

Animed Equine Newsletter

Winter 2016

Animed Equine Team

HAPPY NEW YEAR!



Have you met our new vet Sam?

Sam joined the Animed Equine team in September. Sam qualified from the University of Edinburgh in 2013. On Graduation she undertook a 1 year internship in the Equine Hospital at Cambridge University, staying for a further 6 months as an equine ambulatory clinician. Sam has joined at the start of Alex's maternity leave, having spent the previous 18 months working as an equine vet in Warwickshire. Sam has a particular interest in equine internal medicine and caring for older horses, although she enjoys all aspects of equine general practice. Outside of work she is a keen baker, gardener and dancer and any spare time is spent training her puppy, Goose.

Congratulations Alex and Justin!

We are delighted to announce baby Jasper has arrived safely on Saturday the 12th of November. Jasper is the perfect baby and Alex is already back in the saddle!

Equine nursing assistant wanted for maternity cover! If you would like to learn more about this part time position please call the office and ask to speak to Jackie or Ruth.

Gastric Ulcers – How Susceptible Is Your Horse?

Typically thought of as a condition affecting racehorses or top competition horses, it's perhaps less well known that around 60% of performance horses and approximately 40% of leisure riding horses are also affected by this underrated and often underdiagnosed condition.

Clinical signs

One of the challenges of this condition is the variability and vagueness of the clinical signs, which can include some or all of the following;

- reduced appetite
- slow eating
- poor physical condition
- dullness
- teeth grinding/cribbing
- changes in attitude such as sourness or irritability
- colic
- poor performance/reluctance to work

It is not always easy to attribute these signs specifically to gastric ulceration, and to add to the complication, the correlation between clinical signs and the severity of ulceration is not always consistent. On examination, some horses that have shown relatively few clinical signs are found to have severe ulceration, whereas others with mild ulcers may show very severe signs of pain/discomfort.

How and why are ulcers thought to form?

Horses have evolved as 'trickle feeders' with free access to light grazing. In contrast, depending on the level of work and yard regime, our horses are usually stabled, often with restricted access to food.

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An important feature of equine gastric ulcers is that horses secrete gastric acid continuously, whether or not they are eating. An adult horse will produce approximately 1.5 litres of gastric acid per hour, and with restricted access to food, continued secretion means the pH level can rapidly become very acidic, and ulcers can begin to develop.

In contrast, horses constantly eating hay or grass have a higher average stomach pH providing a much healthier environment. Saliva produced whilst eating naturally also helps neutralise gastric acid.

The horse's stomach is effectively divided in to two portions, the lower and upper regions. The lower part of the stomach contains the glands that secrete the gastric acid. The lower part of the lining is less susceptible to acid attack than the upper part, which is lined with squamous mucosa which has no secretory or absorptive function and is therefore vulnerable to acid attack. Gastric ulcers usually form when the lining of the upper part of the stomach is exposed to acid for extended periods of time. With normal gentle relaxed movement of a grazing horse, the gastric contents generally are restricted to the lower glandular part. However, exercise will cause 'acid splash' into the sensitive part of the stomach. Also, during galloping, pressure from the abdomen causes the stomach to contract, pushing acid from the lower stomach up in to the more vulnerable upper stomach, thus further increasing acid exposure in these animals.

In addition to the feeding regime and exercise, other factors that can influence the formation of ulcers are transportation, frequent competitions and unfamiliar surroundings. The use of non-steroidal anti-inflammatory drugs, such as 'bute', can in some cases also contribute to equine ulcers.

Diagnosis

If a horse is suspected of having gastric ulcers, gastroscopy is the only way to confirm the presence, severity and location of the ulceration. Horses are starved for 12 hours prior to the procedure, which is done standing, under a light sedation. A long camera or endoscope (known as a gastroscope), is passed from the nose down into the horse's stomach.

Although the most common location for ulcers is the upper region of the stomach, ulcers have been known to develop in other areas, including the lower portion and the duodenum. Ulcers are graded from 0 to 4 reflecting the severity of ulceration, with grade 0 being a normal healthy stomach, and grade 4 demonstrating extensive lesions with areas of apparent deep ulceration.

At Animed, we now have a 3m long video endoscope specifically for gastroscopy, and can perform the procedure out on the yard, or in our clinic.

Treatment

The most effective treatment for gastric ulcers is a once daily dose of the acid inhibitor omeprazole. Horses are initially treated for one month however some horses may need treating for longer. In some cases additional gastroprotectants such as sucralfate are required. Treatment must occur in conjunction with dietary and management changes to reduce the risk of recurrence once treatment ends. It is necessary to repeat gastroscopy once treatment has finished to ensure the ulcers have resolved.

If you suspect your horse may have gastric ulcers please contact the clinic for further information.

Gastric Ulcer Client Evening Wednesday 8th February 2017

If you would like to learn more about equine gastric ulcer syndrome please join us for a light buffet and talk, followed by a practical session with the opportunity to see inside a real stomach!

To register your interest please call the office and talk to Jackie or Ruth.

Free

