



Introducing Nicholas Dymond MA PGCert BVSc MRCVS

Prior to becoming a veterinary surgeon Nick was an Officer in the British Army and saw active service all over the World including Germany, Saudi Arabia, Kuwait, Iraq, the Former Republic of Yugoslavia and Afghanistan. After over 25 years in the Army, Nick retrained as a vet and graduated from the University of Bristol in 2018.

Nick has been around horses all of his adult life and always had an ambition to eventually become a horse vet. Prior to joining Avonvale, Nick worked in a busy equine referrals hospital in Newmarket and in equine practice in Devon. He is developing a particular interest in equine internal medicine and diagnostics.

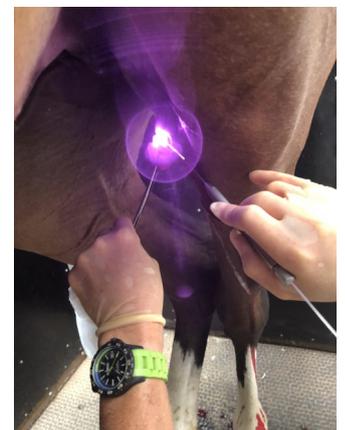
Together with his partner, Nick owns a smallholding in Worcestershire where they keep and breed event horses and working dogs. Nick has an interest in the conservation of heavy horses and especially the Shire Horse breed. He has a young Shire Horse filly named Betsie who is in training for ridden work and will likely be put in foal herself before too long.



SPECIAL OFFER - DISCOUNTED SARCOID LASER

Throughout the months of January and February we are able to offer a significant discount of £150.00 (inc. VAT) on laser sarcoid removal, thanks to generous sponsorship from Dechra. We have recently purchased a state of the art Excel Laser machine which is highly effective for the removal of sarcoids, resulting in a greatly reduced risk of regrowth in comparison with conventional surgery. The majority of sarcoids can be removed under local anaesthesia and standing sedation in amenable horses. In a few cases, general anaesthesia may be more appropriate to allow good access and visualisation of certain areas or removal of very large numbers of sarcoids.

Horses will be pre-assessed by means of veterinary examination to ensure they are suitable candidates for standing laser removal. Depending upon the size and number of sarcoids to be removed, you will then be given an estimate for laser removal to include day stabling and nursing at the clinic, sedation, local anaesthesia, pain relief, and a short course of antibiotics and further painkillers as deemed necessary for your horse. In some cases, depending upon the nature of the individual horse and your facilities, we may be able to perform the standing laser removal at your own yard if this is your preference. Where general anaesthesia is considered necessary, this will be discussed with you in detail.



To express an interest in this offer and find out more, please call the practice on 01295 670501 or email photographs and details to reception@avonvaleequine.co.uk to discuss your horse's sarcoids with one of our vets in the first instance. Please quote 'Sarcoid Offer 2021' - offer valid for procedures undertaken in January and February 2021.



Office Hours

Mon-Fri 8:30am - 5:00pm

24hr Emergency Service



Contact Us

Avonvale Equine Practice
Ratley Lodge, Ratley, Banbury, OX15 6DT
(close to M40 junctions 11 and 12)

Tel: 01295 670501
www.avonvaleequine.co.uk

AVONVALE

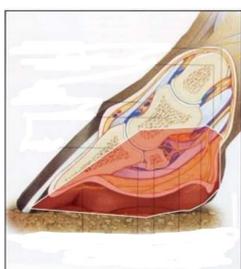
Case Study

Lameness - Stevie's Journey by Emily Douglas-Osborn

Stevie is a 14 year-old Connemara who had intermittent episodes of right-forelimb lameness starting in January this year. He is a frequent shoe puller, and by April his lameness had become consistent. He had a bute trial in the midst of the COVID-19 lockdown, although this did not resolve his lameness, and Emily went out to see him with nursing assistant Fiona.

Stevie was examined on a firm surface in a straight line and on the lunge. He presented with a 3/10 right-forelimb lameness, visible as a consistent head nod, as well as a 3/10 left-hindlimb lameness, which appeared as a left hip hike, and a left-hind toe drag. Both issues were present at 2/10 on the lunge, and Stevie was reluctant to canter on both reins, and also had a slightly sore back.

Emily decided to start with the right forelimb lameness. Palpation of the leg did not reveal any abnormal tissue swelling or joint/tendon sheath effusion. Therefore, it was considered likely that the problem was in his foot, and nerve blocks were undertaken.



