

COMSTOCK EQUINE HOSPITAL

90 W. Laramie Drive Reno, Nevada 89521
P: 775.849.0120 F: 775.849.3129
www.comstockequine.com

PRSR STD
U.S. POSTAGE
PAID
RENO, NV
PERMIT NO. 828

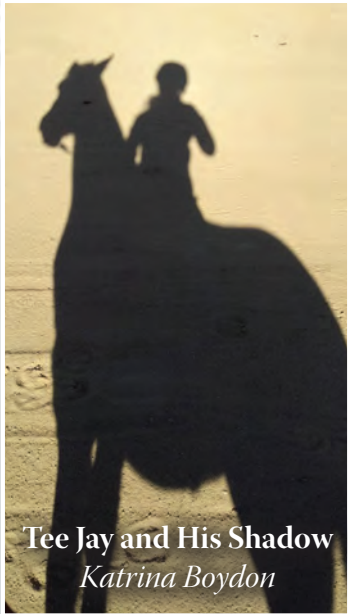
Comstock Staff

Joseph M. Coli DVM
Stephen C. Damonte DVM
Shane M. Miller DVM DiplACVS
Elisabeth M. Lau DVM
Sadie B. Myers DVM
Erin K. Price DVM
Evan A. McQuirk DVM
Meghan K. Beckman LVT
Wendy Wyatt LVT

Photo Courtesy of Sharla Gerhardt

Health
CHRONICLE

Honorable Mentions



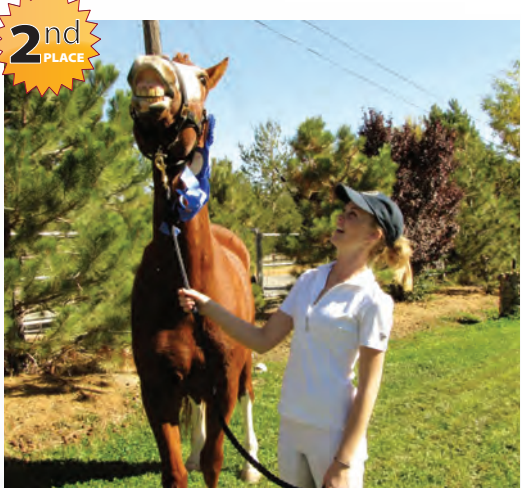
Comstock
EQUINE HOSPITAL
Health
CHRONICLE
SPRING 2012



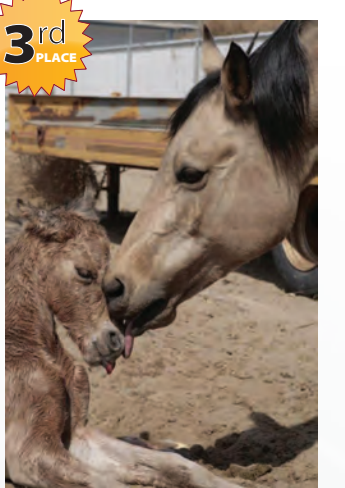
Photo Contest Winners



Mr. Gerry McGerry
Kindra Cannon and "Gerry"



Funny Faces
Kate Ayres and "Brazil"



Colt by RC Yankee Slider
Vicki Keller

Client Education Seminars

Colic 101

Wednesday March 28th 6:00pm
Location to be determined.

Join us for an in depth discussion on all things colic. We will cover anatomy, common causes of colic, prevention, and treatment. Special guest lecturer Paul Richied of Richied & Associates will discuss equine insurance and help you understand equine policies. Please RSVP by Monday March 26th.



Spring Open House: Horse Health 101
Sponsored by Purina Feed
Saturday May 19th 10:00am
Comstock Equine Hospital

Join us for informative lectures, hands-on labs, a practice tour, and a delicious barbeque lunch. Purina Feed will host a nutrition lecture to help you develop the best feeding program for your horse. Other topics will include skin and allergy, parasite control, and what to do in an emergency. Please RSVP by Wednesday May 16th.

A Big Thank You!

As many of you know, our facility escaped danger during the Washoe Fire last month. Words cannot express how thankful we are to Gerhardt Berry Construction and Peavine Construction for their generous donation of their time and water trucks. We are also thankful to Big Air Riding Academy for transporting our in hospital patients to a safe location and Claudia and Jeff Watkins for jumping on the front lines with our staff to help protect our building and neighborhood. Thank you, thank you, thank you!

