

Comstock

EQUINE HOSPITAL

CLIENT APPRECIATION NIGHT

Tuesday, October 12th at 6pm

at the Carson Valley Museum
(1479 US 395 Gardnerville, NV 89410)

Join us for dinner, informative lectures,
and a chance to meet our practitioners!

RSVP to: office@comstockequine.com



FALL 2021

Healthy
Chronic



Welcome Dr. Bramski, Dr. Leventhal and Dr. Beckett



Dr. Jessica Bramski is a native of Waterford, New York. She received her Doctor of Veterinary Medicine from Ross University School of Veterinary Medicine. Following an internship at Rood & Riddle Equine Hospital in Saratoga, Dr. Bramski

completed a large animal surgery residency at the University of Georgia. She stayed on as a clinical professor and became board certified in large animal surgery from the American College of Veterinary Surgeons. Dr. Bramski's professional interests include the acute abdomen and equine lameness and sports medicine. Dr. Bramski has articles published in Journal of Veterinary Emergency and Critical Care as well as a chapter on equine large colon volvulus in Comparative of Veterinary Anatomy Clinical Approach. She has also presented at the International Veterinary Emergency and Critical Care Symposium. In her free time, she enjoys trail running, biking, snow boarding and hiking with her dogs Razo (an island street dog) and Annie (a Belgian Malinois).



Dr. Hannah Leventhal is a native of Arvada, Colorado. She received her Doctorate of Veterinary Medicine from Kansas State University College of Veterinary Medicine. After an equine medicine and surgery internship at Trion Equine Hospital, Dr. Leventhal did a fellowship at Hagyard Equine Medical Institute. She completed a large animal internal medicine residency at Virginia-Maryland College of Veterinary Medicine where she earned her Masters of Science in Biomedical and Veterinary Sciences. Dr. Leventhal's professional interests include neonatology, respiratory medicine, gastrointestinal medicine, neurological diseases, and camelids. She is also a FEI permitted treatment veterinarian. In her free time, she enjoys running, weight lifting, hiking with her doodle Willow, and baking.



Dr. Lili Beckett is a native of upstate New York. She received her Doctorate of Veterinary Medicine from Cornell University College of Veterinary Medicine. She joins us for a year long equine medicine and surgery internship. Her professional interests include neonate and geriatric medicine, immunology and infectious disease, camelid medicine and small ruminant medicine. Dr. Beckett is an avid gardener and loves to hike, cook, and write fiction. Dr. Beckett and her husband Stuart have a menagerie of animals including a pittie named Frank and an Appaloosa cross named Thea.

The Fall “Digest”

Meredith Frey DVM

Itchy bum? Poor doer? Excessive weight loss? Diarrhea? Frequently colicky? Even coughing regularly? All these clinical signs independently could be attributed to parasites affecting your horse!

Developing a parasite control program is a necessary and vital aspect of routine horse care. By doing so, we are minimizing risk of infection, controlling shedding of parasite eggs, and avoiding anthelmintic resistance. Deworming protocols can vary by season, geographic area, and the individual horse. Understanding your horse's needs is best determined by having a conversation with your veterinarian.

The first conversation point would be discussing the types of internal parasites that we are concerned about. You may have heard of *Strongylus vulgaris* (large strongyles) which can be the most pathogenic to horses; however disease associated with large strongyles is rare in managed herds. The most common internal parasites affecting our adult horse populations now are cyathostomins (small strongyles) and *Anoplocephala perfoliata* (tapeworms). Foals to yearlings are highly susceptible and most commonly affected by *Parascaris* spp (roundworms and ascarids). Historical deworming protocols designed to mitigate disease associated with large strongyles alone are not effective for the rest of the parasite populations. This has also allowed worm populations to develop anthelmintic resistance requiring new control strategies.

The second conversation point would be your farm setting. Here in Nevada, we are primarily dealing with hot and arid conditions which rules out most tapeworm infections. However, if your horse lives out on a well irrigated pasture, tapeworms still need to be considered and special testing may be required. Spring and fall deworming schedules are appropriate due to hotter summers and colder winters where conditions are not ideal for eggs to hatch or larvae to develop. This schedule also helps to control egg contamination into the environment for the next season.

