

KESWICK EQUINE CLINIC

Spring Newsletter



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TIPS FOR EQUINE WEIGHT MANAGEMENT:

- * Feed hay at a rate of 2% the desired body weight.
- * No grain—provide a vitamin and mineral supplement or a “light” horse feed which provides adequate minerals and vitamins with less calories.
- * Restrict grass intake using a grazing muzzle and dry lotting. Dry lotting or stalling for even 12 hours a day will decrease grass intake.
- * Increase exercise level—moderate exercise between 1-3 hours a week is often necessary to truly decrease weight.
- * Keep track of weight loss by measuring body weight weekly with a weight tape.

Laminitis: Is your horse at risk?

Laminitis or “founder” is a painful, debilitating, potentially career-ending and life threatening disease involving the soft tissue structures of the hoof. This soft tissue provides the connection between the bone in the hoof (coffin bone) and the outer shell of the hoof wall.

Causes: This disease has many causes. Systemic infections, often resulting from a severe colic, retained placenta or grain overload are known causes. Bearing an abnormally large amount of weight on one limb, due to injury to an opposite limb, can also cause laminitis. Often the exact cause of laminitis is difficult to determine. However, horses most commonly affected with laminitis have Equine Cushing’s Disease, are insulin resistant or are obese.

Signs: Laminitis can affect all four feet, with both front feet usually most severely affected. One front foot is typically more painful than the other. Typical signs of severe laminitis include:

- * reluctance to move - especially turning
- * “sawhorse” stance - with the horse trying to put it’s weight onto the hind limbs rather than the front limbs
- * laying down more often and reluctance to get up

Milder signs of laminitis can be a shortening of stride length or reluctance to go forward.

Diagnosis: A physical exam and hoof tester exam are very important in the diagnosis of laminitis. X-rays are used to evaluate the position of the coffin bone in the hoof capsule. Laminitis breaks down the connection between the coffin bone and hoof capsule. This causes the coffin bone to rotate or sink from its normal position in the hoof. The severity of changes seen on x-rays can help determine the extent of the damage and develop the best plan for therapeutic shoeing if necessary.

Treatment: A horse’s bodyweight is it’s own worst enemy when it comes to laminitis. Stall rest is essential to restrict movement and the resulting stresses on the hoof. Soft, deep bedding, such as sand, cushions the horses weight and can make them more comfortable. Anti-inflammatories, such as “Bute”, “Banamine” or “Equioxx” can also improve comfort. These treatments are for the initial, acute, stage of laminitis. When the

condition stabilizes, trimming and specialized shoeing are essential to re-grow the hoof around the newly positioned coffin bone.

Steps that can be taken to prevent this devastating disease include diagnosing and treating Equine Cushing’s Disease and insulin resistance, keeping your horse at an ideal body weight, and treating medical conditions promptly.

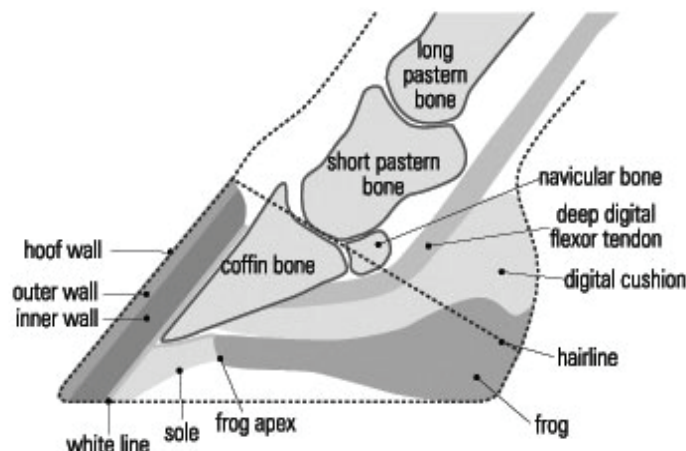


Diagram of the hoof capsule.

Note the normal alignment of the coffin bone with the hoof wall. The “inner wall” breaks down with laminitis.



De-worming strategies for foals up to 1 year of age

Foals are more vulnerable to parasites than adult horses, due to their immature immune status. They are also more likely to develop resistance to de-wormers than adults. De-worming strategies from foaling to 12 months of age are focused on controlling the following parasites:

Ascarids: When present in large quantities, ascarids can cause coughing, diarrhea and obstructions of the small intestine in foals and weanlings. It's important to note that the normal dose of fenbendazole does not kill ascarids, a double dose of 10 mg /kg is necessary. *A fecal flotation can determine the number of ascarids being carried by a foal or weanling. This is important information in order to determine how frequently the foal should be de-wormed.*

Large Strongyles: These parasites need pasture and grass to mature, so they are less of a problem in stalled horses. Their life cycle involves migration along inside the arteries to the intestines, which can cause long term damage to the blood supply of the gut. These parasites are susceptible to de-wormers containing ivermectin.

Small Strongyles: Small strongyles cause disease by laying dormant in the wall of intestine, then emerging in large numbers. This can result in diarrhea and colic in severely affected horses. Resistance to common de-wormers has started to emerge with this parasite. Fecal egg counts can determine the number of active, egg laying worms in the intestine, but not the level of encysted strongyles present. Moxidectin (Quest®) and a 5 day double dose of fenbendazole (Panacur Powerpac®) are the only two de-wormers that will kill encysted strongyles. However, a fecal egg count is very important in determining the frequency of de-worming necessary.

Tapeworms: Spasmodic pain (cramps) and intussusceptions (telescoping of the intestine) can be caused by tapeworms in young and adult horses. Tapeworm eggs are not often seen on a fecal, so de-

worming prior to weaning with praziquantel, which is usually combined with an ivermectin product, is important.

