



Allegheny Equine Associates

...Experience, Innovation, Dedication.

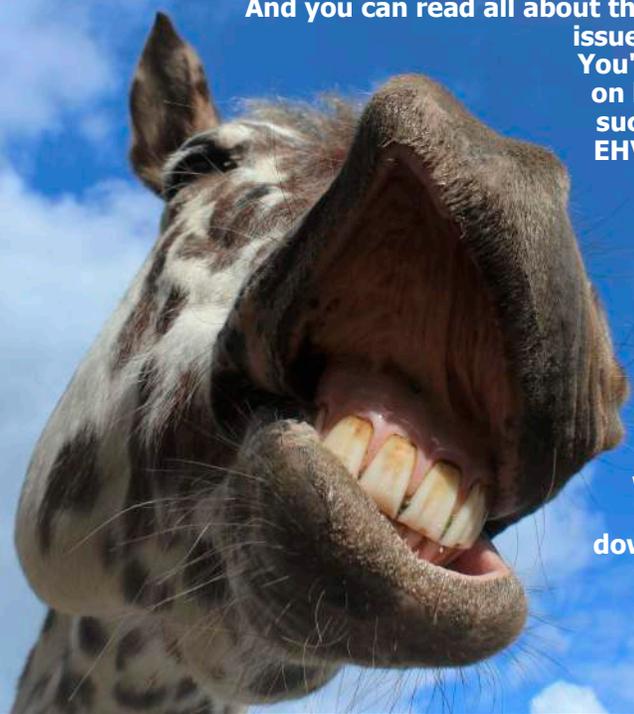
NEWSLETTER, SUMMER 2015

Allegheny Equine Associates News Straight from the Horse's Mouth.....

We are going through exciting changes at Allegheny Equine!

And you can read all about them in this Summer issue of our newsletter. You'll also find articles on horse health topics such as Strangles and EHV, a case report on a non-healing corneal ulcer, information on an upcoming event, and other useful information.

We hope you enjoy this issue and download it for future reference!



Congratulations Dr. Salomon!



Dr. Salomon and her family welcomed their anticipated new addition July 6th. Benjamin Tanner was born 9lb 7oz and 22 inches. Everyone is doing great. Welcome Benjamin!



Connect with Global Vet Link to download your horse's Coggins anywhere and anytime!
www.myvetlink.com

Halloween Open House

We will be hosting an "Open House" on October 31st, 2015 at our clinic. As in other years we will have educational demonstrations and lectures as well as food and fun things for the kids. Mark your calendars to join us on Halloween! More details to follow as we get everything finalized. If you haven't seen our facilities it's a great time to stop, visit and take a tour!



Dr. Tom Walrond's Retirement Brings About Merger with Allegheny Equine

We are pleased to announce that Meridian Equine, based in Renfrew, Pennsylvania, has merged with Allegheny Equine. This practice was founded by Dr. Tom Walrond and has serviced the Butler, Allison Park, and Sewickley areas for many years. Dr. Walrond built his practice with a focus on quality equine care and excellent customer service that is strongly aligned with the core values of Allegheny Equine. We would like to take this opportunity to welcome Meridian Equine clients to Allegheny Equine!

Equine Herpes Virus Awareness

Equine herpes virus 1 (EHV-1) has already been in the news several times this spring with cases here in Pennsylvania as well as Ohio, Michigan and other states. Although EHV - 1 most commonly causes respiratory infections (rhinopneumonitis), it is more famously associated with abortion storms and the highly contagious neurologic form of herpes, Equine Herpes Myeloencephalitis (EHM). Our office has had many calls and questions regarding EHV so we want to encourage you to become familiar with the common signs, modes of transmission, preventative measures, and quarantine procedures of EHV-1, in particular the neurologic form EHM.



Clinical Signs of EHV/EHM: Horses infected with EHV-1 may initially show signs of lethargy, reduced appetite, fever (>101 F), cough, or nasal discharge. Horses that progress to develop the neurologic form of herpes will then develop signs of weakness, difficulty walking or standing, or a "drunken" gait. These gait deficits are particularly common in the hind limbs and affected horses may become unable to rise. Another classic sign of EHM is that horses may

have difficulty urinating; they may posture to urinate but only dribble urine. They may also have reduced tail tone and difficulty passing manure.



