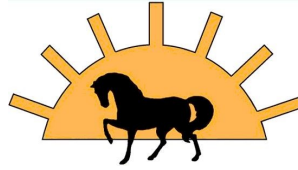


# Sunrise Equine Veterinary Services, PLLC



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[www.SunriseEquine.com](http://www.SunriseEquine.com)

Spring 2016

## SEVS News

*Dr. Kirsten Frederickson*

Spring is almost here! We have lots of exciting news to share with you. For those who have not already heard from Facebook or by word of mouth, we would like to tell you that as of the first of the year Sunrise acquired the equine portion of Grantsbug Animal Hospital. With the expanded area we will be doing some of our scheduling by zone to be more time efficient and help reduce the cost of extended farm call prices. Please see the back of the newsletter for details.

We are hiring a third vet in July to join our team. Dr. Megan McGaver is currently completing a 1 year internship at Wisconsin Equine in Oconomowoc, WI. She is a University of Minnesota graduate and got her start shadowing the vets here at Sunrise during her pre-vet school years of education. We are very excited to be welcoming her home!

We now have a 3 meter endoscope! This will allow us to perform respiratory tract exams including the guttural pouches and scoping of the stomach to look for gastric ulcers. As a kick off for this new service, we will be having a scoping day to look for gastric ulcers on Tuesday, March 22. During this event we will be offering exceptional pricing. The procedure will be \$100 which is half the normal cost. Sedation and office call are additional and will run \$45-65 depending on sedation needs. There will be a limited number of time slots so please call early to reserve yours. Preparation involves withholding feed for at least 12 hours prior so that the stomach is empty and visible.

Zoetis has released a new vaccine for horses against Leptospirosis. This is a disease that is commonly associated with Equine Recurrent Uveitis (ERU) which is a chronic progressive inflammation in the eye often resulting in blindness. Appaloosas are at greater risk for developing ERU. There is a high prevalence of Leptospirosis in this region due to the water bodies and wildlife populations from which it is spread. Once a horse has Lepto with ERU, treating the Lepto is ineffective in curing the ERU. Visit [Zoetis.com](http://Zoetis.com) (search Lepto EQ) for more information.

There is no new vaccine for Lyme Disease that is approved in horses but a study was done that shows a positive antibody response in the horse when vaccinated with the canine approved vaccine. We do carry the canine Lyme and have used it in horses with no adverse effects. We are willing to vaccinate horses with it at the owners request.

## Items of Interest

### 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.

### Coggins Clinic!

**When:** Saturday, April 9, 2016, 11:00am - 3:00pm

**Where:** Northwest Saddle Club Showgrounds

26950 Lyons St

North Branch, MN 55056

Visit [www.nwsaddleclub.org](http://www.nwsaddleclub.org) for directions

**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 in the Saddle Club's indoor arena.

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!

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

### Owner's Corner

Here are a couple of websites that you, as a horse owner, may find useful:

[www.sunriseequine.com](http://www.sunriseequine.com)

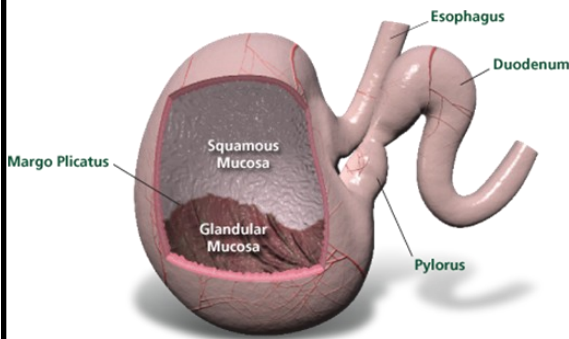
[www.americashealthyhorse.com](http://www.americashealthyhorse.com)

[www.aap.org](http://www.aap.org)

