

EOTRH: More Than Just A Mouthful

Elisabeth M. Lau DVM

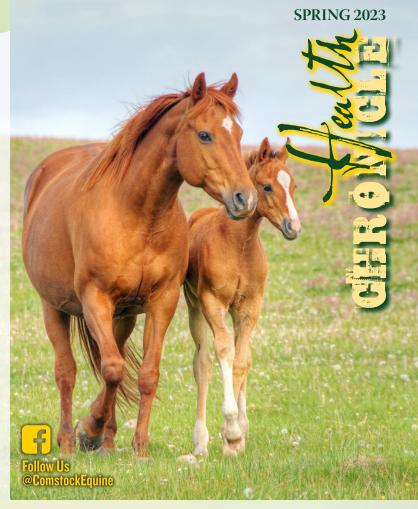
Equine Odontoclastic Tooth Resorption and Hypercementosis (EOTRH) is a painful progressive disease that affects the incisors and canines. At one time, we thought that geriatric warmblood geldings were the most commonly affected horses. Now we find there is no breed or sex predilection.

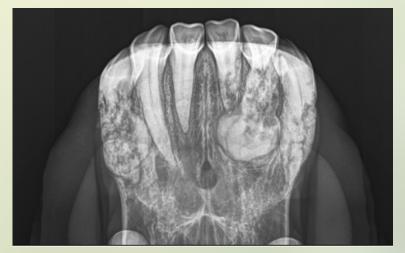
Early in the disease process, resorptive lesions start along the roots. You may see pitting on the enamel of the incisors, and small abscesses may appear as red spots or pustules on the gums. Radiographs can be used to diagnose EOTRH in its early stages, and we often see these changes in horses in their mid-teens.

As the disease progresses, one of two inflammatory processes occurs. In some cases, the roots continue to resorb and become loose or even fracture. In other cases, the cementum layer of the tooth starts to become prolific causing the teeth to appear bulbous or rounded. Horses will often be unable to properly close their lips over the enlarged incisors, giving them a grimacing appearance.

It is important for owners to know that horses with EOTRH are in constant pain. While they are stoic and rarely off feed, they can be head shy or avoid the bit. The cause of EOTRH remains unknown, and there is no way to prevent progression of the disease. Extraction of the affected incisors and canines is the only treatment. This procedure is done with standing sedation and local nerve blocks. After the procedure, the horse returns to its normal diet. While radical extraction can seem very aggressive, our patients often find relief within 24 hours of the procedure. The extractions sites heal in 4-6 weeks, and the horse can resume wearing a bridle. Many clients report that their horse is brighter and more playful after the affected teeth are removed.

Our veterinarians have received continued dental training to perform these extractions, and we welcome any questions you may have about this disease.







West Nile Virus: What It Is and How It Can Affect You and Your Horse

Samantha E. Terenzi DVM

West Nile Virus (WNV) is a viral disease transferred from birds to mosquitoes to horses (and even humans!). This disease is not contagious from horse to horse or horse to human as both horses and humans are dead end hosts. WNV causes an encephalitis (brain inflammation) and meningitis (inflammation of the lining of the brain and spinal cord). Some clinical signs include stumbling, incoordination, weakness, partial paralysis, and muscle twitching. Diagnosis of WNV is made based on clinical signs, a blood test, and a spinal tap (an outpatient procedure that collects spinal fluid). Some other diseases that can cause similar signs include rabies, EPM, EHV-1, botulism, bacterial meningitis, wobbler syndrome, and Eastern (EEE)/Western (WEE)/Venezuelan (VEE) equine encephalomyelitis.

Of the horses who develop the disease, about 50% will fully recover, 33% will have a fatal case, and 17% will have residual effects such as gait and behavioral abnormalities. Treatment is largely supportive care such as IV fluids, NSAIDs, and treating any neurological abnormalities if they occur.

WNV is commonly found in Africa, Asia, and the Middle East. However, it is now considered endemic or common to North America as well. The West Nile Vaccination is part of the American Association of Equine Practitioners yearly core vaccines that are recommended for your horse. The other core vaccines are Tetanus, Eastern and Western Equine Encephalomyelitis, and Rabies. In Nevada, we vaccinate horses for West Nile Virus and other mosquito-borne diseases (EEE/WEE) in the spring prior to mosquito season.

The best way to protect your horse from WNV is with yearly vaccination and mosquito control. Removing standing water, utilizing fly spray and fly protective gear, and having fans in barns are all ways to help keep these pests out. Even though we are in a desert, West Nile Virus is found each year in the mosquito surveillance conducted by Washoe County and the state of Nevada.

