

## TAKE THE VACATION OF A LIFETIME WHILE LEARNING ABOUT HORSE HEALTH



Dr. Amy Grice is co-teaching a course July 12th -16th at Upper Canyon Ranch in Alder, MT. She will give modules on Conformation, Nutrition, Emergency Care, Lameness, Laminitis, Older Horses, Health Maintenance, and Parasitology. A Natural

Horseman trainer will teach ground handling techniques, followed by techniques for safely riding through obstacles and situations in the back country with confidence. The days will be full of riding, learning, the most beautiful scenery and the friendliest folks. The ranch horses are mostly homebred Quarter Horses and are reliable, friendly, and fun. Located just 2 hours north of Yellowstone, Upper Canyon Ranch offers blue ribbon fly fishing, unparalleled wildlife watching and a relaxing setting. Visit [www.ucomontana.com](http://www.ucomontana.com) or e-mail [uco@3rivers.net](mailto:uco@3rivers.net) or call 406-842-5884

## PLEASE SHARE YOUR E-MAIL ADDRESS

Please provide your e-mail address to us by sending an e-mail to [liz@rhinebeckequine.com](mailto:liz@rhinebeckequine.com). We can help the environment and more easily contact you with breaking news and new developments by sending communications and newsletters electronically. We can send forms, invoices, and medical records as well. We would also appreciate an update of any change in your address, phone numbers, or the location of your horse so we can contact you promptly in the case of an emergency. Let us know how we can improve our service to you and your horses.

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Rhinebeck Equine, L.L.P.

*A Lifetime of Caring*

Paul C. Mountan, DVM

Andrea Sotela, DVM

James N. Nutt, VMD, DACVS

Shannon J. Murray, DVM, DACVS

## WELCOME TO DR. SHANNON MURRAY



We are pleased to announce that Dr. Shannon Murray has accepted an offer of fulltime employment at Rhinebeck Equine, and will join us in a few weeks. Dr. Murray grew up in New Hampshire, and was an avid Pony Clubber. She earned her undergraduate degree at Pomona College in Claremont, CA where she majored in Neuroscience. She attended the University of California, Davis School of Veterinary Medicine.

After earning her doctorate, she completed a rigorous surgical internship at Rood and Riddle Equine Hospital in Lexington, KY, where she worked extensively with horses of all ages in the Thoroughbred industry. Dr. Murray then completed her residency in Equine Surgery at Ohio State University, where she became skilled in all facets of equine surgery, sports medicine and diagnostic imaging, including nuclear scintigraphy and CT. She particularly enjoys the challenges of upper airway surgery, laparoscopy, arthroscopy and reproductive surgery; and has a special interest in emergencies and critical care. Dr. Murray was the recipient of the 2009 Graduate Resident Award for Research Excellence for her research in novel biologics for tendon healing.

In her spare time, she enjoys sport climbing, hiking, yoga and photography. In 2010 she adopted "Chance", a young Palomino Tobiano that had suffered a traumatic injury as a foal, and nursed him back to health.

Dr. Murray is available for outpatient appointments, elective surgeries and surgical and medical emergencies at the hospital. In addition, she will be making farm visits for prepurchase exams, lameness evaluations, and surgical consultations. In addition, she is trained in acupuncture and is eager to add this modality to our offerings. Please call the office to schedule an appointment with Dr. Murray, and please join us in welcoming her to the Hudson Valley.



## 2011 SPRING HEALTH MAINTENANCE



Rhinebeck Equine will again be offering a series of dates for preventative health care in each of nine geographic areas as a way to help our smaller stables and individual owners. By organizing our visits in this way, we will be able to charge a reduced call charge of \$15 per owner. Although our costs for vaccine have increased again this year, we are committed to keeping important preventative care affordable in these tough economic times. In return, we must ask for payment at the time the services are provided.

