

The Equi Life and The Laminitis Clinic Quiz – BEVA 2014

“laminitic” means an animal you can diagnose clinically i.e altered stance, lameness shifting from one affected foot to the contralateral, increased digital pulse strength

Do laminitis cases tend to stand on their toes or their heels?

Heels

Do you consider that an excess of dietary carbohydrate or protein is the more common predisposing factor for laminitis?

Carbohydrate

How can you, on clinical examination alone, differentiate a case of laminitis from acute founder?

Presence of supra-coronary depressions which do not extend the full length of the coronary contour.

Which clinical sign alone is diagnostic of a “sinker”?

Presence of supra-coronary depressions which extend the full length of the coronary contour, right back to both heels.

What are the published success rates for treating sinkers?

20%

Which test do you consider to be the most reliable to diagnose insulin resistance in practice?

Intra-venous glucose tolerance test.

List these in order as the most significant prognostic indicators for acute founder cases a) severity of lameness b) degree of rotation (dorsal hoof wall to dorsal surface of distal phalanx) c) founder distance d) body weight e) chronicity of lameness.

c,.....b If you have c as the most significant and b as the least, you win, there is little evidence to list the other parameters in order.

What are you expecting from a “laminitis supplement”? a) It will cause a recovery? b) It will prevent laminitis? c) It provides nutrients which the “laminitis” case needs to rebuild tissues? d) It contains nutrients which may combat insulin resistance? e) none of the above?

c and d

Which four nutrients/complexes do you believe might combat insulin resistance?

Glucose tolerance factor, magnesium, chromium and vanadium

What are the 2014 Data Sheet contraindications, warnings relating to the use of pergolide (Prascend)?

Potential adverse reactions include inappetence, transient anorexia, lethargy, mild central nervous system signs (e.g. mild depression and mild ataxia), diarrhoea, colic, dosage intolerance.

Do not use in horses with hypersensitivity to pergolide mesylate or other ergot derivatives, Do not use in horses less than 2 years of age.

Pregnancy; the safety has not been demonstrated in pregnant mares.

Lactation; the use is not recommended in lactating horses in which the safety of this product has not been demonstrated.

Use with caution if the product is co-administered with other drugs known to affect protein binding (e.g. phenylbutazone). Do not administer concurrently with dopamine antagonists, such as neuroleptics (phenothiazines), domperidone or metoclopramide.

Tablets should not be crushed because of increased risk of human exposure.

How many types of distal phalangeal rotation do you recognize? Describe each;

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1 Dorsal hoof wall to dorsal surface of distal phalanx

2 Dorsal surface of distal phalanx to axis of proximal and middle phalanges

3 Solar aspect of distal phalanx to the ground

4 Solar aspect of distal phalanx to the ground when viewed dorso-palmarly i.e. medio-lateral imbalance.

Can you name the only independently awarded Mark identifying feeds suitable for laminitics?

The Laminitis Trust Feed Approval Mark

Can you name the three UK manufacturers with products licenced to carry the above Mark ?

Dengie Horse Feeds, Mars (Spillers) Horsecare UK Ltd, British Horse Feeds.

What is the most common time interval between acute founder and solar prolapse (days)?

42 days

If a case which you are sure has "laminitis" stands on its toes, what are the two most likely causes?

Palmar/Plantar hoof abscess or deep digital flexor muscle contracture

Which therapies do you regard as contraindicated in the treatment of laminitis? a) corticosteroids b) anabolic steroids c) exercise d) solar supports e) raising the toes f) raising the heels g) bleeding i.e. haemodilution, h) all of the above.

h

What is the normal range of founder distance (FD) (mm)?

-1.8 to 9.8mm (after correction for any magnification errors)

What are the essential properties of a dorsal wall marker necessary to measure FD accurately?

Square ended piece of straight stiff radio-opaque wire about 5cm long

How exactly would you place a dorsal wall marker prior to measuring founder distance (FD)?

Below the horn-hair junction, where the horn palpably changes from hard to soft under digital pressure, there is a distinct rim. This provides a constant reference point should the horse founder, or founder further. If you place it at the hair – horn junction this point descends disto-palmarly (plantarly) when the horse founders so your initial measurement point has now disappeared. Simple isn't it!

Icing: if you have a "laminitis" case would you expect icing the affected foot/feet to improve the condition?

You can't improve a laminitic foot that has not progressed to acute founder.

However if there is evidence that the horse is systemically ill or might become ill, due to predisposing circumstances, it makes sense to ice the feet. Let's face it there is nothing else that might avoid the animal foundering!

If you were to ice the feet to what temperature and for how long would you apply icing, if any benefits were to be expected?

Constant iced water, just above 0° C for at least 48 hrs or until there are no clinical or laboratory signs of SIRS whichever is the longer.

If you have two identical ponies, one with a founder distance of 12.5 mm in one front foot, the other with founder distances of 12.5 mm in both front feet; which has the better prognosis?

The latter

Which of the following treatments would you use if you were called to a fat pony having eaten 15kg of Pasture Mix 30 minutes prior to your arrival? a) stomach tube with a laxative b) set up an iceing system for the front feet c) administer a NSAID c) administer a corticosteroid d) ask the owner to start walking it for an hour every three hours e) administer acepromazine.

a) b) c)

What is the average % body weight change of a Prezwalski horse over winter in Berlin; assume the feeding rate, of uniform hay, and outdoor management remains the same throughout the year ?

-30%

If you were on a barren island with a laminitis case which one of the following would you chose to use in order to optimize the animal's recovery a) phenylbutazone b) corticosteroid c) horse walker d) deep wood shavings bedded stable e) pergolide f) being able to correctly fit plastic heart bar shoes?

d