

Wright & Morten Equine Newsletter



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New Somerford Clinic

Our new clinic is coming together rapidly and we are hoping to start moving equipment into it in September. We will be announcing our opening plans closer to the time but we are all very excited to show you around.

We'd be the first to admit that our current clinic was looking a little shabby. We are often very busy, and run out of stables on a regular basis, with nowhere for our clients to sit whilst waiting for their horses, and only one treatment room.



Treatment Room 1

Luckily, we've been planning our new clinic for a long time and are delighted to see it progressing. The new clinic is located about 50 metres away from our current site, and is set within its own grounds behind the Ash arena. We'll have double the number of stables, and two large treatment rooms, with our own dedicated trot up area. The stables are completed and work is progressing on the office areas and treatment rooms.



Treatment Room 2

Our new theatre with induction and recovery boxes is taking shape as you can see. Our induction and recovery boxes are set on each side of our theatre area, which will allow us our own reserved operating space. The wall padding and non-slip padded floors are being fitted and the gantry for moving unconscious horses is in place so beginning to come together well.



Padding in Induction Box

Our treatment rooms are having their specialist non-slip reinforced rubber floors fitted as you can see in the photo. Soon the stocks will be installed and the ceilings finished.

Our new reception area and offices have had a coat of paint and the wiring is installed. Next step is getting furniture and the finishing touches to make it a welcoming areas for clients and vets.



Reception

We are all so excited about our new clinic and will be hosting an event to celebrate its opening, so watch this space.

Insurance Claims

Just a few reminders regarding insurance claims. Once you have decided to make a claim you should contact your insurance company and request a claim form. Complete your section and then send the form in to us together with payment for the excess (we will be unable to process your claim until we have received the excess).

We will pass the form to your vet to complete and then submit it to the insurance company with relevant invoices. You will have the choice of requesting payment to be made direct to us or to yourself.

Payment direct to us is much the easiest option however if you should choose for the payment to be made to yourself please note that we will require you settle invoices in accordance with our usual policy i.e. within 14 days of issue of invoice.

If you have any queries regarding insurance claims please call the office and ask for Carly who will be happy to advise you.

Windgalls – What is Normal?

A tendinous windgall is a lay term for an enlargement of the digital flexor tendon sheath.

The tendon sheath provides a smooth passage of the deep and superficial digital flexor tendons over the fetlock. It is lubricated by synovial fluid and any injury to the sheath or structures within it can cause an increase in the production of synovial fluid and swelling.



A Tendinous Windgall

A slight windgall can be normal for some horses, these can fluctuate in size according to workload, time spent in the stable and environmental temperature. Becoming familiar with the normal appearance and feel of your horses' legs will help you to recognise what is normal for him. Being accustomed with how they feel is particularly important in horses with feathery legs, where changes are difficult to see.

In general, swellings that are similar in size between both limbs and soft with easily compressible fluid contents are not a cause for concern.

However, if your horse is lame or the swelling is hard or bigger than normal it could indicate a problem. Also if the swelling is bigger in one leg than the other can also indicate an injury and may need treatment.

Strains

A simple strain or overstretch of the tendon sheath can cause a sudden onset inflammation and lameness. This condition, known as tenosynovitis, usually responds fully to anti-inflammatory therapy including a steroid injection, hyonate injections, topical Compagel and rest followed by a controlled exercise program.

However, tendon sheath effusions can be driven by an injury within the structure and these do not always respond fully to conservative treatment, or can recur. For this reason an ultrasound scan is performed prior to a steroid injection, there are three main structures that can be affected:

• Tendon injury

A tear of the superficial or deep digital flexor tendon within the sheath may cause recurrent swelling and lameness that does not respond fully to medical treatment. Surgical investigation of the sheath with an arthroscope may be required to accurately diagnose and treat tendon injuries.

• Annular ligament injury

The annular ligament runs horizontally across the upper margin of the tendon sheath, it prevents swelling within the sheath extending upwards, this restriction can cause the tendon sheath inflammation to be firm and painful. It is not a vital structure and may be cut as part of surgical management of the condition.

• Manica flexoria injury

The MF is a collar of tendinous tissue; it extends from the superficial digital flexor tendon and wraps around the deep digital flexor tendon. Cobs are prone to injuring the structure which, as with the annular ligament, may require excision if it is causing recurrent lameness.

In summary, windgalls that are soft and have slight variations in size according to your horses' management are usually nothing to worry about but a firm swelling with lameness should be investigated.



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