These special dates are for routine preventative care only. We want your horses to have the best possible care, which with complex medical problems takes time and thorough examination. Because of the large number of horses to be seen, we simply cannot address other medical issues during these visits. The first dates are for Rabies, EWT, and Coggins tests. Routine screening tests for thyroid levels, ACTH/insulin, Lyme titers, fecal egg counts or CBC/Chemistry profiles can be done at this time as well, but because of tight scheduling, minimal time for consultations about these tests will be available during these visits. This opportunity is best for those whose horses have already been diagnosed, and simply need follow-up testing.

The second dates are intended for West Nile virus and Potomac Horse Fever

vaccinations. The third and fourth dates are for dentals, sheath cleaning, and other needed vaccines such as Strangles, Flu, Rhino/EHV, or Lyme. If your horses have the need for a different order of administration, we can accommodate you; just be sure to clearly communicate the needed vaccines for each visit when you schedule the appointment with our office.

Several of our veterinarians will be participating on each of these dates. If you have a preference for a particular doctor, we will do our best to accommodate you. Because of the need to schedule many horses for care, it may be hard to accommodate specific requests for appointment times, but we will make an effort to work with your time constraints. Because some of you may need to be at work on the scheduled dates, some doctors will be accompanied by assistants, and will be able to come to your stable in your absence if you can confine the horses with halters on, identify them with tags or clear descriptions, and leave a written list of your requests for each horse. Leaving a check at the farm, or a credit card number with our billing department will satisfy the need to provide payment at the time of services.

## FECAL EGG COUNTS IMPORTANT AT SPRING VISIT NEW DEWORMING STRATEGIES REDUCE RESISTANCE

Development of resistance to dewormers by parasites has recently been of increasing importance. Many dewormers no longer kill strongyles or ascarids. In order to minimize further resistance, it is important to target the use of deworming products only for those horses that require their use. It is equally important to use only those products with high efficacy. The best way to monitor your horse's parasite burden is to periodically have quantitative fecal egg counts (FEC) performed. Early spring

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Spring 2011 Newsletter

26 Losec Lane • Rhinebeck, New York 12572

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when the grass first begins to grow is a good time for fecal egg counts.

One fresh fecal ball should be brought to our office or collected during a spring visit, preferably at least 8-12 weeks after the last deworming. You can refrigerate the sample overnight, or bring us one straight from the horse! Results are available in several days, and will be reported in eggs per gram of feces. Egg counts below 200 eggs/gram are considered negative, and many horses we test have 0 eggs.

If horses are not passing eggs, they do not generally need treatment with deworming medications. One exception to this rule is with tapeworms. Tapeworm adults pass eggs only sporadically, so a negative fecal does not rule out their presence. Because of this we recommend a minimum of annual deworming in the late fall with an ivermectin/praziquantel (Zimectrin Gold, Equimax) or moxidectin/praziquantel (Quest Plus). The advantage of moxidectin is that it is also effective against encysted small strongyles, which are larval stages that “hibernate” in the wall of the large colon.

Please contact the office or visit our website at [www.rhinebeckequine.com](http://www.rhinebeckequine.com) to learn more about deworming your horses.

## SPRING HEALTH MAINTENANCE CLINIC DATES

**Please call our office to schedule your participation on these special dates. Our receptionists will help determine which location your stable belongs in, and schedule you accordingly. We look forward to seeing you!**