## Equine Gastric Ulcers

### By Michelle Wiberg, DVM

Most horse owners have heard of gastric, or stomach, ulcers in horses. Many may not fully understand the condition or how it may be affecting their horse's health and performance. The prevalence of gastric ulcers in horses has been estimated to be 50-90%, depending on the population surveyed and athletic activity of the horse. Ulcers can occur in any age of horse, including foals only a few days old. Most commonly, gastric ulcers affect horses in work or under stress, such as show horses and race horses. Infrequent feedings or meal feedings also increases the risk. The horse's stomach continually secretes acid for digestion of roughage, even when not eating. The horse is designed to be a continuous eater, where saliva and forage intake neutralize the stomach acid. Meal feeding can subject the horse to prolonged periods without feed to neutralize the acid. Prolonged transport, stall confinement, high grain diet, and NSAID use are other risk factors for acid production or thinning of the natural protective barriers.



The horse's stomach has two distinct regions: the squamous region at the top of the stomach and the glandular mucosa at the bottom. The glandular mucosa secretes gastric acid, but this region also produces mucus and bicarbonate to protect the mucosa from acid exposure. Ulcers in this area are less common and are usually associated with chronic NSAID administration. The squamous region at the top of the stomach does not have much protection from the acid and gastric ulcers can form here much more commonly. The margin between the squamous and glandular portions of the stomach is called the margo plicatus. Naturally, this margin is the most common place for ulcers to occur, as the acid producing glandular mucosa lies adjacent to the susceptible squamous mucosa.

The majority of horses with gastric ulcers do not show outward clinical signs. Affected horses may show vague, non-specific signs such as low-grade colic, poor appetite, dullness/depression, attitude changes, decreased performance, poor hair coat, weight loss, increased time laying down, and loose manure. More severe cases may show more severe or more frequent signs of colic, bruxism (grinding of teeth), and belching. In foals, diarrhea is the most frequent sign of gastric ulceration. Other signs of ulcers in foals include frequently lying down, lying on their backs, intermittent colic (after suckling or eating), intermittent nursing or poor appetite, bruxism (grinding of teeth), and hyper-salivation. Ulcers are more likely to be severe in foals and should be diagnosed and treated immediately if the above symptoms are observed.

To confirm a diagnosis of gastric ulcers in horses, an endoscopic examination must be performed. This is a minimally invasive procedure that involves passing a long scope up a horse's nose, down the esophagus, and into the horse's stomach. Horses need to be fasted for at least 12 hours prior to the procedure and water withheld for four hours before the examination. To minimize stress on the horse, the horse is usually sedated and the entire procedure usually takes about 20 minutes. The light and camera on the end of the endoscope allows the veterinarian to observe the stomach lining and make treatment recommendations based on the severity of the ulcerations. Horses that improve with treatment should be scoped prior to discontinuing therapy.



The only FDA approved medication for treatment and prevention of gastric ulcers in horses is omeprazole, sold as a paste called Gastroguard or Ulcergard. Omeprazole is also available in compounded forms, but results are much more variable.



Omeprazole works by inhibiting gastric acid production and promotes healing of gastric ulcers. Other medications used to treat or soothe ulcers include acid blockers such as ranitidine, antacids and sucralfate.

Prevention is always preferable to treatment. Management techniques that may help prevent ulcers include: feed horses frequently or on a free-choice basis; reduce the amount of grain and concentrates in the diet and/or add alfalfa hay to the diet; limit stressful situations such as intense training and frequent transportation; avoid or decrease the use of NSAIDs or consider newer medication with less side-effects such as fibrocoxib (equioxx); and if horses must be confined, allow them to socialize with other horses and have access to frequent forage. Ulcergard can be used for prevention as well. If you suspect your horse may have ulcers, please call our office to schedule a gastroscopy. We are having a scoping clinic on Tuesday, March 22nd. Please call to schedule your time slot!

