



Dr Luisa Smith BVMS PhD MRCVS scanning a horse at Bell Equine

STAFF NEWS

We are delighted to report that **Luisa Smith** has just obtained her PhD degree in evidence-based medicine (EBM), following several years of studying here and also in Newmarket and at Glasgow Vet School. This sort of work enables us to share ideas between different equine veterinary centres and helps us treat horses in the best way possible, which is what EBM is all about.

EBM is a fundamental part of modern medicine and means making clinical decisions that are supported by the best available scientific evidence.

Luisa is now doing a surgery residency run jointly between the Royal Veterinary College and Bell Equine and is shown here performing an ultrasound scan at Bell Equine. ■

ENTRANCE NEWS

We have installed electric gates at the surgery to improve safety and security. When you arrive at the equine hospital the gates may sometimes be shut, especially outside office hours. You may need to bring a mobile phone with you, so you can ring us to gain admittance, or check with us first so we are expecting you and can open the gates.

Our other news from Bell Equine is no news - there are no staff changes to report! We have no announcements about new vets or other staff changes at the moment, so you should be seeing the same familiar faces looking after your horses.

Our recent questionnaire showed that continuity of care is important to you and we are trying our best to provide that for you and your horses. ■

EXTRA NEWS

We are pleased to reveal that apart from looking after horses, we have had no fewer than 3 engagements and one wedding recently involving our staff. These are all separate happy events and not in house office romances! Congratulations to all 3 members of staff and their partners, who have recently become engaged:

- Our orthopaedic surgeon **Emmanuel Engeli** and his fiancée Liz.
- One of our interns, **Edd Knowles** and his fiancée Kath.
- One of our nurses, **Terri Malyon** and her fiancé Lewis.

Last, but not least, very best wishes are also due to Mr. and Mrs. Lochore, the bride being our nurse **Anita Day**. Anita received her final full qualification as an equine veterinary nurse the same week as her wedding!



Congratulations to Anita on the Bell Equine nursing team, on her recent wedding!

Congratulations & best wishes to all!

THE TOUR DE FRANCE

The race will whiz along the Tonbridge Road (A26 from Maidstone to Tonbridge via Wateringbury and Hadlow). This means that this main road near Bell Equine will be closed from 8am to 2pm on Sunday 8th July.

If you need to access the surgery from the south on this Sunday, please try to avoid this time. If you have to come to us then as an emergency, you will be able to follow a diversion.

Speak to our office or the duty vet if you need any further information, or visit www.kent.gov.uk or call 08458 247247. ■

FURTHER QUERIES

If you have any queries, please do not hesitate to contact us, either on the main office number **01622 813700** or speak directly to the vet looking after your horse. If you have any specific complaints or concerns, you should contact the practice manager or one of the partners.

We would like to take this opportunity to remind clients that we offer a 10% discount for immediate payment at the time of service either by cash, cheque, credit or debit card. Alternatively a 5% discount is available if payment is received within 15 days of receiving an invoice.

All outstanding accounts must be settled within 30 days of receiving an invoice.

Thank you ■

BELL EQUINE CLINIC
Mereworth, Maidstone, Kent ME18 5GS

For **hospital appointments**, please phone Linda Loines on 01622 816032 or 01622 813700

For **account queries**, please contact Pat Oram on 01622 816033

For **general enquiries**
Tel: 01622 813700

EQUINE INFLUENZA UP-TO-DATE INFORMATION

Everyone worries about strangles and the risk of that infection spreading to their horse, but many forget equine 'flu. This is another major equine respiratory disease that has recently reappeared with several positive diagnoses of equine influenza virus in the Midlands, Kent and Hampshire. Investigations by the Animal Health Trust have shown that the outbreaks have involved animals that have been recently imported into the country, having been bought at a horse sale in County Kilkenny in the Republic of Ireland. All these horses were reported to be either non-vaccinated or of unknown vaccination status, and there is some evidence emerging of onward transmission to non-vaccinated contacts on some of the affected premises.

Every now and then an outbreak of equine influenza like this occurs. It highlights the need for regular vigilance and flu vaccination. Vaccinated horses may show signs but these are usually milder than those experienced by unvaccinated horses. One of the reasons that vaccines do not always provide 100% protection is due to the fact that the virus can change slightly with time and different strains develop. The vaccines are regularly updated in order to provide maximum protection, however they will always lag behind the actual strains that are circulating among the horse population.

Facts about equine flu

Equine Influenza ('flu) is a disease that affects the upper and lower respiratory tract of horses, donkeys and mules. It is caused by several strains of the equine influenza virus. The disease is very infectious and spreads rapidly through groups of horses. The incubation period is 1–3 days.

