



Welcome Dr. MacLellan!

Comstock Large Animal Hospital is pleased to announce that Kelly N. M. MacLellan BSc, MSc, DVM, MVetSc, DACVS has joined our practice. A native of Truro, Nova Scotia, Dr. MacLellan received her DVM from the Atlantic Veterinary College at the University of Prince Edward Island in 1995. She has a rich educational background, having spent time at several veterinary colleges as well as private practice experience throughout North America and abroad. A Board Certified Surgeon, Dr. MacLellan's academic experience includes the Western College of Veterinary Medicine at the University of Saskatchewan, Oregon State University College of Veterinary Medicine, Massey University in New Zealand and most recently the Ontario Veterinary College at the University of Guelph in Toronto. Her private practice experience includes practice in Spain, as well as a large multi-doctor practice in Calgary, Alberta. Kelly's wealth of experience and expertise in surgery and lameness is a welcome addition to our practice. We are excited to have her with us here at Comstock Large Animal Hospital. We hope that you will come to meet her at our Client Education Seminars coming up!

COMSTOCK LARGE ANIMAL HOSPITAL

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Client Education Seminars This Spring

We are excited to announce that we are recommencing the Client Education Seminars this spring. These seminars will be held at the clinic and will be an excellent opportunity to tour our facilities and meet our new surgeon, Dr. MacLellan. All seminars are free of charge so bring your friends and neighbors. Refreshments will be provided. As a courtesy, we request that you RSVP the week preceding each seminar.

General Health

Saturday, February 9, 2008 @ 10:00a.m.

Don't know how to take your horse's pulse, we'll show you. This hands-on workshop will demonstrate how to do a physical examination and provide basic first aid. We will also cover current recommendations for vaccines, feeding and nutrition, and what to look for before you purchase your next horse.

Mare & Foal

Wednesday, March 5, 2008 @ 6:30p.m.

Spring means baby season! We will go over care of the expectant mare and newborn foal, how to prepare for the foaling process, and provide answers to all of those questions you are dying to know but afraid to ask.

Lameness: Back to the Basics

Wednesday, April 9, 2008 @ 6:30p.m.

"No hoof, no horse." This open discussion will cover the most common types of lameness and how to treat these problems. Special guest certified farriers, Jeff and Justin Lovig, will go over lameness issues of the hoof and corrective shoeing.

Jeopardy Night!

Wednesday, May 7, 2008 @ 6:30p.m.

Join your fellow attendants and test your horse knowledge with a little friendly competition. ▶

Laminitis Prevention and Insulin Resistance

Steve Damonte D.V.M.

As a horse owner, you may have heard of diseases such as Cushings Disease and Equine Metabolic Syndrome. These disorders have been hot topics of research because of their potential to cause the life threatening problem of laminitis. These diseases are treatable and manageable, but unfortunately we often do not make a diagnosis until laminitis has already reared its ugly head. Both of these diseases may have an underlying commonality called insulin resistance or IR for short. IR is a condition where the body's tissues do not respond to insulin produced by the pancreas. This leads to elevated blood sugar causing obesity and regional adiposity (abnormal fat deposition such as cresty necks and bulging fat pads above the eye or at the tail base). Horses with IR are thought to be more susceptible to laminitis when subjected to high risk factors such as grain overload, rich pasture grazing, infections, or high levels of stress to name a few. Horses with Cushings Disease also have high levels of circulating corticosteroids that make them more susceptible to having laminitis.

So how do we manage a horse with IR? The first step is to make an accurate diagnosis of whether the horse has Cushings Disease, IR or both. A simple blood test can diagnose Cushings with either an endogenous ACTH screen or a dexamethasone suppression test. IR is diagnosed initially with a blood insulin ratio level. An insulin challenge test is a more definitive means of diagnosis.

