

# The UEA Bulletin

U N I O N V I L L E E Q U I N E A S S O C I A T E S , P . C .

## UEA'S LITTLE REMINDERS

It's time for 2008 Coggins

Breeding Season is upon us

Spring Vaccines are just around the corner

Have you dewormed your horse?

Call our office for any of your scheduling needs

## UEA'S LAMINITIS SEMINAR

Tuesday, February 5th

Church in the Vineyard  
West Grove, PA

6 p.m.

Light Fare

7 p.m.

James Orsini, DVM Director of Penn's Laminitis Institute at New Bolton Center

Followed by

Mark T. Donaldson, VMD, DACVIM

Limited Seating Available

To R.S.V.P. or request more information email  
klw@ueavet.com

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## LAMINITIS JUST THE BASICS

The key feature of laminitis, as defined, is inflammation (-itis) of the laminae. Contained inside the healthy equine hoof, laminae are performing the remarkable task of suspending the coffin bone within the hoof capsule while also acting to absorb concussion. The way these tissues are arranged microscopically is much like that of a zipper. One side lines the interior of the hoof capsule and the other covers the surface of the coffin bone, thus forming the critical support network. When laminitis strikes, the inflammation causes damage to this structure and the links of the zipper become frail and unzipped making the coffin bone vulnerable to movement within the hoof capsule. A common misunderstanding is that laminitis and founder are the same disorders. Founder is an advanced condition resulting from laminitis in which the coffin bone assumes an abnormal anatomic relationship to the hoof capsule. The amount of damage done is dependent on the nature of the insult causing the laminitis, time from onset to treatment and the response to therapy. The most common presentation of laminitis involves both front feet. Far less frequently, it can affect all four, just the rear or just one foot.

How do you know if your horse is developing laminitis? Multiple signs, and various combinations thereof, are important for you to recognize so that veterinary attention can be sought as soon as possible. Some signs of acute laminitis are:

- Walking as if on eggshells
- Reluctance to walk forward
- Difficulty turning to the left or right
- Standing with front limbs far forward and the hind limbs tucked under body (when front feet are affected)
- Shifting weight from one limb to another repeatedly
- Anxiety
- Muscle stiffness and trembling in hindquarters
- Lying down more frequently
- Tendency to remain lying down
- Increased heat in hoof wall and coronary band
- A pounding pulse in the arteries behind the fetlock/pastern region

*Continued*

## L A M I N I T I S

## J U S T T H E B A S I C S C O N T I N U E D

Knowing the risk factors for laminitis can help you to identify or potentially avoid an episode of laminitis. Some of these factors are:

- Hormonal disorders such as Cushing's Disease or Insulin Resistance
- Obesity
- Excessive consumption of grain
- Excessive consumption of lush pasture grass
- Excessive weight bearing on one limb due to lameness in the opposite
- Excessive work on hard surfaces
- Retained placenta
- Severe colic
- Prior episodes of laminitis

This introductory article barely scratches the surface of such a complex disorder. There is much more information available regarding laminitis, diagnostics, treatment options and prognoses. For a more in depth discussion on the topic of laminitis you are welcome to attend our Laminitis Seminar at the Church in the Vineyard on February 5, 2008 at 6 p.m. Our guest speakers are Mark T. Donaldson VMD, DACVIM and James Orsini, DVM, DACVS. For more information on our seminar please email [klw@ueavet.com](mailto:klw@ueavet.com), R.S.V.P. is required due to limited seating.

*Holly M. Mason, DVM*

### UEA's

#### LATEST TECHNOLOGIES

**THERMOGRAPHY**

**SHOCKWAVE THERAPY**

**BORESCOPE COLOR CAMERA  
SYSTEM FOR  
ENDOSCOPIC EXAMS**

**IF YOU WOULD LIKE MORE  
INFORMATION ON THESE NEW  
EXCITING TECHNOLOGIES**

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