

and owning a thermometer are important. If you call the veterinarian about your horse not eating and seeming mopey, the first question will be "What is his temperature?". High fevers are common in the Hudson Valley, due to our abundance of ticks. Ticks carry *Borrelia burgdorferi* and *Ehrlichia equi* (now known as *Anaplasma phagocytophilia*), both of which cause high fevers, muscle aches, and general malaise. In addition, our area commonly sees cases of Potomac Horse Fever, caused by *Ehrlichia risticii*. The most common early signs of PHF are depression and being "off feed".

The veterinarian will do a physical exam, collect blood samples for laboratory testing, and determine the appropriate treatment. Fortunately all three of the diseases listed above are responsive to tetracycline and doxycycline. In addition, anti-inflammatories are given. If a horse is dehydrated, electrolytes and fluids may be administered.

#### 9) Neurologic Signs-Stumbling Around Drunkenly

Loss of balance and coordination are clear signs of neurologic dysfunction. Horses will stumble about drunkenly, circle repeatedly, or head press in a corner. Sometimes they appear blind. If the cranial nerves are affected, they may have difficulty with swallowing, chewing, or have a droopy muzzle, eyelid or ear on one side. Sometimes twitching of the muscles of the face or body is seen. Seizures occur rarely.

There are many diseases that can cause neurologic signs, including West Nile virus, EPM (Equine Protozoal Myelitis), Rabies, Botulism, EHV-1 (Herpes/ Rhino virus), Leukoencephalomalacia, bacterial infections, and tumors. In addition, trauma to the head, neck and/or spine can damage the nerves or spinal cord.

The veterinarian will assess the degree of neurologic dysfunction and collect samples to aid in diagnosis. Treatment including anti-inflammatories and

medications specific to the probable causative disease are given.

#### 10) Difficulty Breathing

Markedly flared nostrils, increased respiratory rate and heaving flanks are seen when horses are struggling to breathe. Similar to asthma in humans, horses can react to allergens in their environment that cause their airways to narrow and thick mucus to form. In foals, these signs usually indicate severe life threatening pneumonia. Sometimes horses that travel long distances develop infections in their lungs as well.

The veterinarian will do a physical exam and blood work to determine the cause of the respiratory distress. Treatment may include steroids and bronchodilators for allergic lung disease or antibiotics and anti-inflammatories for pneumonia and pleuritis. Environmental management and feeding changes are often essential.

### GOING TO HITS? LOOK FOR US THERE

As a service to all who will be showing at HITS this season, Dr. Andrea Sotela and Dr. Jeff Williams will team up to make daily trips to the show grounds during the series to address any problems or concerns that you may have with your horses. In addition, they can dispense needed medication if you have notified the office in advance. Please let our office know the location of your horses at HITS and which sessions you plan to attend so we can more easily check in with you about your needs.

Summer 2008 Newsletter

26 Losee Lane • Rhinebeck, New York 12572

*A Lifetime of Caring*

Rhinebeck Equine, L.L.P.



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## MOURNING THE LOSS OF DR. JOHN STEINER



Dr. John Steiner passed away on Monday, May 26<sup>th</sup> at the Albany Medical Center. He sustained severe head injuries in an accident with a Morgan stallion the previous Tuesday, and had been in critical condition in a medically induced coma. His condition worsened despite the most aggressive medical care, and the prayers, love and support of so many in the equine and veterinary community.

Dr. Steiner was born April 11, 1944. He is survived by his wife, Geri Steiner, of Lexington, KY, two children Jeffrey Steiner of Vermont and Jennifer Steiner of Connecticut; a sister, two step-children, and three grandchildren.

Dr. John Steiner was originally from Putnam County, NY where he was raised on a small family farm with horses and cattle. He attended the NY State College of Agriculture at Cornell University and graduated from the NY State College of Veterinary Medicine at Cornell in 1968. From 1968 - 1970, Dr Steiner was an associate in a predominantly bovine and equine practice in Newton, NJ. In 1970 he struck out on his own, founding an equine practice in Mahopac, NY serving lower Dutchess, Putnam, Westchester counties and Western Connecticut. In 1989, he sold his practice to his associate, and started a new equine practice at a Thoroughbred farm in Lexington, KY. In 1992, Dr Steiner joined Hagyard, Davidson, and McGee in Lexington, the oldest and largest equine practice in the United States. He began the Equine Fertility Unit at the practice and became director of the unit, where he specialized in both stallion and mare reproductive problems, equine embryo transfer, semen freezing and other assisted reproductive techniques.

Dr. Steiner authored numerous scientific papers and book chapters on a variety of equine reproductive topics and was a sought after speaker at national and international veterinary meetings. He was a diplomate of the American College of Theriogenologists, serving as its President in 2005-2006.

