

Inside this issue:

Spring Conditioning	1 & 2
Bute, Banamine, or Equioxx—what's the difference?	2
Choke: Signs, Treatments, & Complications	3
Spring Checklist	3
Medication Questions & Answers	4

Get Ready to Ride - Spring Conditioning

As the days get longer and the temperature begins to rise, you are undoubtedly excited to get in the saddle. It's important to recognize that your horse has been living a relatively sedentary lifestyle the past several months. Whether you are heading into competition season or just getting ready to hit the trails, you need to create a plan to get your horse (and don't forget yourself) back in shape. A poor conditioning program, or a lack thereof, could leave your horse with an injury that could sideline you for the summer.

Prior to starting your conditioning program, it's a good idea to meet with your veterinarian for a spring check-up. In addition to vaccines and Coggins, ask for an examination and gait evaluation. This will give us the opportunity to detect subtle issues that could become bigger problems later. It's also a good time to talk nutrition because your horse may be coming out of winter a bit under or a little overweight.



If you haven't kept up with regular visits with your farrier over the winter, make an appointment before you put your horse into work. Shoes may be needed depending on the state of your horse's feet or the job you are planning for your horse.

Now that you are ready to bring your horse into work, slow and steady should be the definition of your plan. If your horse has been in light work during the winter and you are headed into show season, you may just need to step up a level and increase the amount of work that is specifically focused on the event you compete in, thus targeting the muscles/tendons/ligaments specifically demanded by that event. For those horses that have had the entire winter off a much different program is necessary.

A horse that has been idle for several months or a young horse starting work for the first time, will need to start with short periods of light work alternating with recovery periods. A good starting program may be 10 to 15 minutes of lunging or riding 3 to 4 times per week with the length of the sessions increasing slowly for the first 30 days. After 2 to 3 weeks of steady work, you could add an additional day. Most horses will develop a good level of cardiovascular fitness within about 2 months. If you are planning on competing, the second month is a good time to start some event specific training. If possible it's always a good idea to add some light hill work and vary the ground surfaces during your conditioning (always avoid deep mud and deep sand footing) as this will increase the strength of tissues even further.

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- ◆ Over the counter meds
- ◆ Supplements
- ◆ Medical supplies (Bandage materials, syringes, etc.)
- ◆ Small animal products too!

Spring Conditioning - continued....

Some other things to keep in mind during this time of conditioning include ambient temperature and monitoring for injury. Excessive heat is particularly hard on animals that are under-conditioned. Take care not to overdo it on warm days and to adequately cool out your horse. Also, be vigilant in monitoring for signs of musculoskeletal over-use such as soft-tissue swelling, joint enlargement, heat or lameness. If you notice any of these issues, it's time to slow down and call your veterinarian for advice.

A good slow and steady approach to spring conditioning will get your horse in tip-top shape and reach your goals for 2017. Happy trails!



Bute, Banamine & Equioxx— what's the difference?

When our horses are injured, our first instinct is to relieve their discomfort. Nonsteroidal anti-inflammatory drugs, or NSAIDs, are commonly the first line of defense against pain and inflammation. In addition to good care such as cold hosing, icing, and applying a wrap if necessary, NSAIDs help slow down or stop the inflammatory process and reduce pain and swelling. For certain conditions such as laminitis, NSAIDs are an important part of the treatment plan to prevent further damage to soft tissues.

Although there are many different kinds of NSAIDs, bute, Banamine, and Equioxx are arguably the most recognizable to many horse owners. What's the difference? Why would we choose one over the other? Many factors come into play when deciding when to use certain NSAIDs. Are there any systemic medical conditions that would make one a better choice? Is the horse dehydrated? Does the horse have any kidney or liver issues? Is the horse sensitive to NSAIDs, or has he been diagnosed with gastric ulcers?

Each type of NSAID has different attributes that may make it a better choice than others for specific issues. Equioxx, for instance, is a newer type of NSAID that is a selective COX-2 inhibitor. This means that it is gentler on the stomach and intestinal lining because it doesn't inhibit the prostaglandins responsible for telling the body to protect those structures. Equioxx is the horse brand name for the drug firocoxib, which is known as Previcox for dogs. Since it is easier on the horse's system, we usually use this drug in compromised animals, or for longer term use. Banamine, which is a brand name for the drug flunixin meglumine, tends to be better for soft tissue inflammation and pain. Banamine is commonly used for colic and eye inflammation, but should not be used longer than a few days because it is not selective and is harder on the horse's system. Bute, which is the common name for the drug phenylbutazone, is a bit more selective than Banamine but is not a selective COX-2 inhibitor like Equioxx. In general, bute is good for short term musculoskeletal pain.

