

Blue Ridge Equine Clinic Spring Newsletter



Featured Articles:

Springtime Is
The Right Time
(for fecals)

Spring
Vaccinations

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Foaling Season

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Toxicity

Please Welcome
our newest member
to the
Valley Division Office



Anne Gordon is the newest member of the Valley Division team, working in the office part-time. Since graduating from Wake Forest University in 1988, she has worked in the Valley in banking, corporate training/development and most recently, as the owner/manager of Triple Threat Farm, a small boarding facility. Anne, her husband, Garry, daughter, Lucy, and son, Jack share their Mount Sidney farm with various horses, ponies and a "herd" of Border Terriers (or Border Terrorists, as they are sometimes called, depending on their behavior). Anne enjoys running, supporting her children in their chosen sports, serving on the UVA Children's Hospital Board and the occasional "mom's ride" with her friends.

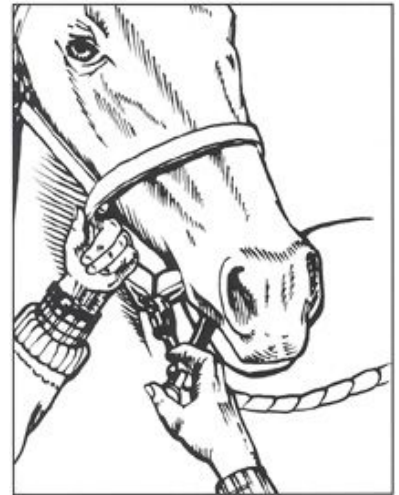


Springtime Is The Right Time (for fecals)

By Donovan Dagner, DVM

Thanks to everyone for giving so “generously” throughout the year. The information we have gained from all of your fecal submissions has gotten us off to a good start. Though there is not yet enough information to be statistically significant, for the past year we had less egg shedding in the winter than in the summer which is no surprise given the winter we had. This year we are asking all of you to continue on with our current deworming program and fecal submission schedule (see included chart as a reminder). If we can get enough data over this year combined with similar data collected from some nearby practices, we hope to get a statistical sampling that will guide us for future recommendations.

The purpose and ultimate goal of all of these fecals and the deworming changes is to provide top level care for the horses of today and be able to continue to do so in the future. Parasite resistance to the drugs we use to kill them is on the rise across the country. We have witnessed a rapid increase in parasite problems in sheep and can use their example as an indicator of what is to come for horses. Documented resistance is already a problem for horses in some western states. Having seen the risk to the horse community, several parasite experts came together to make the recommendations which we put forth last year. These recommendations include decreasing the number of times we deworm each year and monitoring fecal egg counts periodically to make sure everyone is protected from exposure to intestinal parasites. By doing this, we decrease the chances that these worms will develop resistance and prolong the useful life of the dewormers that are currently available. Since there are no new dewormers being offered in the near future it is important to make sure that what we have continues to work for as long as possible. Use the chart as a guide to help you or call us with any questions you have.



Young Horses:

2 months	=	Fenbendazole (10 mg/kg) (Panacur)
3 months	=	Pyrantel (Strongid)
4 months	=	Ivermectin (Ivercare, Zimectrin, Eqvalan)
4 ½ months	=	Diagnostic Fecal testing
6 months	=	Pyrantel (Strongid)
8 months	=	Ivermectin plus (Zimectrin Gold, Equimax)
10 months	=	Pyrantel (Strongid)
12 months	=	Moxidectin (Quest) for 700 lbs & up; Power Pak (Panacur) for under 700 lbs.

MONTH	LOW SHEDDERS	HIGH SHEDDERS
March	< 400 Eggs per gram Pre de-worming fecal De-worm with Moxidectin Post de-worming fecal	> 400 Eggs per gram Pre de-worming fecal De-worm with Moxidectin Post de-worming fecal
June	Pre de-worming fecal	Pre de-worming fecal De-worm with Pyrantel Post de-worming fecal
July		De-worm with Ivermectin
Sept	De-worm with Pyrantel	De-worm with Pyrantel
Nov	Annual diagnostic fecal (pre-deworming) De-worm with Ivermectin with Praziquantel	Annual diagnostic fecal (pre de-worming) De-worm with Ivermectin with Praziquantel
March	De-worm with Moxidectin	De-worm with Moxidectin

Spring Vaccination Reminder By Reynolds Cowles, DVM

Now is the time to update your horse's vaccinations before the spring activities start. We are asked which vaccines are necessary and that depends on your horse's activity. Below is a chart that outlines our recommendations. The essentials for all horses- so called core vaccines- are tetanus toxoid, rabies, eastern and western encephalomyelitis, and west Nile virus. For horses travelling to competitions or congregations, influenza and rhinopneumonitis are recommended. This is also an ideal time to have a yearly Coggins test performed.



