

**NORTHWEST EQUINE VETERINARY
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New in-house laboratory facility!

We are proud to announce the recent purchase of the IDEXX Vetlab® Suite of In-House Analyzers, which is one of the most trusted and modern technology in laboratory equipment available today in veterinary medicine. This provides us with the capabilities to perform complete blood cell counts, chemistry, electrolyte, and blood gas analysis, hormonal analysis, coagulation times and urinalysis with incredible accuracy in less than 20 min! These can be used for our critically ill patients or as regular health screening tool for horses of all ages assisting us in diagnosing infections, anemias, liver, kidney, heart, muscle disease, tumors, electrolyte and metabolic imbalances among many other conditions.

This state-of-the-art IDEXX VetLab® Suite of In-House Analyzers presents our clients and patients with the advantage of a fast diagnosis at any time of the day or week so that the necessary treatments or measures can be immediately implemented with no waiting or delay. This allows our patients to uphold the best quality of life possible and assists the owners with the decision making process often involved in these cases. Urine, fecal and certain skin testing are also performed in our in-house laboratory.

We would like to extend our laboratory services to neighboring veterinarians that may encounter themselves in the middle of the night or weekend with emergencies that blood work could provide critical and necessary information. Please call our veterinarian on call for details. Cost of an Equine Health Screen (CBC/Chem/electrolytes) = \$135.00. There is an additional \$30.00 fee for after hours.



*Can you guess why we have a dog in our
equine laboratory drawing?*

Because it is a "lab".....

MAY
2008



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Spring 2008

Please welcome our new Veterinarian, Dr. Sarah Owens

Dr. Owens grew up on Tiger Mountain and Bainbridge Island, and is a third generation Seattlite. Her entire family was heavily involved in Pony Club, Area VII Young Riders, and organizing events. She trained with Nancy Lowry and Jean Moyer through success at intermediate level eventing, but was prevented from going advanced with her top horse, Celebrity, due to veterinary problems, thus launching a lifelong passion for sport horse medicine. Sarah went to Brown University in Rhode Island, concentrating in ecology and premedical biology with a minor in post-modernist film production, and earned her DVM at Tufts University in Massachusetts, finishing in 2002.

She has taken time aside from her sport horse interest to work for the African union on veterinary services distribution models for nomadic people, wildlife medicine in Africa, as director of Veterinarians for Global Solutions, on the board of directors for the Tibet/Nepal NGO Drokpa, and with Pan American Health Organization in Panama. She was the vet for the \$85 million Warner Brothers movie *Racing Stripes*, produced in South Africa, and has bought and trained gaucho cowponies in Argentina for professionals. She completed equine externships with John Nolan and Kent Allen in Middleburg, VA, at CCI**** events pre-Sydney Olympics, and at Palm Beach Equine Clinic at Palm Beach Polo Club. She worked for PJ McMahon in England as official vet for the Cowday and Guards Polo Clubs outside London and treating the horses of Pippa Funnell, Kyra Kyrtland, etc.



On the other side of the spectrum she worked as the equine vet for a mixed practice in rural agricultural Devon, seeing many hunting horses, racehorses, and native ponies, as well as vetting for the local zoo, which was the recent subject of a prime time BBC documentary. Sarah was the first person to introduce such things as stem cell therapy, maggot debridement, and IRAP to Devon.

She is very grateful to be returning to her roots in the Pacific Northwest, and has brought her horse Brother (a Newmarket Thoroughbred), and her border collie Katie from England. Her hobbies are backpacking, polo, eventing, and film production.

Visit our website at www.nwequinevet.com

Please read more about Dr. Steve Latimer, Dr. Chantal Rothschild and Dr. Sarah Owens on our website "About us" page. Also, do not miss our "Special Programs and Promotions" page for great money saving deals! Contact our office for complete details.

It is foaling season: What you need to know just before and after your foal is born!

