NEH
NEWMARKET EQUINE HOSPITAL

Sports and Leisure Horse News *Issue 2 Spring 2011*

This is a very exciting time of year at Newmarket Equine Hospital as we are well into the throes of the stud season. This means we see many sleep-deprived vets but the work can be particularly rewarding; seeing healthy foals and their mothers being allowed out into their paddock for the first time is always a wonderful sight!

There are around 1400 thoroughbred foals born on the studs in and around Newmarket each year as well as many other horse and pony breeds. The veterinary attention required by the vast majority of new born foals is very little. However, the specialist team at NEH and the many departments within the hospital are all involved in ensuring that those that need it get the very best care available.

If you would like to discuss breeding your horse or anything else arising from this newsletter, please contact me or any of my colleagues at the practice.

Simon Waterhouse

Artificial Insemination & Embryo Transfer

Whilst we have traditionally catered to the thoroughbred industry which has a strict natural service only policy, we have found over the past ten years that we are doing an increasing amount of artificial insemination (AI). This is probably reflected by the increased availability and quality of semen from around the world and the advances in veterinary technique leading to improved conception rates.

Artificial insemination is commonly perceived as relatively recent technology. However, its history dates back as far as the Middle Ages. There are undocumented tales of Arabians obtaining sperm from recently mated mares of rival groups and using the sperm to inseminate their own mares. In the 1700s AI was first successfully performed upon a dog, but it was in Russia in the late 1800s that AI as a practical therapy was developed in sheep, horses and cattle. It has been performed commercially since the 1930s.

Whilst AI has the advantage of opening up semen options on a worldwide scale to the mare owner, it also gives alternatives to the stallion owner. Stallions no longer need to take long breaks in their competition season to cover mares: with the advent of AI, semen can now be collected and either frozen or chilled and sent to the mare without interfering with the stallion's competition schedule.

AI has the benefit that it reduces the risk of injury to the mare or stallion during covering and there is a reduced risk of sexually transmitted disease. If semen has to travel any distance for AI then it is usually either chilled or frozen to preserve it whilst it travels.

Chilled semen

Mares can be inseminated with chilled semen from the UK and Europe. Conception rates are slightly higher than with frozen. Once in season, the mare's uterus and ovaries are scanned. By scanning the mare's ovaries regularly we can predict when she will ovulate and then order the semen to coincide with ovulation. Semen is collected from the stallion, chilled and dispatched on the same day, arriving with the mare 24 hours later. Chilled semen lives for around 24-48 hours so it is important that the mare is inseminated as soon as possible after it arrives and that she ovulates close to insemination.

Frozen Semen

Whilst having slightly lower conception rates, this has the advantage of opening up semen options to a worldwide market. Frozen semen can be stored for years in special tanks containing liquid nitrogen. Once 'defrosted' the semen has a very short life span (about 6 hours) so it is essential that the mare is inseminated at the point of ovulation; for this reason she requires close monitoring whilst in season and hormones are used to encourage her to ovulate.

Embryo transfer

This is a technique that is being increasingly used in sports horses. It allows the mare to have one or more foals a season whilst still being able to compete to a high level. The mare is inseminated as normal; eight days later a special solution is flushed into her uterus. This is then siphoned back out through a filter, and the fluid is collected and examined for an embryo. On finding an embryo this is then inserted into the uterus of a recipient mare.

UPDATE

Excitement is mounting as the first 3 foals from last year's crop of NEH 'ET' foals are due in April!

Intensive Care Unit

One of the busiest areas of the practice is the intensive care unit (ICU). The ICU consists of a separate block of six large stables that can be accessed from the outside or from the central treatment room. Each stable can be monitored by CCTV and individually temperature controlled.

A horse suffering from Grass Sickness.

Since the official hospital opening, over 500 patients have received care in the unit with the caseload being approximately 60% medical and surgical colics, 20% foals and 20% other cases which are many and varied including horses with fractured jaws, horses with severe nose bleeds, neurological cases, horses that are not eating and any horse that requires intravenous fluids to treat shock or dehydration. Many of these cases require continuous observation, supervision or treatment.