Clinical signs

The horses in the recent outbreak are reported to have showed signs that included:

- A very high temperature of 39–41°C (103–106°F), which lasted for 1–3 days.
- A frequent harsh, dry cough that can last for several weeks.
- A clear, watery nasal discharge that may become thick and yellow or green.
- Enlarged glands under the lower jaw.
- Clear discharge from the eyes.
- Depression and loss of appetite.
- Filling of the lower limbs.

What to do

As soon as a horse shows any suspect signs, strict hygiene and isolation procedures should be applied as the disease is spread by inhalation of virus released into the atmosphere as an aerosol by coughing and blowing - essentially one horse coughing over another. For this reason equine 'flu is highly contagious within a group of horses,

but thankfully it is not airborne over long distances like some other viruses such as foot and mouth disease virus.

If you suspect your horse has equine influenza you should contact Bell Equine. Steps can then be taken to stop the spread of the disease. One of the most crucial is identifying the infection accurately; if you know what you are dealing with, then you can control it.

Diagnosis

An accurate diagnosis can be made by:

- Recognising the clinical signs and the rapid spread between horses.
- Isolation of the virus from nasopharyngeal swabs.
- A number of other laboratory tests which identify the virus.
- Rising antibody levels in blood (serum) samples taken early in the course of the disease and 2–3 weeks later.
- History of recent contact with a confirmed case of the disease.

What causes the illness?

Equine 'flu is caused by a virus. Once a horse has breathed this in, it invades the airway lining airway, which becomes swollen and inflamed producing a very sore throat and a nasty cough. The viral damage causes patches of the membranes lining the airways to ulcerate and these changes disrupt the clearance of mucus and other debris from the airways. In turn these damaged areas end up being invaded by bacteria and further infections ensue. Antibiotics have no effect against a virus, but they can be useful to control secondary bacterial invasion.

What to do about it

All horses with respiratory infections should be given complete rest. Ideally, they should not recommence any strenuous exercise until two weeks after the signs have gone. Frequently the advice is given that they should have a week off for every day that they have had a fever (raised temperature), but many riders will find that their horses are below par for longer, in the same way the people can feel run down after 'flu.

Good stable ventilation and management is essential. Exposure to dust and spores should be minimised as horses with respiratory infections are susceptible to developing allergic problems including recurrent airway obstruction (RAO). If hay is fed, it should be of good quality and soaked. If weather conditions permit, affected horses benefit from being turned out into a small paddock for at least part of the day once their temperatures have returned to normal. This is especially important in the recovery stages.

Some of the new antioxidant feed supplements marketed to help respiratory function may well be of benefit as well as some other medications to help breathing. It is best to consult Bell Equine for the appropriate treatment of individual cases.

Prevention

Regular vaccination is the key to the prevention of outbreaks of equine influenza. When the disease occurs locally, it may be advisable to give a booster to any horse that has not been vaccinated in the previous 5–6 months. Maximum immunity is not reached for some days after the vaccination. Some competition rules state that a horse cannot compete until 7 days after vaccination. ■

KEY FACTS ABOUT EQUINE SARCOIDS

- Equine sarcoids are the commonest nodular skin disease that we see in horses at Bell Equine. The only predictable factor about equine sarcoids is that they are totally unpredictable!
- The appearance of sarcoids varies enormously and there are at least 6 different types recognised.
- Sarcoids are most likely to occur in sites where the skin is thin and there is little hair cover, such as around the eyes. Whenever you see a lump on the skin, be suspicious. If they need treatment it is easier, whilst the sarcoid is small.
- The cause is unknown, but they may be linked to a virus. There is a genetic factor involved, so they are to some extent, heritable.
- There are many possible treatment options, which means that no one treatment is universally effective. Each case will need to be assessed individually as there is always a risk of regrowth and if they are in an area where they may interfere with the tack or are close to the eye we need to be doubly careful.

We see many sarcoids every year and have been doing our best to find safe and innovative treatments that reduce the risk of recurrence. Recently we have invested in a new sophisticated surgical laser, which is proving to be very effective. The successful sealing of blood vessels and other tissues by laser results in less swelling and pain after surgery and can make recurrence of masses less likely compared to traditional removal with a scalpel. Other options include cryosurgery to remove the sarcoid tissue by freezing it, whilst many sarcoids can be simply eliminated by application of the appropriate topical cream. The most important thing is to catch sarcoids early before they become too big to treat easily and never dismiss sarcoids as warts. If you are concerned, check with the vet. ■

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