

# Comstock Staff

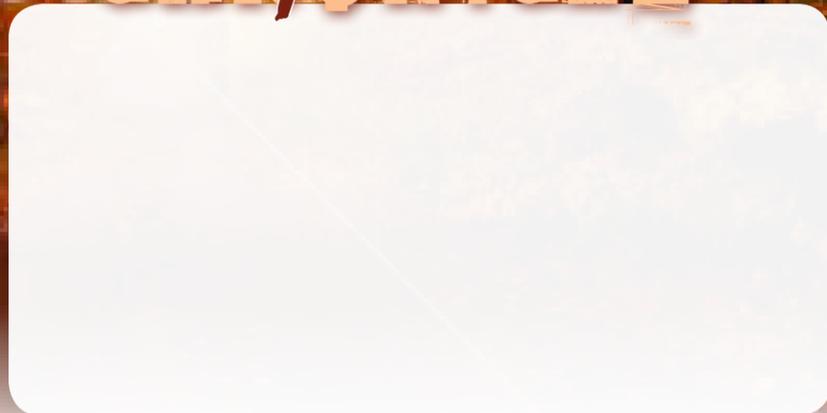
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## COMSTOCK LARGE ANIMAL HOSPITAL

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# Health CHRONICLE



# Comstock LARGE ANIMAL HOSPITAL



# Health CHRONICLE AUTUMN 2011



## Way to Go!



**Jacob Castagnola** excelled in rough stock competitions this year. He finished 2nd in the Nevada Junior High School Rodeo Association and 1st Place in the Nevada Junior High Rodeo Association State Finals. Jacob was a National Junior High Rodeo Association Finals Qualifier and a National Little Britches Rodeo Association Finals Qualifier. At the NLBRA, Jacob Qualified for the short-go championship round.

**Korey Knoles** and her mare **Rocket** have been competing together for 6 years winning many buckles and saddles at local rodeos. In 2010, Rocket was voted Horse of the Year. Currently Korey is a freshman at Spanish Springs High School and competes on the Spanish Springs High School Rodeo Team in Barrel Racing, Pole Bending, Breakaway Roping, Team Roping, and Goat Tying. This year Korey and Rocket qualified to compete in the Junior High National Finals Rodeo in Gallup, New Mexico. They have also qualified and competed in the Sharon Camarillo Western Classic Barrel Race for three years running.



**Nancy Samon** and her horse **Baxter** (Brandys Peppy Spirit) are a quite a pair. In 2010, they won the Non-Pro Championship in the Western Nevada Cutting Horse Association earning a buckle and a saddle. They also placed third in the \$15,000 Novice Non-Pro Class. Nancy

says that Baxter "is a great cutting horse and an even better saddle pal!"

**Julie Von Hennig** is so proud of her little jumper **Cini** (Cinnabon). Cini earned a first place at the Franktown Show and two first places at the Zephyr Farms Show in May. She most recently won the Comstock Derby at the Maplewood Gambler's Choice in August. Cini is also currently the high point Level 3 Jumper in the Sierra Nevada Horse Show Association.



## MRI now available at Comstock Large Animal Hospital

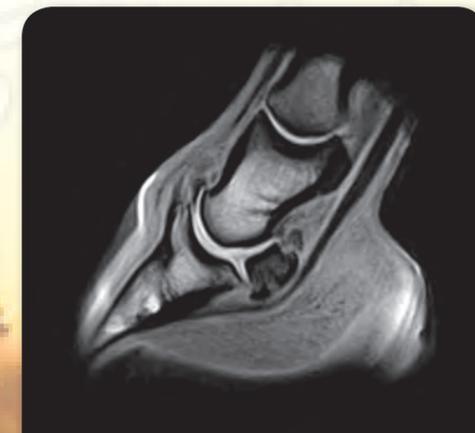
Magnetic Resonance Imaging (MRI) is a valuable diagnostic tool that is able to pinpoint injuries in soft tissue structures in the distal limb that are often missed with radiographs and ultrasound. However this technology is still greatly under-utilized in the equine world. Major reasons for this are cost, proximity of a MRI unit, and placing the horse under general anesthesia. With the help of MREquine, a mobile MRI unit, we are now able to offer MRI procedures here at our hospital. This awesome new service is offered on a custom built medical coach that travels around the western region.

How do I know if my horse needs an MRI? – All horses that undergo MRI have been evaluated by our veterinarians or a referral veterinarian. MRI can visualize the soft-tissues associated with the distal limb (from the carpus/tarsus to the foot). It is also very useful imaging the navicular bone and associated structures.

