



Fall 2008 Newsletter



Kurt Lutgens, DVM
Christina Hill, DVM

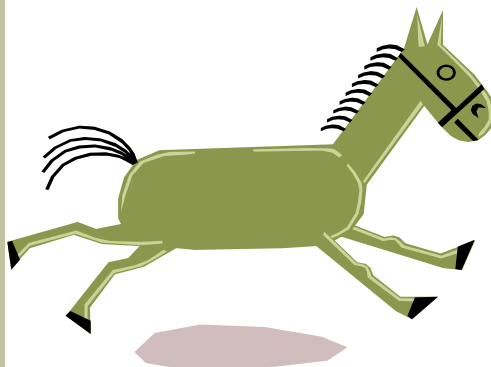
Sarah Begley, DVM
Jennifer Durenberger, DVM

Fall Vaccine Special

It's time to think about protecting your horse from the challenges of infectious agents with fall vaccinations. At this time we recommend:

Influenza/ Rhinopneumonitis Potomac Horse Fever Intranasal Strangles

This series of vaccines will be offered at a reduced price for horses receiving the entire package. For larger facilities, there will be a minimum call charge per horse. This special price will only be available through November 15th, so call the office soon at 518-692-2000 to schedule your horse's appointment.



Weanlings

We recommend beginning vaccination of weanlings at 4-6 months. The initial round of vaccines takes four visits to complete as all immunizations will require a booster.

Broodmares

Broodmares should be confirmed as to their pregnancy status and vaccinated for **Rhinopneumonitis** at 3, 5, 7, and 9 months of pregnancy. Pre-foaling vaccines should be given one month prior to the mare's due date.

Horses Traveling South

For those horses traveling south to warmer climates this winter, we recommend boosters of **West Nile Virus, EEE, and WEE** vaccines as your horse's exposure to mosquitoes will be extended. Also remember to check that your horse's negative Coggins is current and call for a health certificate to your destination at least 2 weeks in advance of your scheduled departure date.

The Hard Keeper

Those of you who with horses who seem to pack on the pounds at the mere sight of grass may find it hard to believe that a number of owners have the opposite problem. They are saddled with the task of maintaining a “hard keeper”: a horse that has trouble putting on weight.

Some horses simply have very high metabolisms that make it difficult for them to maintain an adequate weight and many horses that are nervous by nature will have the same issues. Additional factors that can contribute to a horse being a hard keeper are chronic digestive problems, poor dental condition, old age, and parasite infestations. These should all be considered and dealt with appropriately prior to assuming a horse’s metabolism is the only thing to blame for their inability to maintain a good weight. If you have a horse that you have found to be a hard keeper, schedule a

consultation with one of our doctors and they can help you determine what is causing the condition and how to best proceed.

Basic guidelines for feeding a hard keeper:

Provide high quality grass hay at all times. You may consider adding small amounts of alfalfa to the diet as it has a much higher calorie concentration than grass. If you do not have access to good quality alfalfa hay, there are commercially manufactured alfalfa forages available for purchase through feed stores.

Older horses should be maintained on a senior feed. Even younger horses that have a difficult time gaining weight can benefit from the nutritional qualities of a senior feed. Due to their increased fiber content, senior feeds are generally safer to feed in larger amounts too.

Horses should always be fed individually to assure that the

harder keeping ones are getting all of the nutrition that they need.

Look for higher fat grains and supplements at your feed store. Most feed companies are recognizing the benefits of a higher fat content and are adjusting their stock grains accordingly; this trend will benefit the hard keeping horse.

The winter months are extra challenging for hard keepers. Great attention should be paid to their condition at all times but especially during the approaching change of season. It is even more difficult for a hard keeper to maintain weight while their body is using energy to stay warm too.



EPM: Equine Protozoal Myeloencephalitis

EPM is a disease that affects the horse’s spinal cord and brain and is caused by the protozoa *Sarcosystis neurona*. Opossums are the typical host for this causative protozoa; infected fecal material may be consumed by the horse while grazing or through contaminated feed or water. Exposure does not guarantee infection; only a small percent of those horses exposed will develop the disease. In horses that do develop EPM, the onset may be slow or sudden. Signs vary, but are

often asymmetrical (worse on one side). Some of the symptoms are: incoordination, spastic movement, abnormal gait, lameness, muscle atrophy, paralysis of facial muscles (evident by drooping eyes, ears, and lips), difficulty swallowing, head tilting, and poor balance.

