



Spring 2006

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Veterinary
Service

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Drs. Judd & Weber Attend Dentistry Conference

by Tom Judd, D.V.M.

Over the long weekend of February 2nd to February 6th, Dr. Kurt Weber and I traveled to Mesa, Arizona to attend the 20th Annual International Association of Equine Dentistry conference. IAED's annual conference is always a busy one, and this year's was no different.

There were 75 attendees present at the conference, and Dr. Weber and I spent time comparing notes and dental techniques with veterinarians and dental technicians from Canada, Belgium, Colombia, Australia, the United Kingdom, Sweden, Italy and the U.S.

In this article I have highlighted a few of the topics covered over the three days of the meeting.

"Simultaneous Occlusion and Its Relationship with Biomechanics and Axial Flow", was presented by John Fortkamp, a Master Certified Dental Technician associated with the Academy of Equine Dentistry in Glens

Ferry, Idaho. John presented his thoughts on how maximizing the contact area of opposing surfaces of all of the teeth involved in apprehending and masticating food benefits the optimum preparation of food for digestion. He explained that it does so by increasing the efficiency of moving the food bolus through the teeth and oral cavity until it is ready to be swallowed. He included the importance of the proper balance of pressures distributed throughout the incisors, premolars, molars and the temporomandibular joints and most importantly, demonstrated techniques for ensuring that maximum simultaneous occlusion is being achieved by the dental practitioner.

Dr. Judith Shoemaker, a well known complimentary medicine veterinarian from Pennsylvania, gave her talk, "Equine Den-

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Practice News

by Vicki Coffin, L.V.T.

Changes and scheduling:

2005 was a year of changes within Equine Veterinary Service. Dr. Kurt Weber successfully joined our practice and has been a wonderful asset for us all. We have had several of his former patients join the practice, and for those of you who haven't met him yet, spring may be the perfect time for an introduction. We make every attempt to offer a choice of either Dr. Judd or Dr. Weber for routine needs and to respect individual preferences. We will always do our best to meet your specific requests.

Dr. Weber will continue seeing routine appointments on Mondays and Tuesdays, and beginning in April we will offer Friday appointments as well. For those of you new to Equine Veterinary Service, all communication should be directed through the office for scheduling. We welcome phone calls and e-mails. Vicki schedules both doctors from the central office and routinely returns calls within the day. If you have an emergency or urgent question, please indicate so on your voice message at the office. Vicki will try to get back to you as quickly as possible. If you do

not receive a response in a timely manner, please don't hesitate to page either Dr. Judd or Dr. Weber during regular office hours.

Dr. Judd continues seeing routine appointments Mondays through Thursdays. Fridays are routinely an administrative day.

Office Move:

We have just completed moving the office out of Dr. Judd's home and into a formal office setting located in the offices at One Gray Center. The new office brings with it many changes and more opportunities for our clients and the practice itself.

The new office is located centrally for the entire practice and is very near the Gray Turnpike exit. The space allows for us to have a reception area, separate laboratory with pharmacy, and some additional space for which we have many ideas. We are considering offering some educational classes for our clients and would love some feedback regarding topics you would like to learn more about. Please feel free to call the office or e-mail any suggestions you may have.

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PRACTICE NEWS, Contd. From page 1

Please note that our address and phone number have changed, but our website and e-mail addresses remain the same. Please see the back of your newsletter for detailed new information.

Trailer-In Appointments:

Trailer-in appointments will be available on a limited basis for 2006. We are no longer able to offer this as an option at Dr. Judd's home in Cumberland; however, we have a nearby facility available if clients are interested. This is especially useful for clients that are out of the practice area or have the need for an expedited appointment due to "last minute" deadlines, etc. Please contact the office for details.

Small Animal Care:

We also provide routine small animal care. We offer the following services:

- Vaccination for both dogs & cats
- Heartworm, Lymes, Ehrlichia canis testing for dogs
- Frontline Plus for cats and dogs
- Heartgard Plus for dogs

While we are happy to care for your routine small animal needs, we are unable to offer emergency services for our small animal patients. We always recommend maintaining a relationship with your small animal clinic for diagnostic and emergency needs.

In-House Laboratory Services:

In addition to our referral laboratory services, we also offer the following in-house testing:

- Fecal Analysis to monitor de-worming program efficacy
- Urinalysis
- Complete Blood Counts (CBC) to monitor anemia and infection
- Blood chemistries to analyze or monitor organ function

The in-house laboratory allows us to provide you with results more quickly.



