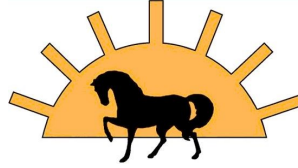


Sunrise Equine Veterinary Services, PLLC



Volume 23, Issue 1

651-583-2162

www.SunriseEquine.com

Spring 2017

SEVS News

Dr. Kirsten Frederickson

Welcome to the spring newsletter! We are getting an early jump on the upcoming season since there is a lot to do. Everything has been going great with three vets on and the expanded practice area. We have found our vet assistant help to be irreplaceable. You can expect to see an assistant with each vet the majority of the time for scheduled appointments. Since we cover a lot of ground now, we will be offering the Routine Care Days again starting at the beginning of March. Service areas are listed in the schedule on the back so feel free to schedule early to get your preferred day. Call for a farm call quote to your location and find out how much you can save with the Routine Care Day discount!

As always, horses can be hauled to our treatment facility for preventative care, diagnostic procedures and many different treatments. We have a heated barn with cement floors, a set of stocks and two stalls. The driveway is a loop so that pulling a trailer in and out does not require backing. A word of advice is to keep all tires on the gravel since the grass can get quite soft in the wet season.

We will be holding two Coggins clinics this year. One will be held in Minnesota and one in Wisconsin to give everyone and opportunity for discounted Coggins and vaccines. Anyone can attend either clinic regardless of where you are from. As long as you get there during the hours posted we will continue until everyone has been served.

Due to prior low attendance we did not have a fall open house but will be adding more content to our normal spring client education day. This should be a fun learning day with good information but will not require too big of a time investment for attendees. We hope to see you all there!



Please "Like" us on Facebook!
Keep updated with horse news you need to know.

Mission Statement:

At Sunrise Equine we are committed to helping improve the lives of horses and their owners. We work collaboratively to apply our knowledge and skills, and to educate our clients. We are here for owners and horses in their time of need, and will advocate for the best interest of both. We work ethically and with integrity in everything we do.

Client Education Day:

Saturday March 4th, Noon-2pm

Topic: **Equine Hoof Diseases and Care**

Great Door Prizes and Raffle Items!

Subway Sandwiches served. Please RSVP.

Coggins Clinics!

1) Minnesota

When: Saturday, April 8, 2017, 11:00am - 3:00pm

Where: Northwest Saddle Club Showgrounds

26950 Lyons St, North Branch, MN 55056

Visit www.nwsaddleclub.org for directions

2) Wisconsin

When: Sunday, April 9th, 2017, 11:00am - 2:00pm

Where: Burnett County Fairgrounds

954 S. Pine St, Grantsburg, WI 54840

All Clients Welcome - have your horses Coggins, vaccinations, and fecals done at a **reduced price!**

****Rain, Shine or Snow****In case of rain or snow, Coggins clinic will be held under shelter at the listed location. Bring your previous Coggins with you to make the paperwork process faster! Digital photos are only taken on horses that have not had a previous digital Coggins done by Sunrise Equine. Visit our website or Facebook Page for more information and directions! www.sunriseequine.com

Special Services Offered:

- ◆ Professional Equine Chiropractic Care
- ◆ Upper Airway Endoscopy AND Gastric Endoscopy
- ◆ Advanced Ultrasound
- ◆ Portable Digital Radiography
- ◆ Shockwave Therapy
- ◆ Eye Pressure Checks

Control Your Feeding Program AT HOME AND ON THE GO!



Contact a NETspert today:



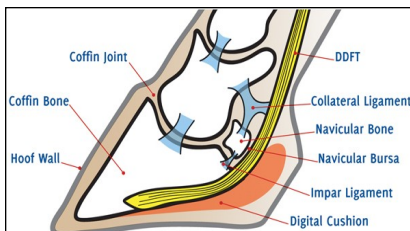
(651) 404-7377 | www.HayCHIX.com



Understanding Equine Navicular Disease

By: Megan McGaver, DVM

The navicular bone is a small boat shaped, flat bone located behind the coffin joint deep in the heel of the horse's foot. The bone is surrounded by a synovial structure called a bursa. The primary purpose of this structure is to provide a smooth, gliding surface for the deep digital flexor tendon (DDFT) to run over. The bone measures about 6 cm wide and 2 cm deep in the average 1,200 pound horse. Why does such a small bone cause the horse such a big problem?



