

FALL 2007

**FROM THE DESK OF DR. JEFF BUNN**

Here I sit once again to update all my faithful readers on the latest news at Equine Medical. I hope that all of you had a very enjoyable summer and have acclimated to the routine of fall. I for one love fall; it's the one season that I actually have the time to enjoy!

For once, I have no new staffing to update you on! Everyone is back to work and everything seems to be moving along as smoothly as one can expect. We are always trying new things to improve our service and with it always come a few trials and tribulations. For example, with the ever increasing use of credit cards for payment of services, we have been sending receipts electronically via e-mail. The response we have received from our clients has been favorable! We also have been transmitting reports and reminders electronically. If you would like to have your reminders sent via U.S. Postal, please notify us so that we can make the appropriate changes. We are also in the process of upgrading our web site to make it more "user friendly". Thanks to Joyce and Dixie's initiative, this will be a big help in getting information to our clients. These changes should be in place by the first of the year, so please check it out, [www.equinemedical.com](http://www.equinemedical.com). I would also like to mention a bit of thanks to all of you that have utilized the features on our "new" phone system. The feed back we've received has been favorable! There are still a few glitches with the system that I am working through, so please be patient.

**POISONOUS PLANTS**

On the disease and pestilence front: Nothing new to report! This is the first year in many that I can remember treating so few Potomac Horse Fever cases. We did not have any West Nile or EEE cases this year either. I believe that the summer drought we all experienced kept our pesky insect population at low numbers, thus reducing or eliminating the spread of disease. This being said, we did see a small number of horses suffering from poisonous plant ingestion, of which I am happy to report all the horses recovered without any complications. Most poisonous plants are not very palatable, thus most horses will not ingest them when other, more palatable feed stuffs are available. With this year's drought, and the reduced growth of palatable pasture grasses, more horses were scrounging for food and thus ingesting the poisonous plants. The major toxin seen this year was from the weed "*hoary alyssum*", a white flowered weed that grows everywhere. I'm sure a lot more horses ate the plant without any clinical disease, than those which did show symptoms of poisoning. The plant does not appear to be toxic to other forms of livestock, just some horses. According to some research done in Minnesota, horses would have to ingest hay

which compromised over 30% *hoary alyssum* to cause clinical signs of disease. The signs included “stocking up” in all four limbs, depression, unwillingness to move, and in some cases laminitis (founder). The clinical signs typically disappear within a few days, simply by removing the offending feed.

The other toxic plant we deal with a lot is “*alsike clover*”. This plant is also quite common everywhere throughout the Midwest. It contains a toxin that, when ingested, typically causes photosensitization in non-pigmented horses (horses with pink skin). This is particularly pertinent to all of you that raise or own Paints and Appaloosas. When suffering from photosensitization, these horses are very susceptible to sun burn and sun irritation. If enough of this plant is ingested, horses can suffer from liver failure, although this is very rare. The third most common toxicity we deal with is actually a fungus that grows on red clover, although it is quite capable of growing on other types of clover as well. *Rhizoctonia leguminicola* grows on clovers during cold damp springs and falls. It is therefore quite seasonal and inconsistent in its appearance from year to year. The fungus causes excessive production of saliva. We know it as “Slobber Toxin”. The amount of saliva produced from this fungus makes a Mastiff’s drool look like “Dry Mouth”! Don’t worry though, there is rarely any complication from this with the exception that your trail riding buddies will chastise and ridicule you for riding a “rabid” horse! The treatment is easy; you remove the horse from the pasture (and/or contaminated hay), and the problem disappears within a day. For further information, I would suggest a Google search or contact your local county extension office. I would also encourage you to visit the Botanical Gardens at Michigan State University, which has a large area dedicated to poisonous plants.

### PREPURCHASE EXAMS – WHY?

This is the million dollar question. Why should we invest in a prepurchase exam when we know by our own accord that the horse of interest is sound in mind and body? What possibly could a Veterinarian tell us that we don’t already know, except add another expense to an already expensive investment? Are X-rays a necessity? Do I need other tests?

These are all good questions that need some expounding on from a professional point of view. The key phrase in the paragraph above is “*investment*”! Horses are expensive hobbies, and I don’t believe anyone can argue that point. However, they are still an investment. Whether you are paying \$100 or \$100,000 for a horse, there are some things you should know before you sign the check. It is our responsibility as veterinarians to examine a horse for purchase to evaluate the suitability of the horse from a soundness standpoint and for the activity in which they are expected to be used. For example, we will use much different critical parameters for the weekend trail horse than for the competitive jumper or reining horse.