Dietary management is key to the treatment of horses with IR. However, if they are also determined to have Cushings, this must be managed with medication in addition to dietary changes. Below are a few guidelines to feeding a horse with IR:

- **Avoid feeds that contain high levels of sugars or non-structural carbohydrates (NSC) such as grains, molasses, and lush pastures. There are many new specialty feeds on the market formulated for horses with IR. Care should be taken in selecting these feeds so that the total NSC is less than 12%.**
- **Limit pasture grazing to 1-2 hours per day. Grazing in the early morning and late evening ensures the grass to have more water and less sugar. Feed smaller more frequent meals 3-4 times daily. Soak hay to reduce the sugar content. Substitute part of the dietary calories with fat from feeds such as rice bran.**
- **Reduce body fat with diet and exercise to improve insulin sensitivity.**

Management of these cases can be very involved but well worth the effort. Understanding the disease and educating oneself as to the options available are paramount to a successful outcome. Please feel free to ask our veterinarians if you have questions or visit our website for more information. ▶

What to Expect When Your Mare is Expecting

Betsy Lau, D.V.M.

Foaling is an exciting time for the horse owner. You have spent the last eleven months looking at ultrasounds of your foal-to-be, properly vaccinating and caring for your mare, and setting up a clean, dry area for the blessed event to take place. Because most mares prefer to foal at night when no one is around to disturb them, it is important to be prepared. A few things to have handy can include: your veterinarian's phone number should you need assistance, a watch to time each stage of labor, clean towels to dry the foal, and dilute chlorhexidine to dip the foal's navel.

The equine pregnancy can range anywhere from 305 to 405 days so it is helpful to have a few clues that labor is near. A few weeks before a mare delivers, her body undergoes changes. Her udder becomes larger, and the muscles around the top of her tail become relaxed. One to four days before delivery, the mare's teats enlarge and begin to drip a sticky secretion called colostrum. This process is also known as waxing. Using a milk calcium test of the colostrum can help narrow down the number of sleepless nights spent trekking back and forth to the barn checking your mare.

Labor is divided into three stages. During Stage 1, a mare is often anxious, urinating frequently, looking at her sides, and getting up and down. This helps the foal get into proper position for delivery. This stage typically lasts for an hour. During this time, the mare's tail can be wrapped lightly with vet wrap or a tail wrap to keep it clean and out of the way. Stage 2 begins when the amnion, a white water-filled sac, is visible. This stage is very quick, lasting 15-30 minutes, and consists of strong contractions and delivery of the foal. If your mare is pushing for more than 10 minutes unsuccessfully, call your veterinarian immediately as this can indicate a problem in delivery. Another cause for alarm is if a red velvety sac is noted instead of the normal white amnion. This is a true emergency because the placenta has detached too soon, and the foal is no longer getting oxygen from the mare. Stage 3 of labor concludes with the passing of the placenta. This typically occurs within three hours of delivery. Save the placenta in a plastic tub or bag so that your veterinarian can evaluate it for possible tears or retained pieces. If the mare has not passed the placenta within three hours, call your veterinarian immediately as this can lead to severe infection and laminitis. After the placenta has passed, the tail wrap can be removed.

Once the foal is delivered, check to make sure that it is breathing. You may remove the fetal membranes and dry it with a towel. The umbilical cord will break on its own either during delivery of the foal or once the mare stands. Do not cut the cord yourself as this can cause excess bleeding and possible infection. Dip the navel with a dilute chlorhexidine or iodine solution and repeat several times a day for the next 3-4 days. A normal healthy foal should get up in 30 minutes and nurse within two hours. It is extremely important to allow the mare and foal to bond. If you are too involved, the foal may become too exhausted to stand, nurse, and get the colostrum it needs to protect it. Another event to watch for is the passing of the meconium, a dark brown to black fecal material. If this does not pass or the foal is noted to strain when it defecates, you can give an enema. If the meconium does not pass or the foal is still straining, call your veterinarian. Your foal should be examined at one day of age to ensure it is healthy and has received proper antibodies from the mare. During this time, the mare can also be evaluated for any trauma that occurred during delivery.

The key to a safe and somewhat less stressful delivery is to be prepared. Watch for the signs of labor carefully, be ready to assist your mare, but do not forget to step back and let nature take its course. If you have any questions, do not hesitate to call your veterinarian. Happy foaling everyone! ▶

The Importance of the Large Animal Veterinary Technician

Creacy Box Bearfield, B.S., L.V.T.

