

COMSTOCK EQUINE HOSPITAL

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Comstock
EQUINE HOSPITAL



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- Erin K. Price DVM
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Welcome Dr. Hustace!

We are excited to announce that Dr. Jaime Hustace is joining Comstock Equine Hospital! Dr. Hustace is a native of Smith Valley, Nevada where she grew up raising and showing horses, sheep, and cattle. The FFA and 4-H organizations taught her leadership, perseverance, business skills, and compassion for the animals and their owners. Growing up in this small town also provided a sturdy foundation for pursuing her educational goals. Dr. Hustace obtained her Bachelor of Science in Animal Science from the University of Nevada. She received her Doctor of Veterinary Medicine from Oregon State University in 2005. Following graduation, she completed an equine

medicine and surgery internship at Littleton Equine Medical Center in Littleton, Colorado. Dr. Hustace returned to Oregon State University where she was offered an internal medicine residency. During her residency, she performed research with a focus on Equine Metabolic Syndrome and camelid medicine. She also enjoyed teaching veterinary students in the teaching hospital. Following her residency, she returned home to Smith Valley and started Sierra Nevada Large Animal Hospital with the help of Nona Bales. Dr. Hustace became board certified in 2010 becoming one of only two large animal internal medicine specialists in the state of Nevada. What is an internal medicine specialist? Internists are known as "the doctor's doctor" focusing on solving puzzling diagnostic problems. Further training allowed Dr. Hustace to develop specialized skills in the management of patients with infectious diseases as well as multi-system diseases affecting internal organs. Internal medicine specialists helps determine "the why" behind your animal's illness. Dr. Hustace will be available for scheduled appointments on Wednesdays at the hospital and anytime for emergencies. She will

continue to provide care and service for her Sierra Nevada Large Animal Hospital clients and patients. In her spare time, she enjoys riding her horses in the mountains, showing her mare Angelina in three-day eventing, and hiking and running with her border collie, Jess. Welcome Dr. Hustace! 🐾

Client Appreciation Expo
Saturday April 27th 9am
Comstock Equine Hospital

Join us for a morning of informative lectures, local vendors, and a delicious lunch. Lecture topics will include Equine Infectious Disease presented by Dr. Jaime Hustace and Emergency Preparedness by Dr. Evan McQuirk. Please RSVP by Wednesday, April 23rd.

We are Going Paperless!

As our practice progresses, we are moving toward a paperless system. If you would like to have your statements sent to you electronically, please send your email address and billing preference to: comstocklargeanimalhospital@yahoo.com.

Importance of Client Communication and Compliance in Wound Healing

Sadie B. Myers DVM

Small wounds and laceration repairs are common in our equine patients. With some veterinary assistance and attention, most heal quickly with minimal scarring, and our patients return to normal form and function. A typical wound or laceration seen by your veterinarian may require cleaning, debridement, sutures, and bandaging. It is important during the healing process to regularly assess the wound for discharge, odor, size, changes in tissue appearance, associated lameness or discomfort, and any other complications that may arise. During this time, an open line of communication with your veterinarian is critical to determine if further progress examinations or additional diagnostics are necessary. One phone call could save a life.

Case: Hazen, 17-year old Anglo Arab Gelding
Hazen was found to be non-weightbearing lame in his paddock during normal turnout with another horse. He had lost a moderate amount of blood from a wound on the inside of his left front leg above the knee (distal radial bone). On examination, a small one inch laceration was noted with possible damage to the large blood vessel in the area. The carpal joints were assessed for compromise, radiographs were taken to evaluate the bone, and the area was clipped, cleaned and bandaged. No abnormalities were seen on radiographs.



Over the course of the next week Hazen was comfortable at a walk, but his leg would intermittently swell causing him discomfort. Eventually as the swelling worsened, he developed a noticeable lameness and became depressed. He was re-examined with additional radiographs, joint evaluation and treated for a cellulitis (inflammation of the skin and subcutaneous tissues). Hazen returned home days later to rehabilitate and did well.

However 3-4 weeks after the injury, Hazen just "wasn't right." His owner noted that he was intermittently lame and sometimes sensitive to the touch over the limb. A progress examination and radiographs were performed 25 days post injury, and a severe radial fracture was noted. Had Hazen's owner ignored his subtle changes in clinical signs, he could have fractured his leg too severely to repair.

Hazen received three treatments of Extracorporeal Shockwave Therapy, multiple treatments of soft tissue Accuscope therapy, and was kept in a strict stall confinement program. Radiographs performed three months post injury showed impressive progress, and a full recovery is expected.

