GALEDIN VETERINARY

# Spring 2016 Equine Newsletter

## Get ready for Spring

Spring is just around the corner and the weather is starting to warm up. With the warmer weather comes the new grass, and with new grass comes an increased laminitis risk. Native breeds, older horses and ponies, and overweight horses pose the greatest risk.

Luckily there are a few simple steps you can take to help minimise this risk:

- Restrict your horse to only a small paddock initially so that its intake is carefully controlled
- Consider a grazing muzzle in those horses that live out 24 hours a day
- Soak supplementary hay for >30 minutes to reduce the amount of sugars it contains.
- Feed hay in either small nets or hang it from the centre of the stable to maximise how long it lasts your horse.
- Don't turn your horse out onto frosty grass. Frozen grass contains lots of sugar called fructans, these can only be digested in the hindgut and result in a very rapid increase in sugar when it eventually gets there.

## Pre-competition evaluation

Many clients have busy competitive calendars planned already. However, lameness may cause disruptions to best laid plans. Symptoms may range from subtle performance limiting lameness, to overt lameness which precludes any exercise. Lameness investigations can specifically highlight the source, or sources, of lameness and allow targeted treatment to be performed.

Osteoarthritis (OA) is by far the most common cause of lameness in horses. It is most common in older horses, but can be develop in young horses also. Treatment is aimed at reducing inflammation with the affected joint, controlling pain, and improving the joint environment. Joints commonly affected with OA include the small hock joints (bone spavin), stifle joints, fetlock joints, and coffin joints.

Most commonly, non-steroidal anti-inflammatory drugs (NSAIDS), such as phenylbutazone (bute), are used to control pain and inflammation. Other more targeted forms of medication can involve injections directly into a specific joint. Corticosteroids are potent anti-inflammatories which can be injected into joints, and are commonly employed in treatment if OA. Other treatments aimed at improving the joint environment, cartilage quality, and synovial fluid properties may be used. Such treatments include hyaluronic acid (HA), polysulphated glycosaminoglycans (PSGAGs) including Cartrophen and Adequan.

Joint supplements (nutraceuticals), such as Synequin, may be fed to the horse. A good quality product should be used, as they vary hugely in quality. Typically, better quality products cost more, and benefit may be marginal in some cases.

Recent development of regenerative medicine techniques have also allowed development of treatments such as IRAP and PRP. These are developed from the horse's own blood, and can be re-injected into joints, tendons or ligaments.

## Foal examinations

We would always recommend examination of the foal and mare after birth. We advise obtaining a blood sample from every foal between 12 - 24 hours of age to check it has ingested sufficient antibodies from the mare's colostrum (first milk). This can be done on the yard using 'foal side' testing kits. If insufficient antibodies have been absorbed, this may make the foal susceptible to life threatening infections. The foal's antibodies (immunoglobulins) may be boosted using a plasma transfusion.

It is also important to check the mare, especially a careful vaginal examination for tears and bruising post foaling. The placenta should be retained, for the vet to examine, to ensure it has been expelled completely.

The following are useful indicators of a foal being healthy:

- Time to onset of suckle reflex – 2 -20 minutes
- Time to stand - average 60 minutes
- Time to nurse mare – average 2 hours
- Urinate by 8.5 hours after birth
- Meconium (first faeces) passed within 24 hours.

Please contact any of the vets if you wish to discuss post foaling checks further, or have any concerns regarding your newborn foals.

# The foaling mare

Before we get into the main foaling season in this area it is worth a quick reminder of the normal stages of parturition (giving birth) –

1)**Stage 1** – lasts from 30 mins to 4 hours – this is preparation for the 2nd (expulsive stage). Defined as the onset of UTERINE CONTRACTIONS. The mare may look restless, look at her flank, and shifts weight from one hind limb to another. Escape of honey-like precursor of colostrum ("waxing up'), onto ends of the teats is a good sign the mare is in first stage – but some mares expel obvious MILK for days before and others never wax up. The cervix may be dilated and feet may be found presented in the vagina before the onset of 2nd stage.

2)**Stage 2** – EXPULSION. Commences with onset of strong ABDOMINAL CONTRACTIONS. Generally the foal is born very quickly after commencement of this stage, usually happens within 5-30 mins of the water bag bursting (average 15mins). This stage most often happens at night. After foaling the mare's instinct is to lick the foal dry but usually not to eat the foetal membranes (water bag).

3)**Stage 3** – expulsion of the afterbirth (placenta). The mare may show signs of abdominal pain (mild colic) due to continued uterine contractions. Expulsion of the placenta usually occurs within 3 hours. The placenta should be kept if possible after foaling for inspection by the vet. ***If the placenta remains hanging from the vulva more than 4 hours after foaling this is considered a veterinary emergency, and veterinary assistance should be sought immediately.***

**Some common myths!**

•Gestation length ranges from 330-345 days

•1% of mares will go over 12 months of gestation and will produce a healthy foal. Remember the mare will foal when she is ready, not when we think she is due!

•Large foals – 'foetal oversize' – are very uncommon, and occurs in under 2% of cases, irrespective of parent size.