Dr. Steiner joined Rhinebeck Equine in 2008. He had recently moved back to New York to develop the next stage of his career while enjoying life at his family's farm in Red Hook, something he had longed to do for many years. As a member of the veterinary team at Rhinebeck Equine, Dr. Steiner was offering his expertise for reproductive treatment of mares and stallions.



Two memorial services were held to celebrate Dr. Steiner's life, one in Rhinebeck and another in Lexington. The staff and doctors at Rhinebeck Equine will be planting a memorial garden in his honor near the pond on Losee Lane.

The family has requested that anyone wishing to make a gift in honor of Dr. Steiner do so to the joint AAEP/SFT/ACT Memorial Fund that has been established through the AAEP Foundation. Funds will be used to establish a scholarship in his name. Donations can be sent in Dr. Steiner's name to the AAEP Foundation at 4075 Iron Works Parkway, Lexington, KY 40511 or online at [http://www.aep.org/foundation\\_make\\_gift.htm](http://www.aep.org/foundation_make_gift.htm)

Please extend extra patience to all of us during this time of sadness and reflection. In his short time with us, Dr. Steiner became well loved and his absence leaves a hole in our hearts.

*"Dr. John Steiner was one of the most knowledgeable, kind and approachable veterinarians in all the world. I feel privileged to have had the opportunity to work with him. I learned so much from John in a short time, and perhaps the most important lesson was to find joy in every day. Every morning he had a big smile, and was one of the happiest people in his work that I have ever known. The equine and veterinary community has lost one of their brightest stars."*

*Dr. Amy Grice*

## FAREWELL TO DRs. BRINKER, HODGDON, AND PARISIO

Time has flown for our 2007-2008 interns, and as we bid them goodbye, we have many happy memories of their time with us. Many of you have had the chance to work with them, and will miss their cheerful and meticulous care of your horses. Dr. Danielle Brinker goes on to a position as an associate veterinarian in Weldman, Michigan at Pol Veterinary Services after her marriage on June 28<sup>th</sup> to John Kramer. At press time, Dr. Sarah Hodgdon is still evaluating offers from practices in New Hampshire and Maine. Dr. Laura Parisio joins New Jersey Equine in Clarksburg, NJ as an associate. We will miss them all!!

## NEW TECHNOLOGY HAS PROVEN POPULAR

Due to overwhelming client demand for digital radiology technology, we have recently purchased the new **Eklin Mark III digital** radiology unit. This new reliable, rugged design joins our **Eklin Mark II** unit for double the availability. If you wish to have digital radiographs taken, please call in advance to schedule this popular modality.

We now offer **Platelet Rich Plasma (PRP)** and **IRAP** injections for our clients' horses as well. Please let us know if you wish to have more information on these new treatments for musculoskeletal injuries

## EMERGENCIES: TIME TO CALL THE VETERINARIAN! COMMON SIGNS OF ILLNESS AND INJURY

### 1) Colic:

Abdominal pain in the horse is exhibited by curling of the upper lip, looking or biting at the sides, sweating, pawing, getting up and down repeatedly, refusing feed, and/or rolling repeatedly. Colic means abdominal pain, and that pain can have many causes. **Colic can be mild and transient, or cause death within hours. The vast majority of colics are not life-threatening.**

Before calling the veterinarian, it is important to assess the severity of the pain, whether it is intermittent or continuous, determine the temperature, heart rate, and color of the mucus membranes (“gums”) if possible, and remember any recent changes in feeding, routine, or a recent deworming.

While waiting for the veterinarian, walking the horse slowly may distract him from the discomfort, and may help break up gas bubbles that could be causing pain. Preventing the horse from rolling is important to try to prevent gassed up bowel from becoming twisted or displaced. A horse in such severe pain that he will not walk without collapsing to roll, or throwing himself down, is likely to have a life threatening colic. Administration of a small dose of flunixin (Banamine) will sometimes cure mild spasmodic gas colic, and will not mask signs of a more severe condition.

On arrival, the veterinarian will assess the horse, perform a rectal exam to try to determine the cause of the pain, and then provide the necessary treatment, which may include the administration of mineral oil by nasogastric tube, refluxing of excess fluid from the stomach, administration of pain killing medications, and/or IV fluids.

Because of the nature of the anatomy of the horse’s GI system, displacements and twists of the gut are unfortunately fairly common. These conditions require surgical correction. All horse owners should determine their feelings with regard to colic surgery for each of their horses prior to being faced with the decision. Colic surgery costs \$6500-\$10,000, and there are no guarantees of success, but modern techniques can allow successful results even in mares well along in pregnancy. Having a surgical facility close by so that surgical treatment can be given promptly increases survival and favors a good outcome. Purchase of surgical insurance for a

## NEW INTERNS BEGIN JUNE 9<sup>TH</sup>

Our 2008-2009 interns begin their year with us on Monday, June 9<sup>th</sup>, and come to us from several parts of the US. Dr. Liz Fish, a native of New York, graduated from Cornell University College of Veterinary Medicine. Dr. Brady Birk comes to us from Virginia-Maryland Regional College of Veterinary Medicine, and Dr. Emily Weeks earned her degree at Kansas State University College of Veterinary Medicine. Over the coming year you will have the opportunity to meet all of these talented young veterinarians as they rotate duties through the hospital and on ambulatory calls.

and inflammation.