Tom, Vicki & Kurt

In the event of an acute illness or emergency, we can often begin treatment faster due to the shortened turn-around time. It also allows us to closely monitor horses when treating or

diagnosing problems.

Routine screening can alert us to changes that may affect your horse's performance, before you have a chance to notice more obvious signs of a problem. For example, annual blood screening can help us detect anemia or possible organ concerns before performance is affected. For horses on long-term medications, such as Phenobarbital, Isoxsuprine or Phenylbutazone, routine screening helps us monitor the affects of these medications on individual organ systems.

If your horse is healthy, a baseline screen is beneficial to get an idea of your individual horse's "normal" results.



COLIC - Cause, Diagnosis, Treatment & Prevention

By Dr. Kurt Weber

Dr. Weber attended the American Association of Equine Practitioners' Colic Symposium last August in Quebec City, Canada. The three day meeting offered an in-depth exploration of colic, with cutting edge presentations on cause, diagnosis, treatment, and prevention of this all too common, often life-threatening, problem.

The 'C' word. We all know what it stands for. I've been told by horse owners not to utter the word on their farm, as if just saying the word would create it; and I've watched them "knock on wood" immediately after even the most casual reference to it. Clearly, there is a sort of superstition and dread surrounding the "C" word, or colic, and for good reason. Except for old age, colic is the number one cause of death in horses. In the U.S. alone it is estimated that there are approximately 12-24 thousand colic surgeries annually, or possibly as many as 2.7 surgeries every hour. Consider that horses requiring surgery comprise only about 2-4% of all colic cases,

and you get an idea of just how prevalent and important this problem is in our horse population.

Most of us know what a colicky horse looks like. Typically, they are off feed, and most will indicate that they are experiencing some degree of discomfort by pawing, stretching, or looking at their belly. Some will simply lie down and act depressed, while the horses with more acute pain will often sweat, tremble, and may drop to the ground and roll violently. We know what it looks like, but most of us have a much less clear understanding of what colic is.

Colic simply refers to the presence of abdominal pain. In most instances, the pain originates from the gastrointestinal tract, though other sites (liver, bile duct, kidneys, spleen, reproductive organs, etc.) within the abdomen may, less commonly, be involved. The majority (80%) of colic cases occur from unknown causes. Fortunately, most of these resolve quickly with medical ther-

apy on the farm, but each case of colic must be viewed as a potentially life-threatening condition.

In general, the pain of colic results from either intestinal muscle spasm, or from distension of the bowel by the accumulation of feed material, fluid, or gas due to an obstruction. Causes of colic are numerous. In addition to spasmodic and gas colic, more serious causes that often require hospitalization and possibly surgery, include; ileus (a functional impairment of intestinal motility), infection (enteritis), impaction, intestinal displacement, entrapment, and torsion.

The goal of the initial evaluation of any horse with colic is to try to determine the most likely location and cause of the problem so that the most appropriate therapy can be started. Through an accurate and detailed history, a thorough physical exam, rectal exam, and passing a nasogastric tube, and by evaluating the horse's response to pain medications, this goal can usually be

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Colic, Cont. From page 2

accomplished. The degree and duration of pain are possibly the most reliable parameters indicating the need for surgery. Often, the information obtained is relatively easy to interpret and the decisions that must be made are straightforward. In other instances the decision is much less clear, and more time, diagnostic information, and evaluation of the response to initial therapy may be necessary to determine the best course of action. Because the success rates for colic surgery decrease significantly as the patient's condition deteriorates, it is usually best to refer colic cases to a surgical hospital as soon as a serious problem is suspected.

There are many things a horse owner can do to reduce the risk of their horse(s) having colic, but unfortunately, there is no sure way of preventing it, so all horses are at risk - hence the superstition and fear. In trying to prevent colic, the horse owner must consider factors such as management, use, feeding and environment. Studies have shown that the most important farm risks that contribute to

"It is much better to be prepared for a colic that never happens, than to be unprepared for one that does."

higher colic incidence include the following: poor parasite control, inadequate water supply, excessive use of NSAIDs (Banamine, Bute), high concentrate levels in the diet, and sudden changes in hay or grain. Also, horses in training that are confined and fed large amounts of grain and lesser amounts of roughage seem to be at higher risk.

