

CVS Spring 2008 Newsletter

February 2008

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Broodmare Health

The first step in raising a healthy foal is a healthy mare. Prior to breeding, your mare should be in good condition and current on essential vaccinations and deworming. Routine dental prophylaxis and foot trimming should also be up to date.

Ideally, broodmares should maintain a body score around 5-7. Under-nutrition and body scores less than 4.5 have been linked to reduced fertility and lower pregnancy rates.

During the last trimester, your mare should be started on a slowly rising plane of nutrition. The ideal diet incorporates good quality, leafy forage along with a commercial concentrate designed for broodmares that contains 12%-14% protein. Her diet should also contain the proper ratio of calcium to phosphorus (2:1 rule of thumb) and adequate amounts of the trace minerals copper, zinc, and manganese, to ensure optimal bone development in the fetus. Lack of these trace minerals is believed to be a cause of common congenital OCD and bone cyst lesions, as well as contracted tendons.

An important safeguard during your mare's pregnancy is immunization against Equine Herpesvirus 1 (EHV-1) at the beginning of the fifth, seventh, and ninth months of gestation. This strain is the leading cause of late-term infectious viral abortions in mares. Most horses become infected with EHV-1 during the first year of life. In the majority of cases, the virus becomes latent, just waiting for stress-induced reactivation. All horses in close contact with broodmares, such as barren mares, stallions and geldings should also be vaccinated. It will also help to reduce exposure by preventing contact with young horses or new arrivals.

You should booster your pregnant mare with West Nile Virus, Sleeping sickness, Tetanus, Influenza, Herpesvirus and Rabies 4-8 wks. prior to foaling. This important series of pre-foaling booster vaccinations stimulates the mare to produce high levels of protective antibodies at a time during late pregnancy when she is also producing antibody rich colostrum. The newborn foal relies on ingestion of colostrum and absorption of these antibodies during the first 12-24 hours of life for protection during the early post natal period.

Labor and Delivery



*I used to have
money, now I
have horses.*
~ Most of Us~

*The horse
stopped with a
jerk, and the
jerk fell off*
~ Jim Culleton ~

*I think that if
I become a
horseman,
I shall be a
man on wings.*
-Xenophon, 400
B.C.-

*Do not
underestimate
a horses pride,
or he will dent
yours.*
~Unknown~

The average gestation length for most mares is 335-340 days. Normal signs of impending delivery include gradual udder development two to five weeks prior to delivery. The mare's teats wax within hours to a few days prior to foaling. Her mammary secretions change from clear and watery to opaque and sticky as delivery approaches. Contact your veterinarian if your mare demonstrates vaginal discharge and/or premature udder development or begins leaking milk well before her due date as these can be warning signs of placental disease and a compromised pregnancy.

Stage II labor begins after the placenta ruptures and the mare expels a large volume of fetal fluids. Delivery should progress rapidly, with the foal being born within 30-45 min. The foal should be presented with both forelimbs extended followed by the outstretched head. If your mare experiences prolonged labor or if the foal appears in an abnormal position, contact your veterinarian. The mare should pass her placenta within three to six hours of delivery. It's important that your mare does not retain her placenta as that could lead to a potentially fatal uterine infection that could also affect future fertility and may cause laminitis.

Foals and Parasites

Parasites can spread from the mare to the foal during gestation and even through the mares milk. A regular deworming schedule is vital, but is not recommended during the first 60 days of pregnancy. Young foals are generally more susceptible to parasites than adult horses. Parasites can cause depression, respiratory disease, stunted growth, diarrhea, constipation and potentially fatal colic. Immature ascarid larvae migrate through the foal's intestine to the liver, lungs and trachea where they can be coughed up and re-swallowed. De-worm the foal beginning at 6-8 wks. of age and should be repeated at approximately two month intervals. Do not use Quest or praziquantel in foals less than 6 mos. of age. Biannual fecal exams are recommended to evaluate the efficacy of your parasite control program.

Newborn Care

It's recommended that all newborn foals receive a routine newborn examination by a veterinarian within the first 24-72 hrs. of life. Early disease detection in both the newborn foal and postpartum mare can be life saving. At this time the veterinarian will also examine for congenital defects such as umbilical hernias, patent urachus (urinating out umbilicus), as well as feet and leg conformation.

