



Warby St Vet Hospital News

and Wangaratta Equine Hospital

There definitely seems to be a change in the air the last few days. Cool, even cold, nights and mild days with a little rain around. Autumn is here with winter just around the corner.

Autumn Edition 2011



Wangaratta Equine Hospital News

The Spring and Summer months saw work progress full steam ahead inside the Wangaratta Equine Hospital and on the many horse studs and farms in the district. The thoroughbred breeding season seemed to be a little busier than the previous year perhaps reflecting some more optimism in Australia's economic outlook. The spring and summer also saw an increase in the number of surgical and medical procedures being performed within the walls of the WEH. The video endoscopy unit has been seeing good use as well as the dedicated xray and surgical areas.

The addition of the large medical quality video screen to the endoscopy unit is of great benefit to the owners and the students of the GOTAFE horse course. They are able to see in realtime what the vet is seeing in the nose, throat and airways of the patient. This makes it much easier to describe and show the problems that are diagnosed. It is also a nice change for us to be watching things on a crisp monitor rather than peering down a small eyepiece that is jerking back and forth each time the horse fidgets!

The surgical theatre has been a busy place throughout the summer with many and varied procedures taking place. There have been many umbilical hernias repaired in the growing foals and several severe lacerations stitched back together. The repair

of these severe cuts, especially on the legs, is superior to attempting the same procedure in the field as general anaesthesia allows more careful lavage of the wound and more delicate placement of sutures to close it. We have also treated a horse that developed a sequestrum infection after a chip fracture on one of its vertebrae.

Our travelling specialist surgeons have also been kept busy with a steady stream of procedures for them to perform. We were especially excited to see Dr Alastair MacLean perform the first arthroscopy procedure in our theatre. The availability of arthroscopy to performance horses without leaving town is something we are very pleased and proud to offer our clients.



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Here comes the bride.....

We have been extremely pleased to see wedding bells ringing for two of our staff over the summer months.

Dr Sarah Norman was married in November to Ross Cavill. The two wed after a long courtship extending back to their high school days in Alexandra. Sarah has adopted her husband's surname so is now Dr Sarah Cavill. So don't despair at seeing Sarah Norman's name disappear from our letterhead she is still well and truly at your service under her new moniker.

A few months later after a long engagement one of our lovely veterinary nurses Crystelle van Ingen married Shane Orr in Merriwa park on a warm March afternoon. The two will shortly be back from a well deserved honeymoon around the North Island of New Zealand. We believe that Crystelle will be hyphenating her surname to van Ingen-Orr.

We wish the two happy couples all the best in their married lives together.



Feline AIDS (Feline Immunodeficiency Virus)

The Feline Immunodeficiency Virus (FIV) is secreted in the saliva of infected cats. It is through cat bite wounds that it is spread. If your cat spends any of its time outdoors it is potentially at risk of being involved in a cat fight (even if it is not the aggressor) and therefore at risk of the FIV virus. The virus belongs to the retrovirus family making it related to the HIV virus in humans and thus the name Feline AIDS. It is important to note that humans cannot be infected by the FIV virus and it is NOT the same thing as the HIV/AIDS virus. These retroviruses embed themselves within the DNA of the host animal and cause dysfunction in the animal's immune system. The effects of the virus may not be evident immediately or even within years of infection, but it will inevitably lead to an increased risk of serious disease and will shorten the cat's life span.



In Australia around 22% of households own a cat and of these cats 80% spend sometime outside. In addition to this fight wounds or abscesses are the second most common reason for a cat to be presented to a veterinarian. These two facts together mean that cats in Australia have a pretty high risk of exposure to the FIV virus.

The good news is that cats can be tested for the FIV virus and if they have not been exposed they can be vaccinated to protect them. If your cat is an outdoor cat and especially if it is in its fair share of fights then an FIV test and vaccination is a great idea.

“King Valley Run”

A service provided every Tuesday charging **TRAVEL fees** from Glenrowan, Greta, Moyhu or Milawa.

“Beechworth & Myrtleford Valley Run”

A service provided every Thursday charging **TRAVEL fees** from Markwood, Everton, Beechworth and Myrtleford

Murray Valley Encephalitis (MVE) in Horses

As we are well aware the Summer has brought with it more than our usual dose of mosquitoes and biting insects. This influx has led to an outbreak of viral infections in horses that are spread by mosquitoes. Among these viruses are Ross River Fever and Murray Valley Encephalitis.

MVE is a viral disease of humans spread by mosquitoes. It can and has caused outbreaks of severe nervous system disease in humans in the SE of Australia. The last of these outbreaks was in 1974. Since this time a sentinel program of testing has occurred each summer at 10 locations along the Murray River. The MVE virus can also infect a wide range of other animals without causing clinical signs of disease. However, there have been cases of nervous system disease seen in horses with a high antibody count to the MVE virus. Over this summer there has arisen evidence of the MVE virus in the sentinel testing program and the DPI then instigated a testing program in horses to help the Dept of Human Services determine the extent of virus spread.



