



## this month's issue



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## Testimonials

Dear Equus

I thought I'd just write a few words to let you know about my amazing journey to barefoot with both my mares, using **Equus**. The transition to barefoot with Equus feed was incredibly easy and both horses were kept in tip top condition from head to hoof.

Magical Meg (9yr old TB mare) has been on **Equus Safe 'n Lite** for over a year while Maggie (22 yr Arab cross) started her journey on **Safe 'n Lite** just one and a half months ago and has improved in condition already. I also use the **Equus Lucerne Cubes** and **Equus Nice 'n Easy** to ensure their roughage levels are maintained.

It has been the beginning of a new life for my horses, so thank you.

Karren Imeson, KZN



## Equine Disease abbreviations explained

When looking for information on Equine diseases, conditions or problems it is noticeable that many are frequently referred to by their initials. This can be extremely confusing thus this article attempts to explain both these terms and their associated conditions.

**AHS-** African Horse Sickness is a highly infectious, non-contagious, vector born viral disease affecting all species of Equidae. AHS is carried by the Culicoides midge. There are 9 serotypes all of which are distributed throughout South Africa. AHS is characterised by respiratory and circulatory damage, accompanied by a very high fever, loss of appetite, swelling of the head and eyes and sudden death. Horse owners are also required by law to notify their local state veterinarian of any cases of AHS. It is also a requirement that all equines (horses, donkeys and mules) must be vaccinated at least once a year with an approved AHS vaccine.

**COPD** -Chronic obstructive pulmonary disease. This has now been re termed RAO (recurrent airway obstruction). RAO is a response to allergens, typically dust and mould spores in hay and bedding. Affected horses can be exercise-intolerant and show continuous coughing. Seasonal RAO is also common. It can be controlled by soaking hay before feeding, removing the horse from the stable as much as possible, allowing the horse to live out, and using reduced dust bedding such as newspaper can also help. Seasonal RAO can be helped by the use of a nose mesh to help reduce pollens, dust etc. In extreme circumstances Bronchodilators and Corticosteroids may be used.

**DOD** -Developmental orthopedic disease. Any one of several conditions characterized by abnormal growth of cartilage or bone in young horses. Clinical signs of DOD might include pain, stiffness, joint effusion, awkward gait, lameness, and/or decreased activity. Some **DOD** can be caused by genetic abnormalities, others can be prevented by providing correct nutrition for broodmares and

Dear Equus

Having moved my mares from Cape Town to Knysna last year, they had a lot of adjusting to do and it was expected that they would lose some condition. During the winter, my TB mare "Filly" was getting her concentrates plus good roughage in addition to all-day grazing on mixed grasses and legumes. But she still continued to lose condition as the winter months wore on, despite increasing her feed. To make matters worse, she continued to show signs of ulcers during exercise and in her eating patterns, which had been an ongoing problem despite previous treatments. It was time for a change.

Filly had been labelled "too dangerous to ride" at two of her former yards, and thus I was concerned about changing feed, however, after talking to Helen at **Equus** I took a leap of faith and switched her over to the **Equus Cool 'n Perform 12%**. Well the results were almost immediate, as she started to pick up condition even before the spring grazing came in. Her temperament also changed dramatically. I was so excited, I had to show everyone who had seen her "before Equus" what a dramatic turnaround we'd had.

What really impressed me was **how quickly we got results** with Equus. In addition to her performance and her eating patterns, there has been an improvement in her ulcers (without having resorted to a specific treatment). She's stronger, plays "nicer" and looks younger.

encouraging steady moderate growth rates in young horses. There are many conflicting reports on the causes and ways to prevent DOD but too much protein is not thought to be a contributing factor. In fact, too much, or the incorrect sources of, energy are often the main causes of rapid growth which can affect limbs etc. Vitamin and mineral deficiencies should also be considered.

**EGUS** -Equine gastric ulcer syndrome. This affects the horse's stomach lining. EGUS has a wide spectrum of severity, from an inflamed but intact stomach lining, through to widespread erosion and bleeding from large ulcers. This is becoming more and more common and is often the biggest concern in horses under severe stress or heavy training. The signs are (but are not limited to) a lack of interest in food, poor performance, weight loss, dull coat, behavioural changes, colic. Causes may include stress, certain medications or large amounts of grain in the diet. Gastric ulcers do not always heal completely and the best way to avoid flare ups is to change management routines such as feeding *ad lib* hay. Reduce the grain portion of the diet by feeding a high fat, high fibre feed, reduce stress and or travelling. Antacid preparations specifically designed for horses can alleviate signs during stressful times and can be used to treat EGUS initially. Medication alone is not effective and must be combined with management changes.

**EIPH** Exercise-induced pulmonary hemorrhage. In affected horses, strenuous exercise causes breakage of small blood vessels in the lungs. Some "bleeders" show a trickle of fresh blood from one or both nostrils after exercise while horses with less severe cases may not show any signs at all. The precise cause has not been determined. It most commonly affects horses in race training however treatment of EIPH is banned in racing making it a common welfare issue. Treatment with medication as well as "flare" strips can be helpful.