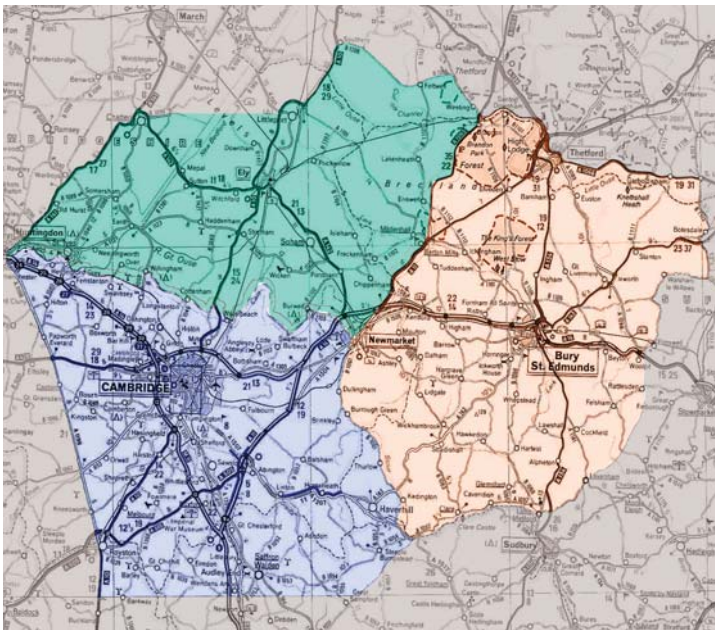
The longest term and probably the most popular resident of the unit so far was a lovely young show jumper. She was admitted as she was showing signs of vague discomfort, with some muscle trembling in her flanks and patchy sweating. Merry Smith, the vet in charge, soon realised that this was not a straightforward colic case and suspected 'Grass Sickness'. 'Grass Sickness' is a disease that is still not completely understood and is the subject of ongoing research. The disease affects the nerve supply to the horse's intestine leading to either complete or partial paralysis of the gut. The symptoms can be very varied, ranging from severe colic to subtle weight loss, depending on how badly the individual is affected.

In the days following her arrival in the unit, the mare's symptoms progressed. She was less and less interested in food and passed very few droppings. She was occasionally colicky and often very dull. She required intensive nursing and treatments including intravenous fluids, painkillers and gut motility stimulants. She rapidly lost weight and had to be supported by regular meals given by stomach tube and she had periods when all her nutrition had to be supplied intravenously. These were very worrying times but slowly she stabilised, and then at last began to improve. She gradually started to eat, pass droppings and gain weight. She became brighter, happier and interested in her food again. This was obviously a huge relief to her patient and understanding owner.
The mare regained the majority of her weight before returning home after a 97 day stay at Newmarket Equine Hospital. We have been delighted to hear of her continued progress. She has made a complete recovery and is now back enjoying her show jumping once again.

Months later the horse has made a full recovery.

Extension to free visit day trial!

We are delighted to announce that our Free Visit Day trial has been such a success that we have added an additional day



By gathering calls together, knowing what is required at each visit and pre-planning a route, we can do things more efficiently and waive the visit fee. We have divided the area we cover into three zones (see box below) and will offer this free visit on a different day for each zone.

Please see our website

www.newmarketequinehospital.com

for further details.

If you are in the 'zone' and wish to qualify for a **FREE** visit, please book through the office **(01638 782000)** by 5pm the day before. The vet will ring you that evening to let you know what time they will be out.

If a specific vet or time is requested our standard fees will apply.

For new clients, payment may be expected at the time of treatment.

Please note it is only the visit fee that is free: all work done, including examination and advice fees will be charged at the normal rate.

Please do not use this service if your horse is sick or injured: we will come out at any time for this!

