



63 Henning Road
Saratoga Springs, NY 12866

(518) 583-7273

Spring 2009 Newsletter
www.saratogaequine.com

Contents

Page 1: SEVS Holds Vaccine Prices for 2009

Page 2: Looking a Gift Horse in the Mouth

Page 3: Equine Cushing's Disease

Page 4: SEVS Fall Horse Show



SEVS Holds Vaccine Prices for 2009

Like everyone else, we are painfully aware of the ever-increasing costs associated with horse-ownership and we have worked very hard to maintain 2008 spring vaccine prices. Our basic package, \$90.00 per horse, includes:

1. Four Way (Eastern & Western Encephalitis, Tetanus, West Nile)
2. Rabies/Potomac Horse Fever combination
3. Intra-muscular Flu/Rhino combination.

We administer these vaccines on **two separate visits** with the call charge of \$60.00 divided by the number of horse owners at the farm. **There is no call charge for the second visit.**

Due to potential reactions that your horse may experience, it is important to divide vaccine inoculations into two visits. These reactions, although infrequent, include injection site soreness, lethargy, and warm feet. During our first visit, Rabies/Potomac Horse Fever combination and the Four Way combination is administered. About two weeks following, the Flu/Rhino combination is given. Vaccination visits present a good opportunity for our veterinarians to examine your horse when he/she is well, and we do this exam free of charge. At your vaccination visit, we strive to prevent potential problems such as issues with body weight, nutrition, hoof care, and parasite control.

Your horse may benefit from more vaccinations than are included in our basic spring vaccine package. This can be determined by the following:

Does your horse ever leave the farm?

If not, and he/she does not come in contact with other horses, then there are three major diseases that these types of horses are at risk for contracting: Rabies, Tetanus, and West Nile. Yearly vaccinations effectively prevent these diseases and are included in our Basic Spring Vaccine Package.

Does your horse live at a riding stable? Is he or she turned out in a herd situation? Is your horse exposed to an influx of other horses from an unknown source with an unknown vaccine history?

Sometimes vaccine histories are unavailable, especially if the horse has come from an auction barn. In this case, vaccinating for Strangles is highly recommended, particularly if the farm or stable has a history of previous Strangles outbreaks. Ideally, all new horses entering a stable should be isolated from other horses for at least two weeks prior to contact with resident horses.

Immediate contact between resident and "new" horses is one of the major causes for transmission and introduction of disease to the farm or stable.

Is your horse at a farm where other resident horses leave and return to the premises?

Even though your horse doesn't travel, he/she may be at risk of contracting communicable diseases. If your horse is a frequent exhibitor, then Flu/Rhino boosters every eight weeks is highly recommended.

Does your horse live in a low-lying area where the ground is wet or damp?

This is a tricky question because basic research indicates that this type of environment most likely contributes to Potomac Horse Fever (PHF) infection. None of the manufactured vaccines for PHF have a high level of protective efficiency to prevent your horse from contracting PHF, but research has shown that if your horse has the PHF vaccine, mortality is significantly reduced. In other words, the current PHF vaccines need to be improved, but they are the best we have.

Our basic vaccine package provides protection for your horse in the types of situations asked by the previous questions. All vaccines are not created equal, and do not offer full protection except for three disease types: Rabies, Tetanus, and West Nile Virus. Vaccines for these big three are solid.

Vaccinating for Strangles remains controversial. Research has shown that the intra-muscular vaccine is only 50% effective and causes more vaccination site reactions than most other vaccines. The intra-nasal Strangles vaccine is much more protective, but there are limitations with this delivery form, too. Horses can occasionally have a reaction to this vaccine form with significant swelling of the paratracheal lymph nodes. Most horse owners know delivery of this vaccine through the nose can be a challenge. Vaccinating for Strangles is highly recommended if your horse is exposed to many other horses from different origins, and/or if there has been a previous Strangles problem at the stable or farm where your horse resides.



Looking a Gift Horse in the Mouth

Whether your horse was a gift or you purchased him yourself, look that horse in the mouth! Horses' teeth need to be checked regularly. Here are some facts about horses' teeth:

- The average horse has between 36 and 44 teeth. This varies because usually only male horses have 2-4 canine teeth and some horses only have 2-4 wolf teeth.
- Equine teeth continuously erupt from the gums throughout the horse's life.
- Horses secrete 50 ml/min of saliva when stimulated by chewing, so if they are on grass, and grazing 14 hr. a day, they can make 40 liters of saliva a day! Saliva cleanses the teeth and gums, and also buffers acid to protect from periodontal disease.
- Each horse has a slightly different tongue shape and size.
- Horses with larger tongues may quickly become uncomfortable by sharp points on their teeth.
- Horses also have baby teeth and permanent teeth. As baby teeth are pushed out by the permanent teeth, they can become stuck on top of the new tooth, which is called a cap. Caps can cause young horses' mouth pain.
- **A wave mouth** typically occurs in older horses due to poor dental care when they were younger. It refers to overgrown or long teeth that are opposed by a series of over-worn teeth.
- **A bit seat** is the shaping of the upper and lower second premolars by an equine dentist/veterinarian with a hand float or power tool to help make the horse more comfortable when the bit is in the mouth. **Wolf teeth** are the first premolars (usually only the upper ones are present). They are remnants of the well-developed first premolars in the ancestors of the modern horse. They can vary in size and shape, but are not usually more than 1-2 cm in length, and are located directly in front of the second upper premolars that the bit would be in contact with.
- **Floating** is the use of hand floats or power tools to remove sharp enamel points and correct dental malocclusions.

Why Floating Is Important and Necessary in the Modern Horse

Wild horses continuously grazing on pasture wear their own teeth down better than horses on hay and grain. This is because grass is considered a softer feed, and softer feeds require a larger range of motion of the horse's mouth and less crushing. This cleanses the teeth and prevents feed stasis, or small food particles from getting stuck in small depressions in their mouth. Horses that are eating harder

feeds, such as hay and grain, have less range of motion during chewing, and some saliva is absorbed by the dry feed. This tends to let more food particles accumulate in the mouth, which can lead to periodontal disease. These horses also spend less time eating per day than horses continuously grazing on pasture, which leads to less wearing of the teeth and less saliva production. Wild horses may have some points and dental abnormalities, however, they are not asked to carry a bit in their mouth and perform at high levels. The most common cause of mouth pain or biting problems is soft tissue damage inside the mouth caused by sharp enamel points. In addition to the discomfort while being ridden or while eating, horses with overlong and pointy teeth will have abnormal mastication forces which can lead to periodontal disease, either from small food particles getting stuck in small depressions, or from sharp points directly abrading the gums and causing an opening that bacteria can enter.

When a permanent tooth erupts, it typically has about 4 inches of "reserve tooth" beneath the gum line. Horses' teeth are designed to wear away throughout their lives, and good occlusion (proper meeting of the surfaces of the grinding teeth), allows horse teeth to last longer as they age. Poor occlusion (or malocclusion) can greatly accelerate the wearing process, causing an older horse to be unable to chew his feed properly. Even older horses that have had good dental care reach a point when the usefulness of their teeth simply runs out. They may need to be fed a mash, or geriatric feed. As a horse owner, your goal should be to prolong this event from happening as long as possible.

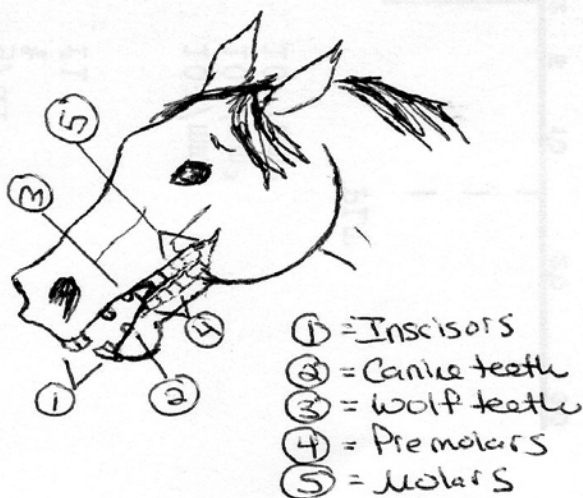
What does all this information mean for the horse owner?

Have the teeth checked by your veterinarian annually. Horses of different ages may need more or less frequent dental floats. Young horses have softer teeth than older horses. After the age of six, they may need a float every 1-2 years. Older horses may only have one inch or less left of "reserve tooth" under the gum. It is very difficult or impossible to correct bad abnormalities in an older horse's teeth, as the teeth may not grow back. In horses over 20 years old, sharp points still need to be removed, but less manipulation can be done in terms of fixing a wave mouth for fear of the horse losing too much of its grinding surface if the teeth do not grow in. Horses of all ages will lose some grinding surface area after a dental float, especially if there are major abnormalities to fix, but as the teeth grow back in, the horse will be able to chew food *better* than before the float. This is why you may not see an immediate improvement in how your horse chews only 1-2 days after a float. Most horses have had their wolf teeth removed, but sometimes they are still present. If they are removed, they are typically taken out when the horse is around 1-2 years of age. Wolf teeth typically only cause problems

with the bit if they are positioned abnormally, or if one tooth is loose and constantly being hit by the bit. Most people prefer to have them removed so that they do not have to worry about the possibility of them causing a problem later down the road.