**RER** -Recurrent equine rhabdomyolysis. More commonly referred to as Tying-up. RER is seen in many breeds of horses and a wide variety of causes for RER have been proposed. These include electrolyte imbalances, hormonal imbalances, lactic acidosis from high grain diets, dietary deficiency of sodium or a low calcium:phosphorus ratio and vitamin E and selenium deficiencies. Primary signs are severe stiffness, muscle cramping, and reluctance to move. Horses should never be moved unwillingly as this can cause further muscle damage. Feeding a fully balanced diet or one high in fat and fibre can help prevent episodes in some horses.

**SCID** -Severe combined immunodeficiency disease. This is a genetic disease of Arabian horses. A foal receiving the defective gene from both parents (ie two carriers) dies within a few months of birth from massive respiratory infection. Clinical diagnosis of the disease is not straightforward as the symptoms, such as raised temperature, respiratory complications and diarrhea, are typical of new-born foals with a range of infections. There is a test available which should be carried out on all stud Arabs as a carrier horse presents with no signs. It is DNA based and requires a small blood sample to be taken from the horse in question.

References : Kentucky Equine Research newsletter Oct 15, 2

All of our horses and ponies have benefited from Equus - seen in condition, feet and temperaments - but Filly's turnaround has by far been the most impressive.

Kind regards

Karen Rademeyer



## Equus How to: Conduct a basic physical exam

Just as feeding and grooming are part of your daily horse care routine so should checking your horse's vital signs to ensure he is well be. Some horse owners have no knowledge of how to perform the most basic examinations on their animals. Owning a horse is a wonderful experience, but it also comes with responsibility.

All horse owners should know the basics of a physical examination—what the normal temperature, pulse, and respiration parameters are for a horse and how to take them correctly.

By being able to relay this basic information to the veterinarian we can aid a practitioner in determining just how serious the problem is and how quickly the veterinarian needs to respond. It also allows the owner/manager to make an informed decision on when exactly to call the vet avoiding unnecessary call outs.

This article in no way suggests that the owner's or caretaker's basic physical examination takes the place of a veterinarian's examination. It is a suggestion that being familiar with these techniques can assist in identifying a problem and being able to relay the information to your veterinarian can save time and, potentially, a horse's life.

### Necessary supplies

To perform a basic physical examination, it will help to have a few supplies—a thermometer, a stethoscope, and a watch with a second hand. Most people prefer digital thermometers because the time for a reading is much less. It is probably kinder, and possibly safer, to use the soft digital ones rather than the rigid glass types. The stethoscope is an instrument that magnifies sound. This will allow you to hear the heart beating clearly and better distinguish the sounds of breathing. There are many different types of stethoscopes, but for your purposes, a very inexpensive one is all that's needed. If a stethoscope is not available then you can still record your horse's pulse and respiration as discussed below.

### The Power of Observation

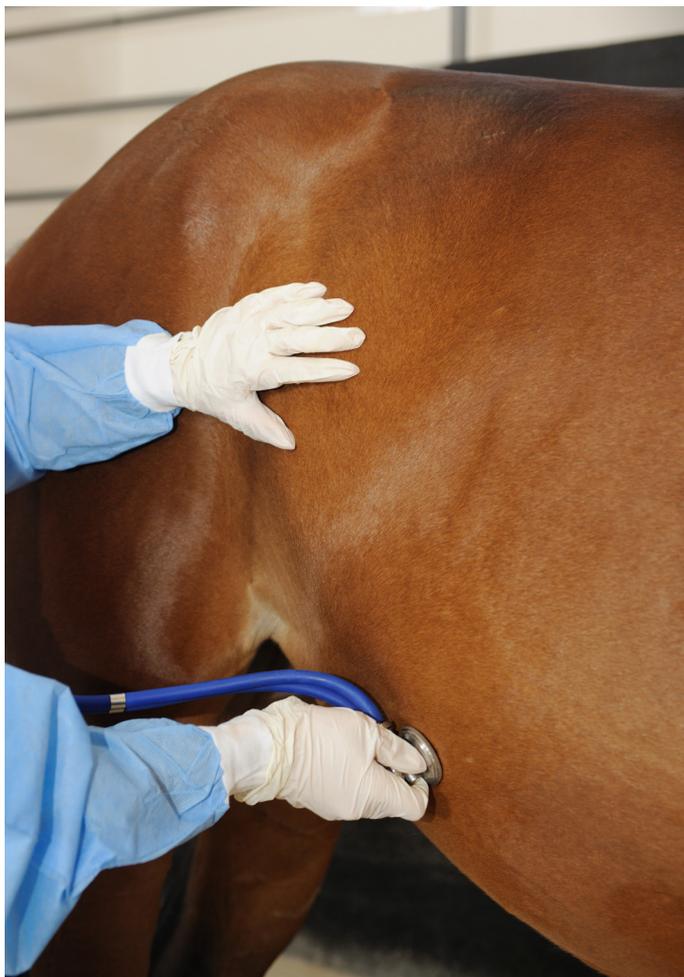
A great deal can be learned by observing posture, attitude, and the environment. Most of the time learning to be more observant merely entails learning what to watch out for—patterns of lying down to rest, normal responses to exercise, normal appetite, etc. Observation from outside the stall or paddock can give valuable information. For example, did the horse eat or drink last night, how many piles of manure were passed, is the pain mild (flank watching) or are there paw marks and evidence of rolling in the stall or on the horse?