By Chantal Rothschild, DVM Diplomate ACVIM

Little reminders: An average gestation time for most mares is 335 to 340 days (range 320 to 350 days) and during the last 2-5 weeks of gestation most mares will enlarge their udder and relax their vulva, muscles around the tail head and abdomen. It is very important that during the last month of gestation the mare's vaccines are boosted so she produces a good quality colostrum with the necessary antibodies for the newborn foal. Also, mares must be dewormed approximately a week before foaling to eliminate worms that can pass through the milk to the foal. A condition called **placentitis**, typically presents clinical signs in the last trimester of gestation and if not diagnosed and treated as soon as possible can lead to the abortion of the fetus, a problematic foaling, the birth of a sick foal and/or a retained placenta after birth. The typical signs are mares that develop whitish or yellow vaginal discharge (can be very small amounts), a large udder (bag) prematurely, swelling on the abdominal wall (usually in front of the udder), leaking milk well before her due date, an agitated fetus (moving around and kicking excessively) and in some cases, the mares show mild colic signs or excessive laying down. This is caused by infection of the placenta that leads it to become thick and swollen, therefore impairing oxygen to adequately pass through causing a mild form of asphyxiation of the fetus and the infection causes sepsis of the fetus. A full examination by your veterinarian, including an ultrasonographic exam of the mare's uterus and placenta is urgent and placement of the mare on the correct anti-inflammatories may be able to treat the condition successfully.

Preparing for the foaling: Ensure the mare's udder and perineum are clean a few days prior to foaling (warm water and ivory soap can be used). Wrapping her tail can also be helpful to keep the area clean. Many mares prefer foaling outside but it is important that the foaling environment not be completely exposed to the weather, mud, very wet or dirty areas and not have any other animals nearby that may harm either the mare or foal. Also some fences allow for the foals to pass to the other side and are not able to return to the mare, leaving them separate with no nursing until found later on. A large clean stall for the night is often preferable.

What to have available next to mare's stall:

1. Umbilical dip (Dilute Novalsan/chlorhexidine is preferable but dilute iodine solution can also be used)
2. Plenty of clean towels
3. Plenty of blankets and even warming lights or a heater if you are in a cold location
4. A clean container for milk collection and a baby bottle
5. Fleet enemas (2)
6. Lot's of lighting and a flash light
7. Having power nearby (or extension cords can be helpful to your vet in case of an emergency)
8. A bucket to place placenta in after it is expelled
9. A thermometer and stethoscope if possible
10. Banamine paste (for the mare if necessary)
11. Your veterinarians contact numbers as well as alternative ones in case he/she cannot arrive in time.

The Foaling: Parturition in mares is very quick compared to other species. From when the fetal membranes rupture with drainage of allantoic fluid to the foal being completely out approximately 15-40 minutes is the average duration. During this process, it is important not to disturb the mare (do not try to clean her, wrap her tail, move her to another place, etc...) and not to intervene with the process unless you are sure there is an emergency situation and you are qualified to do so. It is best to call your veterinarian and allow her to be calm and relaxed until he or she arrives. For a detailed explanation of the normal foaling process please read our website article: "PREFOALING – *The Delivery*".

Emergency foaling situations: Following are a few common emergencies that may even require your immediate intervention while you wait for your vet...

Dystocia: is when a foal is not being foaled in the correct presentation (front legs first one slightly in front the other with feet pointed down and its nose tucked between the knees also pointing down). In other words if the foal's nose comes out first, legs with no nose, a tail, a folded leg (knee or hock) or the structures pointing up this is a dystocia! Your veterinarian must be called immediately. Most times if after 10-15 minutes of the water bag breaking nothing else is coming out a dystocia is occurring. Most people tend to want to intervene too soon and in most situations the intervention causes more damage than good. Therefore, call the vet ASAP but do not jump in to start pulling the foal out. If your vet says it is OK you may give the mare a dose for her weight of Banamine paste.