The basis of all prepurchase evaluations is the physical exam. It is imperative that the exam is complete, evaluating all of the horse’s organ systems. A horse with perfect legs but can’t see is of little value, just as the horse that has “heaves” will not make an appropriate endurance horse. A thorough exam includes evaluation of the eyes, ears, mouth, heart, circulatory system, G.I. tract, lungs, skin, reproductive system, conformation and legs. An exam for purchase is a much more in depth evaluation of the horse than a routine physical exam. A good analogy would be a house inspection prior to buying the house. The cost of the inspection is minuscule compared to the

potential repairs that are awaiting the new unsuspecting owner! Unfortunately, we as veterinarians can not predict the future, but experience and education help us in recognizing certain things that may become a problem.

The other unfortunate truth is that often horses are represented as being “sound”, when in fact they are suffering from some subclinical problem that is unapparent to the seller or current owner. It is only by putting these horses through a series of specific tests that we are able to detect such issues. It is in this light that we use radiography (x-rays), and other diagnostic tests, to help us in our evaluation. Radiographs allow us to see joints and bones that may be of a concern that do not raise any flags during our evaluation. It is also the diagnostic test that is most used by North American veterinarians to evaluate horses for purchase. Because of the horse’s makeup, the hocks and front feet are the most likely anatomical structures to cause problems, therefore they are the structures most commonly radiographed. Once radiographed, the information becomes a part of the horses’ medical history, which is owned by the prospective buyer. That’s right; the information gleaned from a prepurchase exam, including any information attained by other diagnostic means (radiographs, endoscopy, blood tests, etc.) is privileged information to the buyer, not the seller! Only by consent of the prospective buyer can we legally release the findings of our examination to anyone else.

The depth and therefore expense of a prepurchase exam is determined by a number of variables that the buyer and veterinarian agree upon. Because of the precise nature of the exam and the importance of having excellent quality diagnostic tests, specifically radiographs, we encourage prospective buyers to have the horses transported to our clinic for evaluation. It is the ultimate goal to match the right horse with the right owner to ensure many years of enjoyable companionship!

## HORSEKEEPING ITEMS

I would like to take a moment to help alleviate some confusion as to the reason for 6 month booster immunizations for Potomac Horse Fever, Influenza, Rhinopneumonitis and Strangles. Plain and simply, the reason for the booster is that these vaccines produce a protective antibody response for only 6 months. Thus, not every horse requires a booster for every disease, only those that have the greatest potential for exposure. An example for Flu/Rhino and Strangles boosters would be animals being shown in the fall or housed at a boarding or training establishment. If you are still a bit confused, please call the office and one of us will do our best answer your questions.

Our annual client education seminar will again take place at the Lowell Middle School on Sunday, January 27, 2008. The topics this year will be managing horses on small acreage, poisonous plants and pasture management presented by Dr. Christine Skelly from Michigan State University. With as much Sand Colic as we treat, this is a very timely topic. Please make your reservations early, so that we can make appropriate arrangements.

We will be making some administrative changes to our wellness program for 2008. The enrollment period will be from January 1, 2008 to March 31, 2008. Payment will be due at the time of enrollment. No enrollments will be accepted after March 31. The program was originally

set up for vaccinations in the spring with dentals and vaccine boosters in the fall. It was designed in this way so that your horse would be examined by a doctor twice in the calendar year. Next year, dentals for the wellness program will not be done before September 1, 2008.

Speaking of dentals, February is National Pet Dental Health Month. During the month of February, we will be offering a 10% discount on all dentals performed in our clinic. To qualify, you must bring your horse to the clinic and the dental must be paid at the time of service. Call early to reserve your appointment, as there are a limited number of time slots available. Horses enrolled in the wellness program are not eligible for the discount.

A note of appreciation to all of our clients that have your horses captured when we arrive at your farms; we thank you, and our next appointment thanks you!

Have a great fall!

Jeff Bunn DVM	Stephanie Rubie DVM	Todd Shaarda DVM	Erin Weaver	Christy DeYoung
Linne Bunn	Lindsay VanOtteren	Joyce Hofman	Laura Paullin	Dixie Harvey