



MONTANA EQUINE MEDICAL & SURGICAL CENTER

MANHATTAN, MT 59741
406-285-0123

SURGERY • MEDICINE • PERFORMANCE • REPRODUCTION • PREVENTATIVE CARE • EMERGENCY

Well here it is, the middle of Winter already. The equine population usually adjusts to cold weather at least as well as we humans do, but sudden changes in weather can still wreak havoc, even on horses with healthy immune systems.

Sometimes we are slow on the uptake. Othertimes we can really help out our equine companions. In fact, enhancing your horse's health this season can be easy and intuitive if you keep some essential facts of equine evolution in mind.

Give Your Horse a Steady, Seasonal Diet

Horses mostly evolved on grasslands that offered consistent diets. As a result, inconsistent diets cause indigestion and sometimes serious colic. Gradual diet adjustments that mimic seasonal changes are best, enhancing digestion by slowly modifying the populations of beneficial digestive bacteria in the colon.

When providing hay, buy as much as you can store. This will decrease the need to manage diet transitions. Especially when you are switching from pasture to hay, make the transition over 10-14 days. Figure you will need to increase calories by 10%-25% during colder weather. If you have a consistent source, getting your hay tested is not expensive (less than \$50, www.equi-analytical.com) and can help identify nutrient deficiencies or excesses.

Help Your Horse Maintain a Strong Immune System

Since husbandry was introduced, horses' relatively higher population densities mean that diseases and parasites have more opportunity to become established. But not all diseases are created equally—respiratory diseases like Rhinopneumonitis ("Rhino"), influenza, and Streptococcus transfer by nose-to-nose contact and spread more readily when horses live close together. When immunity is further compromised by changing weather conditions, horses may be more susceptible to infection.

Vaccinate your horse for high-risk diseases before winter, but also consider vaccination when diseases are common or when an infection has the potential to cause severe illness. Minimizing crowding is also important.

Remember to de-worm regularly. Although adult horses have immunity to ascarids, other parasites such as strongyles and stomach bots "bioaccumulate," and comprehensive deworming programs can minimize infestation. Even when fecal samples are devoid of parasites, infestation may remain. I recommend de-worming before winter so that extra feed gets into your horse and not into the parasites.

You're Not the Only One Who Thinks It's Cold Out

Horses have evolved to tolerate extreme temperatures, but some may not do well when they are moved to a new climate or from inside to outside housing (or vice versa). When I was young,

our horses were never blanketed, and by midwinter, they had acclimated to sub-zero temperatures without a problem. One client recently commented, "I just don't understand all this fuss over blankets. It's a horse, for gosh sakes! Pretty soon we'll see people putting bonnets and leg-warmers on their horses."

It's true that blanketing may be unnecessary except during sudden extremes in temperature or when health is already compromised, but blankets help preserve calories, keeping horses fatter on less winter feed. Especially early in the season when wintertime hair has not yet developed, you should consider shelter, blankets, or both whenever the maximum or minimum temperatures quickly change by 20 degrees or more.

Staying mindful of these strategies and of equine evolution should help you minimize your horse's health risks during changing seasons. But always consult your veterinarian about specific strategies to suit your horses.

(This article was originally printed in Bozeman Outdoor Magazine...please call or email Dr. Heidmann with follow-up questions or other feedback on this any topics in this newsletter: phaidmann@montanaequine.com)

Did you know?

Dr. Al Flint is currently conducting research on two experimental anti-adhesion molecules for potential use in equine medicine and surgery.

As part of his ongoing residency in equine surgery under Dr. Jack Snyder here at Montana Equine, Al is actively researching two different anti-adhesion molecules. One is called "SLO" and the other is known as "Fucoidin". Both drugs have been found to be safe in horses, but there is little controlled research on their effectiveness.

