

COMSTOCK LARGE ANIMAL HOSPITAL

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Health CHRONICLE



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LARGE ANIMAL HOSPITAL
SPRING 2010

Health CHRONICLE

Way to Go!

Cassidy Blanton of Drive Em' Wild Ranch had an excellent year competing in driving with her miniature horses at the AMHA Worlds Show in Fort Worth, TX. **Jack and Rumble** scored in the Top 10, **Savoy** scored in the Top 5, and **Tripoli** achieved reserve national champion in open roadster.

Dani Harold and **SS Lady Stetson** did very well at the Arabian-Half Arabian US Nationals in Tulsa, OK. They made it to the final round in the Open Working Cow Horse and scored 3rd overall in the Top 10 Amateur Working Cow Horse.

Zach Rabow and **Sassy** scored First Junior, Horse of Excellence, and a top 10 finish at Rides of March; First Junior, High Vet Score and a top 10 finish at Nevada Derby; First Junior, Top 10, and Reserve Best Condition at Wild West; First Junior, Reserve Best Condition, and a top 10

finish at NATSR; and placed 7th in the Junior Division for Regional Points and Awards.

Cynthia Curle achieved the Sierra Nevada Chapter of the California Dressage Society's Junior Training Level Year End award on her Arabian gelding **SF Fulli Loaded**.

Jeannee Shumway has earned Top 10 finishes at the AQHA Select World for the last 3 years on her horses **Don't Skip the Party** and **Cashen in the Assets**. She was Pacific Coast Quarter Horse State Champion and Oregon State Champion in hunter under saddle and hunt seat equitation.

Julie Winkel received the President's Distinguished Service Award for the United States Hunter Jumper Association.

Austin Broome earned the Nevada Women's Team Roping Association's 2009 Reserve High Money Champion on her horse, **Ozzie**. 🐾

SPRING CLIENT EDUCATION SEMINAR:

*Are You and Your Horse
Competition Ready?
Saturday April 17th at
10:00am*

Join our surgeon, Dr. Shane Miller, for an in-depth discussion on preparing your horse for competition. Dr. Miller will also cover common sports injuries, prevention of these injuries, and cutting edge treatments and procedures. The seminar will be held at the hospital and is free of charge so please bring your friends and neighbors. Refreshments will be provided. Please RSVP by Friday April 16th.

Saturday Vaccination Clinic

In addition to our in-field clinic days, we are holding two vaccination clinics at the hospital Saturday February 20th and Saturday April 10th. In efforts to help with the challenging economy, we are not raising the prices of our services. The \$15 office fee will be waived. Please call our office to schedule. 🐾

Comstock Staff

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In Memory of Ozzie, 2001 – 2009

Thank you to Austin and "Ozzie" Broome; Beth, Cyd, "Chevy," and "Yogi" Curle; Sophia and "Skipper" Holm; Stephanie, "Fiona," and "Pilar" Laguna; Amy, "Cagney," and "Romeo" Salveter; and Breanna, "Haylo," and "Pablo" Ward for sharing their photos with us.

Tendon and Ligament Injuries

Shane M. Miller DVM, Dipl. ACVS

Whether you are out for a nice ride on the trail or in the arena awaiting the Gran Prix class, the equine musculoskeletal locomotors system works the same. When functioning properly, the anatomical structures result in limb range of motion and body mass movement. The muscles, tendons, and ligaments are the structures that store energy and function together to move the joints and bones. Their ability to function like springs and strings is essential to move over fences, around barrels and through patterns.

Muscles, tendons and ligaments undergo stress and strain with every movement and step, the amount depending on their health and conditioning. When out of balance (when out of shape or pushed too hard), the result is failure and injury. Tendon and ligament injuries are a common cause of lameness in the equine athlete. The injuries can vary from subclinical (not as noticeable with little to no swelling) to severe (apparent at a walk and so swollen it is seen across the barn). Once a problem is recognized, it is essential that an accurate diagnosis is established and an appropriate treatment is initiated leading to the best prognosis.