This case is one of many wounds our veterinary team evaluated this winter in which a small laceration turned out to be just the tip of the iceberg. Careful evaluation by the owners and our doctors has allowed us to successfully manage five non-displaced long bone fractures in the last four months. Repeat physical examination and radiographic monitoring along with thorough client communication and compliance with a strict rehabilitation plan is critical in helping our patients heal quickly and comfortably while reducing the potential for a catastrophic event.

A special thanks to Beth Curle and Hazen for allowing us to share their success story! 🐾

Should I Give Banamine?

Erin K. Price DVM

Our central goal as veterinarians is to protect, improve the life, and maximize the potential of our patients, your companions and livelihood. An important tool in achieving this is to be an educated source of information for you, your horse's primary care giver. We understand that in these difficult economic times, many owners try to diagnose and treat their horse's medical problem before calling the veterinarian. With easy access to information on the internet that is not always accurate, there is an increasing concern that medications are being used inappropriately. The majority of stressed snap-decision making happens at night and on the weekend when your horse colics, becomes injured, or has a runny nose and cough. Leaving your veterinarian out of the equation often leads to mis-diagnosis, harm to the animal, and a more expensive fix later. We have an on-call doctor available 24/7 so please do not hesitate to call—we are here to help! Most of the time it is recommended the horse be seen to properly examine and diagnose the problem; but remember it is in your horse's best interest and often will be less costly with a better chance of cure if done right the first time. A few common medications that many owners have "on hand" are discussed below to help prevent their potential mis-use.

Non-Steroidal Anti-Inflammatories

Drug names: Flunixin meglumine (Banamine), Phenylbutazone (Bute), Firocoxib (Equioxx), Acetylsalicylic Acid (Aspirin)

Fact: Provide pain relief, reduce inflammation/swelling, reduce fever. Commonly used for colic (abdominal pain), respiratory illness, and lameness due to arthritis, stone bruises, soft tissue strains, swelling, etc. If your horse becomes painful within 12 hours of giving a dose, do not give more and contact your veterinarian.

Myth: Giving more will enhance pain relief. Provides sedation, makes them sleepy/quiet. Safe to use in a sick horse before calling your doctor. Safe to use in a dehydrated sweaty horse (i.e. during colic or tying-up). Always safe to use in the athletic horse during work/show. Safe to use for a long period of time.

Dose: Please consult your veterinarian for correct use/dose/frequency of administration. Do not give more frequently than every 12-24 hours (1-2 times daily). Administer for the least number of days necessary to help provide comfort. Read labels – some are dosed per pound, per kilogram/gram, or per tab/powder/liquid. If you need help, call.

Side Effects: Kidney damage, kidney failure, stomach ulcers, colonic ulcers, oral ulcers, fatal diarrhea (colitis), severe muscle abscess post-injection with liquid form, seizure post-accidental injection into carotid artery, scarring/abscess of jugular vein secondary to leakage of liquid form, worsened illness due to prolonged avoidance of appropriate treatment by a veterinarian.

Antibiotics

Drug names: Trimethoprim sulfadiazine (SMZs, TMS, Uniprim); Procaine penicillin (PPG), etc.

Fact: PPG given orally can cause a fatal diarrhea. PPG given in the blood vessel can cause seizures. SMZs can be overdosed causing colitis. Common use includes bacterial respiratory disease, infected wounds, abscesses and surrounding surgical procedures.

Myth: All cough and fever cases need antibiotics. All wounds need antibiotics. Antibiotics can't hurt, they only help. It is okay to stop giving them early or skip doses if your horse is too difficult to medicate.

Dose: Please consult your veterinarian for correct use/dose/frequency of administration. Most often antibiotics are given at too low a dose to be effective. The label on a typical penicillin bottle recommends an incorrect low dose and incorrect frequency of administration that will not be effective in 99.9% of equine issues treated with penicillin. Be sure to rotate injection sites to help minimize injection site reaction. Most antibiotics are given at 12-24 hour intervals for 10-14 days.

Side Effects: PPG- muscle reaction or abscess post injection, seizure, diarrhea, creation of resistant bacteria, failure of infection to resolve. SMZs- diarrhea, colic, creation of resistant bacteria, failure of infection to resolve.

Sedation

Drug names: Acepromazine (ACE), Romifidine (Sedivet), Detomidine (DormGel), Xylazine, etc.

Fact: These medications alter the blood flow, heartbeat, and respiration and cause sedation/drowsiness/calmness. They can relieve anxiety and most cause a level of ataxia (lack of muscle coordination affecting ability to balance, swallow, and other voluntary movements). It is against state regulations to dispense without a specific patient need.