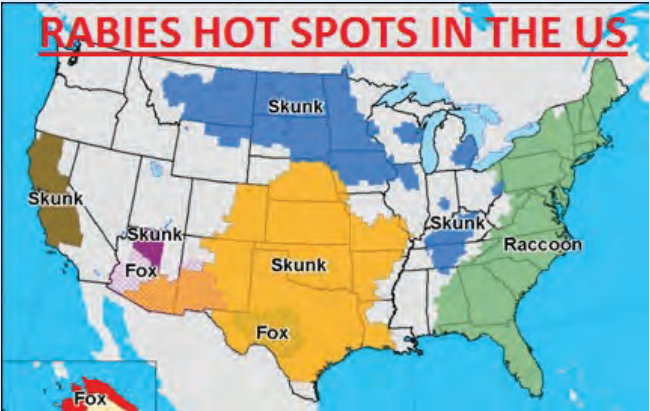
Our Doctors Never Stop Learning

- Dr. Coli attended Wild West Veterinary Conference in Reno, NV.
- Dr. Damonte attended the Lake Tahoe Equine Conference in South Lake Tahoe, CA.
- Dr. Miller attended American College of Veterinary Surgeons in Chicago IL, AAEP National Convention in San Antonio, TX, and Lake Tahoe Equine Conference in South Lake Tahoe, CA.
- Dr. Lau attended the AAEP Focus on Dentistry in Albuquerque, NM.
- Dr. Myers attended the AAEP National Convention in San Antonio, TX.
- Dr. Price attended Wild West Veterinary Conference in Reno, NV.

Preventative Medicine: Factors for Vaccine Selection

Erin K. Price DVM

"Vaccinate Your Horse & Enjoy a Free Added Benefit: Peace of Mind" -Pfizer



Good horse health programs include a focus on prevention of infectious diseases through appropriate vaccination. Many vaccines are advertised to the horse owner, and it can be overwhelming formulating a plan with a sound budget and optimal horse health in mind. It is easy to become lackadaisical with routine vaccination as the incidence of disease decreases and the temptation to reduce the yearly budget increases. However it is important to remember producing and boosting immunity to a specific disease through vaccination remains key to maintain eradication in our horse populations.

Using regional consideration and the American Association of Equine Practitioners current vaccine recommendations, vaccines are organized into two categories: core and risk-based vaccines. Core diseases have no treatment, are invariably fatal, and are preventable through vaccination. All horses should receive the core vaccines - West Nile, Tetanus, Sleeping Sickness (Eastern and Western Equine Encephalitis), and Rabies. Vaccines should be given in the spring before insects emerge. Boosters are needed three weeks later if these are the horse's first set of vaccinations. Repeated vaccinations in the fall may be required if the insect level remains high. If a horse sustains a laceration and it has been longer than six months since vaccination, a Tetanus booster may be required. Foals should be vaccinated at six months of age and boosted in three weeks. While Rabies is not a huge threat in our area, it is untreatable, fatal and easily transmitted to humans. Vaccination against Rabies is recommended on a yearly basis especially for those with increased exposure to wildlife or those traveling to Rabies "hot spots."

Risk-based vaccines such as Influenza, Rhinopneumonitis (Equine Herpes Virus), Strangles, Equine Viral Arteritis, and Potomac Horse Fever are available and recommended based on your horse's risk of exposure. Discussing your horse's age, number in your herd, level of traffic at your facility, travel destinations, show requirements, pregnancy status, and previous vaccine reactions with your veterinarian will help you formulate a vaccine plan to optimize your herd's health care.

Let's not forget the small ruminants and camelids! The most common vaccine used is CD&T (clostridium and tetanus). These vaccines are performed yearly.

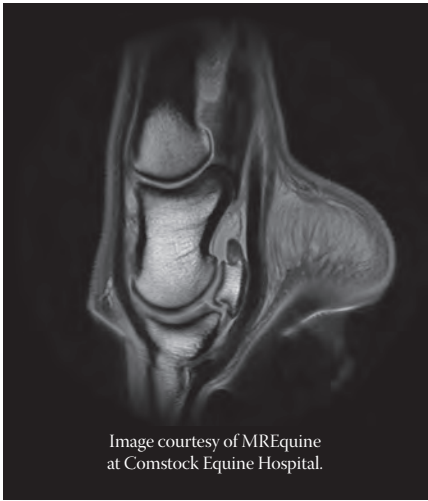
All vaccines have potential to cause adverse reactions (fever, swollen/stiff muscles, lethargy, colic, and anaphylaxis). The risk of a reaction can be minimized by proper vaccine handling, performing physical examinations prior to vaccinating, choosing only the necessary vaccines, and scheduling their administration. Pfizer Animal Health offers the Immunization Support Guarantee in which \$5000 will be given towards diagnosis and treatment of your horse if vaccinated by one of our doctors and becomes infected by West Nile, Influenza, Tetanus, Eastern Equine Encephalitis and/or Western Equine Encephalitis within one year of vaccination.

Contact your veterinarian to form your vaccination strategy.

Choosing the Right Therapy for Your Lamé Horse: What you need to know first!

Shane M. Müller DVM Dipl. ACVS

No matter the discipline, we ask a lot of our equine companions and athletes. There is a myriad of conditions causing lameness and resulting in prolonged rest periods or missed competitions. Whether it is conformation abnormalities, congenital conditions, or the normal stresses and strains sustained by the feet and limbs, injuries can occur. We are in the "new age" of regenerative medicine therapies to treat these injuries. While there have been many advancements, there are still basic things that need to be evaluated and established before we go crazy with therapeutics.



