



Ark Vet Centre

Equine Newsletter



May 2024



Welcome to the May newsletter, with this month marking the start of ride out season, it's a busy time of year for our Equine vets. We are also seeing laminitis cases on the rise after a very wet then warm spell causing a sudden flush in the grass. There have also been reports from the Equine Grass Sickness Fund about a recent rise in cases in certain parts of the country so that's what we will cover in this month's newsletter.

Grass Sickness

EQUINE GRASS SICKNESS CASES

Reported to the ICC between 09-Apr-24 - 01-May-24

SIXTEEN
CASES

ON TWELVE PREMISES

EGS TYPE:

50% ACUTE

25% SUB-ACUTE

25% CHRONIC

DIAGNOSED BY:

38% **62%**

» post-mortem examination

» clinical observations



AFFECTED REGIONS

Cases between 9th April & 1st May were made up of:

- **Breeds affected:** Natives, Thoroughbreds, Sports Horses
- **Age range:** 1-16 years (with 50% of cases falling within the 2-6 year age group)
- **Turnout:** cases seen in horses on full turn out and part turn out

Grass sickness occurs in 3 forms. Acute, sub-acute and chronic. The major symptoms relate to partial or complete paralysis of the digestive tract from the oesophagus downwards. In **acute** grass sickness, the symptoms are severe, appear suddenly and the horse will die or require to be put to sleep within two days of the onset.

Severe gut paralysis leads to signs of colic including rolling, pawing, flank watching, difficulty in swallowing and drooling of saliva. The stomach can become distended and stomach contents may pour down the nose. Further down the gut, constipation occurs. If any droppings are passed, they tend to be small, hard and may show a coating of mucus. Fine muscle tremors and patchy sweating may occur. In this form, the disease is fatal and the horse should be put to sleep once the diagnosis is made.

In **subacute** grass sickness, the symptoms are similar to those of the acute disease but are less severe. Small amounts of food may still be consumed. Such cases may die or require to be put to sleep.

In **chronic** grass sickness, the symptoms come on more slowly and only some cases show mild, intermittent colic. The appetite is likely to be reduced and there will be varying degrees of difficulty in swallowing but salivation, accumulation of fluid in the stomach and severe constipation are not a feature. One of the major symptoms is rapid and severe weight loss. These with intensive nursing at a hospital may live.



There is no diagnostic test we can do whilst the horse is alive so we usually make a presumptive diagnosis based on the clinical signs. Definitive diagnosis can be made by taking samples on post mortem after the horse has been put to sleep. Reporting of cases is very important to aid the ongoing research into the disease so that we can try to develop prevention methods or new treatment options.