Foal de-worming schedule

Age	De-wormer
60 days	Fenbendazole (double dose) + perform fecal egg count
120 days	Pyrantel + perform fecal egg count
150 days	Ivermectin + praziquantel
210 days	Pyrantel + perform fecal egg count
240 days	Moxidectin (dose according to weight) or 5 day double dose fenbendazole
330 days	Ivermectin + perform fecal egg count
360 days	Begin adult de-worming program

Fecal egg counts

With increasing parasite resistance to de-wormers, performing routine fecal egg counts has never been more important. Fecal egg counts can be performed on foals or adult horses. Studies have shown that 20-30% of horses in a herd carry 80% of the parasites. The number of eggs being shed in the manure can be used to determine the parasite burden of each horse. Fecal egg counts can determine which horses are "low shedders" (fecal egg counts of less than 200 eggs per gram) and "high shedders" (fecal egg counts of greater than 200 eggs per gram). "High shedders" should be de-wormed more frequently for their own health and to prevent contamination of pastures with parasite eggs. Horses that are "low shedders" can be de-wormed much less frequently. As a result, routine fecal egg counts make sense economically and are a good management practice.

Before de-worming in the spring is a good time to submit a fecal on your horse. Fecal samples should be taken after the de-wormer they were last given is no longer effective. To determine how many weeks after de-worming to collect a sample see the following chart:

When to collect fecal samples

Last de-wormer used	Weeks post-deworming
Fenbendazole (Panacur)	4-6 weeks
Pyrantel (Strongid)	4-6 weeks
Ivermectin	8-10 weeks
Moxidectin (Quest)	12-16 weeks

Guidelines for fecal collection:

- * Collect the fecal sample at the appropriate time post-deworming (see chart)
- * Collect 1-2 fecal balls that are very fresh (less than 1 hour old) as samples
- * Store in an airtight container (a ziplock bag works well). Keep refrigerated until delivered to the clinic (ideally the same day as collection).

Parasites and de-worming continued.....

Adult horse de-worming strategies are changing from the previous schedule plan of rotating de-wormers every 2 months. Our current recommendations are based on routine fecal egg counts (FEC) done on the individual horse. Each horse's particular level of immunity and management program needs to be considered to create an appropriate de-worming plan. Ideally, two to three FEC's, taken over the course of a year, will determine if each horse is a "high shedder" or a "low shedder". The initial FEC is ideally taken 3-4 months after the last de-worming. Subsequent FECs taken periodically, will determine if your horse decreases or increases their fecal egg count. The information available on equine parasite control is continually evolving. Please call with any questions on how to appropriately de-worm your horse.

Suggested de-worming protocol

Month	Jan/Feb	March/ April	May /June	July/Aug	Sept/Oct	Nov/Dec
High Shedder	De-worm with fenbendazole	Submit fecal and de-worm with ivermectin and praziquantel or moxidectin and praziquantel	Submit fecal and de-worm with pyrantel	De-worm with fenbendazole	Submit fecal and de-worm with ivermectin and praziquantel or moxidectin and praziquantel	De-worm with ivermectin
Low Shedder	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing

De-wormers: generic and brand names

* Ivermectin

Zimectrin®, Ivercare®, Rotectin® 1.87%

* Ivermectin + Praziquantel

Equimax®, Zimectrin gold®

* Moxidectin

Quest®

* Moxidectin + Praziquantel

Quest Plus®

* Fenbendazole

Panacur®, Safeguard®

* 5 day double dose of fenbendazole

Panacur Powerpac®

* Pyrantel Pamoate

Strongid®, Rotectin P®, Strongylcare Paste®

Spring Foaling Reminders

- * The normal gestation of the mare is 330 –340 days from breeding. However, mares can foal from up to 2 weeks early to 30 days late.
- * Remove the mare from any pasture containing fescue 60—90 days prior to foaling. This is to prevent fescue toxicity which can stop the mare from producing colostrum and cause thick placentas, prolonged gestation and weak foals.
- * Vaccinate the mare and de-worm with ivermectin 4-6 weeks prior to foaling. 2 weeks prior to foaling the mare should be bagging up. Closer to foaling the tail head starts to relax and the ligaments of the pelvis relax.
- * Foaling is a rapid process. A mare straining for longer than 20 minutes without significant progress is abnormal.
- * Follow the 1,2,3 rule: Foal should stand at 1 hours, nurse at 2 hours and have passed meconium by 3 hours. If the placenta has not passed by 3 hours, call the clinic.
- * Administer a warm Fleet enema after the foal has nursed to encourage the passing of the meconium
- * Please save the placenta for examination by a veterinarian.
- * A normal foal should nurse up to 7 times an hour. A lethargic or depressed foal is cause for immediate concern.
- * A blood test to determine if enough colostrum was suckled by the foal is very important. The timing of this "IgG" test is very important. It should be performed within 8 – 24 hours of the foal's first nurse.
- * Please call when the foal is born to set up post-foaling exam.
- * If you are planning on foaling your mare at home, please call us with any questions about the foaling process.



Spring Vaccines

It's that time of year again. To protect your horses against mosquito borne diseases the best time of year to vaccinate is between February and April. We recommend twice yearly vaccines for Potomac Horse Fever and Flu/Rhino. Ideally the second vaccination would be between August and October.



	February—April	August— Oct
West Nile Virus	Vaccinate	
Rabies	Vaccinate	
Tetanus	Vaccinate	
Eastern + Western Encephalitis	Vaccinate	
Potomac Horse Fever	Vaccinate	Vaccinate
Flu/Rhino	Vaccinate	Vaccinate

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Check out our website for upcoming client seminars:
www.keswickequineclinic.com