During your last veterinary appointment, you may have noticed an additional person with the doctor and wondered who this was and why they were there. To keep up with the ever changing demand for high quality patient care, veterinarians strongly rely on their support staff. This support staff is made up of office personnel, veterinary assistants, and licensed veterinary technicians. You may be asking yourself what exactly is a licensed veterinary technician, and how are they different from the other staff.

A licensed veterinary technician, or veterinary nurse, is a person who has graduated from a two-year, American Veterinary Medical Association (AVMA) accredited program and who has subsequently passed both the Veterinary Technician National Exam and the exam mandated by the State Board of Veterinary Medical Examiners. We must be educated not only as a veterinary nurse but also as a laboratory technician, radiology technician, surgical nurse, anesthetist and client educator. Until 1950, this was considered as on-the-job training. As the demands changed, academic programs evolved and formal training was instituted. There are currently over 100 accredited programs in the United States. The only roles not filled by the veterinary technician are those reserved for the veterinarian (i.e. diagnosing and providing prognosis, prescribing medication or performing surgery).

As our practice grows, we hope to add additional licensed technicians to our staff to further expand our overall level of care for our patients. ▶

Spring Vaccine Clinics:

Spring is just around the corner and that means spring vaccine clinics are nearing. The clinics are days we provide routine healthcare for your horses, and the farm call is greatly reduced. Vaccines, de-worming, sheath cleaning and dental exams will be offered following a mandatory physical exam. Separate dates will be scheduled as necessary for dentistry. We ask that you call our office to reserve an appointment for the day(s) listed when we are in your area. We will call you back a few days before your reserved appointment to give you an estimated time when we will be at your address. Please keep in mind that occasionally emergencies occur making it necessary to reschedule your appointment. We do appreciate your patience when this happens. In order to help us stay on our schedule, we ask that you have your horses caught, haltered and ready for our visit. Please remember that we have many horses to treat in a day and are often unable to satisfy requests for specific appointment times or diagnosis/treat other issues in depth. ▶

Area/Location	Day	Vacc Date	Day	F/B Date
Washoe Valley 1	Tues	19-Feb	Tues	1-Apr
Washoe Valley 2	Wed	27-Feb	Wed	9-Apr
Washoe Valley 3	Sat	1-Mar	Fri	4-Apr
Washoe Valley 4	Tues	4-Mar	Tues	15-Apr
Washoe Valley 5	Tues	11-Mar	Tues	22-Apr
Washoe Valley 6	Sat	29-Mar	Fri	9-May
SW Reno 1	Thurs	21-Feb	Thurs	3-Apr
SW Reno 2	Tues	26-Feb	Tues	8-Apr
SW Reno 3	Wed	5-Mar	Wed	16-Apr
SW Reno 4	Wed	12-Mar	Wed	23-Apr
SW Reno 5	Sat	15-Mar	Fri	25-Apr
SW Reno 6	Wed	19-Mar	Wed	30-Apr
Spanish Springs 1	Tues	19-Feb	Tues	1-Apr
Spanish Springs 2	Wed	27-Feb	Wed	9-Apr
Spanish Springs 3	Tues	11-Mar	Tues	22-Apr
Spanish Springs 4	Wed	19-Mar	Wed	30-Apr
Spanish Springs 5	Sat	22-Mar	Fri	2-May
Lemmon Valley 1	Thurs	21-Feb	Thurs	3-Apr
Lemmon Valley 2	Sat	8-Mar	Fri	18-Apr
Lemmon Valley 3	Thurs	13-Mar	Thurs	24-Apr
Lemmon Valley 4	Tues	18-Mar	Tues	29-Apr
Pleasant Valley/Mt Rose 1	Wed	20-Mar	Wed	2-Apr
Pleasant Valley/Mt Rose 2	Thurs	13-Mar	Thurs	24-Apr
Pleasant Valley/Mt Rose 3	Thurs	20-Mar	Thurs	1-May
Pleasant Valley/Mt Rose 4	Wed	26-Mar	Wed	7-May
Carson/Dayton 1	Mon	18-Feb	Mon	31-Mar
Carson/Dayton 2	Thurs	6-Mar	Thurs	17-Apr
Carson/Dayton 3	Tues	18-Mar	Tues	29-Apr
Toll Rd/VCFH 1	Wed	20-Feb	Wed	2-Apr
Toll Rd/VCFH 2	Tues	26-Feb	Tues	8-Apr
Toll Rd/VCFH 3	Tues	25-Mar	Tues	6-May
North Valleys 1	Thurs	28-Feb	Thurs	10-Apr
North Valleys 2	Thurs	20-Mar	Thurs	1-May
North Valleys 3	Tues	25-Mar	Tues	6-May
Golden/Sun Valley 1	Mon	18-Feb	Mon	31-Mar
Golden/Sun Valley 2	Thurs	6-Mar	Thurs	17-Apr
Golden/Sun Valley 3	Wed	12-Mar	Wed	23-Apr
Palomino Valley 1	Thurs	28-Feb	Thurs	10-Apr
Palomino Valley 2	Wed	5-Mar	Wed	16-Apr
Palomino Valley 3	Wed	26-Mar	Wed	7-May
Verdi/Mogul 1	Tues	4-Mar	Tues	15-Apr
Verdi/Mogul 2	Thurs	27-Mar	Thurs	8-May
West Reno 1	Tues	4-Mar	Tues	15-Apr
West Reno 2	Thurs	27-Mar	Thurs	8-May

