


Welcome!



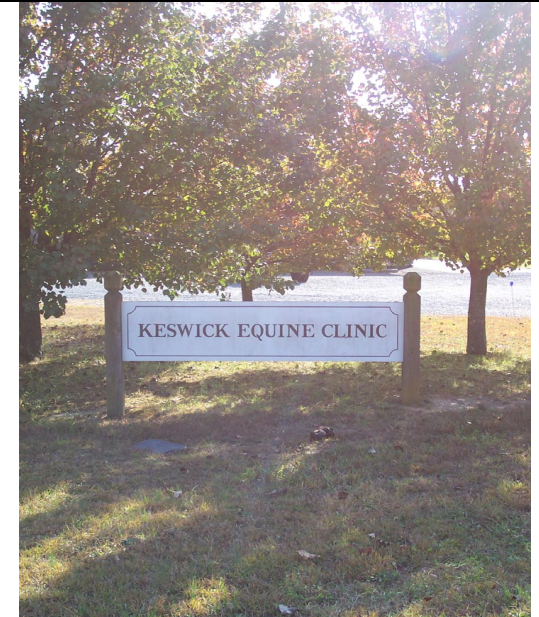
Keswick Equine Clinic wants to welcome two new members to the staff. First to introduce is Jennifer Coudron, who just arrived from Colorado. Jen will be working in the office, and out in the field assisting the veterinarians with taking digital radiograph images. She received her Equine Science degree at Colorado State University in 1999. Jen has worked with horses her whole life. She formerly trained hunter/jumpers and their riders in Colorado. She has extensive experience with small mammals as well, having worked at the Humane Society in Fort Collins, CO for several years. Jen has three dogs of her own that keep her busy. Her interests outside of work are; hiking, riding and exploring the new terrain of the Virginia area. She looks forward to meeting all of the clients.

Next to introduce, is Dr. James McDaniel III (Jay). Jay was raised in Scottsville, Virginia on a small horse farm he belonged to the local 4-H club, where he participated in many local horse shows and was active in the community. Jay graduated from Albemarle High School, the University of Virginia and the Colorado State University Veterinary School of Medicine. He enjoys all aspects of equine practice, especially reproduction. He is always eager to learn anything new in this great field. Jay is an outdoor enthusiast and especially enjoys skiing, hiking, fishing and camping. He likes to trail ride on his old horse and move cattle. Also, he is an avid traveler who frequently visits friends all over the country. Jay is a devoted Wahoo and attends almost every basketball and football game. Recently, Dr. McDaniel returned to the Central Virginia area after working in Alaska and Pennsylvania. He has been friends with the folks at Keswick Equine Clinic for over twenty years and is extremely excited to be back in his hometown.


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KESWICK EQUINE CLINIC

SPRING 2007 NEWSLETTER



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Equine Herpes Virus (EHV-1)

There are many infectious viral diseases recognized in horses and EHV-1 (i.e. rhinopneumonitis) is one of the most prevalent. Manifestations of infection include respiratory disease (most common), outbreaks causing abortion, foal mortality and encephalitis. Recently, there have been outbreaks of the neurologic form of EHV-1, in northern Virginia. Signs of EHV-1 associated neurologic disease, when present, usually occur 6-10 days following fever and possible upper respiratory tract signs. Clinical signs include severe incoordination, paralysis of the hind legs and urinary incontinence. Infection occurs through intimate contact with virus-containing secretions (nasal secretions or contact with an aborted fetus), airborne transmission up to 40 feet (through paddocks or pastures), indirect transmission (shared halters, barn implements, horse handlers, etc.) and/or through contaminated water or feed sources. It is important to realize that nasal discharge or other signs of infection may not be apparent if there are carriers present. Carriers are horses that shed the virus but are not ill. Unfortunately there is no specific vaccine available for protection against the neurologic form of EHV-1; however the respiratory herpes vaccine we use at Keswick Equine Clinic (Calvenza EIV/EHV®) may have some cross protection from this strain. This vaccine should be administered every three months to horses that reside in stables that have frequent arrivals and departures (i.e. boarding facilities, show barns, breeding sheds, etc.) The reproductive manifestation of EHV-1 can be prevented by appropriate vaccination of pregnant mares (see vaccination section).

The most effective way to minimize the spreading of any contagious disease is to vaccinate regularly and utilize STRICT quarantine procedures for at least 21 days for ALL new horses. There is now a PCR test available (results in 3-6 days) for EHV-1 using a blood sample from the suspect horse and virus Isolation from nasal swabs.

Most current information can be obtained at the following website: www.vdacs.virginia.gov/

SPRING IS ON THE WAY . . . are you prepared to minimize your horse's risk of

laminitis???



Virginia is a great place to have horses; however the rich grass is far from ideal for many of its equine residents! With the spring comes rich spring grass. Therefore, it is time to think about pulling horses that are predisposed to laminitis off of pasture. Horses that have had laminitis, been diagnosed with Cushing's disease or Equine Metabolic Syndrome, are on thyroid supplementation and horses that are overweight and inactive are particularly at risk. These horses should have very limited exposure to grass. Fresh grass contains large amounts of carbohydrates such as; sucrose, fructose, glucose, and fructans. Fructan, the carbohydrate of grass that is absorbed in the large colon, can be harmful in high quantities because it can change the normal microbial balance. This change allows bacterial toxins to be absorbed into the bloodstream causing inflammation of the foot (a.k.a. LAMINITIS). Use these guidelines to help reduce fructan intake:

- ✓ **Use a grazing muzzle (allows pasture access without excessive grass uptake)**
- ✓ **Avoid grazing in midday, fructan concentrations are highest after 10 am**
- ✓ **Limit grazing on cold nights**
- ✓ **Limit grazing during droughts (grasses are stressed and concentrating these sugars for survival)**
- ✓ **Fructan concentrations are lowest in cloudy weather/shaded areas**

If you are unsure if your horse is at risk for laminitis, please contact our clinic to arrange an examination and consultation with one of our veterinarians.

