



# OFF THE bridle

spring08

**MVS** Equine  
MatamataVeterinaryServices

## what to expect when you're expecting a foal

Ten things to expect from a newborn foal:

1. A foal should be born between 320 and 365 days of gestation (pregnancy). The average is around 340 days. Foals born outside of this window are often premature or dysmature and may suffer from a variety of problems after being born.
2. Within minutes after being born a foal should have a strong heart beat and respiratory pattern. A normal foal should have a heart rate of about 100 beats per minute and a respiratory rate of 40-60 breaths per minute.
3. A foal should have an active suckle reflex within 20 minutes of birth. Foals should start to curl their tongues and making suckling motions before they can stand.
4. A foal should be standing within one hour of birth. Horses are a flight species, therefore their young are considered precocious and need to be up and moving quickly.
5. A foal should nurse off its dam within two hours of foaling. Foals rely solely on their mother's colostrum to have a healthy immune system. If they do not get colostrum soon after foaling they are at greater risk of developing infections.
6. Foals should pass their first faeces within several hours of being born. This first faeces is called meconium and is dark, blackish-brown and pasty. They should completely pass all their meconium within 24 hours of birth. Sometimes foals will develop meconium impactions and may need veterinary assistance. After that they should start to pass milk faeces, which are light yellowish-brown.
7. Foals should start urinating within 8-12 hours of birth. Fillies will generally take longer than colts. Urination should be observed closely to ensure that there is no urine dripping from the umbilical cord. If there is, a vet should be consulted.
8. A newborn foal does not have a menace reflex (ie. it will not blink if you wave a finger towards its eye). This is a learned response and it takes foals 2-3 weeks to learn to blink when an object is coming towards their eye.
9. A foal should consume 10-20% of body weight in milk daily. This will result in 0.5-1.5 kg per day weight gain. The foal should suckle off its mother several times an hour.
10. At several days of age many foals will be seen eating their mother's faeces. This behaviour, called pica, is normal in foals this age. Eating faeces helps the foal to colonise its gut with normal flora and fauna.



### did you know?

Foal heat diarrhoea which develops in foals 9 to 14 days old, is considered to be a manifestation of normal changes in the microbial ecology of the intestinal tract. However neonatal diarrhea develops at an earlier age and is often due to gram-negative bacteria like Clostridia and Salmonella.

## news update

### NEW FACES

We would like to introduce you to some new faces for the 2008 season.

Dr Mark Young and his wife Caitlin have joined us from Gisborne. Mark graduated from Massey in 2001 and is joining the MVS team as a senior equine assistant.

Dr Brendon Hickman graduated from Massey in 2004 and has been working and traveling on his kiwi OE in the United Kingdom. Brendon is with us for the stud and sales period.

Dr Marc Knobbe is an American veterinarian from the University of Pennsylvania. Marc will be working the stud season with us as a part of his formal training towards becoming a specialist in the field of reproduction (Theriogenology).



L-R: Marc Knobbe, Natalie George, Nat Bowler, Mark Young, Brendon Hickman

We also welcome our new office administration staff - Natalie George and Nat Bowler.

We look forward to having them all with us and are sure you will enjoy meeting them as the season progresses.

### AND LEAVING US...

Longtime employee Charlie Beckett has left us after many

loyal years to work for Matamata Racing Club (so she can keep a closer eye on Kristov).

Lisa Burch is on maternity leave, having given birth to Evan, a bouncing baby boy.

Sarah Trafford is heading to the UK with husband Blake on her OE and plans to further her equine veterinary experience while she is away. We wish them all the best on their travels.

## platinum performance



Feed **Platinum Performance** to competition horses during the show season - it enhances coats, maintains condition and performance, making it the perfect 'all in one' supplement for the season ahead. Feedback we have received has been exceptional.

### Special offer!

Buy one 4.54kg bucket plus one 7.94kg bucket (total 12.48kg) for price of an 11.34kg bucket

offer ends 30 September 2008



## seminar

MVS Equine vets Dave Hanlon and Dave Keenan were speakers together with Hamilton Vets' Noel Power at a recent Waikato Thoroughbred Breeders' seminar.

Dave Hanlon presented findings from a three year research project he had under taken which involved 12 thoroughbred breeding farms - nine in New Zealand and three in Australia.

Dave Keenan discussed the pre-sale screening x-rays and their advantages.

The seminar was extremely well attended by breeders from Waikato and Auckland areas.



L-R: Noel Power, Dave Keenan, Dave Hanlon



## equine gastric ulceration syndrome

Equine Gastric Ulceration Syndrome (EGUS) is commonly recognised in thoroughbred and standard bred racehorses and competition horses with a reported prevalence between 52% and 100%.

The severity of lesions has been observed to increase with training intensity and race fitness. Clinical signs that have been associated with EGUS include poor appetite, poor body condition and weight loss, poor coat condition, behavioural changes and less commonly mild colic or post-prandial discomfort. Poor performance has been associated with EGUS anecdotally but there have been few reports to confirm this.

A recent report in Equine Veterinary Education by Franklin et al reported four racehorses that were examined for poor performance where the only clinical finding was the

presence of gastric ulceration. All four horses responded well to treatment with omeprazole and showed considerable improvement in performance thereafter.