Our **MIE nuclear scintigraphy** unit has continued to be very helpful in diagnosing complicated or chronic lamenesses, back and pelvic soreness, and differentiating between multiple areas of concern.

In addition, high-resolution **ultrasound, videoendoscopy and videogastroscopy** remain available for diagnostic use, and **shock wave (ECSW)** for therapeutic purposes.

valuable animal is wise. When owners choose not to send their horse for surgical correction of a displacement, all measures are taken on the farm to support survival until pain dictates a humane end.

**The vast majority of colics are NOT life threatening, but if your horse is one that you would send for surgery if it were required, early intervention is the key to a successful outcome.** Early recognition of colic signs and prompt treatment can help prevent more serious complications from developing.

### 2) Lacerations and Puncture Wounds:

Horses find ways to cut themselves despite all efforts to provide them with a safe environment. Wound can range from clean slices, triangular flaps, abrasions, eyelids torn and hanging, to three inch nails protruding from the bottom of the foot. Assessing the extent of injury is important prior to calling the veterinarian, so that proper instructions can be given for care prior to their arrival. If blood is pumping or pouring from a wound, application of a pressure wrap is appropriate prior to the call. Cold hosing a wound that is not bleeding significantly is the best way to clean the tissue and prevent swelling. Noticing the location of the wound is critical, as **wounds over joints or tendon sheaths can be life threatening**, because severe permanent lameness can result if infection occurs in these structures. If a wound is very swollen and/or oozing pus, it is likely to have occurred more than 12 hours previous, and will probably not be suturable, but is surely infected.

When you call the veterinarian, **important information to provide** includes the **location** (e.g. front of the fetlock), **type of wound** (e.g. puncture), **size of wound** (e.g. 2” long and gaping open), **amount of bleeding** (e.g. making a big puddle on the floor), **degree of lameness** (e.g. not weight bearing), **amount of swelling** (e.g. puffy below the knee), and **exposure of important structures** (e.g. I can see the cannon bone and some tendons showing).

The veterinarian will assess the severity of the wound and institute appropriate treatment, which may include cleaning, debriding, suturing, flushing, and bandaging. Tranquilization is usually required in order to

properly examine and treat wounds. If a wound involves a joint or tendon sheath, prompt aggressive treatment is necessary. Some cases require hospitalization for appropriate treatment.

### 3) Acute Severe Lameness: “Three Legged Lamé”

The horse only using three legs is a pitiful sight, and can cause panic for the owner. The **most common reason for a sudden lameness is a hoof abscess** or bad sole bruise. Sometimes there is moderate swelling of the lower limb. Broken legs are uncommon, and rarely are the cause of lameness in horses that have spent the night in a box stall and are found in the morning very lame. Most fractures occur as the result of a kick or a fall, and are accompanied by instability and swelling. A “stovepipe” type swelling of a leg, accompanied by severe pain when the inside of the leg is palpated can be caused by lymphangitis/cellulitis, an infection and/or inflammation of the vessels that lie along the medial (inside) aspect of the leg. **Differentiation of the cause of lameness is best made by the veterinarian**, as the treatment for each of these conditions is markedly different.

Foot abscesses are treated by draining pus if possible, followed by soaking in hot water saturated with epsom salts, then bandaging with ichthammol or poultice to “draw” the infection. Anti-inflammatories (e.g. Bute) are not generally used as they may slow down drainage and resolution, and cause an infection to “simmer” and even invade the coffin bone in chronic cases. Fractures must be diagnosed in many cases by radiographs (“X-rays”), and require rest, stabilization with casting or splinting, and/or surgery. Treatment with anti-inflammatories and antibiotics is often necessary. Some fractures are so catastrophic that repair is not possible, and euthanasia is the only humane course. Lymphangitis is treated aggressively with antibiotics, anti-inflammatories, hydro-therapy, exercise and massage to improve circulation. Having the lameness diagnosed by a veterinarian is essential to avoid improper treatment.