The third and fourth conversation points would be what type of operation do you have (i.e. one backyard horse or a boarding facility with high density turn out) and what your previous deworming protocols have included. This discussion can help guide use of fecal egg counts (FEC) for surveillance and fecal egg count reduction testing (FECRT) to minimize opportunities for anthelmintic resistance.

FEC are an important aspect of deworming protocols to ensure proper treatment, especially for our younger horse populations, as they give us information on what parasite eggs are present and how many eggs the horse is shedding. These are traditionally performed in the spring but should also be considered in the fall based on the results. Horses can be low shedders (<200 EPG), moderate shedders, or high shedders (>500 EPG). Moderate and high shedders are the horses that need to be treated more frequently. Foals, weanlings, and yearlings are the most susceptible to all parasite burdens and should always be considered high shedders. FEC testing is vital for weanlings as it helps determine what they are primarily shedding (*Parascaris* or strongyles) to help guide treatment.

Every few years, larger operations with multiple moderate to high shedders should undergo a FECRT to determine if worm populations are developing resistance. This is easily performed by submitting a “naïve” FEC (no previous dewormers given in the previous 8 weeks), deworm, and then submit another FEC 14 days after deworming. The results will help guide detection of possible anthelmintic resistance. Surprisingly, we don't want to exterminate all parasites from the population as that invites more resistance.

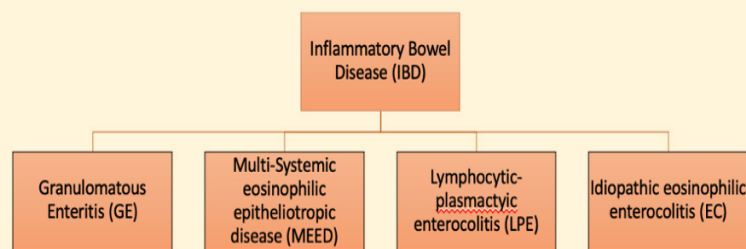
Working with your veterinarian to develop individualized deworming protocols is important for minimizing the parasite infections causing clinical disease and to keep your horses (yes, even donkeys and mules!) happy and healthy. 🐾

Adapted from AAEP's Internal Parasite Control Guidelines

A Pain in the Gut: Inflammatory Bowel Disease in Horses

Hannah R. Leventhal DVM, MS

Inflammatory bowel disease, also known as “IBD”, is a multi-species disease that affects a variety of mammals, including dogs and humans. Scientifically and medically speaking, IBD is a chronic disease process that can affect the small and/or large intestine, most likely due to dysfunction of the gastrointestinal tract due to infiltration of two layers of the intestinal wall, the mucosa and the submucosa. A variety of infiltrative cells, which are part of the immune system in responding to foreign bodies and invaders, including eosinophils, plasma cells, lymphocytes, basophils, and macrophages have been identified in tissue samples of affected horses. The specific type of IBD in horses is further classified by the type of inflammation, and unfortunately for owners and veterinarians alike, individual cases of IBD do not always easily fit into only one of the four categories of IBD. The current literature and research suggest and supports that there is likely an immune mediated component to IBD, such as a hypersensitivity response to antigens (similar to an allergic response to an allergen like pollen or insects). It has been further suggested that IBD in horses is different in nature than in companion animals.



The four types of IBD that have been described in horses includes granulomatous enteritis (GE), multi-systemic eosinophilic epitheliotropic disease (MEED), lymphocytic plasmacytic enterocolitis (LPE), and idiopathic eosinophilic enterocolitis (EC). Most commonly, horses with EC and MEED have a disease process that is characterized by infiltration of the intestine with eosinophils, often in response to a hypersensitivity reaction. GE, MEED, and LPE are commonly seen in horses that are exhibiting signs of weight loss and depression. Horses with EC are most commonly examined for signs of abdominal pain/colic. The most common clinical signs in our horse patients include weight loss, edema or swelling of the abdomen/sheath/distal (lower) legs,

