

- Diet type and continual access to forage appears to be an important factor. Ulcers have been shown to develop in horses that do not have free access to forage.
- High intensity exercise is associated with increased risk as the blood flow to the stomach decreases with exercise and the acid in the stomach can splash onto areas that are not designed to be exposed to gastric acid, the squamous portion.
- Illness, stressful events such as transportation, box rest and new surroundings are proven risk factors.
- Medication with certain drugs, such as bute, Danilon and Finadyne, may inhibit production of the protective mucus layer within the stomach and therefore increase the risk of gastric ulceration. But this usually only happens when high doses are used for prolonged periods.
- Newborn foals are at risk during the first few months of life, particularly during periods of stress such as transportation and illness.
- Horses that crib-bite are at an increased risk.



### What clinical signs might my horse show if it has gastric ulcers?

Identifying horses suffering from gastric ulceration can be difficult, but clinical signs may include:

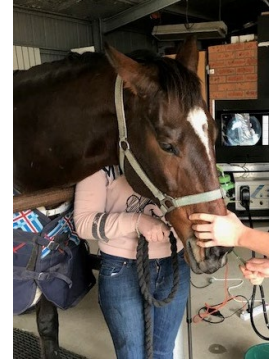
- A poor appetite, weight loss and poor condition including a dull coat.
- Poor performance or behavioural changes e.g. difficult to ride, bucking, refusing to jump, back pain, agitation when girthed up.
- Mild or recurrent colic e.g. teeth grinding, turning the upper lip up, rolling.
- Crib biting.



- Foals can show very vague clinical signs (teeth grinding, excess salivation, long period of lying down, infrequent feeding and diarrhoea) making their detection difficult.

### How are gastric ulcers diagnosed?

Under standing sedation, we pass a 3m long flexible video gastroscope up the horse's nose, down the oesophagus and into the stomach. This is usually well tolerated and not too invasive. The horse must have been fasted overnight prior to the examination to ensure no food material obscures our vision (no food for 12 hours and no water for 8 hours).



### Treatment for gastric ulcers

Treatment of this common condition involves both drug medication and crucially long term management changes to stop EGUS from returning:

- Omeprazole (ex: Gastrogard), reduces acid secretion. The human preparation of omeprazole unfortunately is not well absorbed from the equine gastrointestinal tract, so it is important that an equine preparation is used. It is given once daily into the mouth like a wormer for 28 days. A quarter dose, once a day, is then usually given for a further 28 days.
- Other drugs such as sucralfate and misoprostol may also be used depending on the specific type and severity of stomach ulcers your horse has (squamous ulcers and or glandular ulcers).
- Free, continual access to grass or hay, and constant provision of water.
- Try to reduce stress.
- Preventative treatment, with omeprazole (ex: Gastrogard) during periods of stress.
- Sometimes adding oil (such as corn oil) into the diet can help reduce the incidence of glandular ulcers.
- Feed additives containing antacids such as calcium carbonate and magnesium hydroxides don't have much scientific evidence but they may help to reduce the re-occurrence of ulcers.
- Offering a small haynet or small soaked chaff feed half an hour prior to ridden work may help to prevent stomach acid splashing up and contacting areas of the stomach it shouldn't.

It is important that your horse has a repeat gastroscopy performed to ensure that the ulcers are healing as occasionally a longer course of medication can be required.

If you are concerned that your horse may be affected by EGUS then give us a call to discuss it. Stomach ulcers are a common condition that can be affectively treated using drug medication and by making some management changes. Following treatment most horses will show an improvement in performance, temperament, appetite and condition.

### **New Delivery Service**

**During the COVID-19 lockdown we are offering delivery of medications, wormers and supplements.**

**Non-Urgent Delivery:** Items delivered within a 20 mile radius of Ardene House, within 5 working days.

**Same Day Delivery:** Same day delivery, available Monday to Friday.

We can also offer delivery beyond 20 miles for a slightly higher fee.

## Update On Testing For Strangles

We recently had an equine internal medicine specialist visit us at Ardene. He gave a number of lectures to our vets to help keep them up to date with all the current research. One area he spoke about was the interpretation of strangles tests and he highlighted that research currently being done suggested that detection of 'chronic carrier' horses may not be as straight forward as we had previously thought (approximately 10% of horses previously infected with strangles can become chronic carriers of the disease). Here is a brief over view of the tests we use to detect exposure to/and or current infection with strangles.

When we test for strangles there are 3 different types of tests we can perform, which one we use depends on the history we are given and the findings of a clinical examination of the horse.

### **Blood sample:**

This tests for the presence of antibody to the strangles bacteria. It can take up to 2 weeks for a horse to produce antibodies to strangles after exposure to the disease and no one really knows how long the antibodies last for after infection. So this test won't necessarily tell you whether the horse is currently infected, it can only really give you an indication of whether the horse has been exposed to the bacteria prior to the most recent 2 weeks. In the past we have always assumed that 'chronic carriers' of strangles would have always tested positive to this test however new research suggests that 'chronic carriers' may not actually always have detectable antibodies to the disease.

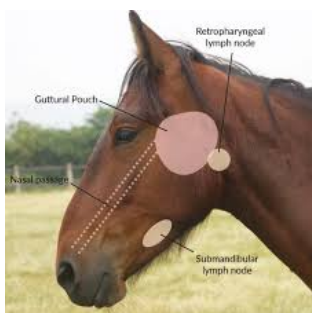


### **Nasopharyngeal lavage:**

In the past if we suspected your horse was currently infected with strangles and was in the acute stages, ie: not the chronic carrier stage, we would have taken a nasopharyngeal swab. This is a long swab that is put up the horse's nostril. However we have now been advised that the very best way of sampling is to insert a long thin plastic tube up the horse's nostril to just in front of the throat and then flush 50ml of sterile saline up the tube. The fluid is then caught in a container as it runs back down the nose.



### **Guttural pouch lavage:**



This procedure is done at the yard with the horse sedated. An endoscope is passed up the horse's nose and maneuvered into a small compartment either side of the throat called the guttural pouch. Sterile saline is then flushed into the pouch and collected as it flows out and down the nose. The procedure is then repeated up the other nostril to access the guttural pouch on the other side. Following infection with strangles it is the guttural pouch that bacteria reside in if the horse becomes a 'chronic carrier'.

We would always advise you to quarantine any new horse arriving at the yard for a minimum of 2 weeks (to stop the potential spread of many different bacteria and viruses).

Ideally a blood sample should be taken at the beginning and again at the end of this 2 week period to check for a rising strangles antibody level which would indicate that the horse is currently infected. However if your isolation facilities are good, it is possible that just taking the 2<sup>nd</sup> blood sample will suffice. As previously mentioned it has now been brought to our attention that a negative blood sample does not imply that the horse is definitely not a 'chronic carrier'. Therefore if you would like to be sure that a horse is not a 'chronic carrier' it is advised that a guttural pouch lavage should be performed (previously we would only have suggested this for horses testing positive on the blood sample). If you have any questions or concerns about strangles please don't hesitate to contact us.