VACCINATIONS	FOALS	YEARLINGS	YOUNG HORSES IN TRAINING	SHOW HORSES	FIELD HUNTERS & PLEASURE HORSES	BROOD-MARES	STALLIONS
TETANUS TOXOID	1st injection at 4-6 months 2nd injection one month later	Yearly booster	Yearly booster	Yearly booster	Yearly booster	Booster 4-6 weeks before foaling	Yearly booster
INFLUENZA	1st injection at 9 months, 2nd injection one month later	Booster every 6 months or start primary series if not yet done	Booster every 6 months	Booster every 6 months	Booster in August before hunt season	Booster 4-6 weeks before foaling	Booster before breeding season
ENCEPHALOMYELITIS	Vaccinate along with Tetanus Toxoid	Yearly booster	Booster in March	Booster in March	Booster in March	Booster in March	Booster before breeding season
RHINOPNEUMONITIS	1st injection at 9 months, 2nd injection one month later	Booster every 3 months	Booster every 3 months	Booster every 3 months	Unnecessary	Give in 3rd, 5th, 7th, and 9th month of pregnancy	Booster before breeding season
POTOMAC HORSE FEVER	Start with other foal vaccinations (at 2 months if in endemic area). 2nd injection 3-4 weeks later	Yearly booster in April, also in July in endemic areas	Yearly booster in April, also in July in endemic areas	Yearly booster in April, also in July in endemic areas	Yearly booster in April, also in July in endemic areas	Yearly booster in April, also in July in endemic areas	Yearly booster in April, also in July in endemic areas
RABIES	1st with 1st tetanus, 2nd at 1 year	Yearly booster	Yearly booster	Yearly booster	Yearly booster	Yearly booster	Yearly booster
WEST NILE VIRUS	Vaccinate along with Tetanus. Three doses at one month intervals: 6 months, 7 months, 8 months of age	Initial series of 2 injections, 1 month apart; yearly booster in spring;	Initial series 2 injections, 1 month apart; 2 yearly boosters (1 in early spring & 1 in late summer)	Initial series 2 injections, 1 month apart; 2 yearly boosters (1 in early spring & 1 in late summer)	Initial series 2 injections, 1 month apart; 2 yearly boosters (1 in early spring & 1 in late summer)	Initial series 2 injections, 1 month apart; 2 yearly boosters (1 in early spring & 1 in late summer); yearly booster 1 month prepartum	Initial series 2 injections, 1 month apart; 2 yearly boosters (1 in early spring & 1 in late summer)
BOTULISM	If in endemic area for Shaker Foal Disease, 2 injections one month apart	Yearly booster if vaccinated previously	Yearly booster if vaccinated previously	Yearly booster if vaccinated previously	Yearly booster if vaccinated previously	Vaccinate pregnant mares 7th & 9th months. Booster 1 month before foaling then annual booster	Yearly booster
ROTA-VIRUS						Given in 8th, 9th, and 10th month of pregnancy. Annually	

Gearing up for Foaling Season

It's the time of the year when we see a significant number of new foals and pregnant mares. We hope all will progress in a normal fashion, but it is important to watch for some signs that the pregnancy is not entirely normal. Some of the problems associated with an abnormal pregnancy may be relatively obvious to the horse owner.

We frequently are called out to examine a mare when she begins producing milk prematurely or is producing a vaginal discharge. These signs may result from a primary problem with the fetus or from a primary problem with the placenta. In cases like these, abdominal ultrasonography can be used to assess fetal well-being. The two most important issues we examine with the ultrasound include the combined thickness of the uterus and placenta (CTUP) which generally is less than 1 cm in thickness during the last trimester of pregnancy and the fetal heart rate (FHR) which generally is greater than 80 and less than 140 beats per minute. Fetal heart rates that fall outside of the normal range indicate severe fetal distress. If the CTUP is within normal limits, the fetal distress is likely the result of fetal infection. When the CTUP is greater than normal, it is indicative of placental infection (placentitis). The lack of proper placental function (providing oxygen to the fetus and filtering fetal blood) will result in fetal stress. In some cases of placentitis a bacterial culture of the external portion of the mare's cervix may help direct us as to the appropriate antibiotic regime to choose. In any of these cases, there are several medications we will use in combination to attempt to prevent premature delivery. Not all outcomes are successful, but we in fact have several normal foals born to mares with pregnancy problems every year.

Sometimes a mare may appear to be too large for her stage of gestation (normal gestation is 333 days +/- 30 days). If the mare appears extremely large earlier in her pregnancy than you would anticipate – consider that she may be carrying twins or have a condition known as “hydrops” in which there is an abnormal accumulation of fluid within the placenta or within the amniotic cavity. These cases are generally diagnosed with the combination of palpation per rectum and abdominal ultrasonography. Medical management of either of these problems typically does not result in a viable foal, but all efforts are directed toward maintaining the health of the mare. We hope you all will have mares with uneventful pregnancies – and we will only see you for a new-born examination.



Fescue Toxicity

By Reynolds Cowles, DVM

This is the time of year when fescue toxicity becomes an issue, as mares grazing on endophyte infected fescue have many problems foaling and producing milk. Almost all of our fescue in Central Virginia is infected. The best preventative is to remove all pregnant mares from pasture the last 60 days of gestation and feed only non fescue hay along with their regular grain ration.

Mares on pasture that are not starting to develop an udder within 3 weeks of their due date should start on domperidone to counteract the effects of fescue. This is often successful in preventing weak foals, thickened placentas and poor milk production.

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