Sedation Dentistry

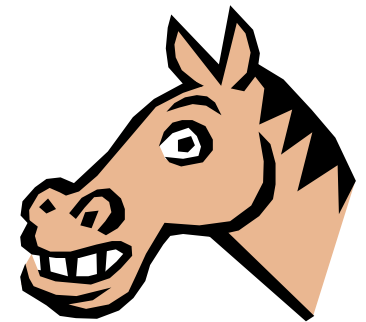
Do you know how important routine dental exams are for your horse? Is your horse showing weight loss, biting problems, or quidding (dropping feed)? All of these can be related to dental problems. It is especially important for older horses to have their teeth examined!

Horses are unique in that their teeth continually erupt until around twenty years of age. Sharp points are produced during mastication of food, therefore routine floating (filing of the teeth) is necessary.

With recent advances in sedation, equipment, and knowledge of routine dental maintenance, we want you to know the importance of checking your horse's teeth at least once a year.

We currently have the ability to perform dentestries with the powerfloat or hand floats.

Please call our office to schedule a dental exam for your horse.



FOAL DEWORMING

Every foal beginning at four weeks of age needs to be dewormed on a regular basis. We recommend that during the first twelve months of life the foal be dewormed every 30 days. Once the foal is one year of age the program should be changed to an adult deworming schedule. Additionally, an annual fecal sample should be collected and analyzed to test the efficacy of both the scheduling and products that have been utilized. Most importantly **good management** practices are imperative. These include pasture management, proper manure disposal and not feeding off of the ground where parasite eggs may be ingested. **We recommend the following foal deworming schedule:**

4 weeks- Fenbendazole (Panacur®) double dose by weight effective at killing adult and larval ascarids

8 weeks- Pyrantel Pamoate (Strongid®) double dose effective against tapeworms

12 weeks- Fenbendazole double dose for 5 consecutive days; Effective against encysted small strongyles, tapeworms and ascarids.

16 weeks- Pyrantel Pamoate

20 weeks- Ivermectin+Praziquantel; Effective against bots and tapeworms

24 weeks- Pyrantel Pamoate

28 weeks- Ivermectin

32 weeks- Fenbendazole

36 weeks- Ivermectin+Praziquantel

40 weeks- Ivermectin

46 weeks- Pyrantel Pamoate

50 weeks- Fenbendazole double dose

Adult Deworming

Adult horses don't need to be dewormed as frequently as foals. We recommend rotating the following anthelmintics for your horse.

1. Ivermectin
2. Fenbendazole (Panacur®)
3. Pyrantel Pamoate (Strongid®)

Praziquantel in combination with Ivermectin should be used twice a year (spring and fall) to kill tapeworms.

Fenbendazole double dose, 5 consecutive days, (Panacur power pac®) is excellent to rid your horse of adult, larval and encysted forms of strongyles. This deworming protocol is recommended when weight loss, diarrhea, or a heavy parasite load is suspected. Check with the clinic before starting this program.

Moxidectin (Quest®) is an effective dewormer. If used it is unnecessary to deworm for three months. It is important, due to its potency, to accurately dose this medication. **We do not recommend that this medication for use in foals, geriatric or sick horses.**

Oxibendazole (Anthelcide EQ®) has been associated with diarrhea and colic; therefore we do not recommend its use.

We recommend the following adult deworming schedule on an every six week schedule:

March/April-- Ivermectin+Praziquantel; Effective against bots and tapeworms

May/June- Pyrantel Pamoate

July/August- Fenbendazole

September/October- Ivermectin

November/December- Ivermectin+Praziquantel

January/February- Fenbendazole

***Broodmares:** Expectant mares need to be dewormed one month prior to foaling with Ivermectin and one day after foaling with Pyrantel Pamoate. This will stop larval migration into the mammary gland and then subsequently to the foal.

SPRING VACCINATIONS

ENCEPHALITIS

Your horse should be vaccinated for diseases that are spread by mosquitoes 2-4 weeks prior to mosquito season (late March in this area). These include *Eastern/Western Encephalitis* and *West Nile Virus*. **In Virginia, we recommend vaccinating for West Nile every 6 months.**

INFLUENZA/RHINOPNEUMONITIS

We are vaccinating for "flu/rhino" with Calvenza EIV/EHV®, providing effective protection against influenza and rhino-pneumonitis strains EHV-1 and EHV-4. This vaccine should be boosted every 2-6 months depending upon the amount of contact your horses have with other horses. **We recommend your horse be vaccinated this spring regardless of exposure to other horse because of the recent outbreaks of EHV-1.**

TETANUS and RABIES

These vaccinations are given annually.

POTOMAC HORSE FEVER (PHF)

PHF is a disease horses may contract through their drinking water. It typically occurs in late summer and early fall. **The vaccine is effective for 6 months, we recommend vaccinating biannually.**

PREGNANT MARES should receive a rhinopneumonitis vaccine at 3, 5, 7 and 9 months of gestation. In addition, you should booster all of your broodmare's vaccines **one month** prior to foaling. This helps to boost antibodies in the colostrum for optimum immunity for the foal. **FOALS** should receive their first series of vaccinations at 6, 7, and 8 months of age. Then they can work into an adult schedule.

REMEMBER, *your horses are individuals and Your vaccination protocol may need to be altered based on your horses' needs. We will make individual recommendations at the time of your appointment.*