Navicular Disease (aka caudal heel pain, palmar foot pain) is

a catch all phrase to describe forelimb pain that is localized to navicular bone and surrounding soft tissue structures (collateral ligaments of the navicular bone, distal sesmoidean impar ligament, and deep digital flexor tendon). Historically, navicular disease was considered a single disease, but now we know the disease is much more complex and can affect many different structures that are located in the heel region of the horse. The underlying cause of the disease is still debated. Bio-mechanics of the foot is one component. Confirmation such as broken forward or backwards hoof axis, under-run heels, sheared heels, contracted heels, mismatch hoof angles and disproportionally small feet likely contribute. These conformational abnormalities result in excessive concussion and strain to the navicular bone and surrounding structures. Genetics is likely a component as Quarter Horses, Thoroughbreds, and Warmbloods are diagnosed more frequently and breeds such as Arabians and Friesians are diagnosed rarely.

Navicular disease usually presents as a low grade, bilateral front limb lameness which often progresses slowly. The lameness

might only occur from time to time or when the horse is exercised on hard ground or in a small circle. The lameness may also be subtle and show up as a reluctance to work. In some cases, one foot is more affected than the other causing an obvious lameness. Some more severely affected horses may stand with the more painful foot placed in front of the other (pointing).



If your horse is showing signs of lameness, a lameness exam by a veterinarian should be performed. Local nerve blocks will be performed to localize the area of the lameness. Once the heel region is identified as the source of the pain, radiographs of the foot and navicular bone will be taken. Other diagnostics such as navicular bursa contrast study, ultrasound, and MRI may be recommended. Though an MRI is expensive it provides valuable information about the navicular bone and the soft tissues structures that surround and support the bone. Many abnormalities that cannot be diagnosed from radiographs can be identified on MRIs.

Unfortunately there is no single and straight forward treatment regiment for this disease. The treatment will be different and individualized for each horse. Treatment options include: farrier work and specialty shoeing, anti-inflammatories, rest, oral isoxsuprine hydrochloride, oral joint supplements, injectable joint supplements (Adequan and Legend), and steroid joint injections. A fairly new group of drugs that have been used for this disease are bisphosphonate drugs called Osphos and Tildren.

Both these drugs help slow down the degenerative process of the navicular bone and also provide pain relief. We have had good success with using Osphos on several patients treated at Sunrise Equine.



Navicular Disease is a common cause of forelimb lameness. It is important to work with your veterinarian to diagnosis this disease and formulate an individualized treatment plan.

Transitioning Your Horse Back Onto Grass

It is tempting to turn your horses out right away onto the lush green pasture after the long winter but doing it too quickly can contribute to laminitis, colic and diarrhea.

Before turning out to graze, the pasture should be 6 – 8 inches in length. Once the pasture has reached this length, the horses can be turned out for 15 minutes. This time can be increased by 15 minutes per day until 4-5 hours of consecutive time is reached. After they have reached this time, they can be on unrestricted grazing. The horses should continue to receive their normal hay ration during the first initial introductions to pasture to avoid rapid intake of the grass.

Horses and ponies that are overweight, have equine metabolic syndrome or are prone to laminitis will be more sensitive to the spring grasses. Grazing muzzles can be beneficial for these types of horses. Some of these horses may need to be entirely restricted from fresh grass to avoid excessive weight gain and laminitis. Please call us with any specific questions regarding pasture turnout.



Strategic Deworming

We used to want horses to be parasite free. In order to prevent resistant worms, the new goal is to maintain a low level of parasites.