GEOGRAPHIC LOCATION	TOWNS	DATES
Columbia County West	Hudson, Clermont, Livingston, Claverack	3/15 Tues 4/6 Wed 4/28 Thurs
Columbia County East	Pine Plains, Millerton, Ancram, Copake, Chatham, Great Barrington	3/23 Wed 4/12 Tues 5/5 Thurs
Dutchess Northwest	Tivoli, Red Hook, Rhinebeck, Staatsburg, Salt Point, Hyde Park, Stanfordville, Clinton Corners	3/16 Wed 4/7 Thurs 4/26 Tues
Dutchess South	Wappingers, LaGrangeville, Fishkill, Beekman, Stormville, Hopewell Junction, Poughquag, Pleasant Valley	3/31 Thurs 4/19 Tues 5/11 Wed
Dutchess East	Millbrook, Mabbettsville, Amenia, Dover, Chestnut Ridge, Wingdale, Smithfield	3/22 Tues 4/14 Thurs 5/4 Wed
Ulster/Green	Saugerties, West Camp Lake Katrine, Cairo, Catskill, Jewitt, Windham	3/24 Thurs 4/13 Wed 5/3 Thurs
Ulster 209 Corridor	High Falls, Hurley, Stone Ridge, Accord, Kerhonkson, Ellenville, Marbletown	3/17 Thurs 4/5 Tues 4/27 Wed
Ulster 28 Corridor	Woodstock, Bearsville, Boiceville, West Shokan, Phoenicia, Shandaken, Olive Bridge	3/30 Wed 4/21 Thurs 5/10 Tues
Ulster South of 209	Kingston, Esopus, Rosendale, New Paltz, Highland, Gardiner, Marlborough, Ulster Park	3/29 Tues 4/20 Wed 5/12 Thurs

## 2011 RECOMMENDATIONS FOR VACCINATION:

Vaccines protect horses from disease by increasing circulating levels of certain antibodies in the blood. Most vaccines require two doses, 2-4 weeks apart,

when given for the first time in a horse’s lifetime. Thereafter, boosters are required to maintain immunity each year. Below are listed the vaccines most commonly given. We recommend that all horses receive Rabies, EEE/WEE/ tetanus and West Nile Virus annually, as bare minimum protection.

### RABIES

All pet animals and livestock need to be vaccinated. In horses, the vaccine must be administered every year. If a vaccinated animal is bitten by or comes in contact with a rabid animal, they must receive a booster Rabies vaccine within 5 days. If an unvaccinated animal is exposed to a rabid animal, NY State recommends euthanasia. The alternative is a 6 month period of observation with strict isolation. The vaccine is very safe and effective, and we strongly recommend that your animals be protected by annual vaccination.

### EEE/WEE/TETANUS

All horses should receive this 3 in 1 combination vaccine. EEE (Eastern Encephalomyelitis) and WEE (Western Encephalomyelitis) are fatal viral diseases transmitted by mosquitoes, which can affect humans as well as horses. Signs include profound neurologic disease and acute death. Tetanus is usually associated with wounds, especially punctures. Treatment for encephalitis or tetanus is rarely successful. Multiple unvaccinated horses in New York died of EEE in 2010.

### WEST NILE VIRUS

The West Nile virus outbreak which has affected horses all over the United States in its relentless march westward is still an important disease that requires that our horses be vaccinated on an annual basis. The virus is carried and passed through the bites of mosquitoes, and is amplified in birds, which can harbor the virus for long periods of time. When mosquitoes feed on the birds, they then become carriers of the virus. Horses sick with West Nile Virus show neurologic signs that can mimic EPM or other diseases. Treatment for affected horses is symptomatic and aimed at relieving inflammation of the nervous system, maintaining hydration, and preventing secondary illnesses. Nationally, about 40% of affected horses die or are euthanized if affected by West Nile virus. Although cases can be seen any time that mosquitoes are active, the majority of cases are seen in late summer and early fall. The vaccine is safe for use in all age groups, including pregnant mares. Two doses 2-6 weeks apart are required the first year the vaccine is given, followed by a bi-annual booster. We recommend that all horses be given this vaccine in March or April, and again in August or September.