SLO and Fucoidin have potential benefit in decreasing the risk of adhesions (abnormal scar tissue formation), whether in the abdomen following colic surgery or peritonitis, in a uterus following infection, or most commonly in our practice, in a tendon sheath following infection or other localized inflammation

Montana Equine is very proud to contribute to the current body of literature. We welcome both veterinarians and clients to contact us to discuss enrolling in these ongoing investigations.

CUTTING-EDGE
MEDICINE & SURGERY

-
FAMILY-FRIENDLY
ATMOSPHERE

-
FROM PETS TO ATHLETES
AND BACK AGAIN

A Case Report:

"P" is a 14 y.o. Paso Fino stallion with a 6 month history of marked RH lameness. He had suffered an injury to his RH hoof and pastern area about 8 months before being seen at Montana Equine. With help from the local veterinarian, the initial wound healed very nicely, and P was not lame. But he became increasingly lame on the injured leg beginning about 8 weeks after the injury, and soon was only able to walk without that RH heel to touch the ground.

After a nerve block confirmed that P's lameness came from his pastern area, we found that radiographs of that region were normal. This indicated a soft-tissue lameness, which cannot even be seen with our high-tech digital system. With concern in mind about P's deep flexor tendon and tendon sheath, we injected the tendon sheath with local anesthetic – this too resulted in nearly complete resolution of his lameness.

Although it can sometimes seem like doing multiple steps to localize the lameness is redundant, the information gained can be invaluable. P is a perfect case-in-point. This method of localizing the lameness meant that we knew WITH CERTAINTY exactly where his pain was located. Dr. Heidmann subsequently examined P's tendon sheath with ultrasound. He found severe "adhesions" (scar tissue) impeding the frictionless gliding of the flexor tendon within the sleeve of the tendon sheath.

With all this evidence of the lesion in P's tendon sheath, we were able to recommend surgery as the best way to resolve P's lameness. Dr. Snyder and Dr. Flint removed the adhesions using tenoscopy ("keyhole" surgery, like arthroscopy) and a great tool called radiofrequency surgery. Radiofrequency surgery uses high frequency A/C current to vaporize the adhesion tissue, causing MUCH less inflammation than the older method which involve using a rongeur "grabber" to remove the adhesions.

After surgery, we used IRAP (a biological anti-inflammatory medication prepared from P's own bloodstream) to decrease the risk of P forming any NEW adhesions. Finally, as part of Dr. Flint's residency research, we are planning the use of the anti-adhesion molecule called "SLO". This medication is given as a tiny subcutaneous injection, and in preliminary study, has been shown to massively decrease the risk of adhesions.

P is now about 1 month post-op, and we are happy to report he is doing very very well!

OUR SPECIALIST DOCTORS ARE
ALWAYS ON-CALL:
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365 DAYS PER YR

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TO PREVENT COMPLICATIONS
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A bit on our philosophy:

At Montana Equine, we strongly believe that less is more...anytime you can avoid medical treatment, so much the better. In the ideal world, we'd see our clients ONLY for scheduled preventative medicine, like for critical vaccinations, dentals and de-worming. There is an old joke about how, since domestication, humans have only helped horses in 2 areas – dental treatments and de-worming therapies.

In our minds, it doesn't matter if your horse spends time in the backyard or earns money on the road. Whether pets or performance horses, we strongly believe that the ideal situation involves minimal veterinary medicine.

For example, why inject joints with cortisone if it isn't necessary? Using local anesthesia, we can tell if your horse might benefit from "cortisone" shots, or from hyaluronic acid (an anti-inflammatory and normal constituent of healthy joint fluid), or from IRAP, or Stem-Cell, or other biologic therapies. But if he doesn't need the shot, or isn't likely to improve with this treatment, why spend the money, why take the risk?

This is what is different at Montana Equine from any other practice in our state and region – we have the tools and expertise to actually diagnose most problems, and unless you prefer otherwise, we will help you identify the underlying cause. And when it comes time for treatment, we will give you a full range of options. Like we always say, "It's your horse, you get to make the call".

We feel very strongly that our job, as your veterinarian, and as your friend, is to offer as many practical alternatives as possible. You and your family are in the very best position to select the very best, the most appropriate course of action for your own horses.