- ◆ Perform 2 fecal exams yearly (fall and spring).
- ◆ If low shedder, deworm 1-2 times per year (see chart).
- ◆ If high shedder, consult your veterinarian or follow the chart below.
- ◆ If fecal count is **high**, run another fecal 2-3 weeks after deworming to check effectiveness of dewormer.
- ◆ All horses should be dewormed with ivermectin/praziquantel after the first hard frost to kill bots, tapeworms and other intestinal parasites.
- ◆ Foals: We recommend deworming every 1-2 months with a rotation schedule until 1 year of age. After this fecal exams can be started to determine future protocol.
- ◆ Do not use Quest Plus in horses < 3 years of age.

We will be happy to discuss your horse's specific needs.

Month	< 200 EPG = Low Shedder	200-500 EPG = Moderate Shedder	>500 EPG = High Shedder
April	Optional Pyrantel or Fenbendazole	Moxidectin	Moxidectin
July		Pyrantel or Fenbendazole	Pyrantel
August			Fenbendazole
October (*should be after first hard frost)	Ivermectin or Moxidectin PLUS Praziquantel	Ivermectin PLUS Praziquantel	Ivermectin PLUS Praziquantel

2017 Vaccination Recommendations:

All Horses: Tetanus Sleeping Sickness (Eastern/ Western) West Nile Virus Rabies	Transmission: Wounds/ Injuries Mosquitoes Mosquitoes Rabid Animals
All Horses based on risk assessment: Potomac Horse Fever (if horses near water) Leptospirosis (NEW! Optional, but recommended, esp. in Apps, Infection can cause uveitis, abortions, and kidney disease)	Transmission: Snails/Mayflies Wildlife/Water Sources
All horses that come into contact with new horses: Influenza Rhinopneumonitis (EHV 1/4) Strangles (intranasal)	Transmission: Oral/Nasal Secretions Oral/Nasal Secretions, placental/repro fluids Respiratory secretions, abscess secretions
Breeding Horses: Rhino for pregnant mares (5,7, and 9 months) Booster all yearly vaccines 4-6 weeks prior to foaling	

Colic 101

By: Michelle Wiberg, DVM

Early recognition of colic symptoms can mean the difference between life and death in your horse.

Colic is defined as any pain originating from the abdominal cavity. Horses can show varying degrees of pain with varying clinical signs. Some common signs may include turning to look at the flank, pawing the ground, inappetence, laying down, restlessness (such as getting up and down), rolling, sweating, having a high heart rate and respiratory rate, flared nostrils, or abnormal manure production.

There are a variety of causes of colic including changes in diet, weather changes, dehydration, inadequate water intake in cold weather, sand ingestion, twisting or displacement of the intestines, parasite infestation, and diarrhea/inflammatory bowel disease. In some cases the specific cause cannot be identified.



It is important to recognize the signs of colic early and seek veterinary attention or advice immediately. Colic left untreated can progress to death or the need for surgery in order to resolve the problem.

There are many preventative measures owners can take to help prevent episodes of colic. Some healthy habits include making dietary changes slowly (over the course of about 1 week), providing plenty of fresh water and exercise, ensuring a balanced diet high in forage, feeding up off of sandy areas, and regular deworming schedule based on fecal egg counts.

If you think your horse may be showing signs of colic, we recommend restricting all feed but offering water, and hand walking the horse to prevent rolling and to stimulate proper movement of the GI tract. Contact your veterinarian immediately and explain your horse's symptoms. If the horse needs to be seen, the veterinarian may prefer that the horse did not receive any pain medications prior to examination so that symptoms are not masked. Once the veterinarian examines and treats your horse, more specific recommendations will be made.

If you think your horse may be colicking, we recommend calling our office and speaking with a veterinarian or representative. If your horse colics after hours, we offer 24 hr emergency care and the phone number for the veterinarian on call can be obtained off of our clinic's voicemail.

Spring Routine Care Days!