### POTOMAC HORSE FEVER

Potomac Horse Fever is a non-contagious disease that causes depression, fever, and loss of interest in feed, followed by diarrhea and commonly by laminitis, especially if early signs are ignored. In 2010, we saw a particularly severe strain of PHF that caused multiple deaths due to severe laminitis despite appropriate treatment. Treatment includes intravenous fluids, antibiotics and anti-inflammatory medications for 5-7 days. Vaccination for PHF can be effective in reducing the severity of the disease, but was disappointing in the 2010 outbreak. A new vaccine is in development, and should become available in 2012. In the meantime, we recommend annual spring vaccination for all horses in our practice. If the nature of the cases seen this year warrants it, we may recommend an additional fall booster.

### EQUINE HERPES VIRUS

Equine Herpes Virus (EHV) most commonly causes a respiratory illness characterized by fever, nasal discharge, and cough. Clinical disease is most commonly seen in horses that travel, show or are otherwise exposed to a changing population of horses, or under stress. In pregnant mares, exposure to EHV (also known as rhinopneumonitis) may cause abortion. An estimated 80% of horses over the age of 2 years are carriers of EHV, which is contracted for life. When under stress, the virus becomes active and the horse becomes ill and/or sheds virus in his nasal secretions. Because carriers can both become ill repeatedly, and spread the disease to others, future outbreaks are inevitable in the horse population.

Along with abortions and respiratory disease, EHV can also cause a neurologic syndrome with weakness, ataxia (loss of balance), and hind end paralysis. A recent mutation in the virus has occurred, causing an increase in the number and severity of cases of neurologic EHV. In 2003, many horses in Ohio at a



sick, they shed virus in nasal secretions that are highly contagious.

Vaccination with killed vaccines does NOT provide protection against the neurologic form of the disease. Recently studies by Dr. Klaus Osterrieder at Cornell have shown convincing evidence that use of the modified live vaccine, Rhinommune, may provide protection against the neurological form of EHV. Dr. Osterreider’s study exposed 15 horses to the strain of EHV isolated from the Findlay outbreak. Five of the horses were not vaccinated, five were vaccinated with a killed vaccine, and five were vaccinated with the modified live product. Of the groups, only the horses in the modified live group did not show neurologic signs, and their nasal shedding was reduced to 2 days from the 5-7 days observed with the other groups.

We recommend vaccination of all horses likely to be exposed to EHV or stressed by their lifestyle, with Rhinommune, a modified live vaccine. Use of the vaccine every 90 days provides maximum protection, but timing of the vaccine to coincide with likely exposure is another good approach. In pregnant mares, vaccine boosters for “Rhino” need to be given at 3, 5, 7, and 9 months of gestation. The use of the modified live product has been shown to be safe and effective in pregnant mares.

### INFLUENZA

Horses that travel, show, or are in contact with a changing population of horses should be vaccinated twice a year, as the immunity conferred by these vaccines is not long lived. “Flu” is a highly contagious viral respiratory disease that causes high fever, depression, cough, and nasal discharge, but is rarely life threatening. However, the inflammation may predispose the horse to chronic coughing and/or the development of COPD/allergic lung disease (“heaves”).

The modified live intranasal form of influenza vaccine from Heska, called Flu-Avert, has been shown to be very effective. Horses that object to intranasal vaccines now have an effective alternative. Flu Innovator from Fort Dodge, which has shown excellent efficacy against the current prevalent strains of influenza, is given intramuscularly. Because the intranasal vaccine will not produce colostral antibodies in the pregnant mare, use of the intramuscular vaccine is recommended in this population. The intranasal vaccine is very effective in reducing respiratory disease in weanlings and yearlings, so is recommended for these age groups.

### STRANGLES

Horses that travel and show, or horses that are in contact with such horses, as well as farms with histories of outbreaks, should be vaccinated annually. Strangles is a highly contagious bacterial disease characterized by high fever, thick nasal discharge, and lymph node abscessation. While rarely fatal, horses can require weeks of recuperation and nursing care. Rarely, internal abscessation occurs, and causes death after a prolonged course. The nasal secretions of sick horses contain large numbers of bacteria, and these can be transferred unknowingly by people. Even if your horses don’t travel, if you visit stables or other horses, you could unwittingly infect your horse. The available intramuscular vaccine can be associated with short term marked swelling and painful reactions in the area of administration, but is very useful in broodmares to provide colostral immunity, and in horses that refuse intranasal vaccines. The Fort Dodge Pinnacle intranasal vaccine provides the most effective protection, but does not provide colostral antibodies in pregnant mares. We recommend its use in all horses which

will be shown, contact other horses, travel to different premises, or reside on farms with a history of Strangles outbreaks.