It is critical that the lameness exam be very thorough and tailored to the severity of lameness. For a noticeable injury, a brief exam and ultrasound is performed. For a more subtle lameness, the exam evaluates the horse on both hard and soft ground, moving in a straight line and circles in each direction. Generally speaking, the lameness is worse when the affected limb is on the outside of the circle and in softer ground. This is due to the hyperextension and larger arc of motion of the limb producing pain. Evaluating the horse under tack while being ridden may be necessary in the most subtle cases. Flexion tests may also be a part of the evaluation. Further diagnostics such as regional nerve blocks may be required to properly locate the injury.

Ultrasound is the standard diagnostic tool for evaluating soft tissues. It allows the affected structure to be evaluated for size, fiber pattern alignment, and consistency. If a tendon or ligament is injured at its insertion to the bone, small pieces of bone can be pulled off the surface and identified by radiograph or ultrasound. The advancement of Magnetic Resonance Imaging (MRI) in veterinary medicine has enabled it to be a great tool to evaluate soft tissues and bone together. MRI is more sensitive than ultrasound and can even evaluate areas that were limiting to the ultrasound such as the foot. Nuclear Scintigraphy (“nuc scan”) has been available for many years and is best used in areas limiting to other diagnostic imaging (i.e. the upper limb and around the pelvis and spine).

Following diagnosis, a treatment plan is formed based on the severity of lameness, severity of injury, location of injury, and financial considerations. Tendons and ligaments have a very poor blood supply which is detrimental in their ability to heal. A result of poor healing is increased scar tissue that is not as strong or elastic as normal tissue and the increased the potential for reinjury. Due to these structures’ inability to heal well, there are many therapeutic options to help improve the healing of these injuries.

Rest and rehabilitation are the most important part of any treatment plan. Reducing the stress and strain on the injury is paramount. Initially, any injury is accompanied with inflammation thus making local and systemic anti-inflammatories very important. Local anti-inflammatories consist of ice, cold compressive therapy, poultices and topical anti-inflammatories (i.e. DMSO, Surpass). These along with a supportive bandage are important in the initial treatment. Once the inflammatory phase has abated, additional therapies can be used to help further aid in the healing of these structures. Shockwave therapy is one of the main treatments to help improve the blood supply to the injured area to allow for improved healing. Intra-lesional therapies that are directly injected into the injury are used to improve the quality of the healing tissue. Platelet rich plasma (PRP), Interleukin-1 Receptor Antagonist Protein (IRAP), and Stem Cell therapy are loaded with growth factors to stimulate normal tissue healing. Surgery may be indicated in some cases to remove or debride damaged tissue or decompress a blood clot or constricted area

No matter the treatment plan, it is important to remember soft tissue injuries are slow to heal, often taking up to 2-10 months. The rehabilitation program is often very controlled and slow as well. If you have any questions regarding this information, please contact your veterinarian or attend the Client Education Seminar, Saturday April 17th at 10am. 🐾



Targeted Deworming

Stephen C. Damonte DVM

New research suggests that parasite resistance is becoming an increasingly bigger problem, and the traditional rotational programs of dewormers available today will no longer be effective. It is now suggested that we focus our treatment programs based on evidence of host immunity and the reduction of transmission of infective larvae. Simply, this means that we treat the horses that shed more eggs aggressively, and we minimize the treatments of those horses that have developed a good immunity and do not shed high numbers of eggs. In addition, we use only those products that are effective and administer them at the proper times of the season.

