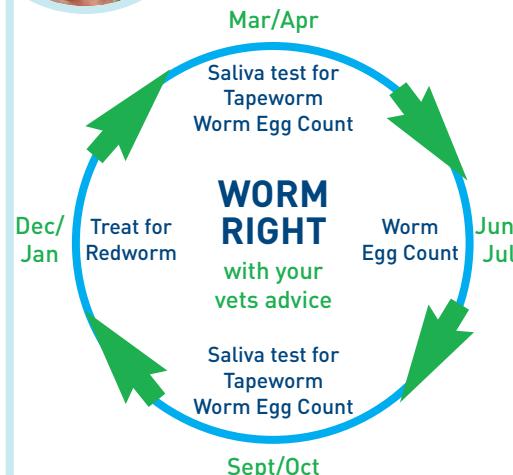




Worming Programme



All worm egg counts, one tapeworm test and one wormer a year are covered by our horse health programme alongside numerous other benefits. Call us for more information or to join: 01344 426066

Have you visited our website lately?

Keep up to date with the latest offers and advice - why not look at our 'Horse care info' tab for more information on horse care.

www.scott-dunns.co.uk

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 and a group visit can be arranged.

SCOTT DUNN'S EQUINE CLINIC

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

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

Issue 30 :: Autumn 2018 - will be available in September 2018.

Insurance reminder – how do we deal with your claim?

- 1) Start your claim as soon as your horse starts its treatment. Don't wait until the treatment is complete. Most insurance companies pay out within 10-14 days, therefore they should pay you before you need to pay us.
- 2) Send your claim form to us for the vet to complete their section. We will then send it back to you, along with your horse's clinical history. We charge a fee for this initial report.
- 3) You then need to send the claim form, clinical history and all invoices on to your insurance company.
- 4) All invoices must be paid to us directly, by you, within our 28 day terms, we won't accept payment directly from your insurance company.
- 5) We will send further invoices to you for payment, which we recommend you send on to your insurance company immediately.

We love to hear from you!

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



Please note that we need a minimum of 48 hrs notice for medication to be collected or posted so the treating vet can approve.



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
Chris Neal BSc (Hons) BVSc MRCVS, Nicola Housby BVetMed CertAVP MRCVS

Inside this issue: Spotlight on... Equine Cushing's Disease (PPID) · Insurance Reminder



10% off all veterinary treatment including medicines



For the full list of benefits and to join call us : 01344 426066

Spotlight on...

Equine Cushing's Disease (PPID)

Cushing's Disease, which is more correctly known as Pituitary Pars Intermedia Dysfunction (PPID), is a complex hormonal condition caused by dysfunction of a gland called the pituitary gland, which lies at the base of the brain and affects hormone production.

Who is affected?

Although typically considered to be an older horse disease, affecting horses over 20 years old, cases as young as 7 have been diagnosed and PPID should be considered in any horse showing the typical clinical signs.

What are the clinical signs?

The most consistent and obvious clinical sign is the presence of an abnormally long and curly coat but this is not seen in every case. Other signs include recurrent skin infections, dental disease, increased drinking and urination, lethargy, weight loss, muscle loss, excessive sweating and poor performance.

One serious clinical sign of PPID is laminitis. It is thought that over 80% of horses with laminitis have the disease as a result of a hormonal abnormality, most commonly PPID. It is therefore important that any horse with laminitis is tested for PPID (with an ACTH hormone blood test) as a matter of course.



How is PPID diagnosed?

PPID can be diagnosed by a simple blood test in most cases. This detects the level of the ACTH hormone. In less obvious cases, especially in younger horses, a more complex type of test needs to be completed looking at changes in hormone levels in response to the injection of certain hormones.

How is PPID treated?

Excellent control of the vast majority of cases is achieved with treatment with Pergolide (Prascend) alongside lifelong routine care including a suitable worming program, teeth care, foot care and vaccinations.



Lab fees for ACTH blood tests are currently FREE to all horses not previously tested. We also offer 20% off Prascend tablets as part of the Horse Health Programme.

Day in the life of... Head Nurse Laura Perkins RVN:



- 6.30am: I am out bright and early to feed the horses and do the mucking out with the other four nurses.
- 7am: All inpatients have their TPR taken and any necessary early medications administered.
- 8am: The vet arrives to do yard rounds. This includes thoroughly checking each patient with the designated yard vet to discuss each horse's progress. The examination is tailored to each horse and its medical requirements. Most are walked out to assess their movement and their regime reassessed for the day if necessary.
- 9am: Time for surgery! This morning it's a fractured splint bone removal. To prep for surgery I insert a catheter, remove the existing cast and administer the pre-meds. The surgeon has opted to do this surgery 'standing', under heavy sedation but standing up rather than a full general anaesthetic. Surgery takes 3 hours with several sets of x-rays taken along the way to monitor progress throughout.
- 12pm: Horses have their lunch and are skipped out.
- 1pm: After a quick bite to eat its back to the treatment room to assist with a lameness work up, trotting up, lunging and yet more x-rays to take!
- 2pm: Time for some lab work; lots of blood tests to be run and a stint at the microscope to test the worm egg counts.
- 3pm: A horse with colic is on his way to the clinic and it is all hand on deck to prep theatre in case surgery is necessary. The horse arrives and after further assessment by the vet it is decided that this is a surgical case. I scrub in to assist the surgeon. Surgery is a long one, lasting for just under 4 hours. The diagnosis is a strangulating lipoma (a tumour wrapped around the small intestine), and we remove over 12 feet of intestine! Then theatre needs to be cleaned immediately in case another surgery comes in overnight.
- 5pm: All the horses are TPR checked, fed again and skipped out at this time; - I'm busy in theatre so the rest of the team step in.
- 8pm: It is my night 'on call'. I do the 8pm checks and replenish hay and water. The colic case needs 2 hourly checks throughout the night and I also have some eye medication to administer every 4 hours. Its going to be a long night!