What happens when my horse has an MRI? – Patients are admitted to the hospital in the morning and are able to go home the same day. A physical examination and pre-anesthetic bloodwork are performed upon arrival. The patient is placed under general anesthesia, and vi-

tals are monitored during the procedure by our licensed veterinary technician. The procedure usually takes 1.5 – 2 hours including induction and recovery. MRI images are reviewed by a board certified radiologist, and the reports are available within 48 hours of the procedure. Owners also receive a copy of the report and images for their personal records.

When are MRI's offered at Comstock? – MRI dates are scheduled once monthly based on demand. For additional questions, please call our office (775) 849-0120 or visit [www.mrequine.com](http://www.mrequine.com).



## Welcome Dr. McQuirk!

We are excited to introduce our new equine surgery and medicine intern, Dr. Evan McQuirk. Dr. McQuirk is a 2011 graduate of Washington State University College of Veterinary Medicine. He is a native of Carson City, Nevada, and he received his Bachelor of Science from the University of Nevada Reno in 2007. His professional interests include surgery, lameness, reproduction, and neonatology. Dr. McQuirk is an avid San Francisco Giants fan. In his down time, he enjoys watching the Wolf Pack and WSU Cougars, hiking with his dog Lexie, camping, hunting and fishing. Welcome home Dr. McQuirk!





## Equine Metabolic Syndrome

Evan A. McQuirk DVM

Horses and ponies of all shapes and sizes are susceptible to developing Equine Metabolic Syndrome (EMS). This disease process is complex and new information regarding diagnostics, therapeutics, and prevention is actively being researched.

In general EMS horses are overweight, have abnormal fat deposits on the neck (cresty neck) and over the tail head, and have elevated triglycerides in their blood. EMS horses are often labeled 'easy keepers.' EMS horses are also Insulin Resistant (IR) meaning their body is unable to respond to insulin circulating in the blood. Insulin is primarily responsible for driving glucose into cells and tissues of the body. Insulin also affects blood flow throughout the body, especially in the extremities. High levels of insulin can compromise blood flow to the hoof thus putting your horse at risk for laminitis.

Diagnosis of EMS can be made based on clinical signs (obesity, laminitis) and bloodwork. Horses with EMS will have elevated insulin levels and an elevated glucose:insulin ratio. Hypothyroidism and Cushing's Disease can also be components of Equine Metabolic Syndrome, and blood tests can diagnose these as well.

Treatment of EMS is a multi-pronged attack that aims to manage the Insulin Resistance and decrease the horse's risk for laminitis. These horses need regular exercise and dietary management that is focused on limiting the starch content of feeds. EMS horses should not have free access to pasture grass or alfalfa hay. We highly recommend testing your grass hay to evaluate the nutrient content. Grain supplementation should be removed as many grains have very high levels of starches/sugars. Low-starch feeds such as Purina L/S and LMF Low Carbohydrate are excellent sources of necessary protein, vitamins, and minerals without harmful sugars.

In severe cases or cases that do not respond to diet and exercise alone, the use of medications can help regulate insulin levels and improve metabolism. Metformin is an excellent drug that increases the sensitivity to insulin and inhibits sugar formation in the liver. Once insulin levels are normalized, metformin can be discontinued, and the horse can be maintained on diet. Levothyroxine (Thyro-L) is a synthetic thyroid hormone that can also help to stimulate the metabolic pathways in your horse.

Equine Metabolic Syndrome can ultimately be managed with diet and exercise. An accurate diagnosis and early medical intervention are crucial in combating this syndrome. 🐾

## Hooks, Ramps, and Wave Mouths! Oh My!

Elisabeth M. Lau DVM

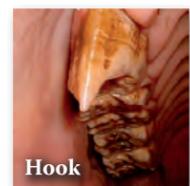
During a routine dental examination, you may have heard your vet use terms such as "hooks" and "points" when looking into your horse's mouth but did not know what these terms meant. Having a better understanding of common equine dental problems can help you appreciate why your horse may be having difficulty chewing, resisting the bit, and the importance of routine dental care for your horse.

Horses can have up to 44 teeth (the average gelding has 40 teeth with wolf teeth removed and the average mare has 36-40 teeth as mares do not usually have canines). By the age of 5, the average horse will have all of its adult teeth. The adult cheek tooth begins 4 inches in length and is continuously worn throughout the life of the horse. Most common dental problems occur from abnormal wear.



Ulcers from Points

**Enamel Points:** A horse's natural chewing motion helps wear down the surface of his teeth; however, points remain on the outside surface of the upper molars and the inside surface of the lower molars. These points can lead to erosions (ulcers) on the cheeks and tongue that cause pain during chewing and exercising. During a routine float, these points are reduced and rounded.



