



Previous VET NOTES

- May 2011 - Under tack dynamic respiratory scope
- December 2010 - Equine Piroplasmiasis
- October 2010 - Sand colic
- September 2010 - Vaccines
- July 2010 - Rhodococcus in foals
- June 2010 - Wound Management
- March 2010 - Pharmacy Notes
- February 2010 - Cryptorchidism in the horse
- December 2009 - Selection of mares for embryo transfer
- October 2009 - Tying-up Syndrome
- September 2009 - Flexural deformities in the forelimbs of foals
- August 2009 - Equine Cushing's Disease
- July 2009 - Corneal ulcers
- June 2009 - Laparoscopic surgery: A new way to look at things
- May 2009 - Equine cardiology
- April 2009 - Single screw compression update
- March 2009 - Resistance to anti-parasitic drugs
- November 2008 - Perio-

Eastern Equine Encephalitis—have you vaccinated?

Summer is here and horses and people will have an increased risk of exposure to Eastern Equine Encephalitis Virus (EEE)

EEE is a mosquito borne virus that is endemic in the eastern United States. The virus is carried by birds primarily and spread to horses and humans through mosquito bites. The incidence of mosquitoes and therefore infection rate is increased most years during the late summer months and into the fall in central Florida.

Horses that are infected with EEE show signs of unsteadiness, fever, depression or erratic behavior, and a marked loss of coordination and/or weakness. Treatment is limited to supportive care and many horses will die or are euthanized 48-72 hours after the initial signs. The mortality rate in horses has been reported to be at least 90%.

The immunity obtained through vaccination begins to decrease after 4-6 months, and many horses will have inadequate protection after 6 months. Horses that have not been vaccinated in the last 4 months should receive a booster at this time. Research by vaccine producers and universities in endemic areas suggest vaccination for EEE every 4-6 months to ensure adequate protection for this deadly disease. Timing vaccination in adult horses in the spring and fall may offer the best protection.

Horses less than 2 years of age seem to be at an increased risk of vaccine failure. This may be due to prolonged maternal antibody interference in some

Check out our website
WWW.PETERSONSMITH.COM
with links to our FACEBOOK AND BLOG
For more information on the EHV-1 outbreak

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horses. In other words, the antibodies a foal received from its dam may not allow the foal to respond adequately to the initial vaccination(s). Therefore, a longer “series” of booster shots is recommended for weanlings. Begin vaccinating the foal at 4 months, booster at 5, 6 and 9 months and then every 4 months until 2 years of age. Once well vaccinated, adult horses can be protected with vaccinations every 4-6 months.

Another group of horses at increased risk are adult horses recently imported to the southeast from the west or Europe (places where the disease is not endemic). These horses need to be vaccinated immediately and boosted within 3-5 weeks. Continuing boosters every 4 months for the first year is also recommended for these horses.

Discuss your vaccination protocol with your veterinarian to insure the health and safety of your horses.

OTHER SERVICES AT PETERSON & SMITH

Chiropractic services

If you would like to set up an appointment with our equine chiropractor, Dr. Andrea Cogswell, please call the office at 352 237 6151. Dr. Cogswell will be available week beginning June 13th. 2011.

MRI

MRI is now available to our clients. We will be utilizing the mobile services of MREquine™ on a monthly basis. MREquine™, has a magnet that is the strongest magnet available for use in horses. The images will be read by Dr. Robert Schneider, who is a board certified surgeon and is the pioneer in the field of equine MRI. He has interpreted as many MRI studies in horses as anyone in the world, and has trained many of the veterinarians evaluating MRI images in this country today. The reports will be available 24 hours after the imaging is performed.

The MRI is another weapon in our arsenal with which we can more accurately make the diagnosis, formulate a treatment plan and, just as importantly, offer a more accurate prognosis. Overall, it provides an excellent tool for us to be able to prolong the athletic life of our equine athletes. If you would like to have more details or set up an appointment just call to speak with Dr. Faith Hughes

dental Disease

- October 2008 - Interstitial pneumonia - a different kind of lung disease
- September 2008 - The yearling sales
- August 2008 - Eastern Equine Encephalitis—have you vaccinated
- July 2008 - Castration complications
- June 2008 - The use of acupuncture as a diagnostic aid in the equine lameness exam
- April 2008 - Current parasite control recommendations
- March 2008 - The use of Oxytocin in the post-partum mare
- January 2008 - Preparing your mares for the breeding season

We're on the web:
www.petersonsmith.com



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*A Tradition of Leadership and
Excellence in Equine Medicine*