

Straight from the Horse's mouth

Hoof Abscesses

By Elise Parkinson BVSc MRCVS

A hoof abscess is a bacterial infection within the sensitive structures of the equine foot. Pus is produced due to the horse's inflammatory response and, as expansion is not possible within the hoof capsule, the pressure can be extremely painful. The condition is more common in the winter months due to the muddy conditions.

Signs of a foot abscess include:

- Sudden onset and severe lameness usually in one limb, often reluctant to bear weight
- Heat in the affected hoof
- Increased digital pulses (assessed by placing the fingers gently over the inner and outer aspects at the back of the fetlock to feel for the pulse to the foot)
- Possibly swelling of the bottom part of the leg
- May have an increased temperature (normal range 37-38.5 degrees Celsius)

The build-up of pus will eventually break out of the sole of the foot, the coronary band or the heel bulbs however prompt intervention minimises the pain suffered by the horse during the acute stage of the condition. The shoe is removed, hoof testers are used to establish the location of the abscess and the foot is pared, usually following a tract, to allow drainage of the abscess. Once drainage is established the horse will experience significant relief however some residual lameness is to be expected. Following this a period of poulticing may be required to draw out any remaining purulent material. Often if the abscess is deep seated or still developing it may not be found by paring and as excess paring can be detrimental to the horse, the foot should be poulticed to encourage abscess maturation and attempt to 'draw out' the abscess. Commercial poulticing material is available from most feed shops and also from Milbourn Equine. The poultice should be trimmed to size and soaked in warm water before applying to the foot over the affected area and fixing in place with bandage material or a purpose bought boot. This poultice should be changed twice daily and the amount of discharge monitored. Some deep seated abscesses can take a significant period of time to develop and rupture, however if you feel your horse has developed an abscess that has taken a prolonged period of time to rupture it is important to seek veterinary advice as potential complications include infection of the deeper structures of the foot such as the pedal bone, requiring far more involved surgery to correct.

Treatment of an uncomplicated foot abscess is a procedure that can be performed by your veterinarian or farrier however we stress that if there is any question as to what is causing the pain it is important to consult your veterinarian promptly. Other conditions that can present in a non-weight bearing lameness include fractures and septic joints, both of which are important to identify quickly! It is important to monitor your horses feet and pick them out daily in order to minimise the risk of abscess formation and to identify them early if they do occur.

September is the time for TAPEWORM TESTING. Saliva Testing Kits are available from Milbourn Equine priced at £17.96

Client Afternoon

Sunday 4th October 2pm at Saddlesdane Equestrian, Faversham, ME13 0NX.
Demonstrations by Daniel Watson International Grand Prix Dressage Rider and Nicola Naylor International Para Dressage Rider.

There will also be talks on equine dental work and the importance of vaccination.

Tickets are free but please call to book in.



Castration Clinic

Tuesday 29th September
at our Ashford clinic in Sevington

Book in advance to take advantage of this special offer of £160. More information and terms are available on our website.



Microchip Promotion

During October microchips will be £25, reduced from £28. As of 1st July 2009 all horses must have a microchip to be issued with a passport. All foals must be implanted with a microchip & have a passport issued by 31st December of the year of their birth, or within 6 months of birth, whichever is later.

Equine Healthcare Plan

This is launching in October. Keep an eye on our website for details

Equine Cushing's Disease (ACTH)

Free lab fees continue until 31st October.

AUTUMN HEALTH HAZARDS

Acorn Poisoning

Acorns, oak leaves and their branches pose a toxicity risk to horses, large amounts ingested can induce severe illness. This is due to the tannic and gallic acids in the acorn, which can cause severe damage to the gastrointestinal system and kidneys.

There is anecdotal evidence that some horses develop a liking bordering on addiction for acorns and will actually seek them out, overindulging to the point of illness. Symptoms include Constipation, Anorexia, Colic, Blood in the urine, Kidney damage, Dehydration, Fluid accumulation in the legs (oedema).

Atypical Myopathy (AM)

In recent years this frequently fatal muscle disease has become more prevalent. Predominantly occurring during the autumn, AM results in damage to the muscle tissue and causes significant muscular pain. Research has shown horses kept on overgrazed pasture with a large quantity of dead leaves and dead wood are at particular risk. The seeds of sycamore trees have been linked to outbreaks. The onset of AM is rapid, affected horses are often found at pasture, weak, unwilling to move and have difficulty standing. Other signs include; Muscular stiffness/tremors, sweating, depression, high heart rate, dark urine, breathing difficulty.

Barretts Land Rover and Jaguar are

Offering Milbourn Equine clients a £200 credit voucher

towards their vet bills. All you have to do is buy a new or used car from Barretts Land Rover or Jaguar and produce proof that you are a client of Milbourn Equine. Call our Ashford practice on 01233 500505 for further details. Terms and conditions apply.



Barretts



Straight from the Horse's mouth

STRANGE VETERINARY TERMS EXPLAINED...

LYMPHANGITIS

This disease is recognised by the swelling of the legs, usually hind, that pits when pressed with a finger. There are 2 causes with very different implications for the horse.



The first reason for this type of swelling is known as **Sporadic Lymphangitis**.

The swelling usually affects both hind limbs but can affect all four legs and can be considerable. The cause is simple and it is brought on by an unusually lengthy period of box rest in a horse that doesn't usually rest for long periods. If your horse is stabled for most of the time anyway then swelling of the lower limb is likely to be due to a genuine injury rather than this disease. This sporadic form can easily be differentiated from the more sinister form as it resolves to a completely normal looking leg with a short period of exercise. There is no underlying disease process and there are no long-term effects to the affected horse. As the colloquial term "Monday morning disease" suggests, it is commonly seen in horses that work hard through the week and are stabled over the weekend, presenting with swollen back legs on Monday morning when they are brought out to work again.

The other form of the disease – **Ulcerative Lymphangitis** – is a completely different disease.

This presents similarly to Sporadic Lymphangitis with massive swelling of, usually, 1 hind limb but it is much more painful and you will often see discharge through the skin of the affected leg. It is caused by infection with bacteria either through an existing wound or in a limb affected by mud rash. The swelling is caused by a combination of inflammation and blocked drainage of the leg by small clots wedged in the vessels that would normally carry the oedematous fluid away. The affected horse will also often be non weight bearing, show a high temperature, reduced or absent appetite, sweating, increased respiratory rate and sometimes, mild colic symptoms due to the significant pain.

Treatment is always necessary and should be rapid and aggressive as these cases are difficult and challenging to treat successfully and unfortunately often results in a permanently swollen leg.