Transmission: EHV is transmitted via the spread of nasal secretions from the horse shedding the virus. This can be via nose-to-nose contact, coughing and aerosolizing the viral particles, or contamination of common areas such as feed bins, stall walls, or on the clothes or hands of the horse handler. Some horses may be latently infected with the herpes virus (carriers), and they may reactivate and shed this virus during times of stress (traveling, showing, training).

Preventative Measures for EHM/EHM: Vaccination and biosecurity when traveling and within your barn are your best preventative measures. Vaccination for EHV-1 (rhino vaccine) helps prevent or decrease the severity of any respiratory disease if your horse is exposed. It is recommended that any horse at risk for exposure to EHV-1 receive a rhino vaccine at least every 6 months. Pregnant mares should be vaccinated for EHV-1 more often. At this time, there is no vaccine that prevents the neurologic form of herpes. Please contact your veterinarian to determine an appropriate vaccination plan for your horse. Any horse that comes into contact with other horses could be at risk for EHV-1 exposure, and horses may not show signs of EHV-1 infection for up to 3 weeks after exposure. If your horse has been exposed to a horse suspected of having the respiratory or neurologic form of EHV, your veterinarian may recommend antiviral therapy for your horse as well as quarantine.

EHV-1 Quarantine: In the event that a farm is diagnosed with EHV - 1 (either form: respiratory or neurologic herpes), horses on that farm must be quarantined for a minimum of 21 days after the last clinical sign of disease to prevent spread of the disease. Your veterinarian can help you to formulate a plan to minimize the threat and spread of disease on your farm and the need for testing to determine if the horses.

For additional information on EHV-1 and EHM, you may wish to reference:
EHV-1/EHM Fact Sheet: http://www.cdfa.ca.gov/ahfss/Animal_Health/pdfs/Equine_EHMbrochure.pdf
<http://www.allegHENyequine.net/pages/news/EHV.html>

AAEP Equine Herpesvirus : <http://www.aaep.org/-i-173.html>
Biosecurity Risk Calculator: http://www.equineguelph.ca/Tools/biosecurity_2011.php

Please contact our office if your horse is due for an EHV-1 vaccination or if you feel your horse is experiencing signs of EHV-1 infection.

National Meet-A-Horse Day is July 25th



On July 25th if you have friends or family whom might be interested in horses, introduce them! Whether they want to pet, brush or ride, encouraging new people to enter into our passion is important for all aspects of the horse industry from trail rides to horse shows and more. For new riders and horse lovers more information can be found at www.timetoride.com. This program is brought to you by the American Horse Council to help connect families to horseback riding and other horse related activities in their area. Barn managers, check out the yearly "Time to Ride Challenge". Grants are available for programs encouraging new riders!

Changes to AEA's Billing Policy



We have made some billing policy changes that will go into effect August 1st, 2015. Please look over the details of the changes closely and contact our office to set up a billing account or with any questions or concerns.

Visit our website for full details: http://allegHENyequine.net/docs/2015_Billing_Changes.pdf

Pay your bills easily and securely online at allegHENyequine.net:

Manage your Account

CASE REPORT: NON-HEALING CORNEAL ULCER

Signalment: "Scout" - 20 yr old Arabian with no history of ocular problems prior to presentation.

History: About 7–10 days prior to presentation, the owner noticed Scout's left eye was squinting, tearing and the lids appeared swollen. The owner initially started applying triple antibiotic, but as the eye did not seem to get better, an appointment was made with the veterinarian for examination.

Clinical Examination, Diagnosis and Treatment: During an ophthalmic examination, it was determined that Scout had a superficial corneal ulcer (See Figure 2). He was started on the following treatments: triple antibiotic ophthalmic ointment, atropine ophthalmic ointment and sodium chloride ophthalmic ointment applied multiple times per day. Banamine was also administered for pain control.

Scout's eye was monitored closely over the next two weeks. During the subsequent rechecks with the veterinarian it was noted that though the cornea continued to attempt to heal, the new epithelial cells were not adhering to the lower layer of the cornea and the ulcer remained open. After two rechecks, Scout was diagnosed with a non-healing corneal ulcer that required more aggressive treatment.

Non-healing corneal ulcer: Corneal abrasions and ulcers are common in horses and generally heal fairly quickly with appropriate treatment. However in geriatric horses or horses with chronic disease such as uveitis, corneal injuries tend to heal much more slowly or not at all. In some cases the epithelial cells that grow over the ulcer are unable to bind to the lower layer of the cornea. This forms a blister-like covering over the ulcer that usually ends up sloughing off several days later and reopening the ulcer. This type of ulcer is called a "non-healing corneal ulcer" and more aggressive treatment is required.

First the eye must be cultured for any evidence of a fungus or bacteria that might be infecting the eye and preventing healing. If an infection is found, appropriate treatment must be administered. The next step is to perform some type of debridement to remove the dead and non-healing cells. This can be done several ways such as via a swab debridement, diamond bur debridement or grid keratectomy. Sometimes a non-healing ulcer takes several debridements to remove the non-healing cells and encourage healing.

Summary on Scout's case: Scout was found to have a non-infected corneal ulcer and was treated with a grid keratectomy. He was monitored and maintained on the medications as before. His non-healing ulcer subsequently healed over the next 7 days and has continued to do well ever since.



figure 1, Normal Eye



figure 2, There is a superficial ulcer (light green area) located at the point of the white arrow. There is some corneal edema and vessel grown to the right of the ulcer at the point of the red arrow.



figure 3, Infected Corneal Ulcer

Meet Dr. Alexis Baney

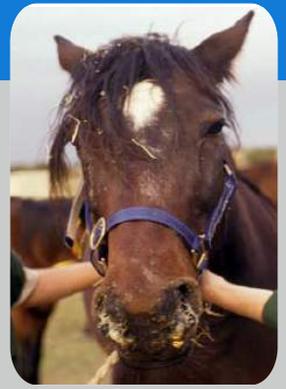
In May, 2015, we welcomed our new associate to the practice, Dr. Alexis Baney, DVM. Many of you have met her already in the last couple months. We are thrilled to have her here with us! Dr. Baney will be managing many of Dr. Salomon's clients when she is gone on maternity leave in July and August. Dr. Baney joined Allegheny Equine in May 2015. Dr. Baney grew up in central Pennsylvania and was introduced to horses by her grandfather who had her riding well before she was able to walk. She grew up riding English, with a passion for jumping, competing extensively with the local 4-H program and local show circuit. Prior to attending veterinary school, Dr. Baney worked as a veterinary assistant at a small animal clinic and worked with a local rescue organization, Mending Hearts Animal Rescue, fostering and rehabilitating dogs in preparation for adoption. Dr. Baney received her veterinary degree from Ross University and completed her clinical year at Oklahoma State. After veterinary school, she traveled to Florida to complete a 1 year internship at Brandon Equine Medical Center, a full service equine practice and referral center. Dr. Baney's primary equine veterinary interests are ambulatory/preventative medicine, dentistry and reproduction. Dr. Baney was also fortunate to have the opportunity to travel to Nicaragua (through Christian Veterinary Missions) during her time at Ross University, in order to provide veterinary care to rural farming communities. In her spare time, Dr. Baney enjoys traveling, hiking, cooking, acrylic painting and riding her horse Prince, a retired Thoroughbred race horse.



STREP EQUI (STRANGLES) AWARENESS

"Strangles" is an infection caused by the bacteria *Streptococcus equi*, subspecies *equi*. Enlarged submandibular lymph nodes are a very common sign and can press on the horse's airway causing harsh breathing and difficulty swallowing hence the name.

Clinical Signs of Strangles: It most often causes upper respiratory tract infection in horses, usually involving fever, nasal discharge, cough, and swelling and draining of the submandibular lymph nodes (located between the two sides of the lower jaw). Initially the horse may only have a fever and snotty nose and differentiation must be made between that and other respiratory diseases like EHV and influenza. The upper respiratory form of strangles is usually self-limiting (gets better without medications) and has a high recovery rate. Although it is very uncommon, strangles can also cause infection and abscessation of the lungs, abdomen, and internal organs. This internal form of strangles is known as "bastard strangles" and is much more deadly than the more common form of the disease.



Transmission: Strangles is highly contagious and is spread through respiratory secretions from an infected horse, including nasal discharge, phlegm coughed up, and drainage from infected lymph nodes. Contamination of the environment (feed buckets, walls, blankets, bits, handler hands and clothes, etc) allows for easy transfer from one horse to another. The strangles bacteria can live in the environment for up to several weeks, depending on its living conditions (temperature, humidity, location).