Nerve blocks involve injecting local anaesthetic under the skin next to a nerve, in order to numb a certain part of the horse's limb. Horses are then trotted up again to see if this causes any improvement in the lameness.

A palmar digital nerve 'PD' block, placed both medially and laterally, blocks out the back third of the horse's foot (the area highlighted in orange on the image). A PD block will block out the navicular bone and associated soft tissue structures, navicular bursa, deep digital flexor tendon, the sole and frog, the digital cushion, the wings of the pedal bone and occasionally the back of the coffin joint.

Stevie improved dramatically to the PD block of his right forelimb, suggesting that his injury was in the back third of his foot. Local anaesthetic is capable of diffusing and as a PD block can block out the coffin joint, it was decided to return and block Stevie's coffin joint on another day. (Diffusion of local anaesthetic can obscure the interpretation of the block, and as these structures are close together, hence the requirement to allow the first block to wear off before doing another one close by).

Emily then blocked Stevie's left hock joint. Arthritis is very common in the lower hock joints, and hence it is often sensible to start here. Stevie's left-hind lameness then resolved, and he became lame on the right-hind instead. Issues in hindlimbs are often bilateral, and it is fairly common to see a horse become lame on the contralateral limb once the lamer one has been blocked.

On a later day, Stevie's coffin joint was blocked, with little difference after 30 minutes. This indicated that the coffin joint was not the source of his pain. X-rays showed arthritis in Stevie's hocks, and few changes in his front feet. His hocks were medicated with steroid anti-inflammatories, which improved Stevie's comfort in his hindlegs considerably.

As there are lots of soft-tissue structures in the foot that x-rays cannot show us, and ultrasound cannot penetrate the hoof wall, Stevie was sent for an MRI scan of his front feet. The MRI scan revealed an insertional injury to the right-fore deep digital flexor tendon where it attaches to the back of the pedal bone.



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Stevie's Journey Continued.....

As this location is very difficult to get to, it was decided to medicate his right-fore navicular bursa with steroid anti-inflammatories. Steroids are also capable of diffusion, so it was hoped that the medication would diffuse to the DDFT lesion and reduce the inflammation there.

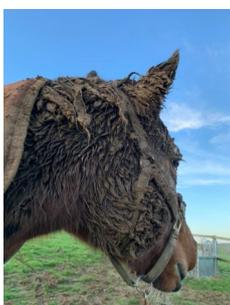
Stevie was sedated, the back of his pastern and heel bulbs were scrubbed sterilely, and a spinal needle was advanced between the heel bulbs and into the navicular bursa in order to inject the steroid medication (see x-ray with the needle placement).



Insertional DDFT injuries in the foot have to be given a long period of rehabilitation, like tendon injuries further up the leg. Stevie was started on a walking programme of 5 minutes daily and gradually increasing by 5 minutes weekly. As he is a repeat offender for losing his shoes, his owner Fran has bought him a pair of supportive boots to wear. His farrier Paul Armstrong is doing a brilliant job of balancing his feet, and his physiotherapist Jessica Kibble has also been doing excellent work with him. Stevie is now 3 months in to his rehabilitation programme, and his lameness has improved drastically. It will be 6-9 months more before his rehab is done, and we will keep you all updated on his progress.

WINTER PHOTO COMPETITION

A huge thank you to everyone who entered our Winter photo competition via our social media pages recently. We had some really lovely entries and the four winners are being featured on our Facebook page banner. Here are some of the entries:



STAFF FOCUS - VIX BORLAND, ACCOUNTS ASSISTANT

Vix Borland is our Accounts Administration Assistant, who joined Avonvale in April 2019, working along side Kirsty Keenes in the Accounts department.

Vix has grown up around horses, a member of Essex Hunt North Pony Club, playing polocrosse for England and later competing in Reining, finishing one year in the top 5 in Europe in the Rookie division.

Vix is also co-owner of Borland Performance Horses where they start and train youngsters as well as problem solving from trailer loading to clipping to bucking. Her family all live in Zambia, where she likes to try and visit them as often as possible.

Vix now passes the reins on to her daughter Sammy who is a keen polocrosse player and has recently started jumping with their home bred Quarter Horse x TB, "Spider". With the help of Vix and her dad Shane, Sammy hopes to continue to play polocrosse on Spider, and developing his jumping. Vix will continue to be the best groom possible!