Price List	
Farm Call	\$12.00
Wellness examination	\$20.00
Wellness exam (PreventiCare)	\$30.00
PreventiCare Enrollment	\$45.00
West Nile Innovator	\$30.00
West Nile + EWT	\$35.00
Rhino-Influenza	\$26.00
Strangles I.N.	\$30.00
De-worm (ivermectin/equell)	\$17.00
De-worm (foal/mini)	\$14.00
Coggins	\$28.00
Sheath Cleaning	\$45.00
Sedation... Starting at...	\$42.25

Oh, No! My Horse Is Lame!

Joe Coli, D.V.M.

From sprains and strains to fractures, lameness is one of the most concerning problems that face horse owners. The gut wrenching feeling of finding one of your horses with a lameness issue is worrisome at best. So, what should you do?

First, let's define lameness. Lameness is any altered way of going. This can present as anything from a non-weight bearing lameness to a subtle reluctance to perform as well as the horse should. The horse who is limping, or head bobbing lame is obvious to most of us. In many cases, however, lameness can be a much more subtle issue. Paying close attention to your horse's movement is important to help pick up problems early.

Once lameness is noticed, a call to your veterinarian is in order. Some cases may be emergencies; others may result in advice or a regularly scheduled appointment.

Because the horse cannot tell us where it hurts, a thorough, methodical lameness exam is important. The exam starts with a visual and hands-on exam of the patient, looking for asymmetry, swelling, or pain on palpation. Next, the horse is examined while moving at a walk, trot and sometimes a canter. Flexion tests and exam with the hoof testers are usually performed. If an area of concern is obvious at this time, further diagnostics may be performed. If the problem is not obvious, then diagnostic blocks are the next step. For this part of the exam, local anesthetic is injected to "numb" or "block" areas of the leg, starting with the foot and working up the leg. After each block, the horse is examined to see if the lameness is still apparent. Once the lameness is no longer seen, the area of the leg that has been localized as the problem area can be further examined with radiographs, ultrasound, or other advanced diagnostics. When a diagnosis is made, the treatment plan can be decided upon.

Treatments for lameness can involve rest, anti-inflammatories, joint injections and surgery to name a few. More recent treatment regimens for some lameness problems may involve shock wave therapy, stem cell therapy, platelet rich plasma therapy and IRAP therapy. If you are interested in learning more about lameness and potential solutions, please plan on attending our client education seminar on lameness on April 9th, we hope to see you there! ▶

*North Valleys include Cold Springs, Silver Knolls, Red Rock, Antelope Valley and Rancho Haven



Health CHRONICLE

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