### BOTULISM

The bacteria Clostridium botulinum causes this neurologic disease characterized by ascending paralysis, which can progress to death by suffocation. In 2002, we saw a cluster of cases of botulism associated with contaminated bedding. Treatment with antitoxin plasma is available, but is quite costly. Supportive care, tube feeding and IV fluids are usually necessary. Foals are particularly susceptible to the effects of the botulinum toxin. Because of the increased prevalence of this disease among both foals and adults in the Mid-Atlantic states (PA, VA, DE) and in KY, we recommend vaccination for horses traveling to or moving to these areas. In addition, because foals are highly susceptible to the toxin, we recommend vaccination of all broodmares on an annual basis 30 days prior to their foaling date, so that their colostrum will provide protection. The first year of vaccination, three doses one month apart must be given. In subsequent years, a single dose booster is given.

### LYME DISEASE

Borrelia burgdoferi is a spirochete that causes dullness, shifting leg lameness, and behavior changes in some horses exposed through tick bites. There is no vaccine approved for use in horses, but the use of the Fort Dodge vaccine marketed for dogs has shown no safety problems associated with its use. Veterinary researchers at Cornell have done studies that have shown effectiveness in preventing disease in horses with a similar experimental vaccine. Based on their work, our current regimen begins with the administration of three 1 ml doses of dog vaccine: the first dose followed by the second in three weeks, and the third dose three months after the first. We will administer the vaccine at the owner’s request, but it should be noted that this is a vaccine not licensed for use in horses. For initial vaccination, three doses are recommended, followed by boosters every six months. Recent studies have shown that antibody titers from vaccination may begin to decrease after six months, so boosters every six months can be needed to maintain adequate levels of protection. Western blot testing can differentiate antibody caused by infection from that produced by vaccination, so vaccination does not impede diagnosis of disease.

### ROTAVIRUS

This virus causes extremely contagious diarrhea among groups of young foals. Intensive fluid therapy and supportive care allows recovery within a few days, but dehydration can lead to death if not recognized and treated aggressively. This vaccine will provide immunity through the colostrum in mares that are vaccinated on an annual basis with three doses one month apart beginning 90 days before the due date. The vaccine is safe and studies in KY have shown it to be effective. We recommend vaccination of broodmare bands where rotavirus has been a farm problem. The risks for single mares’ foals are much reduced, as this disease is most devastating as a herd outbreak.

### LEPTOSPIROSIS

This bacterial disease is caused by the spirochete Leptospira, and hundreds of different serovars exist. Populations of deer pass the spirochete in their urine, where it contaminates streams, ponds, and soil. Horses (and dogs and people) can become infected by ingestion of contaminated water or feed. Pregnant mares will often abort their foals several months after becoming infected. About six months after infection, it is not uncommon for horses to develop uveitis, an inflammatory condition of the eyes that can lead to blindness. Animals that are infected pass spirochetes in their urine for a variable period. These are also infective to humans and dogs, causing fever, achiness, and flu-like symptoms. A vaccine licensed for use in cattle has been shown to have some effectiveness against this disease, but protects only against the five most common serovars. We recommend vaccination of pregnant broodmares only on breeding farms where abortions caused by Leptospirosis have been a major concern. Horses with recurrent uveitis may also possibly benefit from vaccination. Because of the lack of an approved vaccine for horses, and the low number of serovars in the vaccine, more widespread vaccination is not indicated.