The first few hours of your foal's life are critical. A healthy newborn foal should be able to stand within one hour of delivery and should be nursing within two hours. Common causes of newborn foal illness include overwhelming bacteria infection, prematurity and/or lack of oxygen before or during delivery.

Newborn Care continued

Dip your foals umbilical stump with dilute iodine twice daily for 2-3 days, or until stump is dry. Every foal should pass its first manure, or meconium, within 12-24 hrs. of delivery. Meconium is pasty or pelleted in consistency and dark brown or black in color. Following meconium passage, the foal's feces should be soft and light tan in color. A prophylactic enema administered shortly after birth helps reduce risk of meconium impaction. Do not use any instruments to assist meconium besides a finger to reduce the risk of a colon tear. Your foal should ingest 1-2 pints of good quality colostrum within the first 24 hrs. to ensure absorption of adequate antibodies. Peak absorption occurs during the first 6-12 hrs. of life. The primary antibody in colostrum is IgG. Healthy foals that have absorbed adequate colostrum have an IgG concentration of at least 800 mg/dl. Your veterinarian can draw a blood sample to accurately measure the IgG concentration. Newborn foals with concentrations less than 400 mg/dl should receive supplemental colostrums and/or a plasma transfusion to provide vital antibodies that help reduce the risk of serious bacterial and viral infections during the first few months of life. A complete blood count can also be obtained on each newborn foal to detect early signs of infection or anemia.

Normal Parameters to watch for:

Temperature: 99-102 F

Heart rate: 80-100 beats/min

Breathing rate at rest: 20-40 breaths/min

Nursing frequency: Avg. of 3-5 times/hr.



Examination of the newborn foals feet and legs are also a vital observation for future survival and performance. It is common for foals to have variations at birth and straighten themselves out as they gain in strength and muscling; however any abnormality should be examined by a veterinarian as soon as possible. Some may have incomplete ossification at the joints which require x-rays to diagnose and will need splints, casting or surgery to prevent permanent problems. Contracted tendons can be relaxed with IV medication if given within first couple of days. Early hoof rasping, epoxy hoof extensions and/or exercise restriction can prevent un-necessary surgery and expense. Even some surgical corrections need to be completed by 3 months of age. If these issues are not taken care of early on the damage may already be done and your foal will be prone to long term or future lameness problems. This is why an early foal veterinary check-up is important for your foal's future success.

Vaccinations and Wellness Exams

WNV- 5 months of age and booster in 3-4 wks.

Influenza- 8-11 months of age, 3 dose series for I.M. or single dose for I.N. vaccines

Encephalomyelitis- 5 months of age and booster in 3-4 wks.

Tetanus- 5 months of age and booster in 3-4 wks. and again 3 months later.

EHV-1 & EHV-4 (Rhinoepneumonitis)- 5 months of age and booster in 3-4 wks.

Rabies- 5 months of age and booster in 3-4 wks.

Strangles- 4 months of age and booster in 3-4 wks. Vaccinate only if increased risk.



The American Association of Equine Practitioners recommends twice-a-year wellness exams on your horse. Since horses, like other animals age much faster than humans. These exams give veterinarians the opportunity to detect, treat and prevent problems before they result in emergencies or a prolonged setback. All equine emergencies cannot be prevented, but a sound health program and a close working relationship with your veterinarian will help decrease the incidence and severity of emergencies. A typical exam will usually involve the following procedures.

- Examination of the hair coat, skin and hooves
- Assessment of weight/conditioning/nutritional status
- Analysis of posture and gait
- Listening to the heartbeat, lungs, and abdomen
- Dental examination
- Palpation of lymph nodes
- Administration of appropriate vaccinations

At Casselton Veterinary Service Inc., we strongly recommend a minimum of one yearly wellness exam to better assist us in providing optimal care for your horse. We are also legally bound by federal law to have had performed an exam on your horse within the past year to be able to prescribe prescription drugs.

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**Casselton Veterinary
Service, Inc.**

Wellness and Vaccine Seminar

When: Thursday March 13th, 2008

Registration 6:00

Supper served at 6:30, presentation to follow

Please RSVP to the clinic @ 701.347.5496, by Monday March 3rd

Where: The Speedway Event Center in West Fargo, ND

Topics: Yearly wellness exams, common diseases, vaccinations

Sponsored by Fort Dodge Animal Health

A voucher good for 5% off of Ft Dodge vaccines will be handed out at the seminar; redeemable at Casselton Veterinary Service, Inc. Payment due upon voucher redemption.