Tooth eruption timetable:

- 1st incisors-2 years
- 2nd incisors-3 years
- 3rd incisors-4 years
- Canine teeth (usually only seen in males), 4.5 – 6 years
- Wolf teeth-6 months to 1.5 years
- 2nd and 3rd Premolars – 2-3 years
- 4th Premolars – 3.5-4 years
- 1st molars-1 year
- 2nd molar-2 years
- 3rd molar-3-4 years



What do I do about Equine Cushing's Disease? Symptoms and Treatments

As horses live longer, healthier lives, we see more diseases that are prevalent in older horses. Pituitary Pars Intermedia Dysfunction (PPID) is just such a disease. Commonly known as Cushing's disease, PPID is a slowly progressive disorder that can predispose horses to a myriad of problems, including laminitis.

PPID is the result of the increase in the size or number of certain cells (melanotropes) in a specific part of the equine pituitary gland. All breeds can be affected by PPID, but Morgan horses and ponies seem to be at a greater risk. PPID strikes both male and female horses, generally in their late teens or early twenties. Clinical signs include hirsutism (failure to shed out or delayed shedding of hair coat) and loss of muscle mass. Horses can appear thin, with a loss of top line, but have a potbellied appearance. Other symptoms include excessive urinating or drinking, immunosuppression,

The long-term goal of good dental care is to prolong the life and usefulness of all the teeth in order for your horse to live a happy and healthy life.

skin infections, recurrent hoof abscesses, sinusitis, conjunctivitis, gingivitis, pneumonia, infertility, lethargy, excessive sweating, and occasional neurological impairment. Chronic, insidious-onset laminitis is perhaps the most clinical complication of PPID with >50% of horses affected in most reports.

How do you know if your horse has PPID? A long/curly hair coat in an aged horse or pony that does not shed out is essentially diagnostic for PPID. The primary reasons to test one of these horses for PPID are to facilitate proper dosing of medication and to confirm the diagnosis. There are a variety of laboratory tests available for this. The most commonly used are overnight Dex Suppression Test and Plasma ACTH Concentration.

What do you do if your horse does have PPID? While there is no cure for PPID, many of these horses can live comfortably with this condition for many years if properly managed and treated. Treatment initially involves attention to general health care along with a variety of changes to improve the condition of older animals as follows:

1. **Quality nutritional support.** Horses with PPID are often insulin resistant or may even have concurrent equine metabolic syndrome. A low starch, low sugar diet is key. Stay away from feeds that contain soluble sugars and starches (like sweet feeds) and instead use those that contain fats and digestible fiber (low starch pelleted feeds or an equine senior feed). Limit grazing time to the morning hours and use a grazing muzzle if necessary to limit his intake. You may need to take him/her off pasture completely at some times. Sticking to the basic principles of a balanced diet, feeding little and often, is beneficial as well.
2. **Aggressive anthelmintic treatment (deworming).** Routine fecal flotation testing should be conducted to ensure that there has been an adequate response to treatment.
3. **Frequent high-quality hoof and dental care.** These horses are prone to laminitis, recurrent hoof abscesses and mouth ulcers. They should have frequent hoof trimmings to keep feet in good condition, their gums and lips should be checked frequently, and their teeth should be checked at least twice per year, and floated as needed.
4. **Body-clip the hair coat** of the affected horse according to the weather. These horses can have difficulty staying cool and may sweat excessively when the hair is very long or thick.



5. **Medication** – treatment with Pergolide (a dopamine agonist) can improve clinical signs and lower the risk of complications such as laminitis and secondary infections. Horses that receive Pergolide should be tested, even if PPID is obvious, to provide baseline values that can be used, along with values obtained after treatment, to properly dose the medication. These tests should be repeated about one month after a change in medication dose or twice yearly in horses that seem to be stable.

As horses with PPID age, their medication may need to be increased to control symptoms. This is a life-long treatment and beginning costs run about \$2.00 per day.

Prognosis? PPID can be effectively treated. The long-term outcome can be positive for a horse with PPID that responds well to its medication protocol. Horses with concurrent metabolic syndrome/insulin resistance are more likely to develop laminitis (and thus have a poorer prognosis), so it is very important to get the weight under control and to monitor glucose and insulin levels in overweight/obese horses. Many unmanaged/untreated horses with PPID are eventually euthanized due to recurrent foot abscesses, complications of laminitis, or the inability to effectively fight off infections, so it is important to work with your veterinarian to develop a good management and treatment plan for your individual horse. This can help ensure many more good years with your equine companion.

Saratoga Equine Fall Horse Show

SEVS enjoyed a day filled with activities and triumphs at our first annual **Saratoga Equine Fall Horse Show** at Hunter's Hollow for beginner junior riders. The show offered halter, equitation, pleasure and trail classes for riders up to 18 years old. Proceeds from the show benefited the Double H Ranch. The goals of this show were not only to support this meaningful cause, but also to offer a venue for young riders to experience their first show with a positive visit to the horse hospital with a healthy horse.



Please check our website at www.saratogaequine.com for information regarding our upcoming fall show.

Saratoga Equine Veterinary Service, P.C.
63 Henning Road
Saratoga Springs, NY 12866

