

## Your Healthy Horse Source



Winter 2010

From the Desk of  
Dr. Jeff Bunn

### Recommendations

- **Enroll in Wellness Program.**
- **Have an annual wellness exam performed on your horse.**
- **Yearly immunizations.**
- **Fecal Exam followed by deworming with the proper product.**
- **Dental Care**
- **Coggins Test.**

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### What's New

The weather outside has turned to winter again which brings me back to my desk to compile another thought provoking, informational newsletter. I often wonder if I may be somewhat of a throwback by writing an actual letter that is sent to our clients via old fashion U. S. Postal Service. Having a teen aged daughter, one quickly realizes that if you want to communicate with the younger generation, you need to learn how to Text! My point being that now with all the electronic methods of communications, I still really enjoy receiving a letter that I can fold, read, crinkle, and pitch!

Dr. Shaarda was able to attend the World Equestrian Games this year in Lexington, KY and has also attended the American Association of Equine Practitioners (AAEP) Meeting in Baltimore, Maryland. The AAEP meeting is a great source of information and education on everything that is new in equine veterinary medicine.

Dr. Rubie has almost completed all her requirements to become certified in Veterinary Acupuncture, including the passage of her final exam. I hope that you will join me in congratulating her in her accomplishment! I would also like to add that in spite of my skepticism, numerous patients have already benefited from her treatments.

As for myself, I still have a foot fetish. I recently visited a veterinary friend of mine in Yakima, Washington. And during my stay, the Washington State Veterinary Medical Association held their annual conference and meeting in Spokane. The topics covered were metabolic endocrine diseases that can result in founder, i.e. Metabolic Syndrome (Insulin Resistance), and Pituitary Pars Intermedia Dysfunction (Cushings Disease) and diseases of the hoof. The lectures were excellent. My buddy and I also decided to participate in another important study prior to the meeting: *The Health Status of the Native Brook Trout in Leach Lake*. The meals we enjoyed following our research would confirm that the Brook Trout population is doing well. However another study may need to be performed next year to ensure the sustainability of the Brook Trout on a fisherman's dinner plate.

Along the lines of Equine Hoof Diseases, in particular laminitis (founder) associated with metabolic endocrine disorders; we have decided to institute a program this spring that hopefully will reduce the number of laminitic cases we see annually. 2010 was especially difficult due to the excellent pasture growing conditions we experienced. Our program will be based upon our initial wellness exam we perform on our patients in the spring during their immunizations, at which time we will recommend enrollment into our program based upon those findings. Because we recognize that there are a lot of variables that play into the development of laminitis, and that not only good veterinary care but client support is essential to ensure the best outcome, we will be encouraging clients with predisposed horses to enroll. The program will include evaluation of the patients body condition score (weight), current feed ration and exercise protocol, blood tests to measure insulin/glucose (blood sugar), and modification of such to reduce/eliminate the potential of developing laminitis. It is my goal to substantially decrease the number of horses that need laminitic therapeutic shoes, or worse euthanize, due to laminitis secondary to metabolic endocrine diseases

## Veterinarian's Oath



This spring I attended the MSU College of Veterinary Medicine's Commencement. It was very refreshing to see the young veterinarians as they declared and dedicated their lives to be good and ethical veterinarians. It was also the 20th anniversary of my graduation and reminded me why I choose this profession. To that end I would like to share the Veterinarian's Oath with all of you:

" Being admitted to the profession of veterinary medicine, I solemnly swear to use my scientific knowledge and skills for the benefit of society through the protection of animal health, the relief of animal suffering, the conservation of livestock resources, the promotion of public health, and the advancement of medical knowledge.

I will practice my profession conscientiously, with dignity, and in keeping with the principles of veterinary medical ethics.

I accept as a lifelong obligation the continual improvement of my professional knowledge and competence."

The Veterinarian Oath reminds us time and again of our calling and of our passion. At Equine Medical, we strive to practice medicine according to this oath.

## Dr. Bunn's Soapbox

**Savings Tip for**  
**the Season:**  
**Enroll in the**  
**Wellness**  
**Program and**  
**save 10% off**  
**additional**  
**services this**  
**calendar year.**

It seems that every week I receive a phone call from someone that goes something like this: "Hello Dr. Bunn, I have this horse "Doc", you remember him? (They're all named Doc) He's had this cough in which there are green goobers coming out of his nose periodically. It's been going on for a week now, I had some SMZ pills in the tack room so I gave him some for a few days, but he does not seem to be getting any better! Should I increase the dose and if so by how much? I've got a big bottle." Or another scenario: "Hello Dr. Bunn, my horse "Angel", (if they're not named Doc, they're named Angel) sustained a cut on her back leg last week, I've been washing it daily and giving her 10cc of penicillin that the guy at the store told me to give. It's really swollen now and she doesn't want to walk on it! My neighbor has a big jar of SMZ pills, should I give her some of them instead?"

Would you ask your family physician these questions? Over the phone? I can appreciate the tight financial straits that people are experiencing these days; however, it is the horse that suffers the most from the delay of getting true professional help.

There are number of reasons that antibiotics do not work. As Americans we like and want a pill to fix everything, from obesity to erectile dysfunction. However often times a pill is not the best answer. Pills should be used in conjunction with other management plans to ensure the best possible outcome. In our first scenario, most respiratory bacterial infections are caused by a Streptococcal organism. These little microbes love to play havoc with the respiratory system when allowed to gain a footing within the nasopharynx. Unfortunately respiratory viruses can cause symptoms similar to bacterial organisms. Allergic or asthmatic conditions can also mimic bacterial respiratory conditions. There are no proven economical treatments for equine respiratory viral diseases. In regards to the asthmatic patient, steroids and bronchodilators are the drugs of choice, not antibiotics!