Equine Insurance (continued)

EXCLUSIONS

One of the major reasons people don't insure is they are afraid of **exclusions**; for example when a horse has injections for hock arthritis the company might exclude that hind limb from further coverage. In truth, this can be influenced greatly by how the veterinarian writes up the problem. For example, if a competition horse is given joint injections as "maintenance" or "preventative" therapy, insurance won't pay for the injections but won't make exclusions due to the treatment. If the injections are given due to "hind limb lameness", they'll be paid for but the whole hind limb will be excluded after the treatment period, (usually a year after diagnosis). However, if the vet reports a *specific* diagnosis of arthritis in a *particular* joint, usually the injections will be covered, and then only that particular problem will be excluded, leaving the rest of the leg, joints and all, covered. For things like colic surgery, many companies will still cover future colics as long as they don't recur in the same year and the horse hasn't actually had gut resected.

One thing you cannot get around are **pre-existing conditions** for which the horse has been treated. After a claim the company may ask to look through all the horses' medical records to see if the current problem could in any way be related to a prior problem, so it is a good idea to be up front about veterinary history.

BEWARE: LOSS OF USE

I found that American insurance companies are much stricter on **loss of use** claims than British companies. In England, if a horse was treated unsuccessfully and deemed chronically lame, the insurance would give the owner full value for the horse. Here there are few if any carriers who will cover pleasure riding horses for loss of use, and quite a few that will not cover for riskier sports including reining, roping, and racing, and eventing. Additionally, you have to watch the details on this clause – some companies will only cover a certain percentage of the horse's value, can then claim the horse as their own property, or will subtract salvage value (often a couple thousand dollars) from the final settlement if they let you keep the horse.

MORTALITY

A significant difference between mortality policies is agreed value, versus fair market or actual cash value coverage.

Agreed value means that the insurer will pay the value of the horse that is stated on the policy.

Actual cash value or market value means that the insurer will only pay the value of the horse at the time of its death or the value at the time when the disease or illness resulting in its death is manifested. If illness or injury has decreased the horse's value or if its value was overstated when it was originally insured, the insurer will pay the lesser amount.

If you decide to insure your horse for less than its true value to get a lower premium, it's still a good idea to document the horse's true value and the reason for insuring at a lower value. If your horse is then injured by another person you will still be able to demand full damages.

DECIDING ON AN INSURANCE COMPANY

Be sure to check out the reputation of both the agent that sells you the coverage AND the underwriter who writes the check when you make a claim. Finding a company with lots of horse experience and close links to veterinary expertise will work to your advantage as they are able to fairly evaluate claims and be more flexible in their coverage, whereas companies who rely on inexperienced people are unable to interpret veterinary situations and have to lay down more hard and fast rules. Questions to ask the local agent include how long they have been selling horse insurance, how long they have worked with the underwriter, and what is their A.M. Best rating. (The top category is Superior, followed by Excellent, Very Good, Fair, Marginal, Weak, and Poor. Excellent is what you're looking for).

Admitted agents are those that have filed their rates with the state and can't raise them without refiling, and are guaranteed by the state in case they go insolvent.

Excess and surplus lines insurers are less stable financially, can change their rates with less notice, but are often willing to cover more risky activities like rodeo, polo, and rented trail horses that can't otherwise get coverage.

FINALLY, ONCE YOU ARE INSURED:

Be sure you know what your guidelines are for making a claim – if your horse has a bad accident, you don't want to be looking through your paperwork at the last minute trying to figure out how to get it covered. There is usually a protocol to be followed even for euthanasia, and a limited time after an injury or illness for filing a claim. You may need to get the approval of the insurance company before any veterinary work is done, and be sure you know whether your horse is covered for trips out of the state or country.