COVID SAFETY

This year has been a challenging time and we would like to take this opportunity to thank all our clients for their support and understanding during the pandemic.

It has been our number one priority to ensure the safety of both clients and our staff during this difficult time. We will continue to closely monitor and follow the Government's guidelines and will communicate out any changes as and when they happen.

In the meantime, our Reception team will continue to contact clients prior to all appointments to re-confirm our Covid protocols and would ask for masks to be worn at all times during visits by vets. We are available at any time should you have any concerns, please just give us a ring.

For more useful information and advice, go to the British Horse Society's website: www.bhs.org.uk/advice-and-information/coronavirus-covid-19.

SOCIAL MEDIA CALENDAR 2021

We take great pride with our social media pages, posting useful information and different case studies. If you use social media, please like and follow us to keep up-to-date. Over the next 12 months we will be covering different equine topics each month. Here's our 2021 plan:

- January - Winter Horse Management
- February - Sarcoids and skin lumps
- March - Itchy skin
- April - AI, Stud Medicine and foals
- May - Laminitis
- June - Competition Horse Management
- July - Gastric Ulcers
- August - Medical cases
- September - Dentistry
- October - First Aid and Emergencies
- November - Feet
- December - Colic

Please let us know if there are any topics you would like us to cover in the future.

DIASTEMA - PLEASE MIND THE GAP!

by Vets Laura Hart and Stuart Rendall

Thanks to modern stable management, nutrition and veterinary care, we see an increasing number of remarkably elderly donkeys and horses. It used to be their teeth would out live them, but we are now seeing horses out live their teeth. We need to therefore do what we can to keep their teeth healthy as long as possible.

Both horses and donkeys become more prone to dental issues as they get older. One such issue which is often diagnosed even sometimes during routine dental examination is the presence of diastemata. Diastemata is a term used to describe abnormal gaps between teeth; either between incisors (the very front ones) or the cheek teeth (the big back ones). There may be just a single diastema or multiple diastemata present in different regions of the mouth. It can affect younger horses too and we are always on the look out as the earlier we spot it the faster we can act.



Why do horses develop diastemata in old age?

In younger horses the teeth in the rows of cheek teeth and rows of incisors tend to be situated tightly up against each other. Being hypodont, the horse's teeth continue to erupt with age and their teeth naturally get narrower as they do, so the teeth can develop gaps if the teeth don't concurrently drift toward each other. That being said, they can also drift apart, especially if one has been removed or fallen out earlier in life.

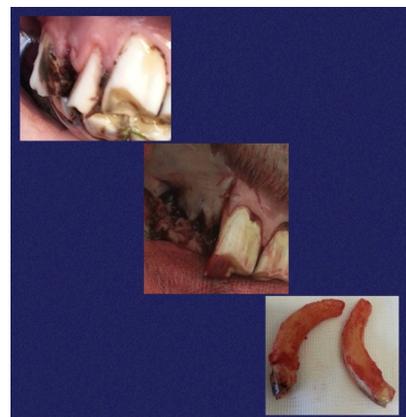
Are all diastemata the same?

When a diastema is narrower at the top than the bottom it is referred to as a 'valve diastema'. This is because food can move into the diastema through the gap on the occlusal (chewing) surface but cannot get back out.

Diastema which are wider at the occlusal surface and narrower at the level of the gum are known as 'open diastema'. Depending on how wide the gap food can sometimes make it way back out of these, but particularly in the early narrow stages, food can get very trapped too. The result of trapped food can be very painful and very severe.

What signs will my horse show?

Horses with diastemata can show many different and often very subtle clinical signs. Despite having quite advanced disease in their mouth, horses can hide their pain just in case someone stops feeding them! Signs include chewing on one side of their mouth, packing food in their cheeks and dropping food or quidding. Some horses may have noticeably foul-smelling breath, have a change in their demeanour or ridden work and others may gradually lose weight. The presence and severity of clinical signs very much depends on the degree of pain caused by the food packing and gum (periodontal) disease associated with the diastema. Periodontal disease occurs as a result of bacteria multiplying in the trapped food material. These bacteria penetrate the gum and cause infection and degradation of the underlying structures. Diastema with periodontal disease are often excruciatingly painful and should be treated without delay.



What can the vet do to help?