Myth: Always safe to use for training or showing purposes. Always safe to use for farrier appointments and trailering your horse. Everyone should have a bottle of ACE and Sedivet in their first aid kit.

Dose: To be administered by a veterinarian only. Please consult your veterinarian for correct use/dose/frequency of administration if your horse is prescribed ACE or DormGel.

Side Effects: Cardiovascular collapse, seizure secondary to inappropriate injection, anaphylactic reaction, ataxia, low blood pressure, increased sweating and urination, inability to swallow normally. 🐾

SPRING VACCINE CLINIC SCHEDULE

Area:	Day:	Date
Washoe Valley	Sat	16-Mar
Washoe Valley	Tues	19-Mar
Washoe Valley	Wed	27-Mar
Washoe Valley	Thurs	4-Apr
Washoe Valley	Tues	16-Apr
Washoe Valley	Sat	20-Apr
SW Reno	Wed	13-Mar
SW Reno	Sat	23-Mar
SW Reno	Thurs	28-Mar
SW Reno	Wed	10-Apr
SW Reno	Wed	17-Apr
SW Reno	Sat	27-Apr
Mt Rose / Pleasant Valley	Wed	20-Mar
Mt Rose / Pleasant Valley	Tues	26-Mar
Mt Rose / Pleasant Valley	Thurs	4-Apr
Mt Rose / Pleasant Valley	Sat	6-Apr
Mt Rose / Pleasant Valley	Thurs	18-Apr
Lemmon Valley	Tues	12-Mar
Lemmon Valley	Thurs	28-Mar
Lemmon Valley	Sat	13-Apr
Lemmon Valley	Wed	17-Apr
Spanish Springs	Thurs	14-Mar
Spanish Springs	Tues	26-Mar
Spanish Springs	Sat	30-Mar
Spanish Springs	Thurs	11-Apr
North Valleys	Tues	19-Mar
North Valleys	Wed	27-Mar
North Valleys	Tues	2-Apr
North Valleys	Thurs	11-Apr
Golden / Sun Valley	Tues	12-Mar
Golden / Sun Valley	Wed	3-Apr
Golden / Sun Valley	Tues	16-Apr
Carson / Dayton	Thurs	21-Mar
Carson / Dayton	Tues	2-Apr
Carson / Dayton	Thurs	18-Apr
Toll Rd / VC Highlands	Thurs	14-Mar
Toll Rd / VC Highlands	Tues	9-Apr
West Reno / Verdi	Thurs	21-Mar
West Reno / Verdi	Tues	9-Apr
Palomino Valley	Mon	15-Apr
Gardnerville	Sat	23-Mar
Gardnerville	Mon	8-Apr
Gardnerville	Fri	10-May
Minden / Johnson Lane	Mon	11-Mar
Minden / Johnson Lane	Sat	13-Apr
Minden / Johnson Lane	Fri	19-Apr
Jacks Valley / Genoa	Mon	25-Mar
Jacks Valley / Genoa	Fri	26-Apr
Silver Springs / Stagecoach	Mon	1-Apr
Silver Springs / Stagecoach	Fri	3-May

Price List	
Farm Call	15
Physical/Wellness Exam	15
Rhino-Influenza	29
West Nile + EWT	39
Strangles I.N.	32
West Nile Innovator	32
Rabies	21
Deworm	17-24
Deworm (Foal/Mini)	14
Fecal Exam	21
Clean Sheath	45
Sedation- Starts At	45
Coggins	30
Health Certificate	39
Additional on H.C.	13

A 5% discount will be applied to owners with 5 or more horses. Not applicable with any other discount. **Pfizer Immunization Support Guarantee: Pfizer Animal Health will pay for diagnostic and treatment costs up to \$5000.00 for your horse if he or she has been vaccinated by one of our doctors and becomes infected by West Nile, Influenza, Tetanus, Eastern Equine Encephalitis and/or Western Equine Encephalitis within one year of vaccination. This guarantee excludes Strangles and Rhino virus.**



\$140.00

Spring Dentistry Special!!!

All dental procedures during the spring clinics will be performed for the discounted price of \$140 plus sedatives (a \$50 savings). Sheath cleanings may be added to your examination for the discounted price of \$20 (a \$22 savings). To best service our clients, all of our doctors have received extensive training and continuing education opportunities in the field of equine dentistry.

The discounted price includes:

- 🐾 Sedation
- 🐾 Full Mouth Speculum Examination
- 🐾 Dental Equilibration
(performed with hand floats and power float equipment)