It is foaling season: *(continued)*



Normal nursing: Foals should normally nurse very frequently, approximately 5-10 times/hour. That is if you never see your foal nursing when you check on him/her it is likely that he is feeling weak or sick and will soon become dehydrated and hypoglycemic (have low blood sugar levels). Foals also urinate very frequently commonly after each time they nurse, this is a good sign your foal is well hydrated. Another sign of not nursing enough is when the mare's udder remains distended or leaking milk or sometimes you will notice milk on your foal's face. These all occur when the foal isn't nursing frequently enough or isn't nursing sufficient amounts of milk (many foals go under the mare and seem to be nursing but are not actually drinking much).

"Foal heat" diarrhea: At about 5-10 days of age you will notice your foal eating his mothers manure, this is normal and a healthy behavior. This is important for the normal bacterial flora colonization of their GI tracts. During this stage you may also notice your

foal developing soft stool or a mild diarrhea, coincidentally the mares are typically having their first post-foaling heat cycle and therefore the name "foal heat" diarrhea. The diarrhea is actually due to the bacterial colonization of their intestines and not related to the mare's hormonal changes as believed by some.

In Summary: You should observe your newborn foal frequently right after birth and during the first few weeks of life to detect early signs of disease. Often the first sign of a sick foal is lethargy and decreased nursing vigor, milk coming out on its nostrils, excessive sleeping, swollen umbilicus, urine coming out of umbilicus, fever, diarrhea, swollen joints (bacteria migrate to the joints after entering the foal's organism through the mouth, intestine or umbilicus), etc... Young foals are at risk for a variety of respiratory diseases and diarrhea. Monitor your young foal's breathing rate and effort, body temperature, nursing behavior and manure consistency. It's recommended that all newborn foals receive a routine neonatal examination by a veterinarian within the first 24 hours. Early disease detection in both the newborn foal and postpartum mare can be life saving.

A Vets Perspective on Equine Insurance

by Dr. Sarah Owens, DVM, MRCVS

(Disclaimer: Insurance companies and policies vary widely, this article contains only general guidelines.)

In my first few weeks of practice with Northwest Equine, I have found the dedication of our clients to their horses very heartwarming. Most owners, myself included, would agree that the amount we invest emotionally and financially in our horses often defies logic. I have found, however, that relatively few of our clients have their horses and their investment protected by equine insurance. Indeed, many horse owners I've spoken with in the last few weeks voiced a very negative impression of the equine insurance industry. Out of curiosity I spoke to the major carriers active in Washington and discovered that some of the policies on offer are really quite good. In this article I've laid out a few ways to help decide if insuring your horse is worthwhile and how to more quickly find an appropriate, high quality carrier.

IS IT WORTHWHILE?

While I was practicing in England, a horse belonging to my veterinary associate had colic surgery and my own horse had surgery for a broken leg in the same year. We both learned the hard way that even though we were vets we still needed good equine insurance. Now that I have it, I would not be able to sleep at night without it. With horse emergencies, it is often the unforeseen costs that are the real sinkers – for example emergency transport to a surgical center or the day to day fees involved in stabling at a hospital, (both of which are usually covered by insurance). Many homeowners policies limit or exclude equine liability coverage – a specific farm owners policy is needed for commercial liability and hazards around barns and arenas. Most premiums are a minimal cost compared to what we pay for training, boarding, and feed. A veterinary exam is not always required to sign up for insurance, and horses can be insured up to 15 years of age for medical coverage and 18 years for surgical. You can get coverage for a particular show or journey, or shorter 30 or 60 day policies, but it's usually not much less than purchasing a year of coverage. That said, I believe there is a big argument for contributing money monthly to a bank account of your own, reserved for veterinary expenses, rather than giving it to someone else's company!

It is foaling season: *(continued)*

Red bag delivery: is when the fetal/placental membranes do not rupture but comes out unruptured like a red closed bag with the foal inside. In these cases you will see a red bag coming out of the mare's vagina and if you feel it you may actually feel the foals face or limbs inside. The foal cannot breathe while inside this bag and therefore it is an emergency to rupture the bag open immediately. This can be done with your hands, scissors, a knife, keys, or anything available. However, care must be taken not to cut the foal that may be in very close contact with the red bag. Then just allow the foaling to continue running its course. This foal may be completely normal or required medical care after birth (even resuscitation to start breathing). Hopefully your veterinarian will be there then! If not you can stimulate the foal with intense rubbing of its body with a towel and even gentle but firm pushes on its rib cage.