Developing a targeted deworming strategy involves the following steps:

Step 1: Test which deworming products are effective on your property

This involves taking two quantitative fecal exams. The first exam would be performed at least 12 weeks following any deworming. The second exam would be 10-14 days after administering the dewormer in question. If the test reveals > 90% reduction in egg



SPRING VACCINE CLINIC SCHEDULE

Location	Day	Vacc Day
Washoe	Thurs	25-Feb
Washoe	Sat	27-Feb
Washoe	Wed	3-Mar
Washoe	Thurs	11-Mar
Washoe	Tues	16-Mar
Washoe	Sat	27-Mar
Southwest Reno	Tues	23-Feb
Southwest Reno	Thurs	4-Mar
Southwest Reno	Sat	6-Mar
Southwest Reno	Wed	10-Mar
Southwest Reno	Tues	23-Mar
Southwest Reno	Sat	3-Apr
Spanish Springs	Wed	24-Feb
Spanish Springs	Thurs	11-Mar
Spanish Springs	Tues	16-Mar
Spanish Springs	Sat	20-Mar
Lemmon Valley	Thurs	25-Feb
Lemmon Valley	Tues	9-Mar
Lemmon Valley	Sat	13-Mar
Lemmon Valley	Wed	17-Mar
Mt Rose/ Pleasant Valley	Wed	24-Feb
Mt Rose/ Pleasant Valley	Tues	9-Mar
Mt Rose/ Pleasant Valley	Wed	17-Mar
Mt Rose/ Pleasant Valley	Thurs	25-Mar
Golden Valley	Tues	23-Feb
Golden Valley	Wed	10-Mar
Golden Valley	Thurs	25-Mar
North Valley	Tues	2-Mar
North Valley	Thurs	18-Mar
North Valley	Wed	24-Mar
Carson/ Dayton	Wed	3-Mar
Carson/ Dayton	Thurs	18-Mar
Toll Rd./ Virginia Highlands	Tues	2-Mar
Toll Rd./ Virginia Highlands	Wed	24-Mar
West Reno/ Verdi	Thurs	4-Mar
West Reno/ Verdi	Tues	23-Mar
Palomino Valley	Mon	29-Mar

...Targeted Deworming continued

counts, the product is considered effective. If the test reveals <90% reduction, the dewormer is considered ineffective and should no longer be used to control that particular parasite on the property.

Step 2: Testing to see which individual horses are low, moderate or high shedders

Using the fecal exams from the first testing in Step 1, a horse will be classified as one of three types of shedders. “Low” shedders have fecal egg counts <200 eggs per gram (EPG). “Moderate” shedders have fecal egg counts 200 – 500 EPG. “High” shedders have fecal egg counts > 500 EPG. * This can be done once during an animal’s lifetime; repeat testing would only be necessary to monitor drug efficacy or if a horse’s immune system became compromised (i.e. Cushings Disease or cancer).

Step 3: Determining the timing and intervals of treatments for each horse

Using the data from Steps 1 and 2, known product data, and geographical/season transmission patterns, an annual deworming program could be tailored to each horse.

The advantages of this strategy are numerous. Most importantly, we are using evidence based medicine to minimize further parasite resistance and maintaining effective parasite control for your horse. If we are able to extend the usefulness of the relatively inexpensive drugs available today, we can delay a more costly approach if and when a newer class of dewormers are developed and put on the market. Approximately half of all horses will be “low” shedders and would only require deworming twice yearly. This can result in substantial savings over the traditional rotational program that involves 6-8 treatments per year.

If you would like to maximize your deworming program and minimize parasite resistance on your property, please talk to your veterinarian about targeted deworming. 🐾

PRICE LIST	
Farm Call	15.00
Physical/Wellness Exam	20.00
PreventiCare Exam	25.00
PreventiCare Enrollment	45.00
West Nile Innovator	32.00
West Nile + EWT	39.00
Rhino-Influenza	29.00
Strangles I.N.	32.00
Deworm (Ivermectin)	17.00
Deworm (Foil/Mini)	14.00
PreventiCare Deworm (Quest)	22.00
Coggins	28.00

*A 5% discount will be applied to owners with 5 or more horses.
*Please note that the PreventiCare deworming requirements have changed from Equell to Quest.