Many factors go into the decision of which drug is best to use in each situation. For this reason, all of these drugs are dispensed only with a prescription from a veterinarian. While many horse owners have an NSAID or two on hand, it is always best to consult with a veterinarian before use. Please give us a call if you have any questions regarding NSAID use in your horse.



Choke: Signs, Treatments, & Complications

Choke is typically an esophageal obstruction in the horse. It does not mean the horse cannot breathe as we tend to think in humans. When we refer to “choke” in horses, we are describing a blockage in the esophagus between the throat and the stomach. An esophageal blockage



Feed discharging from the nostrils in a horse with choke.

(choke) does not affect the horse’s ability to breathe.

Several signs can indicate choke and they include: sudden disinterest in food mid-meal, profuse drooling or nasal discharge, colic discomfort, extending neck, and retching. If you notice any of these call your veterinarian immediately.

Some chokes will resolve spontaneously, but many need a nasogastric tube to be passed in order

to relieve the choke. The horse will most likely be heavily sedated to relax the esophagus and make breaking up the choke much easier. The veterinarian will pump water through the tube to try to “blast” the blockage apart.

Complications from a choke include aspiration pneumonia and esophageal stricture. Horses that choke will get saliva and food particles into their trachea and down to their lungs. As such, many veterinarians will also put the horse on an antibiotic once the choke has been treated. Strictures in the esophagus occur when the esophagus heals and scar tissue forms where the choke was located.

You can help prevent choke by keeping regular dental appointments, especially in our older horses. Horses that “bolt” their feed (eat fast) are at higher risk to choke. Putting large blocks or rocks in a horse’s grain feeders can stop him from eating so fast. Softening pelleted feeds with water is also a great idea.

How Can We Help You?

- Portable Digital Radiology
- Chiropractic Care
- Complete Lameness Evaluations
- Ultrasound
- Reproduction
- Dentistry
- 24-Hour Emergency Care
- Preventative Medicine
- In-House Coggins testing
- Microchip Placement

Spring Check List:

- Vaccinations: Eastern and Western Encephalitis, West Nile, Influenza, Equine Herpes Virus, Rabies**
- Coggins**
- Dental Exam**
- Fecal Exam and Deworming**
- Wellness Exam and Soundness Exam**

Commonly Asked Medication Questions:

1. What is a prescription medication vs. a medication that you can buy over the counter?

Prescription Drugs: legally require that a medical prescription is given in order for it to be dispensed to a client for their horse. Having these drugs under a prescription requirement protects the patient so that these medications are used in appropriate situations for specific problems.

Over the Counter Medications: can legally be sold without a prescription.

We use both kinds of medications for our patients depending upon the situation and medical needs of the horse.



2. How do I get a prescription for my animal?

In order for a horse to receive a prescription drug we as veterinarians are required to follow some rules. First and foremost there must be what is called a valid Veterinarian/Client/Patient Relationship or (VCPR). This means the following: we as veterinarians have assumed responsibility for making clinical judgments regarding the health of the horse and the patient owner has agreed to follow the veterinarian's instructions, the veterinarian has sufficient knowledge about the patient to initiate a diagnosis and has examined the patient in person where the animal resides, the veterinarian is available for follow up visits and continuing care, the veterinarian provides oversight of treatment, compliance to recommendations, and the outcome, and finally, patient records are maintained.

3. What is a compounded medication?

Compounding occurs when a licensed individual combines, mixes, or alters ingredients of a drug to create a medication tailored to the needs of a patient. This only is legal to do if a commercially FDA drug is not available.

4. What is a generic medication?

A generic is comparable to a brand name drug product in dosage form, strength, route of administration, performance, and intended use. They usually are cheaper than the brand names. These drugs are not as strictly regulated as brand name drugs in that they do not have to spend money on big research to make and sell the medication. Generics can actually use the brand names drugs product information to sell the medication, and only have to be 20% below or 25% above the concentration of the active ingredient in the brand name drug. As such generic efficacy is arguable at times.

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