

EQUINE NEWSLETTER

Body Condition Scoring Horses

Regular monitoring of your horse's weight using a weigh tape or weigh bridge is useful to monitor patterns of weight gain and loss. The addition of Body Condition Scoring allows owners to determine if this weight is 'ideal' for their horse.

Look at the Body Condition Chart and give your horse a score out of 5 for its neck & shoulders, back & ribs and finally its pelvis.

Add these scores together and then divide by 3 to get your horse's average overall fat score.

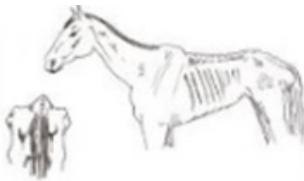
Horses scoring a 4 or 5 are at higher risk of not only developing laminitis but are also at higher risk of long term heart and lung conditions, problems with joints and lameness.

0 - Emaciated

Neck - marked 'ewe' neck, narrow and slack at base.

Back & Ribs - skin tight over ribs, ribs clearly visible. Spinous processes sharp.

Pelvis - angular pelvis, skin tight, sunken rump. Deep cavity under tail and either side of croup.



1 - Poor

Neck - 'ewe' neck, narrow and slack at base.

Back & Ribs - ribs easily visible, skin sunken either side of spine, spinous processes defined.

Pelvis - rump sunken but skin supple, pelvis and croup well defined, cavity under tail.

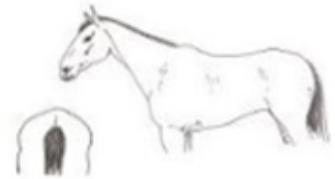


2 - Moderate

Neck - narrow but firm, shoulder blade clearly defined.

Back & Ribs - ribs just visible, spine well covered, spinous processes felt.

Pelvis - rump flat either side of spine, croup well defined, some fat, slight cavity under tail.



3 - Good

Neck - firm neck, no crest, shoulder blades defined.

Back & Ribs - ribs and spinous processes covered but easily felt.

Pelvis - covered by fat and rounded, no gutter, pelvis easily felt.



4 - Fat

Neck - slight crest, wide and firm. Shoulder blade covered and difficult to feel.

Back & Ribs - ribs well covered, gutter along spine.

Pelvis - gutter to root of tail, pelvis only felt with firm pressure.



5 - Obese

Neck - marked crest, very wide and firm, folds of fat, shoulders buried.

Back & Ribs - ribs cannot be felt, deep guttering, back broad and flat.

Pelvis - deep gutter to root of tail, skin distended, pelvis cannot be felt.



Microchipping reminder

In 2018 a new law was introduced making microchipping of all horses mandatory from 1st October 2020 for England and 12th February 2020 for Wales.

All horses born after 30th June 2009 should already be microchipped as a condition of their passport application. If your horse was born prior to this date and has not already been microchipped, why not book onto one of our zone days to have this carried out.

A Round of Applause

The call came in at the end of a long Thursday, 'The mare who you saw last week is still lame and the client wants a visit tonight'. I sighed and called my wife to let her know that supper would have to wait a little longer before plugging in the post code and driving through the beautiful Herefordshire countryside to the yard where the big grey stood patiently waiting on 3 legs.

As I gently squeezed around the hind foot, desperately hoping to find something which I had missed on my previous examination, the owner maintained a constant monologue touching on the new lockdown shopping arrangements, her recent gratitude to the NHS key worker's efforts during a friend's stay in hospital and the continued good weather. Aha! A sore spot right up on the heel, the mare chuntered to herself in confirmation that I was finally in the right spot and the owner continued to debate her strange attraction to the chief medical officer Prof Chris Witty. I began paring away at the sole of the hoof and as an abscess tract began to appear, so did my hope of making it home for supper before 8:30 pm (*the unspoken cut off point at which the dog would get my portion*).

