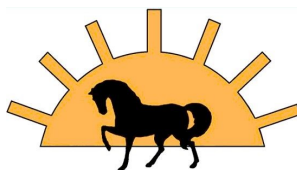


Sunrise Equine Veterinary Services, PLLC



Volume 25, Issue 1

651-583-2162

www.SunriseEquine.com

Spring 2019

SEVS News

Dr. Kirsten Frederickson

Welcome to the spring newsletter. I can't believe it but we made it through the winter! I had so many of you give me great encouragement during the time that I was the only vet on and I want to thank you. I just love my clients! I am happy to say that as of the later part of February Dr. Michelle came back from maternity leave full time and our new vet Dr. Jill arrived. We are in full swing again with three vets ready to take on the busy season.

Over the course of the past few years, we have had several horses needing eye removal which is called enucleation surgery. The procedure is done using our stocks at the clinic and the horse is sedated but remains standing similar to getting a dental float. This surgery is performed in situations where the eye is blind and causing pain or when it is too painful or costly to treat. They do very well with the surgery and often act relieved when they no longer have to deal with the excruciating eye pain. If your horse is dealing with a bad eye, enucleation may be an option to help them.

As stated in the Coggins clinic section, we are doing it by appointment this year. Last year the clinic was rescheduled due to weather and it was hard to let everyone know since we did not have a list of who was coming. We scheduled individuals to time slots over a few separate days to make up for rescheduling. It went so well that we have decided to keep this format. This allows for better planning and communication in the event that the weather does not cooperate again. Our office can prepare the paperwork ahead which speeds things up and we can offer weekday options as well. With the clinic being held at our clinic, we also have access to the stocks for horses that may be difficult. We think you will like this method and hope to see you there.



Coggins Clinics!

*** NEW* - By Appointment (Please Call to Schedule)**

Minnesota

When: Saturday, April 6th 2019, 12:00pm- 2:00pm & Wednesday April 10th, 4:30pm-6:30pm

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

Wisconsin

When: Sunday, April 13th, 2019, 1:00pm- 3:00pm

Where: RNR Ranch & Tack
2697 Nevers Dam Rd, St Croix Falls, WI 54024

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. Coggins done by Sunrise Equine. Visit our website or Facebook Page for more information and directions!
www.sunriseequine.com

2019 Vaccination Recommendations:

All Horses:	Transmission:
Tetanus	Wounds/ Injuries
Sleeping Sickness (Eastern/ Western)	Mosquitoes
West Nile Virus	Mosquitoes
Rabies	Rabid Animals
All Horses based on risk assessment:	Transmission:
Potomac Horse Fever (if horses near water)	Snails/Mayflies
Leptospirosis	Wildlife/Water Sources
(NEW! Optional, but recommended, esp. in Appaloosas, Infection can cause uveitis, abortions, and kidney disease)	
All horses that come into contact with new horses:	Transmission:
Influenza	Oral/Nasal Secretions
Rhinopneumonitis (EHV 1/4)	Oral/Nasal Secretions, placental/repro fluids
Strangles (intranasal)	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	

Mission Statement:

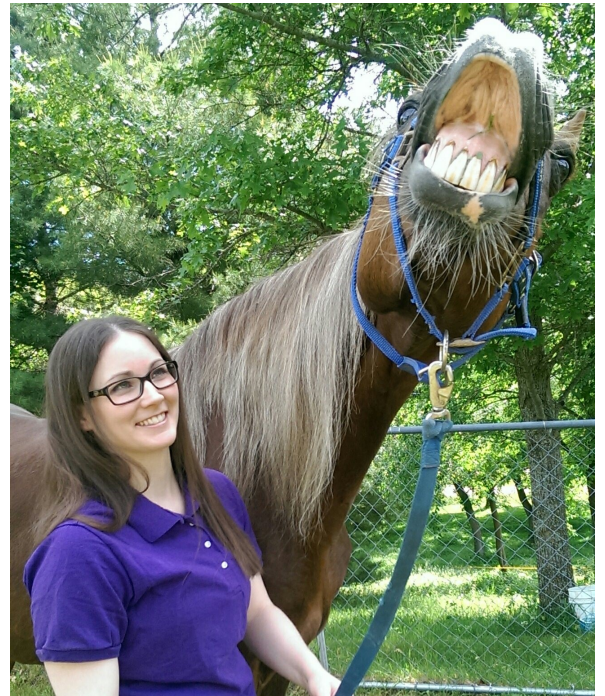
At Sunrise Equine we are committed to helping improve the lives of horses and their owners. We work collaboratively to apply our knowledge and skills, and to educate our clients. We are here for owners and horses in their time of need, and will advocate for the best interest of both. We work ethically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

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

WELCOME DR. JILL DEETS TO SUNRISE EQUINE!

Dr. Jill graduated from the University of Minnesota – College of Veterinary Medicine in 2016 where she pursued an equine medicine track. She then completed a yearlong internship at the Stillwater Equine Clinic in Stillwater, MN. After her internship, she joined an equine practice as an associate practitioner in northern New Jersey for 1.5 years before returning to her home state of Minnesota to join the team at Sunrise Equine. Throughout her experiences, Dr. Jill has developed special interests in internal medicine and ophthalmology.

Dr. Jill developed a longing to become a veterinarian at an early age when growing up in southeastern Minnesota among many different animals. This included horses, and in her youth she enjoyed trail riding. After graduating from Dover-Eyota High School, she double majored in human biology and zoology to complete her Bachelor of Science in Biology at Minnesota State University –Mankato. Dr. Jill was actually a human phlebotomist/lab assistant for several years before entering veterinary school. In her spare time, Dr. Jill enjoys spending time with family and friends, learning about history, reading, running, and traveling when she can. Jill is very excited to be joining the team at Sunrise Equine, and is looking forward to meeting both clients and horses in the area.