Hook

**Hooks and Ramps:** Overbites, underbites, and incomplete occlusion of the chewing surface can lead to hooks and ramps. A hook is an overgrowth of the first upper cheek teeth (106 and 206). A ramp is an overgrowth of the first and last lower cheek teeth (306,311, 406 and 411). These can further inhibit natural chewing motion, catch during certain head positions, and potentially make contact with the opposite gums causing pain.

Severe hooks and ramps should be reduced gradually and maintained more frequently (every 6-12 months).



Wave Mouth

**Wave Mouth:** As some horses mature, an uneven occlusal surface can develop called "wave mouth." This can lead to excessive wear and premature loss of the opposing teeth. As with hooks and ramps, these horses require more frequent dental maintenance reducing the more protuberant teeth so that they do not continue to cause excessive wear.



Step Tooth

**Steps:** A step mouth is the result of an absent tooth. The opposing tooth does not wear and becomes too long. Steps inhibit the natural chewing motion (horses with steps are often noted to chew up and down versus the side to side elliptical motion). To correct steps, the excessive crown is gradually reduced and maintained frequently.



Caps

**Caps:** Most young horses lose their deciduous (baby) teeth between 2.5 - 4.5 years of age. Occasionally these teeth can become retained or even fracture leaving part of the cap behind. These retained caps and fractured caps cause painful chewing, potential infection, and abnormal wear of the opposing teeth. Retained and fractured caps should be removed before further complications occur.

Abnormal incisors result from retained deciduous teeth, trauma (kicks to the mouth or fractures), excessive wear from cribbing, or congenital abnormalities such as overbites ("parrot mouth") or underbites ("monkey mouth"). Most incisor problems are cosmetic, but any abnormality that causes pain should be corrected. Congenital abnormalities can be minimized or even corrected if treated early. Again all corrections should be made gradually.

We strongly encourage you to be a part of your horse's dental examinations and procedures. Feel free to look in the mouth, feel the abnormalities and ask questions! 🐾

## FALL VACCINE CLINIC SCHEDULE

Area/Location	Day	Vacc Date
Washoe Valley	Saturday	10-Sep
Washoe Valley	Thursday	15-Sep
Washoe Valley	Tuesday	20-Sep
Washoe Valley	Wednesday	28-Sep
Washoe Valley	Tuesday	11-Oct
Washoe Valley	Saturday	15-Oct
SW Reno	Tuesday	13-Sep
SW Reno	Saturday	17-Sep
SW Reno	Thursday	22-Sep
SW Reno	Thursday	6-Oct
SW Reno	Wednesday	12-Oct
SW Reno	Saturday	22-Oct
Spanish Springs	Wednesday	14-Sep
Spanish Springs	Saturday	24-Sep
Spanish Springs	Thursday	29-Sep
Spanish Springs	Thursday	13-Oct
Lemmon Valley	Tuesday	13-Sep
Lemmon Valley	Thursday	29-Sep
Lemmon Valley	Saturday	1-Oct
Mt Rose/Steamboat	Tuesday	27-Sep
Mt Rose/Steamboat	Wednesday	5-Oct
Mt Rose/Steamboat	Thursday	13-Oct
North Valleys	Tuesday	27-Sep
North Valleys	Tuesday	11-Oct
Golden Valley	Wednesday	21-Sep
Golden Valley	Tuesday	4-Oct
West Reno/Verdi	Thursday	15-Sep
West Reno/Verdi	Wednesday	5-Oct
Toll/VC Highlands	Tuesday	20-Sep
Toll/VC Highlands	Thursday	6-Oct
Carson/Dayton	Thursday	22-Sep
Carson/Dayton	Tuesday	4-Oct
Palomino Valley	Monday	26-Sep

## Luke & T.J.

It is never easy losing a treasured friend, but it is especially hard losing one that has been a part of your life for so many years. This year, Joan Wright and Greg Hayes said goodbye to Luke, a 38 year old Thoroughbred gelding, and T.J., a 15 year old Toggenburg wether goat. These two oldies but goodies were often found together in the pasture or napping in the manure pile. Luke and T.J., you will be greatly missed by all of those who knew you. 🐾

## PRICE LIST

Farm Call	15
Physical/Wellness Exam	20
Rhino-Influenza	29
Strangles I.N.	32
West Nile Innovator	32
West Nile + EWT	39
Rabies	21
Deworm	17
Deworm (Quest)	22
Deworm (Foal/Mini)	14
Fecal Exam	17.5
Coggins	28
Health Certificate	37
Additional on H.C.	12

A 5% discount will be applied to owners with 5 or more horses. Comstock Health Care Plans are still available. Please call our office for more information.

\*\*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.\*\*

