



**UPDATES IN BRIEF**

- **New AI packages for 2008 stud season**
- **Cliffe Equine is now an accredited RCVS Tier 2 Practice & a BEVA registered clinic for AI**
- **New respiratory & joint supplements**
- **Blood sample for strangles**
- **Upcoming events**
- **Case study: Laminitis secondary to larval cyathostomiasis**

**FOAL TIMELINE**

Sitting upright	1-2 mins
Suckle reflex	2-20 mins
Standing	<2 hrs
Nursing from mare	<3 hrs
Urination	<8.5 hrs
Heart rate	80-120 per min
Respirations (>1hr old)	30-40 per min

## Artificial Insemination & Foaling Update

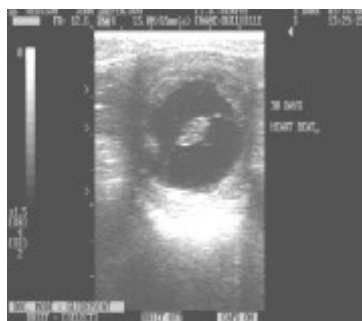
With the breeding season now well underway, there happily seems to be an increasing number of people breeding from their horses.

Advantages of AI compared with natural covering include a world-wide choice of stallion; safety for the mare, both from injury and disease; as well as allowing you to keep the mare at home or at the clinic where management is consistent. AI with fresh/chilled semen has pregnancy rates similar to natural covering too!

To provide you with the most competitive price possible we have all-inclusive packages available.

The package starts when your mare is in season and includes: visits / livery at the clinic; sedation if required; rectal & ultrasound examinations; liaison with the stud; ovulation induction agents; deep uterine insemination; assessment

of semen; post-ovulatory scan & wash out & routine drugs used; & finally the first pregnancy scan.



**Normal 30 day pregnancy showing the foetal heart beat**

The package does NOT include: pre-breeding assessment of the mare; CEM swabs/EVA blood tests; visits/drugs to manipulate the oestrus cycle or the 2nd pregnancy scan.

See the website or ring Imogen for package prices and further details.

We are seeing more foals than ever this year too! If you are still waiting for your mare to foal, we recommend that the new arrival should be seen within the first 6 hours after birth.

At this examination we will check the mare for foaling injuries; ensure she has enough milk & is allowing the foal to suckle. The placenta should be kept for us to check it is intact as failure to cleanse fully can have devastating consequences for the mare. The foal will be thoroughly examined to assess the jaw, conformation; heart & eyes as well as giving prophylactic tetanus & antibiotic injections. This is also an ideal opportunity to ask any further questions you may have.

Fortunately most foalings occur without complication, but if you are concerned before, during or after the event do not hesitate to call the 24 hour emergency number.

## Cliffe Equine Clinic News

We are pleased to announce that Cliffe Equine has now been awarded Royal College of Veterinary Surgeons (RCVS) Tier 2 Practice status. This scheme aims to promote & maintain the highest standards of veterinary care.

To become accredited, the practice volunteers for rigorous inspection every 4 years and must meet a range of standards including level of patient care; 24-hour emergency care; staff training; hygiene and equipment.

The logo you see provides you with reassurance that your horse receives the highest level of care throughout treatment.

We are also now listed as a British Equine Veterinary Association (BEVA) accredited practice for fresh, chilled and frozen artificial insemination (AI). While we have been performing AI for many years now, we hope this will help to ensure clients know their mares are in well trained hands!

Lastly, but by no means least, we



are pleased that Penny Brownings, our very valuable head nurse and recently qualified second equine dentist in the clinic, is doing very well following her accident and is well on the way to recovery. We know she is very appreciative of everyone's concern and good wishes and we hope to see her back with us later on this year.



## STRANGLES BLOOD SAMPLE

For those of you that were not at the last client evening you may have heard there is a blood test available which shows whether your horse has been exposed to Strep. equi, the bacteria responsible for Strangles. However, this will NOT tell you if your horse is infected or not. The sample can be useful particularly in the situation when a horse is moving premises, to assess the risk for the spread of disease between yards. For more information, please ring the clinic and speak to Ed.