Tuesday	Wednesday	Thursday
EASTERN AREA (Bury St Edmunds)	**NORTHERN AREA** (Lakenheath, Ely and North Cambridge)	**SOUTH WESTERN AREA** (Haverhill, South West and Cambridge)

Strangles Update

The very name 'Strangles' is enough to strike fear into many horse and pony owners and without wishing to raise further alarm it is a disease that does crop up regularly in and around our area. Having said all that, Strangles is a bacterial disease from which the vast majority of horses will recover completely.

The facts

Strangles is a respiratory infection which can affect horses, donkeys and ponies. It is caused by the bacteria *Streptococcus equi* and is highly contagious. It is transmitted by either direct contact between horses or indirectly through tack, clothing or feed bowls etc.

Signs of infection

Often horses affected with Strangles will initially be dull, quiet and possibly stop eating. The temperature typically is raised and a few days later the lymph nodes under the throat can enlarge. This may be followed by a nasal discharge which can be watery or purulent. This sometimes progresses to abscess formation causing difficulty breathing and swallowing; these abscesses often rupture or occasionally can spread to other parts of the body (Bastard Strangles) which can cause further complications.

What to do if you suspect Strangles

Isolate the horse from others.

Prevent indirect contamination (wear overalls/protective clothing, foot dips, use separate tools/tack).

If Strangles is suspected we will take bloods and swabs and possibly guttural pouch washes through an endoscope. These tests will be repeated on all possibly infected horses on the premises to identify the extent of the infection.

Treatment

Treatment is often supportive involving hot packing abscesses to make the horse more comfortable, good stable hygiene and good isolation of affected cases from other horses. Antibiotics may not always be used due to the difficulty of abscess capsule penetration.

Although it is important to be vigilant for Strangles, there are a lot of other reasons for these sorts of signs so don't be too alarmed but please phone us at the hospital if you would like further advice.

UPDATE

'Strep E' is a Strangles vaccination that has just come back on the market. Please speak to Stuart Pearson or any of the vets at the hospital for further details.

A very big welcome to new vets Jennie Henderson, Paul Ormond and Katie Wilcox.

Jennie Henderson

Jennie is a highly qualified specialist in equine medicine and will strengthen our team offering valuable skills with difficult medicine cases both at the hospital and out in the yards. She completed a three year residency at Edinburgh University sponsored by The Horse Trust as well as working in England, Ireland and Australia.

One Irishman is being replaced by another! David Cunningham, after five years at the practice, has decided to move on to pastures new and we are very pleased that Paul Ormond, another Dublin graduate, is taking his place. Paul has an internship in Kentucky under his belt, as well as working in Australia and at home in Ireland where his family breed Irish Draft horses.

Katie has returned to NEH from Australia! She was previously a hard working intern at the hospital and has rejoined us to help out during the busy stud season.

Presentations/Talks at NEH

Here are some of the evening/day talks that we have arranged:

Wednesday 16/3/11
Tendon and Ligament Injuries
(Any horse owners)

Thursday 17/3/11
Shoeing the Performance Horse
(Farriers)

Friday 18/3/11
Demystifying MRI: A Guide to Understanding the Basics
(Vets)

There will be several more arranged for the summer and autumn. If you would like to be kept informed, or to book onto a future talk please email us at **office@neh.uk.com**
or keep an eye on the website **www.newmarketequinehospital.com**.

Please also let us know if you have any topics that you would like covered

Vet Profile

Charlie Pinkham

Charlie Pinkham has just returned from a veterinary trip to Zimbabwe and Australia. In Zimbabwe he worked with the AWARE Trust **(www.awaretrust.org)** a veterinary conservation charity and was also involved in setting up a project which provides veterinary aid to working donkeys.

Sponsored by SPANA **(www.spana.org)** this project is the first of its kind in Zimbabwe. He also got involved in a number of other interesting veterinary projects which included darting antelope to change their tracking collars, working on a lion with a bad tooth and treating a Zebra with a bad hock.

In Australia he spent time at the Scone Veterinary Hospital and with breeding specialist Alan Simson at the Quipolly Equine Centre. The focus of the trip to Australia was to develop his skill in specialist breeding areas including embryo transfer and stallion management.