Colic and uterine torsions: some mares show some normal discomfort a few days to hours before foaling. However, any regular kind of colic can also occur during this stage and in some cases a uterine torsion can also occur (twisting of the uterus on its own axis at the cervix level). Mares will be in different degrees of pain and the veterinarian must be called immediately for any of these cases. Mares that have recently foaled (a few hours to a week) seem to be predisposed to large colon torsion/twist for reasons we do not quite understand. In these cases a sudden and severely painful colic occurs with the mare going up and down, rolling and even thrashing around. These cases require immediate surgical intervention for resolution. Until your vet arrives you may give your mare a dose of Banamine paste for her weight and keep her from rolling (walk her and protect foal from her).

After the foal is born:

Normal foal behavior: once your foal is born it is critical that he/she be able to stand within 30-60 min of birth and be nursing at the latest 2 hours after birth. If this is not happening this is an emergency and you must call your veterinarian. Common causes of newborn foal illness include overwhelming bacterial infection (septicemia), prematurity, neonatal maladjustment syndrome also called "dummy foal syndrome" (neurological dysfunction associated with lack of oxygen before or during delivery), trauma, among others

Age	Time to stand	Time to nurse	Frequency of nursing	Rectal temperature	Heart Rate or pulse	Respiratory Rate	Mucous membrane (gum) color	Capillary Re-fill time (finger print on gum)	Gut Sounds	Meconium (black sticky feces)
New-born Foals	30-60 min	30 min – 2 hours	5-10 times/hour	99-102 °F	60-110 beats/min	25-60 breaths/min	Darker Pink	1-2.5 secs	Gurgles present on both sides	Passage complete by 12-24 h

Colostrum: Foals do not acquire antibodies through the placenta while inside the mare like other species. Nearly all antibodies necessary for their survival after birth come from nursing colostrum. Foals must nurse colostrum within their first hours of life (peak absorption is within 4-12 hours of birth). If your foal is not up and nursing and if he/she has a good suckle reflex colostrum can be milked out of mare and given by bottle to the foal until your vet arrives. Normally a foal requires 3-4 cups (24-32 oz) of colostrum to acquired adequate antibody (IgG) levels. Use clean hands and utensils as the oral cavity and GI tract are the most common routes for bacterial infection of newborn foals. Foals can be tested for their antibody levels after 18 hours of life and if these are low it is very important they receive 1 or 2 liters of hyperimmunized plasma IV in order to prevent becoming septic (infected with bacteria or other organisms). Mares that leak large amounts of milk/colostrum a day or two before foaling are at risk of having less colostrum left for the foal. It is also very important in these cases that the foal be examined and tested 18-24 hour after birth by your veterinarian. On the other hand, foals that started off nursing very well and then later become lethargic and jaundice (24-48 hours after birth) need to be checked for neonatal isoerythrolysis which is a condition where the mare creates antibodies against the foal's red blood cells, and then passes these to the foal via the colostrum.

Dipping the umbilicus: immediately after birth dip your foals umbilicus with dilute Novalsan (repeat a couple of times with 2-3 hour intervals then do it twice daily for the next 3 days). It is normal for the umbilicus to bleed some after birth however foals should not urinate through the umbilicus (even drip or have it wet) or have it swollen with pain. Umbilical infection is also a common route for bacteria to enter the foal's organism and cause septicemia.

Passing meconium: every foal should pass its first manure, or meconium, within 12-24 hours of delivery. Meconium is pasty or pelleted in consistency and dark brown or black in color. Following meconium passage, the foal's feces should be soft and light tan in color. A prophylactic enema administered shortly after birth helps reduce the risk of meconium impaction.