What is the Coggins Test and Why is it needed?

By: Michelle Wiberg

The coggins test is an ELISA (enzyme-linked immunosorbent assay) blood test that tests for the presence of Equine Infection Anemia (EIA). EIA is a potentially fatal blood-borne infectious viral disease that produces persistent infection among equids nearly worldwide. The disease has been recognized for centuries, but its prevalence began to rise in the 1930s and reached its destructive peak in the US in the '60s and '70s. In 1975, 10,371 cases of EIA infection were detected in the US with many cases exhibiting severe clinical signs and some resulting in death.

Clinical signs of EIA vary dramatically from acute infection with mild to high fever for a few days and small hemorrhages, to progressive weakness, weight loss, depression, and disorientation. Some cases result in rapid death, but most cases are inapparent carriers and show no outward signs of disease. There is no vaccine or treatment for the disease, and it is difficult to differentiate EIA from other fever-producing diseases, including influenza, Equine Encephalitis, West Nile, and Anthrax. The most commonly diagnosed form of the disease is the chronic form in which the horse has recurrent fevers and may develop edema, weight loss, and severe anemia. The virus takes up permanent residence in the horse's tissues and is always infectious. There is also an inapparent form of EIA where the horses may only show a slight fever for a day or be totally without clinical signs of infection.

The most common vectors for spreading EIA are biting flies, particularly horseflies, and mosquitoes. The virus can also be spread from sharing needles between horses.

EIA was difficult to diagnose and identify until 1970 when a test known as the "Coggins Test" was developed. Tests have improved from taking over 24 hrs to less than 1 hour, and accurately allow us to identify and remove positive reactors from herds and effectively block the spread of EIA among tested populations. Categories of horses that require testing include:

- Horses entering into exhibitions/shows or competitive events
- Horses being moved interstate or out of country
- Horses changing ownership
- Horses entering auctions or sales

Due to the wide availability of EIA testing today, laws and regulations that control horse movement and universal precautions taken to avoid spreading contaminated blood to other horses, we have reduced EIA disease to a manageable level. Currently there are less than 100 cases reported each year nationwide.

EIA is still a current threat to horses today. Because the disease is a retrovirus, it contains RNA genetic material which it uses to produce DNA. The virus genome mutates relatively rapid making it difficult to control, both within individuals and populations. There is no vaccine for the disease because of its unstable antigen pattern. In addition, the virus appears to become more virulent as it is passed from one horse to the next. Furthermore, not all equine populations are tested regularly. This increases the chance that the virus is lurking in reservoirs in an unknown number of inapparent carriers that have not yet been identified through testing.

If a horse is found to be positive, the horse must be quarantined at least 200 yards from any other equine, ideally in a screened-in barn, and effectively branded by a USDA representative. All other horses on the premises must be tested, and the facility remains in quarantine until all horses remain negative after 60 days. In most cases, the horse is euthanized to prevent potential spread of the disease.

At this time, a coggins test is still a required test for all horse movement /mingling and is used as a form of identification. A coggins test is valid for 12 months after the blood draw date. Our clinic is now issuing digital coggins papers that use digital photographs of the horses for identification purposes. Results are available through the online Global Vet Link website or can be printed or emailed for owners. We look forward to servicing your horses for their coggins tests and other routine care work this spring! (source: AAEP)

Strategic Deworming

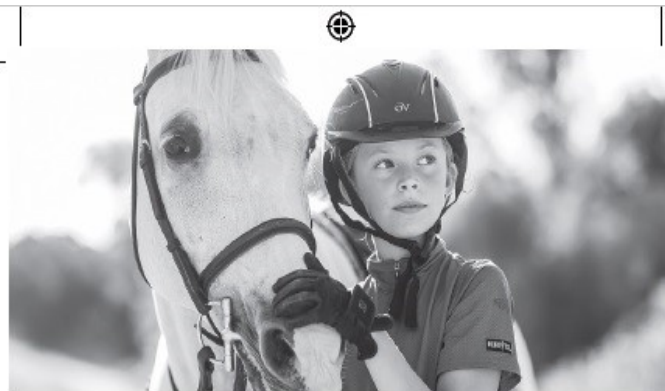
We used to want horses to be parasite free. In order to prevent resistant worms, the new goal is to maintain a low level of parasites.

- ◆ 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 to the right.
- ◆ 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.

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

Special Services Offered:

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



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Dates to Remember:

Coggins Clinics/
New—By Appointment

Minnesota:
Saturday, April 6th 2019, 12pm – 2pm
Wednesday April 10th, 2019 4:30pm – 6:30pm
~Both held at Sunrise Equine Veterinary Services

Wisconsin:
Sunday, April 13th, 2019, 1:00pm – 3pm
~Held at RNR Ranch in St Croix Falls WI

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 will be in your area.

Routine and preventative care includes wellness exams, dental exams and power dental floats, vaccinations, Coggins, sheath cleanings, rectal exams, fecal egg counts, de-worming, 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 (no specific time is scheduled as appointments are routed according to location), 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 an estimated 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 (less than 2 appointments in an area).

Preventative care days are intended for clients with only a few horses who are looking for ways to save a little money without their horses having to leave the farm. If you have 10 or more horses, please call and schedule a barn day where you will receive a different discount and have to 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 discounted farm calls.

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