These references can help determine what is normal or abnormal behavior. And, by making observations every day, this can become an almost unconscious part of your daily examination, which can help alert you to a potential problem.

## The Basic Examination

After observing your horse, you may determine that he is not well or is injured. If the injury/illness is mild (small wound, mild colic), perform your basic physical examination first before calling your veterinarian. Obviously if the horse is in severe pain (thrashing, rolling, or severely bleeding), call your veterinarian first.

## Rectal Temperature



The rectal temperature can be taken easily on most horses. Approach the horse from the side—do not stand directly behind the horse to avoid a kick—shake the thermometer down if using a mercury type. Place a small amount of lubrication (petroleum jelly or KY Jelly) on the thermometer; then insert it gently into the rectum. Ensure the thermometer is tied to a clip and attached to the tail to avoid losing it in the stall (or in the horse).

The normal rectal temperature of a horse is 99.5-101.5° (A neonatal foal's normal temperature is between 100.0-102°F). Hypothermia (low body temperature) is very dangerous for foals, so keep them warm if their temperature is below normal and you're waiting for your veterinarian. A fever indicates some type of severe stress, often infection, somewhere in the body.

## Pulse and Respiration

The heart rate (pulse) and respiratory rate can be taken without a stethoscope if none is unavailable. The stethoscope just makes it much easier.

The pulse can be taken from the lingual artery, which is on the bottom side of the jaw, where it crosses over the bone. The pulse can be taken for 15 seconds, then multiplied by four to achieve the heart rate in beats/minute. If a stethoscope is available, then listening to the heart is easiest on the left side of the horse, just behind the elbow. Each "lub-dub" of the heart is considered one beat. The normal heart rate for a horse is 24-36 beats per minute (bpm). The heart rate for foals varies depending on age. Newborn foals have a heart rate of around 80 bpm. Foals within the first few weeks of life have heart rates which vary between 70-100 bpm.

The respiratory rate can be taken by watching the horse breathe or feeling the air come out of his nostrils.

The "character" of respiration should be noted. Is the horse taking shallow or deep breaths? Are there abnormal sounds associated with the breathing? The normal respiratory rate for adult horses is eight to 12 breaths/minute. Newborn foals have respiratory rates that are quite high, ranging from 60-80 breaths per minute. Foals within the first weeks of life have resting respiratory rates from 20-40 breaths per minute.

Remember that if a horse or foal becomes excited for any reason during an examination, this can elevate the heart and respiratory rate temporarily so always try to carry out the exam in a quiet area.

## Mucous Membranes

Another indicator of wellness is the color of the mucous membranes or gums. Healthy horses have nice pink gums that are moist to the touch. Capillary refill time also can be performed while looking at your horse's gums. Press your finger on the gum, then release—the time it takes for the area to turn from white (where you pressed out the blood) back to pink is the capillary refill time. It should be around two seconds. Gums that are dark red, bright or brick red, blue, or even white with a prolonged capillary refill time, usually indicate one of the various forms of shock. Your veterinarian should be summoned immediately.

## How to Use Your Information

It is always recommend that you examine your horse when he is healthy to establish a baseline of normal parameters. Recording the normal temperature, heart rate, and respiratory rate for your horse allows you to inform your veterinarian about what is normal for your horse as opposed to the horse's physical parameters when he becomes sick.

Karen Keller

## Schooling Success



Karen is a Protea Dressage rider and National Champion, who is highly regarded in her field. When Karen is not schooling her own horses, she spends a lot of time teaching up and coming riders at Kellandstables, as well as at their home yards.

In this new series, Karen will be sharing her schooling "top tips" to help you and your horse in your everyday riding.

### This month we look at the halt, salute.

"To obtain a calm and steady halt salute, start by practicing getting a balanced square halt on the long sides of the arena before you attempt it at X. When your horse can do this well, practice small flexions to the left and right being very careful not to pull or bend your horse's neck too much. These must be done slowly and patiently until your horse has obtained self carriage.

The next step is to wait for your horse to sigh or breathe out once halted. This is really important for keeping your horse relaxed and calm in his halts! I always listen to my horse's breathing when I ride as it is an important indicator of how they are coping with the work. So take time and encourage your horse to breathe out before trotting on.

The next stage is to practice your salute. Hopefully your horse has halted balanced and square. I hold the immobility until he has breathed out, or sighed, then I salute often patting them on their flank to keep them happy. I calmly retake the reins, 'open the front door' by consciously giving the reins and a small nudge with the seat and legs to trot on."

Happy riding!

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