Gastric ulceration in foals has a different cause and is more commonly associated with abdominal pain, depression and teeth grinding. More severe cases can cause gastric outflow obstruction, perforation and death. They are typically seen in foals to weanlings as a sequel to other primary conditions such as pneumonia and diarrhea, which may have required the use of ulcerogenic drugs.

Because of the severity and potentially life-threatening clinical signs, hospitalised patients are often treated with Omeprazole as a preventative, therefore this is the drug of choice for treating and preventing gastric ulceration.



GASTROZOL Daily is omeprazole in a new dosage form. This product is now registered in New Zealand for use in horses under the ACVM Act.

One Treatment Pack (5 x 30ml syringes) contains product for one treatment course (of two weeks) or one month's maintenance course for an adult horse. Omeprazole is a dose-dependent inhibitor of gastric acid secretion and has been pharmacologically proven to be the best treatment for EGUS.



## digital radiography

As many clients are aware, radiography still plays a major role in the veterinary investigation of lameness and injury to our equine athletes and companions on a daily basis. Not to mention the requirements for radiographs to accompany horses at repositories and sales, both nationally and internationally.

And regardless of time or hassle, our diagnostic ability is dependent on the image quality. Perfect, repeatable images are critical to accuracy of diagnosis and case management. Also communicating images directly with clients, colleagues, specialists, and repositories is more and more a critical necessity in this world of technology and immediate results.

Therefore MVS Equine have invested in a Tru-DR ex Digital



Digital x-ray of a stifle

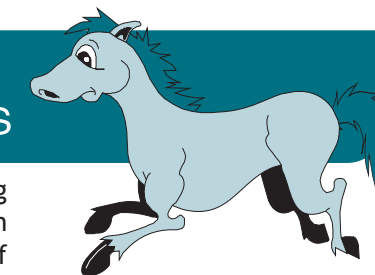


Digital radiography in action

Radiography system to capture quality portable digital radiographic images quickly and with less fuss than traditional processed film. We are sure you will be as impressed as we are working with this state of the art technology.

Have you thought about pre-sales screening x-rays on your most valuable lots yet? Talk to your equine vet to discuss further or call reception to book in.

## streptococcus equi strangles



There appears this year to be an increased risk of exposure to Streptococcus equi (Strangles). This disease has had confirmed cases in the Waikato recently.

With large numbers of horses soon to be on the move for the stud and show season and shipped on commercial transporters, there is an increased risk of introducing the disease.

### Reduction in risk can be achieved in three ways;

- 1. Minimisation of stress:** high stocking rates, large groups and poor nutrition all increase risk.
- 2. Quarantine or isolation of new arrivals:** incubation period is up to 14 days and new arrivals should be kept isolated during this time. Any horses that develop a nasal discharge during that period should be swabbed for presence of Strep. equi.
- 3. Vaccination:** there are two types available;
  1. Equivac-S: a killed vaccine requiring three injections two weeks apart.
  2. Pinnacle: a live vaccine administered up the nose twice at a two to three week interval.

### OPTIONS:

**RESIDENT MARES AND HORSES:** vaccinate all resident horses with intranasal vaccine. This will enable them to be done before the season begins - this can be completed in two to three weeks.

Resident mares with known histories may well have sufficient cover if they are boosted now with the killed vaccine.

**ARRIVALS:** horses arriving will possibly have an unknown history of vaccination or of exposure to Strangles. It should be encouraged to have all mares vaccinated before arriving at stud/property with the killed vaccine (three injections two weeks apart). If this is not possible in the time frame then vaccinate them with the intranasal vaccine on arrival.

**OTHER HORSES - TEASERS, STALLIONS AND COMPETITION HORSES:** have the most exposure to the local population. They are therefore extremely susceptible to infection and are a potential source of new infection and should be vaccinated. The live vaccine has potential to cause a temperature rise (in the unlikely event of an abscess) and probably therefore should not be used on stallions at this time of year. Better to use three doses of killed vaccine. Teasers have no such problem and could be vaccinated with the intranasal vaccine.

Foals will be protected by passive immunity from the colostrum for up to three months and a decision about when best to start vaccinating them can be made as the season progresses.

Similarly yearlings should currently be in isolation but could be booster vaccinated now if previous primary vaccination courses have been completed.

Contact us directly to talk about specific vaccination requirements for your horses.

## new product bio-sponge

### For intestinal health and wellbeing of horses

A balance must be maintained between the micro-flora that normally reside in the horse's intestinal tract and pathogenic microbes that release toxins and cause clinical disease. The pathogenic organisms that are of concern in horses include *Salmonella*, *Clostridium diificile*, *Clostridium perfringens*, and *Rotavirus*, which have been associated with diarrhea and colitis in adult horses and diarrhea and septicaemia in foals.

Diarrhea in adult horses and foals is a significant source of morbidity and mortality.

Bio-Sponge, an intestinal protectant composed of a naturally occurring organomineral, may help create an



intestinal environment that protects against the harmful effects of microbial overgrowth and toxin production.

**Indications:** Supplement foals and adult horses affected with diarrhea with Bio-Sponge to support gastro-intestinal health.

After adequate colostrum has been ingested, supplement with Bio-Sponge to support the gastro-intestinal health of foals on farms with a history of endemic Rotavirus or Clostridium difficile infection.