FALL VACCINE CLINIC SCHEDULE

Area	Day	Date
Washoe Valley 1	Thurs	9-Sep
Washoe Valley 2	Sat	11-Sep
Washoe Valley 3	Wed	22-Sep
Washoe Valley 4	Tues	5-Oct
SW Reno 1	Tues	14-Sep
SW Reno 2	Sat	18-Sep
SW Reno 3	Thurs	23-Sep
SW Reno 4	Wed	6-Oct
Mt. Rose/Pleasant Valley 1	Wed	6-Oct
Mt. Rose/Pleasant Valley 2	Sat	9-Oct
Lemmon/Antelope Valley 1	Tues	21-Sep
Lemmon/Antelope Valley 2	Sat	25-Sep
Lemmon/Antelope Valley 3	Thurs	14-Oct
Spanish Springs 1	Tues	7-Sep
Spanish Springs 2	Thurs	30-Sep
Spanish Springs 3	Sat	2-Oct
North Valleys 1	Thurs	9-Sep
North Valleys 2	Tues	5-Oct
Golden/Sun Valley 1	Thurs	16-Sep
Golden/Sun Valley 2	Wed	29-Sep
Carson/Dayton 1	Tues	28-Sep
Carson/Dayton 2	Thurs	14-Oct
Toll Rd/VC Highlands 1	Wed	8-Sep
Toll Rd/VC Highlands 2	Tues	23-Sep
West Reno/Verdi-Mogul 1	Tues	21-Sep
Palomino Valley 1	Mon	4-Oct
Stagecoach/Silver Springs 1	Fri	17-Sep

lethargy, skin disorders, colic, and diarrhea. Keep in mind that these signs may be acute (quick onset) or be more chronic in nature, and they are often seen during the summer months. Our horse patients can exhibit one of these signs or multiple. Previous research points to some breeds being more predisposed and affected than others, with Standardbred and Arabian horses more commonly reported with IBD. If you or your veterinarian suspects that your horse is suffering from IBD, there are a number of diagnostic tests that may be performed, including biopsy of the duodenum (part of the small intestine), biopsy of the rectum, an oral glucose tolerance test, abdominal ultrasound, collection of abdominal fluid for evaluation (abdominocentesis), exploratory abdominal surgery, and necropsy of the horse after death. At this time, the only definitive test in the horse is necropsy. Treatment of IBD in our horse patients depends upon their clinical signs and the type of IBD that they are enduring. Common treatments include corticosteroids, transfaunation with a healthy horse's manure, and supportive care. Prognosis of our horse patients with IBD depends on their response to therapy. Future areas of research for horses with IBD include investigation into the genetics/heritability as with other species, the role that the environment plays in the pathogenesis and development of disease, the immune response, and possible parasitic resistance. If your horse has been exhibiting any of the aforementioned signs, we would be happy to work with you to determine if your horse has IBD. 🐾

FALL CLINIC PRICES

Farm Call	25
Physical/Wellness Exam	25
Flu/Rhino	42
Rabies	23
Strangles	48
Deworm	19-29
Deworm (Foal/Mini)	16
Fecal Exam	26
Clean Sheath	42
Sedation- Starts At	47
Coggins	39
Health Certificate (First 2 Horses)	51
Health Certificate Additional Horse	17

Prices of dewormers vary depending on what deworming strategy your horse requires. A 10% discount will be applied to owners with 5 or more horses, and the farm call fee will be waived. Not applicable with any other discount.

****Manufacturer's Immunization Support Guarantee:** The vaccine company will pay for diagnostic & treatment costs up to \$5000 for your horse if he or she has been vaccinated by one of our doctors and becomes infected by West Nile, Influenza, Tetanus, Eastern Equine Encephalitis and/or Western Equine Encephalitis within 1 year of vaccination. This guarantee excludes Strangles & Rhino virus. **



**YOUR HORSE
NEEDS A
DENTAL EXAM
EVERY YEAR!**

Dentistry Pricing

We are offering our dentistry prices at \$185 plus sedatives. Sheath cleanings may be added for the discounted price of \$42.

\$185⁰⁰

We are continuing the Dental Health Maintenance Plan. Any horse that has dentistry performed annually will receive the discounted price of \$135 plus sedatives. This plan is ideal for horses that require more frequent dentistry.

\$135⁰⁰

To best service our clients, all of our doctors have received extensive training and continuing education opportunities in the field of equine dentistry.

The discounted price includes:

- 🐾 Sedation Examination
- 🐾 Full Mouth Speculum Examination
- 🐾 Dental Equilibration (performed with hand & power tools)

COMSTOCK EQUINE HOSPITAL

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Health CHRONICLE