Diagnosing subtle lameness can be an art form molded from years of experience. A thorough lameness exam includes an exam on hard and soft surfaces, flexion tests, and hoof tester exam. Sometimes an exam under saddle is required if the lameness is only evident while being ridden. The next step involves blocking the limb or joint to help localize the area of concern. Once the area has been identified, the diagnostic modality of choice is performed. This is dependent on the type of tissue injured. Joint or bone injuries are diagnosed with radiographs. Soft tissues (tendons or ligaments) injuries are diagnosed with ultrasound. If the injury is located within the hoof capsule and the radiographs do not show any abnormality or if there is a concern of bone AND soft tissue damage, an MRI may be indicated. If the area of concern is higher on the body, deep to a lot of soft tissue, in the axial skeleton (spine and pelvis) or a physiological problem, nuclear scintigraphy (bone scan) would be the diagnostic of choice. Joint inflammation is also a common source of lameness. Whether a fragment or damaged cartilage is causing the inflammation, arthroscopy may be indicated to diagnose and resolve the problem. Often times a combination of these modalities may be required. It is only after the proper diagnosis is established that the correct therapy can and should be recommended. This simple yet complex step is often overshadowed by the glow of regenerative medicine.

With regenerative therapies such as stem cells and platelet rich plasma (PRP) in our treatment arsenal, injuries heal better, faster, and with less likelihood of reinjury. Synovitis or inflammation of the soft tissue components of the joint often respond well to intra-articular anti-inflammatory medication including hyaluronic acid and steroids. Soft tissue injuries such as tendon and ligament tears have been shown to respond well to PRP and stem cell therapy. Tildren therapy has been extremely useful in conditions involving bone resorption and weakening of the bone. These are just a few examples.

No matter the type of regenerative therapy, treatment can be costly and ineffective if used improperly. Therefore going back to the basics and obtaining an accurate diagnosis of the lameness condition is ESSENTIAL first and foremost before any type of therapy should be recommended.



SPRING VACCINE CLINIC SCHEDULE

Area/Location	Day	Date
Washoe Valley	Tues	6-Mar
Washoe Valley	Sat	10-Mar
Washoe Valley	Thurs	15-Mar
Washoe Valley	Thurs	29-Mar
Washoe Valley	Wed	4-Apr
Washoe Valley	Sat	21-Apr
South Reno	Thurs	8-Mar
South Reno	Wed	14-Mar
South Reno	Sat	17-Mar
South Reno	Tues	27-Mar
South Reno	Thurs	5-Apr
South Reno	Sat	28-Apr
Mt Rose/Steamboat	Tues	13-Mar
Mt Rose/Steamboat	Thurs	22-Mar
Mt Rose/Steamboat	Tues	3-Apr
Mt Rose/Steamboat	Sat	14-Apr
Spanish Springs	Tues	6-Mar
Spanish Springs	Thurs	15-Mar
Spanish Springs	Wed	28-Mar
Spanish Springs	Sat	31-Mar
Palomino Valley	Mon	2-Apr
Golden/Sun Valley	Thurs	8-Mar
Golden/Sun Valley	Tues	20-Mar
Golden/Sun Valley	Thurs	5-Apr
Lemmon Valley	Wed	7-Mar
Lemmon Valley	Wed	21-Mar
Lemmon Valley	Thurs	29-Mar
Lemmon Valley	Sat	7-Apr
North Valleys	Tues	13-Mar
North Valleys	Thurs	22-Mar
North Valleys	Wed	28-Mar
Carson/Dayon	Wed	14-Mar
Carson/Dayon	Tues	27-Mar
VC Foothills/Highlands	Tues	20-Mar
VC Foothills/Highlands	Wed	4-Apr
Verdi/West Reno	Wed	21-Mar
Verdi/West Reno	Tues	3-Apr

PRICE LIST	
Farm Call	15
Physical/Wellness Exam	20
Rhino-Influenza	29
West Nile + EW/T	39
Strangles I.N.	32
West Nile Innovator	32
Rabies	21
Deworm	17
Deworm (Quest)	22
Deworm (Foal/Mini)	14
Fecal Exam	17.50
Clean Sheath	45
Sedation- Starts At	45
Coggins	28
Health Certificate	37
Additional on H.C.	12

A 5% discount will be applied to owners with 5 or more horses. Comstock Health Care Plans are still available. Please call our office for more information.

**Pfizer Immunization Support Guarantee: Pfizer Animal Health will pay for diagnostic and treatment costs up to \$5000.00 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 one year of vaccination. This guarantee excludes Strangles and Rhino virus. **

Core Vaccines for Horses in Nevada	
Vaccine	Frequency
Eastern & Western Equine Encephalomyelitis	Annual (Spring)
Tetanus	Annual (Booster if injury sustained)
West Nile	Annual (Spring)
Rabies	Annual
Risk-Based Vaccines for Horses in Nevada	
Vaccine	Frequency
Influenza/Rhinopneumonitis (Flu/Rhino)	Bi-Annual (Fall and Spring)
Strangles	Annual (Booster prior to travel and showing)
Pneumabort-K (Equine Herpes Virus 4)	5, 7, 9 months of Pregnancy