

Evening Client Talks

Thursday
14th July 2016
Equine Gastric
Ulcer Syndrome



Mark Cubberley BvetMed Cert EM (Int Medicine), MRCVS

Location: Wellington Riding
Basingstoke Road,
Heckfield, Hants. RG27 0LJ

Start: 7.00pm

Refreshments available

Tickets only (free of charge):
Clients and Wellington Riding Club Members have priority.



Please donate on the day.
'Willberry Wonder Pony'



Call the practice or email
to book your ticket now.

We love to hear from you!

We welcome any feedback on our services please
email our practice manager laura.feather@cvs vets.com

Please send any
suggestions for client talks
in 2016 to [Laura Feather](mailto:laura.feather@cvs vets.com)
laura.feather@cvs vets.com

Please continue to send
in pictures of you
and your horses to
admin.scott dunn@cvs vets.com

Reminder to all clients that we need a minimum of
48 hours notice for medication to be collected
or posted so the treating vet can approve.

SCOTT DUNN'S EQUINE CLINIC

Straight Mile Farm · Maidenhead Road · Wokingham · Berkshire · RG40 5RW
Tel: 01344 426066 · Lines open 24/7 · Email: admin.scott dunn@cvs.com · www.scott-dunns.co.uk

Opening Hours: Monday to Friday - 8.00am to 6.00pm

Issue 22 :: Autumn 2016 - will be available in September 2016.

Please write a Google review
for Scott Dunn's Equine Clinic

- 1 Go to Google.com and search our practice.
 - 2 Click the "Write a review" button
 - 3 Pick however many stars you'd like to rate us and write a review of your experiences with us. If possible please go into detail. You will be asked to sign into your Google account first.
 - 4 If you haven't already got a Google account. Click on "Create account" and follow the steps (2-3 minutes). Then please publish your review.
- Please let us know if you had any difficulty in posting a review or if you have any other feedback for us.
- Thank you for your time,
it is much appreciated!**

FREE ACTH (Cushing's Test)

If you have any concerns or have discussed this with your vet recently please call to arrange an appointment.

FREE
ACTH blood test
(for horses not previously tested)
from June - 31st October 2016



SCOTT DUNN'S EQUINE CLINIC



Clinical Director: Simon Knapp, LVO, BSc BVetMed MRCVS

Veterinary Surgeons: Iain McKenzie BVM&S Cert AVP (ES-O) MRCVS

Mark Cubberley BVetMed Cert EM (IntMed) MRCVS,

Yolanda Serrano Ldo Vet MRCVS, Luis Louro DVM, MRCVS, Marta Garin MRCVS

Inside this issue: Spotlight on... Tendon Injuries · Gastric Ulcers Syndrome · Google Reviews



Welcome Emily Topping

Please welcome Emily who joined the nursing team recently. Emily graduated from Myerscough College in 2010 specialising in breeding, since then she has worked in America and Spain for international dressage riders and then worked in Windsor Great Park for the last 3 years as a private groom before moving to Scott Dunn's. Outside of work you can usually find Emily boxing, playing football or in the gym.

Scott Dunn's vets out & about

With the busy event and competition season well upon us, you may have spotted some of our vets out and about!

Scott Dunn's will also be in attendance at prestigious events this summer, so keep your eyes peeled at; Royal Ascot, Epsom Racing, Wellington Premier Dressage & BE Horse Trials, BCA BE Event, Guards Polo, Sandhurst Polo, Wheatlands ODE along with other various local shows.



SHARED VISIT FEES

We would like to remind you that our visit fees are split equally between the number of clients seen at any one yard.

If you would like to save on your call out fees, simply contact reception on 01344 426066 and a group visit can be arranged.

Spotlight on...

Tendon injuries

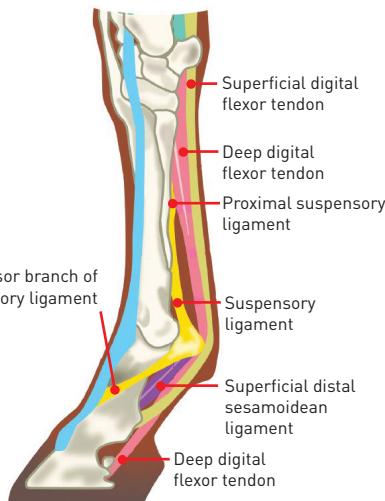
Tendons are the elastic structures that attach muscles to bones. Most tendons are relatively short and rarely damaged. However, the long tendons of the limbs are vulnerable to damage during exercise or as a result of trauma. The flexor tendons are the most important structures of which are discussed below.

Location of these tendons

The flexor tendons are the deep digital flexor tendon (DDFT) and the superficial digital flexor tendon (SDFT) run down the back of the limb from the level of the knee/hock.

The SDFT ends on the pastern and the DDFT end on the back of the pedal bone. At the level of the knee and hock along with the fetlock and pastern region the tendons are enclosed by a fluid filled sheath. The most commonly recognised being the digital sheath at the fetlock/pastern region with the sheath at the hock called the tarsal sheath and the knee carpal sheath. Several strong, short, annular ligaments help to keep the tendons in place in regions of high movement such as joints.

