WELCOME

Spring is in the air and foals are hitting the ground and with it the thoughts of competition, racing, mating, and yearling sales.

In this newsletter we have an update on equine dentistry, some discussion about Artificial Insemination (AI) and a review of colic in the horse.

Spring is a busy time for everyone and it pays to be proactive about an approach to your horse's health and well being. Dentistry programmes, worming programmes, nutrition/supplementation programmes, and joint health and fitness programmes all form the basis for a successful season competing, racing, or breeding. Here at MVS Equine we pride ourselves on being able to discuss all these components and more for your horse to reach its maximum potential, whatever that may be.

Check out our website www.matamatavets.co.nz for information about what services we offer and copies of previous newsletters. We look forward to helping you!

EQUINE DENTAL TECHNICIAN

We are pleased to introduce Ben Munro to our staff at MVS Equine. Ben is probably familiar to many of you in the equine industry already. Ben grew up with horses helping his father around the stables in Cambridge. From there he worked extensively in the equine industry in New Zealand and overseas including Japan and Australia.

Ben developed an interest in Equine Dentistry and in 2004 started an 18 month apprenticeship with Paul Cartwright M/EqDT going on to develop his own clientele base in and around the Waikato and Auckland regions. Ben has now joined MVS Equine. Ben will be providing routine dental care for Stud, Racing and Pleasure horses clients with the full backup and support of our Equine Veterinarians for the more difficult cases or those requiring sedation. Please contact us for details or to arrange a dental visit for your horse.

NEW PRODUCT

Dormosedan Gel; Prescribed by your veterinarian DORMOSEDAN GEL (detomodine hydrochloride) is a safe, effective way for you to administer a standing sedative based on your veterinarian's guidance. Available in single-dose needleless syringes, this ACVM approved Oromucosal gel formulation can only be obtained through a veterinary prescription form your veterinarian. It will still give you freedom to use sedation if it is needed for shoeing, clipping, mane pulling, paddock turnout, etc.

Consult your vet for full details.
FOCUS ON EQUINE DENTISTRY

YEARLINGS

Without doubt one of the largest costs incurred whilst preparing yearlings for the sales must be their feeding regime. From weaning through to sales days young horses will go through a stack of feed. So it makes sense that the process of chewing or efficiency of mastication be checked at around this time. In the average 12 month old thoroughbred (October yearling) that was weaned around 6 months onto hard feeds certain uneven wear patterns in the mouth will usually be starting, most commonly ATRIS (Accelerated Transverse Ridges), Ramping, and Hooks. Now these words might strike fear in the average horse owner but don’t discourage as the soft composition of these milk teeth that exaggerate these problems in the young horse are also the reason why these can be dealt with in a surprisingly routine fashion.

ARTIFICIAL INSEMINATION (AI)

Anticipating, fast approaching, is time to arrange the finer details of your mare’s breeding program including the type of semen that you intend to use.

FRESH SEMEN

The preference for any breeding program is to use fresh semen. The stallion is collected using a phantom mount, the semen is then extended with a skim-milk based diluent and then the mare is inseminated. With correct management of the mare, using fresh semen is the best way to ensure pregnancy, especially with older mares or mares that have had previous reproductive problems. Mares breeding to stallions that have known fertility problems can also be managed effectively through the use of fresh semen when both mare and stallion are located at our facility.

CHILLED SEMEN

For preparation of chilled semen an ejaculate is collected, assessed and extended to a set concentration in a skim-milk based diluent. A dose is then packaged into a specially designed container (called an Equivator®) which slowly cools the semen to -4°C. This means that stallion semen can easily be shipped all over New Zealand. Chilled semen should be inseminated within 1 day prior to ovulation to optimize your mares’ fertility. The collection and transport of chilled semen can be expensive, so by monitoring the mares’ cycle closely and with the aid of drugs to ensure ovulation, insemination will only need to be performed once in a given cycle.

FROZEN SEMEN

Frozen semen facilitates access to genetics and bloodlines from anywhere in the world. This is very important for a smaller country like New Zealand where genetic diversity can be limited. Similar to chilled semen, an ejaculate is collected and processed for cooling prior to freezing. Specialized techniques and semen freezing extenders are required for the successful freezing of stallion semen. To maximize the likelihood of pregnancy when using frozen semen it is important to make sure the semen you are importing and planning to use is of an ‘acceptable’ quality and quantity. The longevity of frozen-thawed semen in the female reproductive tract is significantly less than that of chilled or fresh semen. Furthermore, frozen stallion semen is associated with reduced pregnancy rates. For best results, it is therefore recommended that frozen semen be used in young mares as opposed to problem or older (>14y) barren mares.

IS YOUR HORSE SUFFERING FROM COLIC?

FINDING A HORSE SUFFERING FROM COLIC CAN BE A FRIGHTENING EXPERIENCE AND FOR GOOD REASON; A COULIXING HORSE IS A VETERINARY EMERGENCY.

Rather than being a disease in itself, the term ‘colic’ describes behaviours that indicate abdominal pain. The more common signs include restlessness, sweating, pawing, flank watching, stretching out, belly kicking, lying down and rolling. Individual horses will show pain in different ways and any horse that appears agitated, uncomfortable, distressed or depressed may be suffering from abdominal pain.