How West Nile Virus Is Transmitted Infected Bird to Mosquito Infected Mosquito to Bird

Image courtesy of Mosquito Magnet **EQUINE VACCINE RECOMMENDATIONS** What if my horse is Additional **Vaccinations** When? **Vaccinations** unvaccinated? 2 dose series - boostered 4-6 Booster at time of pen-Tetanus* Annually weeks apart, then annually etrating injury or surgery [EEE/WEE]* Eastern/ 2 dose series - boostered 4-6 Annually in the spring before None Western Encephalomyelitis mosquito/fly season weeks apart, then annually Annually in the spring before 2 dose series - boostered 4-6 West Nile Virus* None mosquito/fly season weeks apart, then annually Rabies* Annually Single dose annually None **Equine Herpes** 2 dose series- boostered 4-6 weeks **Bi-Annually** EHV-1 and EHV-4 apart, then every 6 months 2 dose series- boostered 4-6 weeks Influenza **Bi-Annually** apart, then every 6 months 2 dose series- boostered 2-3 weeks *Do not give in the face Annually based on risk Strangles apart, then annually of an outbreak.

^{*} Represents the AAEP's Core Vaccine Recommendations.

SPRING VACCINE CL	INIC SC	HEDULE
Area	Day	Date
Washoe Valley 1	Wed	8-Mar
Washoe Valley 2	Fri	17-Mar
Washoe Valley 3	Tues	21-Mar
Washoe Valley 4	Fri	7-Apr
Washoe Valley 5	Mon	1-May
Washoe Valley 6	Wed	10-May
SW Reno 1	Wed	8-Mar
SW Reno 2	Tues	14-Mar
SW Reno 3	Mon	20-Mar
SW Reno 4	Fri	21-Apr
SW Reno 5	Tues	25-Apr
SW Reno 6	Wed	3-May
Mt. Rose/Pleasant Valley 1	Fri	10-Mar
Mt. Rose/Pleasant Valley 2	Tues	4-Apr
Mt. Rose/Pleasant Valley 3	Mon	24-Apr
Lemmon/Antelope Valley 1	Thurs	9-Mar
Lemmon/Antelope Valley 2	Wed	15-Mar
Lemmon/Antelope Valley 3	Wed	26-Apr
Lemmon/Antelope Valley 4	Mon	8-May
Spanish Springs 1	Tues	7-Mar
Spanish Springs 2	Mon	13-Mar
Spanish Springs 3	Wed	29-Mar
Spanish Springs 4	Thurs	20-Apr
Spanish Springs 5	Fri	28-Apr
North Valleys 1	Tues	21-Mar
North Valleys 2	Thurs	6-Apr
Golden/Sun Valley 1	Thurs	16-Mar
Golden/Sun Valley 2	Tues	11-Apr
Carson/Dayton 1	Fri	10-Mar
Carson/Dayton 2	Tues	28-Mar
Carson/Dayton 3	Wed	3-May
Toll Rd/VC Highlands 1	Wed	15-Mar
Toll Rd/VC Highlands 2	Mon	24-Apr
West Reno/Verdi-Mogul	Thurs	23-Mar
Palomino Valley 1	Mon	6-Mar
Palomino Valley 2	Mon	17-Apr
Stagecoach/Silver Springs 1	Fri	28-Apr

SPRING CLINIC PRICING		
Farm Call	40	
Physical/Wellness Exam	40	
Core Innovator with Rabies	60	
EWT WN Innovator	46	
Vetera Gold (EWT, West Nile, F/R)	95	
Flu/Rhino	48	
Rabies	30	
Deworm	25	
Deworm (Foal/Mini)	21	
Fecal Exam	26	
Clean Sheath	60	
Sedation- Starts At	70	
Coggins	50	
Health Certificate	45	
Health Certificate Additional Horse	30	

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 \$225 plus sedatives. Sheath cleanings may be added for the discounted price of \$58.

We are continuing the Dental Health Maintenance Plan. Any horse that has dentistry performed annually will receive the discounted price of \$175 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)

COMSTOCK EQUINE HOSPITAL

90 W. Laramie Drive Reno, Nevada 89521 P: 775.849.0120 F: 775.849.3129 www.comstockequine.com PRSRT STD U.S. POSTAGE PAID RENO, NEVADA PERMIT # 828



Joseph M. Coli DVM
Stephen C. Damonte DVM
Shane M. Miller DVM Dipl. ACVS
Elisabeth M. Lau DVM
Elizabeth L. Hanrahan DVM
Hannah R. Leventhal DVM MS
Brittany A. Leavitt DVM
Samantha E. Terenzi DVM
Jamie Frayne LVT
Morgan Passow LVT
Kelsey Thoms LVT
Jessica Balaam LVT
Valerie Foley LVT