The tendons themselves are composed of longitudinally arranged bundles of fibres. Blood supply to tendons and ligaments are poor compared to muscles and other tissues.



The different types of tendon injuries

Injuries to these tendons commonly occur during exercise. Strenuous exercise can result in tearing of fibres especially in unfit horses. Even fit horses which are over stretching tendons in fast work or on unlevel ground or during jumping at speed can damage these structures. The degree of damage can range from minor, with minimal fibre damage to severe with total tendon rupture.

A knock to a tendon may result in slight bruising or severe damage leading to tendon rupture. Sharp trauma which cuts through the skin can vary from minor tendon damage to partial or full thickness laceration of the tendon. If a tendon sheath is involved these can lead to potentially life threatening infection if not dealt with promptly.

First signs of tendon injury

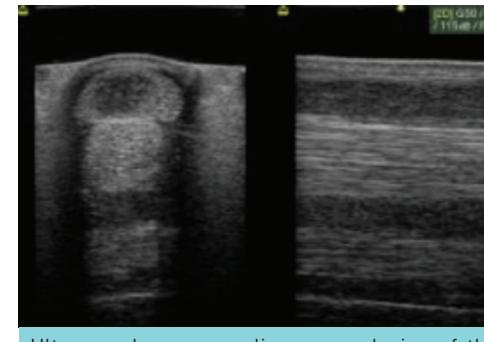
Damage to a tendon usually results in inflammation which we commonly feel as heat and swelling. Minor fibre damage leads to slight enlargement of the affected part of the tendon which feels warmer than the corresponding area of the opposite limb. Mild sprains often do not cause lameness. If there is severe damage, the limb can become very painful, with the toe tipped upwards or the fetlock may sink at the walk. In cases of tendon sheath sepsis the horse will also be very lame.



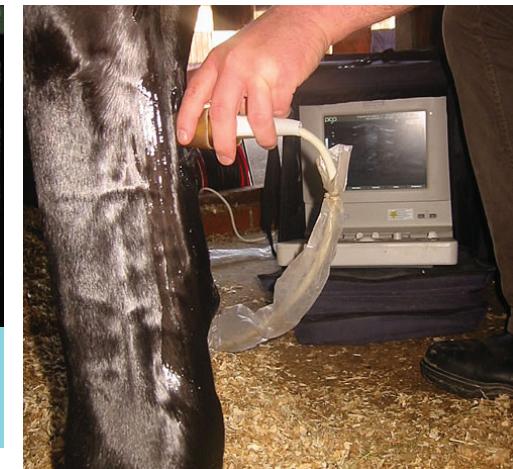
Bowed tendon

Diagnosis of tendon injuries

If you suspect that your horse has a tendon injury, you should call the clinic for advice and an appointment. It is difficult to accurately assess the extent of the damage by look and palpation alone, so an ultrasound scan, approximately one week after injury will allow us to visualise the damaged structure(s), if it is above the hoof capsule.



Ultrasound scan revealing a core lesion of the SDFT in the left image. The right image shows the lack of fibre pattern on a longitudinal scan of the SDFT at the top of the image



Repeat ultrasound scans are invaluable as an aid to determine the healing process and adjust the exercise programme accordingly, such as when to introduce trot work or steady canter exercise.

Treatment options

There are several different treatment options for tendon injuries of which none provide a guaranteed permanent return to soundness.

Initial treatment in the 10-14 days after an injury usually involves;

- Box rest
- Ice application or cold hosing 2-3 times daily and/or application of kaolin poultice
- Bandaging to immobilise the limb
- Anti-inflammatories such as bute to aid in reduction of swelling and provide pain relief.

These steps are aimed at reducing the initial inflammation and pain along with preventing any further injury. Once the initial inflammation has stabilised a controlled exercise programme can be started.

Controlled Exercise

This is the most important aspect of treatment. This will generally start with hand walking while still on box rest with gradual increments every 1-2 weeks for a period of 3 months. In certain cases an initially period of total box rest is advised. Horses are often out of work for 6-12 months with these injuries. Controlled exercise helps the new tendon fibres align longitudinally ultimately resulting in increased strength and flexibility.

Other treatments options

None of the treatments available reduce the horse's lay off period. But the aim is to improve the quality of repair and reduce the risk of re-injury on return to exercise.

• **Tendon splitting or fenestration.** A scalpel incision or lots of needle holes can be made to release the initial blood clot from a core lesion and this may help new blood vessels to grow into the injured area. This treatment requires to be done within 1-2 weeks of the initial injury.

• **Tendon injections.** A group of drugs called PSGAG's (Adequan/Cartrophen) can be used successfully to inject tendon injuries and assists in short term healing. More commonly we now use either stem cells or platelet rich plasma, both of which are injected directly into the tendon soon after injury.

• **Surgery.** This is sometimes performed in the case of tendon lacerations to help oppose the edges of the damaged tendon or in the case of tendon sheath sepsis to remove infection both of these procedures are carried out under general anaesthesia.