## NUTRACEUTICALS

The vast range of feed supplements available in shops is simply terrifying! The trick is finding one that actually does "what is says on the tin". We stock a wide range of supplements, many of which are not available through regular feed suppliers/tack shops. Some of the conditions that may benefit from nutraceutical use include: laminitis; colic; behavioural problems; joint & respiratory disease to name but a few! We only supply products we feel have good evidence demonstrating clinical improvement. For example, we are using a new joint supplement from Germany, **Equi 4S** and **Equi HY120 4S**, because of

a better bioavailability of the constituents necessary to improve function and reduce inflammation in diseased/aged joints. These supplements are especially useful before any problems are found to maintain joint health and prevent arthritic changes occurring. For help when choosing any feed supplement, please contact us at the clinic to discuss your horse's requirements so we can advise you of the best supplement choice for your individual case.

## CLIENT EDUCATION EVENING

### LAMINITIS - UNDERSTANDING CAUSES, TREATMENT & PREVENTATIVE MEASURES

Speakers: Imogen Silhan-Sutton BVetMed MRCVS; Sally Hall BSc (Hons) MA VetMB MRCVS & Richard Chard AWCF

This talk is relevant for all horse and pony owners whether you have been unfortunate enough to experience this potentially devastating disease or not. There is still a great deal of confusion about laminitis; what type of horses are susceptible, causes of the disease, the vast methods of treatments and what you should do to prevent it!

We hope this evening will serve to dispel the myths and update your practical knowledge, as well as provide a useful forum in which to ask questions. The format of the evening will be to combine short talks, case studies & discussion time with vets and a remedial farrier enabling you to get the most from the evening.

**Wednesday 25th June 2008, 7.30pm**  
**Sussex Rural Business Centre**  
**Plumpton Agricultural College**

Please ring the clinic on (01323) 815120 to reserve your FREE ticket. See the website for full details and directions.

## Case Study: Laminitis secondary to larval cyathostomiasis

"Sampson", an 18 month old New Forest x Thoroughbred gelding was seen for sudden onset diarrhoea. He had been bought by the present owner about 2 months previously. He was living out at grass with 3 other horses. As he had settled into the yard, the owner decided to fit in with the normal worming regime. "Sampson" was weigh taped and wormed with the correct dose of Equest® 3 days ago.

When the owner went to check "Sampson" he was found looking very depressed, tucked up and showing signs of mild colic. His tail was matted with large amounts of diarrhoea.

When "Sampson" was examined, he had a subnormal temperature, cold extremities & dry mucous membranes. His heart rate (60bpm) and respiratory rate (30/min) were elevated, capillary refill time was slow (3secs) and his gums were bright pink/red in colour. As "Sampson" had been rolling a rectal examination was performed. No intestines were displaced, but profuse watery diarrhoea with masses of redworms (Cyathostomes) were seen on the rectal sleeve. There was an increase in normal gut sounds and the small intestine felt fluid filled.

"Sampson" was admitted to the clinic

in isolation for intensive intravenous fluid therapy to correct the profound dehydration. Flunixin was given as pain relief, also helping to combat the signs of endotoxaemia. To reduce the profound small intestinal wall inflammation caused by the worm damage, a short acting steroid injection was given. Additionally, a 5 day course of Panacur Equine Guard® was started to kill any remaining redworm larvae. Probiotics were given orally to help re-establish the gut microflora.

"Sampson" showed good signs of improvement over the following 24 hrs



Lateromedial x-ray of the right fore showing 8° rotation from hoof wall

and the diarrhoea reduced in volume.

On day 2, "Sampson" was lying down more than before & appeared uncomfortable when standing, shifting his weight frequently. Increased heat was felt in all feet & bounding digital pulses were palpable. Again elevated heart & respiratory rates were noted. Despite being on a deep bed, styrofoam pads were also applied for full foot support. Treatment with oral 'bute & ACP was started for secondary laminitis. Strict box rest continued.

A week later x-rays of the feet were taken. A mild degree of rotation was found in the front feet only. The front feet were trimmed to correct the rotation. The pads were refitted & box rest & 'bute continued. Over the following 2 weeks, "Sampson" continued to do well & the pads were removed. The box rest continued until he was sound off 'bute for 1 week. At this stage he was gradually reintroduced to pasture.

"Sampson" has been well since this time, has been broken in & is in full competition work. He has had no further problems with laminitis, diarrhoea or colic following worming, although a strategic worming programme using faecal worm egg counts & tapeworm ELISA blood samples is used.