The DPI has instituted an investigation into this significant disease event and reported on its findings. The study targeted horses believed to be showing symptoms consistent with insect borne viral infection and encompassed horses on over 90 properties in Victoria. It localised two groups of infection one around Ballarat and the other in the Murray/Goulburn Valley area. The two groups showed different syndromes of disease with the Ballarat cluster tending to be more mild and quick to recover. More severe signs have been observed in the northern cluster with at least 12 suspected deaths reported. There is evidence of exposure to both the Ross River Virus and the Murray Valley Encephalitis virus in the northern group and this may explain the more severe symptoms witnessed. The DPI has definitively isolated the MVE virus from several of the deceased horses. They have associated cases with high rainfall and proximity to water bodies making mosquito borne disease highly likely. In the past there have been suspicions of neurological disease in horses caused by mosquito spread disease such as MVE, and these test results support these suspicions. The horses have typically shown nervous signs, including incoordination, wobbly gait, reluctance to move and swelling in the joints. The horses have usually recovered uneventfully and any deaths have been rare. Up until this year none of these cases of neurological disease had been definitively linked to the MVE virus.

As the weather turns cooler the mosquito population should reduce. However, it is worth instituting some preventative measures in the meantime and also worth remembering these for the future. Measures should include:

- Removal of standing/stagnant water on the property to discourage mosquito breeding
- Stable horses during peak mosquito periods (ie. Between dusk and dawn) and use fly screens on stable windows
- Turn off stable lights at night
- Use fluorescent lights which do not attract mosquitoes
- Use fans within stables to deter mosquitoes
- Apply topical insect repellents
- Use physical barriers like rugs and hoods in lightweight material

If your horse is showing weakness, incoordination or apparent muscle soreness please give us a call to discuss a plan of action.

Calving Paralysis

The Autumn calving season has begun in earnest. We have been busy pulling calves right around the district already and it seems set to continue for some time to come. The wet spring and summer has meant that feed has been abundant over this usually dry period and cattle are in better condition as a result. This higher plane of nutrition has two effects. Firstly the mothers are carrying more fat and secondly the calves tend to grow larger in their development. These two factors put together generally equal an equation of trying to squeeze a bigger calf out of a smaller hole. One common problem is that some extra fat is laid down within the pelvic canal. Younger cattle will already have a smaller birth canal because their bones have not reached their mature size and this extra fat further diminishes the space for the calf to travel through. As a result many of the calvings so far have been in first calvers. In seasons like this it is quite common for natural calving to be more difficult and for assisted calvings to require more force. As a result the incidence of calving paralysis is greatly increased.



Calving paralysis is caused by excessive pressure on the nerves that supply the hind legs during the calving process. This pressure causes damage to the nerve fibres as well as localised swelling that can cause an ongoing pressure on the nerves. In extreme cases the pressure can be so excessive that it crushes or tears the nerves leaving them permanently non functional. In the majority of cases the cow will recover, but this can sometimes take many weeks. The crux of the problem is that the major nerves that supply the lower legs course on the interior surface of the pelvis which is exactly where the calf passes by during birth.

The degree of paralysis may vary from mild to severe and as swelling increases in the days following calving it can actually worsen as time goes by. Initially the cow will be weak on its hind legs and may display a wobbly gait. As the paralysis worsens the cow is unable to stand and becomes recumbent. As we all know having a cow that cannot get itself up is not a good thing.

The treatment of calving paralysis involves the use of anti-inflammatory medications to relieve swelling within and around the nerves. This should be given to all cows and heifers that exhibit more severe signs of paralysis like a high degree of incoordination in the hind legs and recumbency. Your vet will often give the cow an injection of anti-inflammatory after they pull a calf if they feel that it was a tough pull and there is a risk of paralysis. The cows and heifers need to be supported through their paralysis as well. It is ideal to have them on dry flat ground with some shelter from wind and rain. You should make a bucket of water available to them as well as some hay. If they are recumbent it is advisable to try and move them from sitting on one leg to the other so that they do not end up sitting with all their weight on one leg for several days. Many cases will resolve within a few days, but some cows have been known to stay down for up to 6 weeks before they finally decide they can stand again. In these longer term cases ongoing anti-inflammatory medication and supportive care are necessary.

If you have a cow or heifer that you feel is exhibiting calving paralysis or you felt that pulling the calf was particularly difficult it would be worthwhile to either have the vet out or drop in to talk to one about the need for anti-inflammatory medication.

NEWSLETTERS ONLINE

If you would like to receive our newsletters in your email please fill out this slip and return it to us at the hospital. Alternately you may email me at tim@warbyvet.com.au and I will add you to the mailing list.

Name:

Email address: