

Comstock

EQUINE HOSPITAL



Welcome Dr. Glasberg

Dr. Glasberg is a native of Rockville, Maryland. She received her Doctorate of Veterinary Medicine from St. George's University School of Veterinary Medicine. Dr. Glasberg completed two equine medicine and surgery

internships at West Coast Equine in Somis, California and the University of Illinois. She completed her large animal internal medicine residency at University of Illinois. Her professional interests include neonatology,

Equine Gastric Ulcer Syndrome in Horses

Hannah R. Leventhal, DVM, MS

If your horse has ever exhibited signs of picky eating, a poor appetite, decreasing body condition, weight loss, chronic diarrhea, lackluster coat, grinding of the teeth (bruxism), change in behavior, colic, "cinchiness", pain over the withers/back/abdomen, or poor performance, they may be experiencing gastric ulcers. As the previous list demonstrates, the clinical signs of gastric ulcers can be vague, which can be frustrating for owners of horses exhibiting one or more of these signs. Furthermore, these symptoms can be intermittent or persistent, can develop acutely or more insidiously, and can become chronic. This can further lead to frustration and confusion in determining the exact cause of any of these clinical signs.

The equine stomach is lined by two different kinds of tissue. The upper third is thicker protective tissue, and the lower two-thirds is where stomach acid is produced. We can see ulcers in both parts of the stomach as well as the transition into the small intestine. Equine Gastric Ulcer Syndrome (EGUS) is an umbrella term that we use for horses with ulcerations or abnormal tissue in their stomach. Gastric ulcers can appear and affect both the squamous and the glandular mucosa of the stomach, which are two distinct tissue types within the equine stomach. Additionally, ulcerations can appear around the pylorus which leads to the small intestine.

Recently, there has been much research devoted to the Equine Gastric Ulcer Syndrome, and veterinarians and researchers have begun to identify specific risk factors to help us better understand when and why horses might develop ulceration. These risk factors include transportation, long term administration of NSAIDs (i.e. banamine, phenylbutazone, firocoxib, meloxicam), diet, housing,

SPRING 2022



endocrine diseases, and challenging cases. In her free time, Dr. Glasberg enjoys staying in shape, hunter/jumper disciplines, reading and musical theater. She is excited to explore local trails with her dog Carly.

number of days in work, type of work, number of riders, show schedule, and feeding schedule. The risk factors for squamous versus glandular ulceration have been identified and are distinctly different, and certain breeds are seemingly more predisposed and more frequently diagnosed with Equine Gastric Ulcer Syndrome.

The good news is that gastric ulceration can be diagnosed with gastroscopy. During this time, a thorough physical examination will be performed while history and the clinical signs of the horse are discussed. The horse is sedated, and a small camera is passed up the nose, down the esophagus, and into the stomach to reach the pylorus (the beginning of the small intestine). During the gastroscopy, abnormalities can be visualized, and biopsy samples of abnormal tissue can be collected for further testing and analysis. The abnormalities of the squamous and glandular portion of the stomach are given a grade, and appropriate treatment can be initiated. Oftentimes, if the condition is moderate to severe, a repeat gastroscopy after the treatment period will be recommended to ensure that treatment provided is working.

Horses aren't the only equids that develop ulcers - donkeys can have them, too! They will frequently exhibit different clinical signs due to their more stoic nature and personality. Risk factors for donkeys include high starch diets, NSAIDs, chronic stress, hyperlipemia, and long-term steroid use.

There are several treatments we can use to prevent and treat gastric ulcerations. It is of utmost importance to work with your veterinarian when treating as many products on the market have not been appropriately researched and are not FDA approved. Some can even cause toxicities and side effects that can be fatal.

At Comstock Equine Hospital, we would be happy to perform a gastroscopy on your horse and work with you to treat and manage all cases of Equine Gastric Ulcer Syndrome. 🐾

A Pain in the Back

Jessica Bramski DVM, DACVS-LA

Complaints associated with back pain can range from pain on palpation, reluctance to be saddled, bucking and kicking out, decreased willingness to work in frame or jump, or even hindlimb lameness and gait abnormalities.

There has been an increase in awareness of back pain in the equine industry with some even requesting images of the thoracolumbar spine routinely in pre-purchase radiographs. So what is the scoop on equine back pain and treatment?

The vertebrae have a body, dorsal spinous process, and two facets. Between the bodies lie intervertebral discs. The facets of neighboring vertebrae form joints. Between the dorsal spinous process of neighboring vertebrae are interspinous ligaments. Intervertebral disc disease occurs in horses but does not herniate and cause pain like in humans. Because of this, the focus of this discussion will be on the dorsal spinous processes (DSP) and facet joints.

Dorsal spinous process impingement (“kissing spine”) occurs when the DSPs are in close proximity causing inflammation. Overriding dorsal spinous processes is a more severe form of impingement where the DSPs knuckle and remodel around one another. DSP impingement has a high incidence and low morbidity meaning it has been found in many horses without any clinical signs. In one study, 86% of horses that were functionally normal were found to have impingement. Due to this, diagnostic analgesia (“blocking”) is the most important diagnostic to confirm that clinical signs are actually associated with the impingement.

Evaluation for back pain includes a thorough musculoskeletal palpation and observing the horse’s movement and behavior. Because back pain can be secondary to lameness or neurologic disease, if these are discovered during the evaluation, they must be addressed first. Since clinical signs of back pain are exacerbated by under saddle work, having a rider on the horse may be crucial for the evaluation. Following observation of repeatable clinical signs, the horse’s back is radiographed. If impingement is observed, the regions of impingement are injected with a

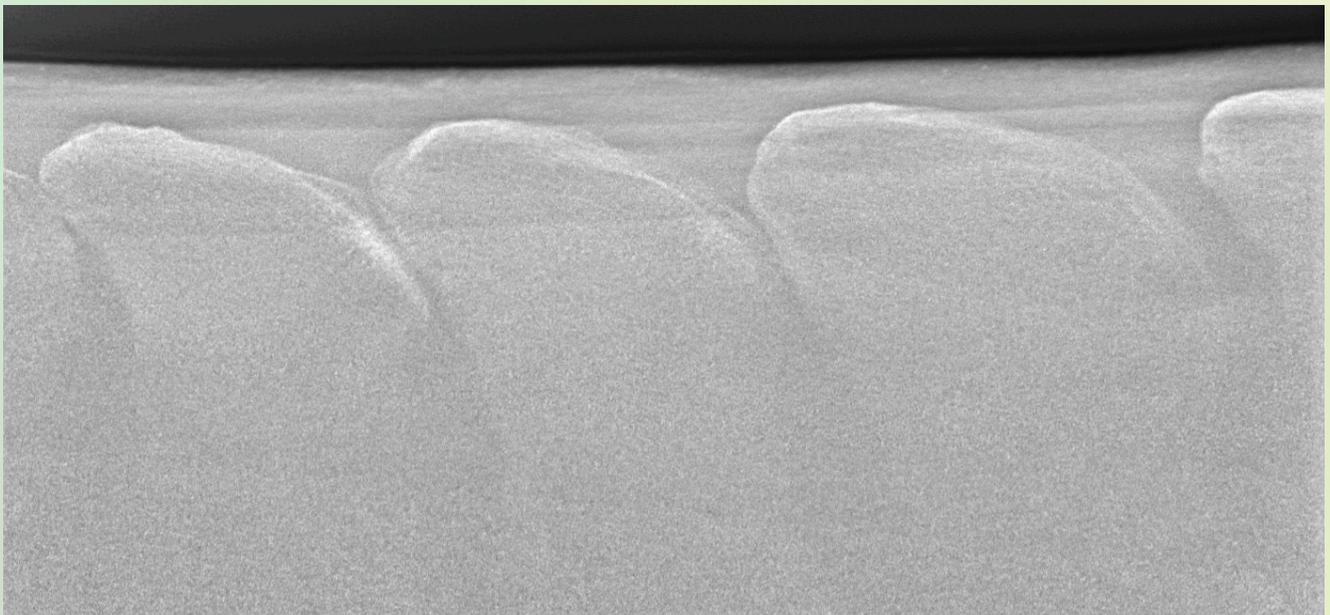
numbing agent under radiographic guidance and the horse is again ridden. The absence of clinical signs following this confirms that pain is indeed coming from the impingement.

Treatment of pain from impingement typically consists of medical management, and failing that, surgical management. Medical management focuses on decreasing the inflammation and pain in the region through combinations of athletic rest, physical therapy, oral medications, local injections with corticosteroids, and adjunctive therapies such as shockwave, chiropractic, and acupuncture. 89% of horses responded to medical management short-term but in 56%, pain returned in approximately 2.5 months. In those that are responsive, treatments may have to be repeated every 6-12 months.

Surgical management consists of one or a combination of the following procedures. Interspinous ligament desmotomy is cutting the ligament to increase space between the DSPs and relieve tension on the pain fibers. Improvement was reported in 95% of horses and no horses had recurrence of back pain one year post-surgery. An ostectomy is removal of a portion of the DSP to eliminate contact with the neighboring DSP. Return to athletic use with this procedure was reported as 81%.

Facet joint pathology warrants discussion as well. Facet joint osteoarthritis can be a source of pain in horses and can be seen with DSP impingement or alone. Facets are best evaluated with large overhead radiology units or through ultrasonographic evaluation. Remodeling of the joints indicates arthritis which is not a normal finding in the thoracic or first few lumbar joints. It is more common and may not be associated with pain in the last few lumbar vertebrae and the lumbosacral junction. Treatment of articular facet osteoarthritis includes injection of the facet with a corticosteroid.

This is just a summary of information and additional information can be provided upon request. If you have any questions concerning possible back pain in your horse, please reach out to us to schedule an evaluation! 🐾



SPRING VACCINE CLINIC SCHEDULE

Area	Day	Date
Washoe Valley 1	Wed	2-Mar
Washoe Valley 2	Sat	5-Mar
Washoe Valley 3	Wed	16-Mar
Washoe Valley 4	Tues	5-Apr
Washoe Valley 5	Thurs	7-Apr
Washoe Valley 6	Sat	9-Apr
SW Reno 1	Wed	2-Mar
SW Reno 2	Sat	12-Mar
SW Reno 3	Thurs	17-Mar
SW Reno 4	Tues	22-Mar
SW Reno 5	Wed	30-Mar
SW Reno 6	Sat	16-Apr
Mt. Rose/Pleasant Valley 1	Thurs	3-Mar
Mt. Rose/Pleasant Valley 2	Wed	9-Mar
Mt. Rose/Pleasant Valley 3	Sat	30-Apr
Lemmon/Antelope Valley 1	Tues	1-Mar
Lemmon/Antelope Valley 2	Thurs	17-Mar
Lemmon/Antelope Valley 3	Wed	23-Mar
Lemmon/Antelope Valley 4	Sat	19-Mar
Spanish Springs 1	Thurs	3-Mar
Spanish Springs 2	Tues	15-Mar
Spanish Springs 3	Sat	2-Apr
Spanish Springs 4	Wed	30-Mar
Spanish Springs 5	Tues	12-Apr
North Valleys 1	Thurs	10-Mar
North Valleys 2	Tues	22-Mar
Golden/Sun Valley 1	Tues	8-Mar
Golden/Sun Valley 2	Wed	23-Mar
Carson/Dayton 1	Tues	8-Mar
Carson/Dayton 2	Thurs	24-Mar
Carson/Dayton 3	Thurs	21-Apr
Toll Rd/VC Highlands 1	Thurs	10-Mar
Toll Rd/VC Highlands 2	Tues	19-Apr
West Reno/Verdi-Mogul 1	Wed	9-Mar
West Reno/Verdi-Mogul 2	Thurs	31-Mar
Palomino Valley 1	Mon	7-Mar
Palomino Valley 2	Mon	4-Apr
Stagecoach/Silver Springs 1	Fri	18-Mar

SPRING CLINIC PRICES

Farm Call	28
Physical/Wellness Exam	28
Core Innovator with Rabies	56
EWT WN Innovator	42
Vetera Gold (EWT, West Nile, F/R)	90
Flu/Rhino	42
Rabies	25
Deworm	19-29
Deworm (Foal/Mini)	16
Fecal Exam	26
Clean Sheath	45
Sedation- Starts At	55
Coggins	40
Health Certificate (First 2 Horses)	52
Health Certificate Additional Horse	18

Prices of dewormers vary depending on what deworming strategy your horse requires. A 10% discount will be applied to owners with 5 or more horses, and the farm call fee will be waived. Not applicable with any other discount.

**Manufacturer's Immunization Support Guarantee: The vaccine company will pay for diagnostic & treatment costs up to \$5000 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 1 year of vaccination. This guarantee excludes Strangles & Rhino virus. **



**YOUR HORSE
NEEDS A
DENTAL EXAM
EVERY YEAR!**

Dentistry Pricing

We are offering our dentistry prices at \$195 plus sedatives. Sheath cleanings may be added for the discounted price of \$45.

We are continuing the Dental Health Maintenance Plan. Any horse that has dentistry performed annually will receive the discounted price of \$150 plus sedatives. This plan is ideal for horses that require more frequent dentistry.

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 Examination
-  Full Mouth Speculum Examination
-  Dental Equilibration (performed with hand & power tools)

\$195⁰⁰

\$150⁰⁰

COMSTOCK EQUINE HOSPITAL

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Health
CHRONICLE