There are three aspects to treatment; addressing the periodontal disease, correcting the diastemata and ongoing maintenance. As these horses are often extremely painful, safety is vital during diligent removal of all food material under sedation and topical or regional local anaesthetic (where required). The resulting gap, thanks to erosion of the gum, often extends up between the teeth and at the very worst communicates with the nasal cavity or sinuses. To stop more food going up into these painful pockets



in the gum and to allow the gum to heal the diastema may be filled with a special dental putty. We may prescribe antibiotics or pain relief. In some instances it may be appropriate to take x-ray images to further investigate, remove a tooth or even mechanically widen the gap between the teeth. Ongoing management is key to keeping your horse or donkey's mouth pain free. Diastemata should be taken very seriously due to their painful nature. With particularly severe cases of gum disease we may even prescribe an intense period of visits and treatments when diastemata are first diagnosed. Once we have the gums healthy and pain free, we will normally suggest that we examine your horse's mouth every 3 months. This is instead of every 6 months which is what we would recommend for our normal geriatric patients. Of course the diastema may get so wide that food no longer gets trapped so regular examinations will always be a good idea!

MEET THE VETS

Founded in 1968, Avonvale Equine Practice has over 50 years experience in the care of race horses, general riding and competition horses alike. We provide high quality, professional and compassionate care 24 hours per day, 365 days per year. Our team is highly motivated and keeps up to date with all advances in diagnostic and treatment options. We have a full range of mobile and clinic based equipment enabling us to cater for all eventualities.

Our RCVS Recognised Advanced Veterinary Practitioners in both Equine Orthopaedics and Equine Medicine give us the breadth of knowledge and experience required to get the most out of each and every horse.

DIRECTORS



Naomi de Pennington

MA Vet MB CertEM(IntMed) MRCVS

Naomi is an RCVS Recognised Advanced Practitioner in Equine Medicine who leads the stud team and AI service. She has a particular interest in stud and foal medicine, gastroenterology, ophthalmology and cardiology. She routinely performs gastroscopies and is an experienced colic surgeon, also performing heart scans and electrocardiography as part of our poor performance assessments.



Claire Sawyer

BVetMed MSc CertAVP (ESO) MRCVS

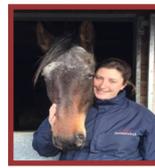
Claire is an RCVS Recognised Advanced Practitioner in Equine Orthopaedic Surgery, leading the orthopaedic and diagnostic imaging teams. She has a keen interest in lameness and poor performance investigation. She is an experienced equine vet who performs a large number Of pre-purchase examinations (vettings).

ASSISTANTS



Emily Douglas-Osborn BVSc MRCVS

Emily completed her internship at Avonvale before gaining experience in all aspects of artificial insemination at Twemlows stud, as well as working in ambulatory practice. Emily also has a keen interest in lameness and poor performance, and has recently enrolled on an orthopaedic certificate working towards additional qualifications in this area.



Laura Hart BVM&S CertAVP MRCVS

Before joining Avonvale, Laura served in the British Army with tours of Iraq and Afghanistan (RAVC) and in London (Household Cavalry Mounted Regiment). Laura's passion is dentistry and she is a BARTA instructor (British Animal Rescue & Trauma Care Association). Laura is an Advanced Veterinary Practitioner and is working towards advanced status in Equine Dentistry.



Nicholas Dymond MA PGCert BVSc MRCVS

Prior to graduating from the University of Bristol as a Vet, Nick was an Officer in the British Army serving all around the world. With a passion for horses throughout his adult life, he has a particular interest in equine internal medicine and diagnostics.



Mercedes Montejo MRCVS

Mercedes graduated from University of Zaragoza, Spain in 2009, prior to completing an internship in Seville. She then worked 2 foaling seasons in Ireland and Scotland before joining Avonvale. Mercedes has a particular interest in foal medicine, alongside general equine medicine and poor performance investigation.



Stuart Rendall BVMS MRCVS

Stuart graduated from University of Glasgow in June 2020 and has decided to commence his career in equine practice. He has joined the team at Avonvale to complete our equine internship. Stuart is looking forward to developing his skills in all areas of general equine practice and has a particular interest in dentistry.

Directors

Naomi de Pennington MA VetMB CertEM(IntMed) MRCVS **Claire Sawyer** BVet Med MSc Cert AVP ESO MRCVS

Assistants

Emily Douglas-Osborn BVSc MRCVS **Laura Hart** BVM&S MRCVS **Line Kjaer** DVM MRCVS **Mercedes Montejo** MRCVS **Stuart Rendall** BVSc MRCVS