# UlcerGard® (omeprazole)

THE ONLY FDA APPROVED TREATMENT  
AND PREVENTION OF ULCERS IN HORSES



## We're shaping the future of equine health.

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## 2016 Vaccination Recommendations

### Diseases We Vaccinate Against

#### Essential (Recommended for all horses)

- Tetanus
- Sleeping Sickness (Eastern/Western)
- West Nile Virus
- Rabies
- Potomac Horse Fever (Optional, recommended if near water)
- Leptospirosis (NEW! Optional, but recommended, esp. in Apps, Infection can causes Uveitis, abortions, and Kidney disease)

#### Recommended for horses that come into contact with new horses

- Influenza (IM or intranasal vaccine available)
- Rhinopneumonitis (Equine Herpes Virus 1/4)
- Strangles (Intra-nasal vaccine)

#### Breeding Horses

- Rhino for pregnant mares (5, 7, and 9 months)
- Booster all yearly vaccines 4-6 weeks prior to foaling

### Transmission

- Wounds/Injuries
- Mosquitos
- Mosquitos
- Rabid Animals
- Snails/Mayflies
- Wildlife/water sources
- Horses
- Horses
- Horses

## 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.

#### Spring:

**Fecal Exam:** to know your horse's parasite load.  
\*If fecal count is **low** and the horse is healthy, do 2 fecals per year and deworm in the fall.  
\*If fecal count is **high**, deworm in spring and run another fecal 2-3 weeks after deworming to check effectiveness of dewormer.

#### Fall:

All horses should be dewormed with an ivermectin/praziquantal product after the first hard frost to kill bots and tapeworms along with other intestinal parasites.

There are a few horses who will need to be dewormed every 8 weeks but this is the minority.

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

# Routine Care Days!

In an effort to reduce our doctors' travel time, thus allowing more time to serve our clients, we are offering **HALF PRICE FARM CALLS** if you are able to schedule your horses' routine and preventative care on the days we have designated a doctor to be in your area!

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

Please look through the chart below, find your city or nearby city, and determine which Zone you fall in. 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. 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.

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 an additional discount and have the option to request a doctor.

See our website or call our office for more information!

Zone	Cities	Dates (M, Th, F)
1	North Branch, Harris, Rush City, Rook Creek	March 3 <sup>rd</sup> and 28 <sup>th</sup> , April 5 <sup>th</sup> and 22 <sup>nd</sup>
2	Stacy, Wyoming, Chisago City, Lindstrom, Shafer, Taylors Falls	March 4 <sup>th</sup> and 31 <sup>st</sup> , April 19 <sup>th</sup> and 25 <sup>th</sup>
3	Forest Lake, Columbus, Scandia, Lino Lakes, Hugo	March 7 <sup>th</sup> , April 1 <sup>st</sup> and 28 <sup>th</sup>
4	East Bethel, Bethel, St. Francis, Ham Lake, Blaine	March 10 <sup>th</sup> , April 4 <sup>th</sup> and 29 <sup>th</sup>
5	Cambridge, Isanti, Stanchfield, Brahman, Dalbo	March 11 <sup>th</sup> , April 7 <sup>th</sup> , May 2 <sup>nd</sup> and 10 <sup>th</sup>
6	Pine City, Grasston, Mora, Brook Park	March 14 <sup>th</sup> , April 8 <sup>th</sup> , May 5 <sup>th</sup>
7	Hinkley, Sandstone, Askov	March 17 <sup>th</sup> , April 11 <sup>th</sup> , May 6 <sup>th</sup>
8	Webster, Danbury, Hertel	March 18 <sup>th</sup> , April 14 <sup>th</sup> , May 9 <sup>th</sup>
9	Frederick, Siren, Grantsburg	March 21 <sup>st</sup> , April 15 <sup>th</sup> , May 12 <sup>th</sup>
10	St. Croix Falls, Cushing, Luck, Centuria, Balsam Lake	March 24 <sup>th</sup> , April 18 <sup>th</sup> , May 13 <sup>th</sup>
11	Dresser, Osceola, Amery, Star Prairie	March 25 <sup>th</sup> , April 21 <sup>st</sup> , May 16 <sup>th</sup>

**Coggins Clinics:**  
Saturday, April 9, 2016  
11am - 3pm  
Gastric Scoping Clinic  
Tuesday, March 22<sup>nd</sup>  
8am-4pm by appointment

## Dates to Remember: