

ATYPICAL MYOPATHY

Atypical myopathy is a severe and often fatal muscle disorder caused by the ingestion of sycamore seeds, leaves or seedlings. Horses are most at risk in the Autumn but can be at risk in the Winter and Spring and after a storm when more seeds and leaves will fall off the trees. The toxin is known as **hypoglycin A**. The highest concentration in seedlings is found in March and the highest concentration in seeds is found in August. The concentration is also affected by moisture and temperature. The toxin concentration remains in seedlings despite mowing/ herbicidal spraying or storing in hay and silage.

Clinical signs

Paresis, recumbency, muscle fasciculations, tachycardia and arrhythmias [increased heart rate and alteration in rhythm], dyspnoea [difficulty breathing], myoglobinuria [myoglobin in urine caused by breakdown of muscle cells], colic, elevated creatine kinase in blood samples.

Prevention:

Avoid horses grazing near sycamores from autumn to spring. Bring in at night and during stormy weather. Provide extra feed from racks. Fence off affected areas.

Treatment:

Rest, intravenous or oral fluids often with glucose, high carbohydrate food multi-vitamins especially vit B2, vit E and C [for anti-oxidant effect], analgesics and antibiotics, activated charcoal

Please note all equids are susceptible but horses with a higher oxidative capacity like Arabians are more susceptible.

Atypical myopathy is serious and can be avoided with good pasture management. Treatment is expensive and often unsuccessful.



FEEDING THE OLDER HORSE

As horses begin to age their dietary requirements need addressing to ensure their condition is maintained, especially when challenged over winter. Dietary requirements are individualised with some older horses prone to weight loss (poor dentition, underlying disease) and others prone to obesity (reduced workload). Dietary intake should be 1.5-2% of the horse's body weight. Important components of a veteran diet include; **high fibre** (aid digestion), **protein** (support muscle mass) and **low starch** (maintain insulin regulation).

Dentition

Horses have 'hypsodont' teeth meaning they continually grow throughout life. Consequently, older horses can suffer with reduced wear surfaces, mobile/missing teeth and oral pain making eating and digesting certain forage/feeds difficult. This can manifest as dropping feed balls when eating (quidding), colic or choke. Horses with poor dentition benefit from pasture access and/or forage replacement usually in the form of short fibre chop or mash.

Mobility

Osteoarthritis (OA) is a common ailment in older horses and the incorporation of supplements containing glucosamine, chondroitin sulphate and hyaluronic acid, may be beneficial.



Tailored veteran feeds should be considered in all horses over 15years old



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EQUINE CUSHINGS DISEASE

Pituitary Pars Intermedia Dysfunction (PPID)

PPID is seen most commonly in middle-aged to older horses, ponies and donkeys. The pituitary gland controls many hormones in the body, one of these being ACTH. In PPID the regulation of these hormones is altered causing an **overproduction of ACTH** leading to an overproduction of cortisol in the body.

Clinical signs:

An abnormally long and curly coat and failure to shed in the summer, excessive sweating, weight loss, polydipsia and polyuria (increased drinking and urination), laminitis (acute/chronic), lethargy or dullness, increased susceptibility to infection (e.g. sinusitis, skin infections and parasitism)

Diagnosis:

A combination of history, clinical signs and specific blood tests. ACTH hormone in the blood is measured and raised in horses with PPID. This can be done at any time of the year but for some of those that sit in a borderline zone, we recommend to test in the Autumn to aid in distinguishing between positive and negative results. Another test called the TRH stimulation test can also be performed to help diagnose the disease.

Treatment:

A combination of management and medication. A drug called pergolide (Prascend) helps to reduce the production of ACTH and therefore control clinical signs. Follow up blood samples will be taken following starting medication to ensure the correct dose is being given and then regular check-ups are performed as your horse will require the medication for the rest of their life.

Other management changes can be made depending on what clinical signs are apparent:

- If laminitis is present, further treatment is required
- Clipping, often year-round and appropriate rugging
- Regular routine dental checks, vaccinations, worm egg counts due to weakened immune system
- Routine farriery to help minimise feet problems and allow close monitoring for laminitis
- Good quality feeding and routine weight checks

Overall, most horses respond well to these changes and horses can live a happy and relatively normal life with the disease.



RAIN SCALD

Rain scald is a non-contagious skin condition that is caused by the same bacteria as mud fever. The bacteria is normally found on the skin but with persistent wet conditions and/or damage to the skin, infection occurs. Over-rugged horses can also be affected as this causes excessive sweating. Scabs are typically found along the neck, back and hindquarters, and these scabs come off with tufts of hair.

Affected horses should be moved inside out of wet conditions and rugs removed or changed. The bacteria live under the scabs so these scabs should be first softened with warm soapy water and then removed. The skin should then be scrubbed with an anti-bacterial solution such as dilute hibi-scrub and left on for 10 minutes before rinsing off and drying thoroughly. Topical or even sometimes oral antibiotics may be required in severe cases. Grooming kit, rugs and tack should be disinfected to prevent re-infection.



CONTACT INFO

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