A veterinarian can often make a presumptive EPM diagnosis based on a thorough evaluation of clinical signs. Diagnostics include a blood test or a spinal tap to obtain CSF. It should be noted that

some horses will have positive results on a blood test but no clinical signs of the disease, or clinical signs in the absence of a positive test result.

If diagnosed early in the disease process, treatment may help many horses return to normal activity. The standard treatment is oral administration of an anti-protozoal drug, often in addition to anti-inflammatories. Average duration for treatment is one month.

Chronic Obstructive Pulmonary Disease (COPD, “Heaves”)

Some horses may have an allergic reaction to dust particles resulting in a condition called Chronic Obstructive Pulmonary Disease (COPD), commonly referred to as “heaves”. The symptoms of this disease will sometimes become more apparent in the winter months due to the drier climate and increased consumption of hay.

Often the initial signs of the condition are mild and include an elevated respiratory rate, increased recovery time after work, and general sluggishness. These symptoms may progress into more obvious signs such as heaving, frequent coughing (sometimes induced by work) and general breathing issues and disturbances.

COPD is not a curable condition but with proper management its effects can be minimized. As with most medical conditions, earlier detection usually results in a more positive outcome. The risk of potentially permanent lung damage can be decreased significantly if the disease is caught early on in its development.

Should you suspect that your horse is developing COPD, or is experiencing the more obvious signs of the disease, a consultation with a veterinarian will aid in making a definitive diagnosis and designing an appropriate management/treatment plan for the condition.

Be sure to inform the veterinarian of any potentially related abnormalities you have noticed. It will be necessary for the doctor to perform a physical exam that includes a careful auscultation of lung sounds. Additionally, an endoscopic exam may be done to look for mucus or signs of infection.

In the case that a COPD diagnosis is made, the first step in treating it is to lessen the dust in your horse’s environment. Oftentimes, pasturing the horse is the simplest way to do this. If pasturing is not an option there are other things that can be done such as switching from baled hay to hay cubes or pellets. Whatever feed you are able to offer your horse, dampening it prior to feeding will

reduce the dust content. Low dust bedding material should be used in your horse’s stall; avoid straw. Wetting the aisles of your barn before sweeping or raking will also help.

Drug therapies may also be utilized to treat COPD. Corticosteroids that can be given by injection, orally, or via inhalation are often indicated. Clenbuterol (Ventipulmin®) is a highly effective, orally administered therapy for COPD.

The dose of any drug used for treatment is typically higher during the initial management phase and can then usually be lowered to a maintenance level.

Please contact us if you have any reason to believe your horse may be battling COPD. We will be happy to set up an appointment to evaluate their condition. If a COPD diagnosis is made, we will help you design a treatment and management plan that best suits your horse’s needs.

Facts About Lyme Disease

1. Lyme disease affects the joints, the musculoskeletal system, and the neurological system.
2. It is transmitted through the bite of a tick carrying *Borrelia burgdorferi* bacteria.
3. Signs of infection in horses include lameness and behavioral changes such as irritability.
4. Lyme disease is treated with antibiotics. The recommended protocol is seven days of hospitalization for IV antibiotic administration followed by 30 days of oral antibiotics given at home.
5. Treatment will not eliminate evidence of the disease in blood tests but is usually quite effective in alleviating clinical signs.
6. There is no vaccine for Lyme disease in horses.
7. Fall is a good time to have Battenkill Equine run a Lyme test to determine if your horse is being affected by this disease. Please schedule this test when making your fall vaccine appointment.





PO Box 2

516 State Rte 29 and 40 South

Middle Falls, NY 12848

Phone: (518) 692-2000 Fax: (518) 692-7554

To Our Valued Clients:

We're on The Web!

www.battenkillequine.com

Important Fall Considerations: Deworming And Dental Care

We recommend a fall deworming with an Ivermectin product. Equimax is an excellent choice for this time of year as it has the broadest spectrum of activity against the parasites we commonly see. As well as being effective against Bots, Round Worms, Pin Worms, and all stages of Strongyles, Equimax is effective in removing tapeworms. We also recommend a fecal examination once a year to monitor how your deworming program is working.

If your horse is enrolled in the Pfizer PreventiCare program, you must have us deworm him/her twice a year with Equimax/Equell. If you have questions about this program, please contact the office or view the "PreventiCare" page on our website - www.battenkillequine.com.

In preparation for the difficulties associated with the winter months, we recommend that you have your horse's teeth examined and floated if necessary. Poor dental care is one of the primary causes of weight loss, especially in older horses.