Similarly, there is a lot of wisdom in the "ounce of prevention" approach. Sometimes folks feel badly about "disturbing" the veterinarian after-hours. But this is the beauty of having a multi-specialist group. We are unique in having board-certified experts in both medicine and surgery, and can share the overnight responsibilities amongst all of us. Usually, a quick chat will allow you to feel much more comfortable waiting until morning with an illness or injury. But on those occasions where the need is critical, you can often prevent problems by intervening with early, aggressive treatment. Many times, a serious problem can be prevented by early simple intervention, while waiting might cause the condition to magnify into a huge mess. Please, feel free to call with questions or concerns about your horse...that's what we're here for!

CHECK OUT OUR UPDATED WEBSITE!

MONTANA EQUINE.COM

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Exclusively Dedicated to the Highest Quality Care of Horses

Don't Forget

*vaccinate your pregnant mares
to help prevent abortions
from Rhino infection!*

*Pregnant mares need vaccination
with killed Rhino vaccine
(e.g. Pneumabort K)
at months 5, 7, and 9 of gestation.*

*(This vaccine is available from some local
feedstores and from your veterinarian)*

WINTER SPECIAL

ROUTINE DENTAL FLOATS:

4 FOR THE PRICE OF 3

OR

15% OFF EACH FLOAT

THROUGH MARCH 15, 2011

**A THOROUGH DENTAL
IMPROVES HORSES' HEALTH
AND
LOWERS YOUR FEED BILL!!!**

To De-Worm or Not De-Worm...that is the question!

Why give de-worming medication if your horse doesn't have internal parasites? This has always been a good question, and now the decision is even further complicated by increasing evidence of resistance to most major de-worming medications in some regions, like the Southeastern US. No one has yet reported significant resistance in Montana, but still, judicious use of medications is always wise.

Most de-worming regimes are both safe and effective, but those of us who subscribe to the "less is more" philosophy want to avoid over-medicating. Not only is it good stewardship to minimize the overuse of medications that can cause resistance, but barring illness, the equine body is marvelous at maintenance and healing all on its own. So I would always argue to de-worm only when truly necessary.

And yet, it's pretty hard to recommend fecal parasite testing, which can cost over twice as much as many de-worming medications. In support of this "less-is-more" strategy, Montana Equine is happy to offer:

SPECIAL ON FECAL PARASITE TESTS!!

Just \$8/test!

BRING THIS PAGE!!!

In order to promote the ideal of testing, Montana Equine is offering the following special – we will test your horse's manure for parasites for just \$8. Please take advantage of this offer as a way to determine which members of your herd (if any) are affected with internal parasites. Relatively recent research shows that less than 5% of a herd may be affected with parasites, yet many of these "Typhoid Marys" might have no external signs at all. Just the same, they can keep re-infecting the rest of the herd.

Now, there are a few kinds of internal parasites which won't typically appear on a fecal exam. For example, tapeworms do not routinely shed their segments (called "proglottids") into feces. And while they are not a common problem, tapeworms can contribute to certain kinds of colic. Therefore, we typically recommend de-worming at least once annually with one of the de-wormers containing the drug "praziquantel", (e.g. "EquiMax" or "ZimectrinGold"). And keep in mind that ascarids, which can cause significant problems in young horses, are not a significant parasite in adults with a healthy immune system. The eggs, worms, and intermediate stages may be present on a premises, but should not cause a medical issues in adults, regardless of the count in an animals manure. Finally, the common parasite known as a small strongyle can take up a hypobiotic state, becoming encysted in the wall of a horse's small intestine, sometimes causing diarrhea or mild recurrent colic signs. While this is uncommon, it is only detectable via special testing, so specific treatments for suspected encysted small strongyles may be recommended by your veterinarian.

Regardless, your veterinarian can help you negotiate all this stuff, or, contact us at Montana Equine at 406-285-0123 or info@montanaequine.com.