

# **Equine Newsletter June 2015**

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## **Wounds and Injuries**

As we see an increase in the number of horses and ponies being turned out at grass and being competed at this time of year, the calls to injured and wounded animals also increases. It can be quite a stressful time waiting for the vet to arrive, and we often have to rely on you to continue the management of injuries after the visit, or between re-visits.



# Emergency first aid (before the vet arrives)

- **Safety**: Injured horses can panic and be unpredictable, aim to provide a safe environment for the horse and you to be in, remove any dangerous objects from the area that could cause further harm.
- **Bleeding**: a small amount of blood can go a long way so don't be too alarmed by a pool of blood you find on the floor! If there is still active bleeding, apply pressure with clean packing material e.g. an old t-shirt or wound dressings and a bandage. Be careful not to bandage too tight as this could cause damage to other structures, if the blood soaks through your packing, apply more pressure with further materials, do not remove any soaked bandages as this will disturb the clot.
- Wounds: If the horse had impaled itself on e.g. a nail or an electric fence post, do not attempt to remove this object as it could cause uncontrolled bleeding, leave a hole for dirt to get into and make it difficult for us to assess the extent of damage. If there is an open wound which is contaminated with dirt, the sooner it is cleaned the better. A clean environment is important to prevent further re-contamination of the wound.
- Fractures or unstable horses: If you suspect that something has fractured or the horse is very lame or unstable on its feet, or is not able to stand at all, then do not attempt to move the horse. These animals are likely to be shocked. Try to keep them warm and dry e.g. cover them with rugs and provide water if they are able to swallow.

### Being prepared for the vet

- Have a way to restrain the horse e.g. a head collar and lead rope
- If lighting is poor, have some extra sources of light ready e.g. torches, lamps, car headlights
- We will generally need a clean bucket of water.
- If there is an open wound we will need to give either a tetanus antitoxin or a booster vaccination so knowing when the horse last had a tetanus vaccination is useful.
- We now have to be very careful about which drugs we can/can not give horses without seeing their passports so having this at the ready is always beneficial.
- In some cases it may be necessary to transport the horse to another location, if you do not have a mode of transport, it is important to think about how you could get access to a trailer or wagon if you needed one in an emergency.



#### Once the vet has left

- The majority of cases need a period of box rest and oral medication afterwards, be prepared to stable your horse and give it some supplementary feed which medication can be mixed in with.
- If the horse has been sedated, it needs to be monitored for an hour or two until the sedation has worn off, the animal must not be allowed to eat whilst sedated or it may suffer from choke.
- If you are happy doing bandage changes and cleaning wounds, then less re-visits will be needed, although some cases will require us to sedate them. If wounds or injuries are not obviously improving, it is important to phone us for a re-examination, as the rate at which tissues can repair themselves slows down as time goes on. If you are unsure as to whether your horse needs to be seen again, it is always better to talk to us over the phone or send us photos so we can give you our opinion.

# **EQUINE ENDOCRINE DISEASES PART 1 Equine Cushings Disease**

# What is Cushings Disease?

The endocrine system is primarily responsible for regulation of hormones in the body and Cushings Disease is a disorder of this system. Cushings disease is often also referred to as Pars Pituitary Intermedia Dysfunction (PPID). As a general rule Cushings Disease most commonly affects older ponies over the age of 15yrs but can be seen in younger and larger horses.

An enlargement of the pars intermedia of the pituitary gland (middle section) results in excess release of several hormones which results in Cushings Disease. The main hormone increased is ACTH which in turn causes the adrenal glands (found near the kidneys) to increase production of a steroid called Cortisol. It is this overproduction of cortisol which causes the clinical signs of Cushings Disease.

### What are the clinical signs of Cushings disease?

The two most common clinical signs of cushings disease are recurrent episodes of laminitis and a long hair coat. Other signs include:

- Lethargy
- Increased urination and water intake.
- Pot belly.
- Increased susceptibility to skin, respiratory infection, dental disease.
- Muscle wasting.
- Supraorbital (above the eye) fat pad.



Image courtesy of Nadis UK

The abnormal hair coat can be either from a delay in shedding the winter coat or from the development of a long, wavy overgrown coat which is a characteristic known as hirsuitism. This manifests due to the enlarged pituitary gland compressing on the hypothalamus which is a section of the brain that regulates body temperature, appetite and seasonal moulting.

The connection between Cushings Disease and Laminitis is not fully understood, but it is thought to be that the increased levels of Cortisol in the blood play a role in the development of laminitis. Now that Laminitis season is upon us, the quicker cases are treated the better, to prevent permanent changes within the hoof. See next month's newsletter for a more in-depth look at Laminitis.

### **How is Cushings Disease Diagnosed?**

There are several tests used to diagnose Equine Cushings Disease. The most common is a blood test called the "endogenous ACTH test". This is a single blood test which measures the resting levels of ACTH in a horse. A high result is associated with a positive result.

# **How is Cushings Disease Treated?**

There is no cure for equine cushings disease but there are several medical interventions that can be used to control the disease. The most commonly used medication is a tablet called "Pergolide". This acts to reduce the over production of cortisol and is successful in managing the signs in up to 80% of horses. Management is as important as medical treatment in Cushings Disease. It is vital to check for any wounds or evidence of infection regularly as your horse with Cushings may have reduced levels of immunity. Frequent farrier visits and dental checks are also important alongside keeping up with routine vaccinations and a regular worming protocol. If your horse suffers from hirsuitism then frequent clipping and de matting of the excessive coat will help keep them comfortable.

June offers - cash sales (inclusive of VAT)		
Equest 700g (Roundworm)	£13.45	£11.75
Equest Pramox 700g (Roundworm + Tapeworm)	£21.92	£18.75
Fly repellant		•
Switch 250ml Pour On	£37.80	£28.50