Preventative Measures: The best way to prevent strangles is to avoid exposure to infected horses and to have your horse vaccinated for strangles PRIOR to exposure to an infected horse. Although no vaccine guarantees complete immunity to disease in 100% of cases, it will protect many horses and will minimize the effects of disease in those who do contract the illness. Vaccinating your horse is the most effective way to protect him/her against strangles, other than avoiding exposure to infected horses when possible.

Please do NOT vaccinate your horse for strangles if it has recently been exposed to a strangles-infected horse. This will increase the risk that your horse may have an adverse reaction to the vaccine and/or get sick. Consult with your veterinarian to see if strangles vaccination is appropriate for your horse prior to administering any vaccinations.

Strangles Quarantine: Horses who have had strangles may be contagious to other horses for a minimum of 3 weeks after all signs have resolved. Some horses are contagious for much longer (months). Please note that just because your horse feels better does not mean that he or she is not contagious to other horses. Although it is rare, it is possible for a horse to look well but to be chronically shedding the strangles bacteria to other horses over months or years. These horses are known as "silent shedders" and have a reservoir of strangles bacteria in their guttural pouches. There is diagnostic testing that can be done to help you determine your horse's status post-illness.

For more in-depth details on strangles visit: <http://www.allegheyequine.net/pages/news/Strangles.html> and AAEP Strangles : <http://www.aaep.org/info/strangles>

HOOF ABSCESS

You sent your horse outside this morning and he galloped off without a backwards glance. This afternoon when you went to bring him in he was slow to come back, hobbling on 3 legs and favoring a hind leg. You look at the leg and there is no cut, no blood, no swelling. He doesn't seem to mind you touching it. What happened?! Horses love to injure themselves and many times we don't know what they did. One of their most common issues which "arise suddenly," are hoof abscesses. A horse can go from perfectly sound to 3-legged lame in a matter of hours and they can be frustrating to treat. Hoof abscesses are infections in the hoof that fester and are extremely painful until they are opened up and draining. Horses tend to either come up acutely very lame or they gradually become more lame over a couple days as the pressure builds in the abscess. Hoof abscesses can occur because of puncture wounds to the hoof but most of the time there is no evidence of why the abscess occurred. It is believed that micro cracks in the hoof expand and contract leading to entry ways for the bacteria to get into the hoof. Extremely wet muddy conditions seem to increase the incidence of hoof abscesses as do horses who have or had laminitis, but they can occur at any time to any horse.

Signs of a hoof abscess can include:

- Not wanting to walk on heel or toe of the sore foot
- Increased digital pulses to that foot
- Heat in the hoof wall - sometimes only on one side
- Sensitivity to hoof testers
- Swelling of the coronary band, pastern and fetlock regions



There are many ways to go about treating a hoof abscess. Once you have noticed that horse is lame, it is a good idea to have your farrier or veterinarian look at the horse to determine if the pain does indeed seem to be coming from the foot and are there no other injuries that could be the cause. The above signs and sensitivity over a specific area with the hoof testers can help you feel more confident that there is indeed an abscess. Next the soft sensitive area where the abscess is near the exterior of the sole can be opened up to drain. Frequently the hoof is soaked in epsom salt water to help promote softening of the hoof and drawing out of the abscess. The hoof is then wrapped in between soaks with a drawing poultice like ichthammol, magna paste or animalintex poultice pads. The bandaging helps continue the drawing out of the abscess as well as keeping an open draining tract clean. Most abscesses can be opened by 4-7 days, however some do go longer and can be very frustrating for horse and owner. Once the abscess is draining, frequently the horse feels better in 24-36 hours.



If you are treating an abscess and several days go by with no progress it is best to have a veterinarian evaluate the horse. Though hoof abscesses are common and generally not life threatening they should be treated and if the treatment isn't working further investigation should be done. Other problems that can look like an abscess include injury to soft tissue structures in the distal limb or a fractured coffin bone. Sometimes the abscess is very large and deep and requires advanced treatment like soaking with a product like Cleantrax, systemic and local antibiotics, or surgical debridement. You will find each farrier and vet has their own way of going about treating a foot abscess. Find the method that works for you and your horse to get back to healthy as soon as possible.

If you have any questions or concerns, please contact our office to talk with one of our vets.

office: 724-325-4615

www.allegheyequine.net