To better serve our clients, we are offering **HALF PRICE FARM CALLS** if you are able to schedule your horses' routine Spring care on the days we have designated a doctor to be in your area! Preventative care days are intended for clients with only a few horses who are looking for to save some money without having to leave the farm.

Routine and preventative care includes: wellness exams, dental exams and power dental floats, vaccinations, Coggins, sheath cleanings, recheck exams, fecal egg counts, de-wormings, and castrations.

How to schedule: 1.) Find your city or nearby city, and determine which Zone you fall in.

2.) Pick one of the dates we will be in your Zone and give us a call to schedule your appointment. We ask that you are flexible with your appointment time, and **call at least a week in advance**. Priority will be given to those that call first.

3.) We will call you the day before the appointment and give you a 2 hour window during which the doctor will arrive. We will call again the day of the appointment to notify you that the doctor is on their way.

Please have your horses caught and ready for their veterinary visit. We reserve the right to cancel a scheduled routine care day based on low participation (< 2 apts in an area).

- ◆ If you have 10 or more horses, please call and schedule a barn day where you will receive an additional discount and have the option to request a doctor.
- ◆ If the dates listed do not work with your schedule or if you have other work that you would like done on your horse, as always, you may call and schedule an appointment at your convenience.
- ◆ If you are able to coordinate your visit with your neighbor (s), we are still willing to offer specially priced farm calls. Please call for rates.

**Give our office a call to schedule your appointment.
Call early for best availability! 651-583-2162**

Zone	Cities	Dates (Monday-Friday)
1	North Branch, Harris, Stacy, Sunrise	March 6 th , 16 th & 28 th , April 7 th , 12 th & 21 st , May 5 th , 15 th & 23 rd
2	Rush City, Rock Creek, Rush Point	March 7 th , 20 th & 29 th , April 6 th , 14 th & 24 th , May 8 th , 16 th & 26 th
3	Grantsburg, Siren, Webster, Danbury	March 13 th & 21 st , April 7 th & 27 th , May 3 rd , 9 th , 19 th & 22 nd
4	Frederick, Cushing, Luck, Milltown	March 10 th , 24 th & 27 th , April 11 th , 21 st & 26 th , May 4 th & 12 th
5	Shafer, Taylors Falls, St. Croix Falls, Centuria, Balsam Lake, Dresser, Osceola, Amery	March 14 th , 20 th & 31 st , April 10 th , 20 th & 24 th , May 5 th & 17 th
6	Wyoming, Chisago City, Lindstrom, Center City, Scandia, Forest Lake, Columbus, Hugo	March 8 th , 17 th & 30 th , April 3 rd , 14 th & 25 th , May 8 th , 18 th & 26 th
7	Isanti (S. of CR 5), East Bethel, Bethel, St. Francis, Ham Lake, Linwood	March 9 th , 13 th & 24 th , April 5 th , 17 th & 28 th , May 2 nd , 12 th & 22 nd
8	Cambridge, Isanti (N. of CR 5), Stanchfield, Braham, Dalbo	March 10 th , 22 nd & 27 th , April 10 th & 19 th , May 1 st , 10 th , 19 th & 25 th
9	Pine City, Grasson, Mora, Brook Park	March 15 th , 23 rd & 31 st , April 3 rd , 18 th & 28 th , May 1 st & 15 th
10	Hinkley, Sandstone, Askov, Finlayson	March 6 th & 17 th , April 4 th & 13 th , May 1 st & 24 th

Address Correction Requested

Sunrise Equine Veterinary Services
39318 Poor Farm Road
North Branch, MN 55056



Dates to Remember:

Coggins Clinics:

Minnesota: Saturday, April 8th 2017
11am - 3pm. Northwest Saddle Club

Wisconsin: Sunday, April 9th, 2017

11am ~ 2pm. Burnett County Fairgrounds

Client Education: March 4th, 2017

Equine Hoof Diseases and Care

12pm-2pm. Sunrise Equine. Please RSVP

