

WARWICK EQUINE VETERINARIANS

185 BRACKER ROAD

WARWICK.

ISSUE 53

FEBRUARY 2021



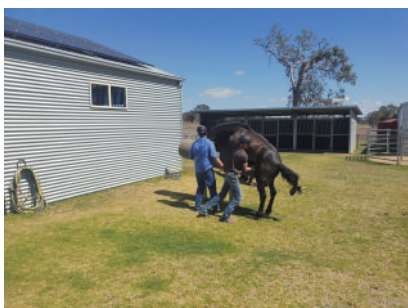
Newsletter

Semen collection and freezing *Angelina the foster mare* *Third eyelid mass*

AT WEV we have been busy. Thoroughbred breeding is now finished for the this season, however, our thoroughbred clients have been very busy with the various yearling sales. There were some very good results for some of our clients at the January Magic Millions sales which was very gratifying to see. Several of our Quarter Horse clients are now at the Tamworth sales and we wish them all the best as well. We are still doing some non thoroughbred breeding, which has mainly been AI and ET and expect this to slow down over the next month or so. We also have been collecting and freezing semen for quite a lot of stallions lately.

There are many reasons why owners might want to do this. It is the only way to store genetics from a stallion in case of accidents, and also in some cases it is a more convenient way to send stallion semen across the country. Other owners want to collect some semen from a colt or stallion and store this frozen for potential future use and then castrate the horse. This often allows easier competition and housing for the stallions and is becoming increasingly common.

The process is to collect the semen into an artificial vagina. In the photo below Andrew is collecting the horse off our dummy mare, in other cases we use a mare in season or our spayed mare to collect stallions off.



We usually do a "test freeze" first using several different extenders and protocols to determine what works best for the individual stallion. Once we know what works best we can usually go on to collect and freeze 6-10 insemination doses from each ejaculate.



In the next photo Andrew and Edward with Jack in the foreground are busy assessing and preparing semen for freezing in our laboratory.

Jack, a final year vet student, was with us for three weeks on placement from James Cook University in Townsville. He managed to fit in with our team very well. We were impressed with his attitude and ability and am sure he will graduate to be a very useful member of our profession at the end of this year.

Sometimes we get to work with a horse that goes above and beyond. Angelina is such a horse. She first came to our clinic after her foal was referred in for a long standing complex fracture of the elbow. Although Angelina did not know it, the foal she was nursing was not genetically hers as she had been recruited as a foster ET mare at the end of her Standardbred racing career. The foal required weeks in our care and eventually the fracture healed after 2 surgeries and a lot of intensive management. During all this time Angelina never gave us trouble, nursed her foal exceptionally well and



tolerated the confinement without complaint. The first photo is of the foal not long before discharge with Angelina in the background. Eventually the foal was weaned and Angelina continued to look about for another foal, and even tried to "steal" some other mare's foals. Another sad foal story came our way when a stockhorse mare unfortunately was found dead one morning after having delivered a live relatively healthy foal in a paddock. Social media helped the owners to find each other and Angelina came to the rescue. After giving her some medication to help bring her milk back

on, she almost instantly took the little orphan as her own. Below you can see Dusty getting the

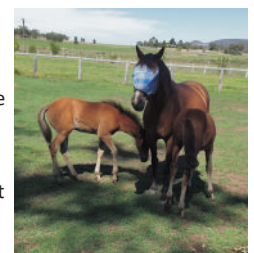


foal to nurse from Angelina for the first time in our stables. It only required one or two more supervised nursing episodes for Angelina to accept our little orphan as her own.

Despite our best efforts eventually the foal succumbed to complications from his birth some days after going home with his new mum.

Another sad story had been going on at much the same time. Another of our clients had a mare die of severe colic a few weeks after foaling. This foal had been fostered onto another mare on their farm but although the mare was willing, neither foal was doing as well as they might due to the limited milk supply.

In the photo on the right you can see the mare with the 2 foals. After Angelina lost her adopted colt foal she was recruited



take the orphan foal from the mare that died with colic. She is now willingly rearing her third foal for the year as



you can see in the last photo. Angelina has been an exceptionally obliging mare to deal with and has made the life of

several foals much better with her kind nature and good mothering instincts.

Once again we wish to thank all our clients for entrusting our practice to help care for their horses.

The WEV team

Warwick Equine Veterinarians

STAFF

Tias Muurlink BVSc (Hons) FANZCVS Registered Specialist in Equine Surgery
Andrew Hopgood BVSc MRCVS Veterinarian
Edward Maxwell BVSc (Hons) Veterinarian
Chaylee Joe Kong Vet Nurse Cert IV RVN
Danielle Assen Vet Nurse Cert IV
Odetta Kolenich Vet Nurse
Heidi Radford Vet Nurse BSc Cert IV
Tamasin Maher Admin
Dusty Turner Trainee Vet Nurse
Rita Gangemi Administration

Our goal is to provide excellence in clinical service to all our equine patients.

A professional, compassionate and caring approach with good communication, and up to date services.

Excellence in Equine Veterinary Care

OUR CONTACT DETAILS

Business office and postal address:

185 Bracker Road, Warwick, Q 4370

Equine facilities and surgery:

19811 New England Highway

Rosenthal Heights, Q 4370

Email address: office@warwickequinevets.com.au

Website: warwickequinevets.com.au

Facebook: Warwick Equine Vets

Office (BH): 0400 977 564

Tias Mobile: 0438 791 804

During a pregnancy examination this month Andrew, noticed this lesion on eyelid of the mare. There was a nodular growth at the corner of the eye, in this case coming from the third eyelid or nictitating membrane. The third eyelid is normally a smooth flat structure barely visible in the corner of the eye and only visible when it flicks across the eye. The function of the third eyelid is to help prevent trauma to the eye by flicking across in response to threats as well as helping maintain the correct moisture and immunity of the tear film.



The most common lesions we see on third eyelids are squamous cell carcinomas which typically have a friable pink appearance. Other lesions seen commonly include Habronema lesions which are due to a parasitic infection of this area. This lesion looks a little different and to get a definitive diagnosis would likely require biopsy, which is taking a small section of the tissue and sending it to the lab for evaluation.

In this case it was elected to surgically remove the third eyelid which can usually be done relatively easily with sedation and blocking the region.

The second photo shows the result of the surgery with the eyelid removed and in this case good margins were achieved and therefore the chance of recurrence is reduced.