Unlike our human counterparts, we as veterinarians have the privilege of knowing where our patients live and the environment in which they live in. An example of that would be a barn I visited recently. This particular barn is very well kept and very clean, however in these winter conditions, the barn is closed up very tight with little ventilation. The temperature was very comfortable; however the air quality was extremely poor with very high ammonia concentra-

tions. When treating a horse with a respiratory disease being housed in these conditions I would have to improve the air quality for the patient, as well as appropriate choice of therapeutics to ensure the most beneficial outcome. To administer SMZ pills to a patient under these conditions would be extremely unrewarding.

Why don't antibiotics cure all ailments?

1. The wrong antibiotic is chosen for the disease being treated i.e. the condition is misdiagnosed.
  - Like the example above, antibiotics only work when treating the appropriate bacterial infection.
    - a. Antibiotics will not treat fungal, viral, or allergic diseases.
  - Certain antibiotics work better for certain bacterial diseases.
    - a. For example: if treating a respiratory infection one should not use an antibiotic that was designed to treat bladder infections. Of course it's helpful to know which microorganisms causes disease in the bladder and which ones cause disease in the respiratory tract and thus which antibiotics are best suited to treat those microorganisms.
    - b. Some antibiotics that work in people do not work in horses or have a variable effect in horses.
    - c. Some bacteria are better treated with a dose dependent antibiotic i.e. best killed with one "Cannon Ball" every day. Others are best treated when exposed to the antibiotic over time i.e. sprayed with machine gun fire all day, for multiple days. Of course treatment needs to be done with minimal collateral damage i.e. antibiotic damage to internal organs, etc.
    - d. Often times a swab is taken from the area of infection to better identify the specific bacteria that are causing the disease process. At our office we will typically look at the microbes under the microscope to identify which class of bacteria we're dealing with so we can initiate therapy based upon an educated guess, and then send the swab to an outside lab to determine specifically which antibiotics are best suited to fight this (these) organism(s).
    - e. Some antibiotics need oxygen to work. Therefore it is ineffective to administer some antibiotics for penetrating wounds that are festering in environments where there is no air/oxygen.
2. The antibiotic is administered at an ineffective dose and for an inappropriate length of time.
  - In the second example, 10cc of penicillin is truly a minuscule amount of antibiotic to use. This often used dose maybe convenient to administer and better tolerated by the patient; but is by no means sufficient enough to provide adequate blood levels to kill susceptible microorganisms'. Continuing with that second example, most wounds are contaminated with a "potpourri" of bacteria that require a broad spectrum antibiotic, which penicillin G is not. Optimal resolution of the infection will also depend on proper wound care. Washing the wound is a good start, but what is being used to wash it? A known disinfectant that is not irritating or something less ideal?

The upshot of this discussion is: there are a lot of different criteria that come into play when we choose a particular antibiotic for a particular problem. There is no "One drug fits all". As horse owners and responsible citizens, we need to be cautious in our use/abuse of antibiotics with our horses. We know that indiscriminant use of antibiotics results in bad things, such as the development of Methicillin-resistant Staphylococcus Aureus i.e. MRSA, or "flesh eating" streptococcus. Other "nasty" organisms are sure to develop from mutations within the bacterial population due to inappropriate use of antibiotics. Pharmaceutical companies are having a more and more difficult time developing new antibiotics to fight these "Super Bugs"! The truth

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### **Client Seminar**

*Sunday, January 23  
Lowell Middle School  
1:00 to 4:00.  
RSVP to Dixie  
or Joyce  
before January 14th*

*Hope you can join us!*

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is that there are currently bacterial organisms of which there is no known antibiotic treatment for!

Antibiotics can also have undesirable side effects. Some classes of antibiotics are under certain conditions known to cause life threatening diarrhea, kidney failure or abdominal cramping. Just recently, Michigan State University College of Veterinary Medicine reported cases of horses with neurological abnormalities associated with SMZ administration.

The bottom line is that all antibiotics should only be administered at the appropriate dose and duration after the patient has been properly examined by a licensed veterinarian, and given an appropriate diagnosis based upon the veterinarian's extensive education and experience.



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## Housekeeping

- I'm excited to announce that we are once again hosting our annual **Client Appreciation Seminar** on January 23<sup>rd</sup> to be held again at the Lowell Middle School. It will be held from 1 to 4 pm. This year our speakers are homegrown, with Dr. Rubie speaking on the uses and benefits of Traditional Chinese Veterinary Medicine, and yours truly will be speaking on the function and lameness associated with the hoof. **Please RSVP by January 14<sup>th</sup> 2011 by phone: 897-2615 or e-mail: [dharvey@equinemedical.com](mailto:dharvey@equinemedical.com).**
- We will also be re-enrolling our "Wellness Program" horses from January through March. This was a great deal for those enrolled, both from an economic standpoint and from the horse's health care standpoint. Please see our web site, call, or face book us for further details.
- Don't forget that February is "Dental" month. We will be running specials on all dental work performed in the month of February at our office. Please call to set up your appointment as soon as possible.
- Please remember to keep your Bute and Banamine in a warm place this winter, freezing and thawing can affect the effectiveness of these drugs. It is also a good idea to protect them from extreme heat as well.

We hope that you have a wonderful winter season with your equine companion. Enjoy!

## The Staff of Equine Medical



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