Focused on the leg I was aware that the client had left the mare's head, as they often do to get a better view when you're finally getting somewhere. As the abscess finally burst out I felt the mare breath a sigh of relief and was surprised to hear my absentee horse handler burst into applause. I've never received a standing ovation for achieving a clinical diagnosis before but smiling to myself in satisfaction I continued to trim away at the draining foot. My smugness waned to awkwardness as the applause continued to intensify but when my new biggest fan was joined by her husband and friend, both rattling sauce pans, I looked up and realised that no-one had even noticed the climax of my clinical prowess, they were joining the rest of the village for the NHS clap!

Smiling to myself I let the mare's foot down and joined them in applauding our courageous emergency services as the mare tucked into her haynet, comfortably standing on all 4 legs. I even made it home in time for supper.

Lasers in Equine Medicine & Surgery

For nearly six years we have been undertaking laser surgery within the practice.

The laser has many advantages. One is that we can cauterise as we're cutting so, for small lesions, close to bloodless surgery. The second is that it actually caps off nerve root endings. When you use a scalpel blade basically it is similar to getting a paper cut. Nerve roots are exposed and there can be a lot of pain sensation associated. When the nerve root endings are capped the patient doesn't feel so much post-operative pain.

Despite the heat generated by the laser, there are benefits of decreased inflammation and decreased post-operative secondary infections which is something that's increasingly becoming a big issue. The laser has the benefit in that it actually vaporises all bacteria, fungi and viruses as it cuts so there is a significantly decreased chance of developing secondary infections post-operatively.

Many procedures can be undertaken under sedation, local anaesthetic and a little analgesic medication. Some procedures do require the patient to have a general anaesthetic, due to one or more of the following reasons; difficulty in gaining access to the site, the lesion is close to or directly above a major blood vessel or the risks or getting kicked are too great.

Be warned, the wounds can look particularly nasty after laser surgery, especially if the masses to be removed are large. However, the finished result can often have a preferable cosmetic outcome over conventional surgery. The pictures of Rosie, who at the end of April had a mast cell tumour removed from her muzzle, show the various stages a large mass, removed via laser can go through. Liaising with the vet, much of which can be done through photographs sent by text or WhatsApp, is important.

The use of lasers in wound-healing and pain therapy

Lasers are increasingly being used to reduce pain and inflammation. They can reduce muscle spasms, improve blood circulation and



Fig. 1 - muzzle prior to laser surgery

Fig. 2 - muzzle immediately post laser surgery

Fig. 3 - wound initially expanding and looking nasty to be expected

Fig. 4 - muzzle almost healed approximately 5 weeks post-surgery

flow. It also increases cell metabolism which promotes an environment for healing and down regulates pain pathways. The anti-inflammatory effects are increasingly being used with tendon ligament injuries where the promotion of blood flow can make a difference to healing. Ideally the horse should be seen 3 to 4 times a week for the first two or three weeks and then once a week for about four to six weeks.

Emergencies / Out of hours

In the unfortunate event that your animal requires veterinary attention out-of-hours, please dial the usual office number, where you will be given the telephone number of the on-duty vet.

It may be useful to keep a pen and paper handy to take this number down. On the rare occasion that the duty vet is out of telephone reception, your call will be received by a helpful member of our answering team, who will ensure someone attends the emergency as soon as possible. **The answering team at Kernow can be contacted directly on 01432 381440, if for any reason you cannot get hold of the duty vet.**

HEREFORD: 01432 351471 • BROMYARD: 01885 488440 • LEDBURY: 01531 806129 •  @belmontfarmvets

Clinical Vets: Dominic Alexander • Will Allman • Mike Bellamy • Andrew Cooke • Nick Gibbon • James Hipperson • Hannah Mitchell
Matthew Pugh • Caroline Rank • Harry Walby • Charlotte Watkins

Support staff: Sadie Davies • Michelle Harris • Lucy Hughes • Sybil Legge • Laura Langford • Alice Mainwaring • Ros O'Sullivan • Sophie Powell
Andrea Smith • Pam Strange • Millie Whitlock