As a general rule, the more painful the horse, the more serious the underlying problem is likely to be. However, mild cases of colic should not be overlooked as these can progress if not treated early.

The most important thing whilst waiting for the vet is to keep the horse and people involved safe. If boxed, any feed and hay should be removed. If walking the horse improves its comfort this is also a good idea. If boxed, any feed and hay should not be overlooked as these can progress if not treated early.

In summary, ‘colic’ simply means abdominal pain and it can be caused by a variety of conditions. Some are minor and settle with basic treatment, others can be life threatening. The number one rule that applies to the entire spectrum of causes is to seek treatment early, the sooner the better.

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The MVS Equine Hospital has facilities for further diagnostic procedures if necessary. Samples of abdominal fluid, blood and faeces can be taken for analysis and an ultrasound scanner can be used to view of the location, size and contents of the intestines, spleen, liver, kidneys and bladder.

The list of possible causes of colic is long. Gastrointestinal causes are most common and these can include:

- gas distension
- spasm
- inflammation
- infection
- worm damage

Sometimes colic is due to other abdominal problems, such as inflamed abdominal lining (peritonitis) or urinary tract blockage. Occasionally discomfort arising from the chest or musculoskeletal system can also be mistaken for colic, e.g. tying up.

Colic does not automatically mean surgery. Most horses with colic respond to medical therapy. Treatment depends on the underlying problem. However, mild cases of colic can easily be mistaken for colic, e.g. tying up.

The vet will examine the horse’s physiological state and work towards a diagnosis of the cause. This may include listening to internal abdominal sounds, passing a stomach tube to check for a build up of fluid and feeling the contents of the abdomen through the rectum.

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Fresh, chilled and frozen semen are all commonly used in artificial breeding programs, with the type of semen used often depending on the location of the stallion in relation to the mare. The mare’s age and breeding history should also be taken into consideration.

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At this relatively early stage in a horses education and comprehension common sense tells us that this procedure is best performed under sedation. This alleviates any undue stress and confusion to the horse and gives the equine dentist a more favourable head carriage position to work in.

WOLF TEETH

These strange sometimes large, sometimes small, non-functional remnants of the ‘Tohhipus’ period when horses stood a whopping 26 inches tall! Debate has always surrounded these teeth about how much trouble do they really cause? The truth is they are probably blamed for more interference than they actually cause. Consider for a moment that between the ages of two and five the average horse will cut or shed some 36 other teeth, with that much going on it’s certainly probable that the cause could be something other that wolf teeth. However Wolf teeth can cause problems with bitting and are well worth being looked at for extraction.

BETWEEN THE AGES OF TWO AND FIVE THE AVERAGE HORSE WILL CUT OR SHED SOME 36 OTHER TEETH...
BEFORE PANICKING BECAUSE THAT FOAL THAT YOU’VE WAITED PATIENTLY FOR HAS WONKY LEGS, NOTE THAT ALL FOALS ARE BORN WITH SOME DEGREE OF ‘BENDINESS’, WHICH GENERALLY SELF-CORRECTS WITHIN A FEW WEEKS.

Angular limb deformities (ALDs) are deviations seen from front-on. Commonly in the carpus and fetlocks, these may angle outwards (valgus) or inwards (varus). Most foals are born with some degree of carpal valgus, however prompt intervention is indicated if not straightened by 7-10 days, as there is a small window of opportunity during active growth where treatment is most effective.

If the limb can be completely straightened, conservative treatment alone should be adequate. This consists of box-rest for several days, in conjunction with corrective trimming of the hoof wall, achieved by building up the dorso-medial side and over-trimming laterally. Bandaging and splinting give additional support but involve daily changes to avoid pressure sores.

Severe cases require surgery without delay to be successful, with those for fetlock ALDs performed before 10 weeks. The two common surgical procedures act by opposing means, with periosteal stripping, successful in foals up to 4 months old but best around 6 weeks, accelerating growth of one side of the bone, whereas transphyseal bridging causes growth restriction and is performed in older animals.

Flexural deformities (contracted tendons), the other common cause of ‘bent-legged’ foals, are most obvious when viewed from the side and are frequently associated with the coffin, fetlock and carpal joints.

Exercising horses require additional protein to cover faecal nitrogen losses, the nitrogen lost in sweat, and when they build new muscle. There are 10 dietary essential amino acids. In practical terms this means that protein metabolism will be limited by whichever is the first least available of these essential amino acids. Oil seed meals are generally good sources of protein whereas cereal grains contain less protein and are generally poorer in their amino acid profile. Providing a quality supplement containing a good amino acid profile will remedy this. Also consider the use of BCSaa amino acid paste to assist with muscle recovery immediately after exercise.

Similarly, mild cases are corrected by prompt splinting, bandaging and exercise restriction. Engemycin, an antibiotic, is also often used complement treatment. Analgesia should be considered in severe cases to encourage standing and allow the muscle-tendon unit to lengthen. Lameness is uncommon for both deformities and warrants additional diagnostics, as it can indicate a serious underlying process, namely sepsis or trauma.

Although foal limb deformities are common, if concerned, it is prudent to get a vet check, as the success rate of treatment, if required, is much higher when instigated early.