### 4) Laminitis/Founder:

A horse exhibiting lameness in both front or all four feet may be suffering from laminitis, an inflammatory condition of the internal support structures of the foot. If not treated appropriately and aggressively, this condition can lead to permanent lameness and rotation of the coffin bone within the foot. Classically the horse sinks backwards onto his haunches in order to avoid weight bearing on the front feet, and is very reluctant to move. Often he spends a lot of time lying down. In milder cases, the signs are similar but not as noticeable. **Any horse acting sore-footed without reason (e.g. recently had shoes pulled, or possibly trimmed too short) should be examined promptly by a veterinarian.**

The veterinarian will assess the arterial pulses leading to the feet, will check for pain with hoof testers, and may take radiographs (“X-rays”) to determine if coffin bone rotation has occurred. Because there are a multitude of triggers for laminitis, an effort will be made to determine the cause. Treatment with anti-inflammatory and other medications is initiated, and management changes are made to minimize the impact and duration of the episode.

### 5) Choke:

In a horse, **choke is defined as an obstruction of the esophagus**, not the trachea. The esophagus becomes blocked by a wad of poorly chewed food, a chunk of carrot, or a foreign body, which causes the horse’s saliva and anything entering the mouth to well up and run out of the nose. Typically **the horse coughs, gags, and is anxious, while having saliva and green slime or food material running from both nostrils.** This material is easily inhaled into the lungs, which can cause an aspiration pneumonia that can be deadly if unrecognized. Many chokes resolve spontaneously within minutes, or by the owner massaging the esophagus where it lies in the groove on the left side of the neck, while waiting for the veterinarian to arrive. If the horse is particularly anxious, walking him slowly may distract him from the discomfort.

The veterinarian will tranquilize the horse to lower his head, and then will pass a nasogastric tube to the point of the obstruction. Sometimes the obstruction is easily pushed into the stomach with the tube, but often the material must be flushed with water to remove it. This will sometimes flow out through the nostrils until the obstruction is cleared, so having the head lowered is important so that the material does not enter the lungs. Following the relief of the choke, antibiotics and anti-inflammatories are generally administered.

### 6) Swollen tearing eye:

One or both eyes may be found to be red, swollen, tearing excessively, and/or with a “blue” opaque haze. If signs are observed in a single eye, the likely culprit is a corneal abrasion or ulceration from contact with a foreign object. During the summer when horses swing their heads quickly to bite at flies, corneal injuries are common, as they contact grasses or hay which can injure the cornea. When signs are present in both eyes, conjunctivitis may be the cause, especially during fly season, when flies feed on ocular secretions and contaminate the area with bacteria. Usually with conjunctivitis, redness of the “whites” of the eyes, and sticky thick discharge is prominent. If both eyes are swollen, weeping, painful, and/or with a “blue” haze, the horse may be suffering from recurrent uveitis or “moon blindness”, a serious condition that can lead to blindness if not treated promptly and appropriately.

**Treatment of eyes must always be done with the guidance of the veterinarian.** Inappropriate eye medications can cause a problem to worsen rapidly, and can cause loss of an eye or loss of vision. Appropriate treatments for human eyes are NOT necessarily appropriate for horses’ eyes, and can cause permanent damage. The use of steroids in horses’ eyes is reserved for special situations and NEVER can be used if the cornea is not intact, because it can degenerate rapidly and the eye contents prolapse. Application of an ointment that does NOT contain steroid is safe under any circumstances, and can be applied if directed by the veterinarian while waiting for an examination.

Corneal ulcerations are treated with antibiotics and anti-inflammatories, as is conjunctivitis. Uveitis is treated with a wide variety of medications, depending on the severity and chronicity of the disease. Foreign bodies embedded in the cornea must be removed by sharp dissection or with flushing.

### 7) Down Horse: Unable To Rise

Old or arthritic horses are particularly at risk for becoming down and unable to rise. In other cases, neurologic disease is present. Occasionally head or neck trauma has occurred. Once horses are down on one side for a few hours, the large muscles of the hindquarters become numb and unresponsive to their efforts to rise, causing large amounts of energy to be expended without success in standing. Eventually the horse becomes exhausted and gives up. If down in snow and ice, the horse rapidly becomes cold and shocky. Sometimes all that is necessary is to roll the horse to the opposite side so that the numb leg no longer has to push off and lift. However, often the horse will need several strong people lifting at the base of the tail to assist, with another person lifting the head. Veterinarians have lots of experience assisting horses to rise, and can choreograph the event to conserve everyone’s energy. In addition, assessment of the reason for the recumbency can be made, along with the administration of appropriate medications. While waiting for the veterinarian, assembling a team of strong backed individuals, and keeping the horse warm is recommended.

### 8) Fever, Depressed, Not Wanting To Eat

Owners are good at spotting when their horses are not acting in their usual fashion, and often this is an indication of illness. The expression “eats like a horse” is grounded in the fact that horses LOVE to eat. If a horse isn’t eating, usually there is something wrong. Depression and being “off feed” are often accompanied by a fever. Knowing how to take a temperature