Colic prevention should start by making sure all horses have a constant supply of fresh water, that hay makes up at least 60% of the diet, and that concentrates (soluble carbohydrates) are fed at the minimum level to maintain weight and performance. The turnout and exercise routines should be regular and consistent, changes in feed should be done gradually over a 7-10 day period, and a good parasite control program must be in place.

Another risk factor seems to be weather. Although studies have been unable to show statistical proof of an increased risk of colic with changes in weather, most veterinarians and owners believe this to be true. It is clear that cold weather and icy water buckets decrease water consumption, and thereby increase the risk of impaction

colic. A Maryland study showed that low humidity and snow marginally increased colic risk. In a Virginia study, an unusually large number of colics occurred during a 3-day snow storm. However, farm records indicated a simultaneous change in management due to the snow storm; the horses were kept in rather than being turned out, and the diets were not altered even though the horses were not getting turnout and exercise. It was concluded that the increase in colic episodes was not directly related to the weather, but to the management changes caused by the weather.

Lastly, a note on owner preparedness. It is much better to be prepared for a colic that never happens, than to be unprepared for one that does. At least 30% of horses with colic identified by owners are never seen by a veterinarian because the colic is transient or resolved after owner treatment with Banamine. A basic colic first-aid kit should include Banamine (non-expired), Simethicone (GasX), a stethoscope, and a thermometer. Access to a trailer is also very important, so that valuable time is not wasted if referral to a hospital is deemed necessary. Finally, if your horse ever does colic, "knock on wood", please call the practice immediately for guidance.

Dentistry, Contd. From page 1

tistry and Chiropractic: Elements of the Equine Wellness Puzzle," in two parts.

Part One covered the complex interaction between the many ways horses interpret all of the inputs from their surroundings, especially the temporomandibular joint and how proper dentistry can aid the equine in maintaining itself as a "balanced, upright, straight and symmetric entity."

In the second half of her discussion, Dr. Shoemaker went into the many chiropractic issues that affect and are affected by dentition. Judith broke down this part of her talk into several sections, Signs of Chiropractic Issues Which Affect Equine Dentition, Local Issues Affecting Chiropractic Signs, and Practical Treatment of Chiropractic Associated Malocclusions. I've seen Dr. Shoemaker present at other meetings and her talks are always interesting and thought provoking.

The next day of lectures, Saturday, was divided into two tracts; basic and advanced. Doug Smith, IAED's current president, and Marilyn Hobbs-Smith, head of IAED's certification com-

mittee handled the first three presentations of the basic tract; "How to Achieve the IAED Standard in Daily Practice", "Cheek Teeth Balance and Equilibration" and "Incisor Alignment and Reduction According to the IAED Standard and You". The International Association of Equine Dentistry is an organization dedicated to increasing the knowledge base and the quality of work performed by equine veterinarians and dental technicians. These three presentations went into detail outlining the organization's ideal representation of a well functioning equine mouth after it has had a proper dental maintenance procedure performed. This is called the IAED Standard. Topics covered in these and several lectures offered that day were; the functionality of the equine dental arcades after a procedure has been done, the objectives of the "float" (which refers to the removal of sharp points that have developed on the premolars and molars, and is only a small part of the total procedure), maintenance of the incisors, removal of retained deciduous, or baby teeth, removal of wolf teeth and the reduction of canine teeth.

These are all anatomical and functional issues that are addressed within the confines of the basic equine dental procedure. Also presented in the basic tract was "Simple Extraction Techniques", by Dale Wearing, an Australian presenter who also serves as an examiner for IAED.

The advanced tract offered on Saturday went over topics such as: Sedation Drugs, Equine Periodontal Disease, Vital Pulp Therapy in the Equine (Pulp Capping), and the basics of Orthodontics. Saturday ended with several case presentations and an involved question and answer session between attendees and presenters.

There was a very comprehensive demonstration day on Sunday, the last day of the seminar.

Dr. Miguel Eschavarria, a human and equine dentist from Colombia,

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E.V.S. Office Move

We are pleased to announce that the office has moved to a more central location within the practice area to better serve our clientele. We now have an office suite at One Gray Center. Our new contact information is as follows:

Equine Veterinary Service

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Due to our more central location within the practice area, all medications/supplies will be available for pick-up at the Gray office with prior notification. We are no longer able to offer pick-up at Dr. Judd's home in Cumberland. As always, we also offer several shipping options if you prefer, and don't forget to check out our online store at our website. We look forward to serving you and your animals in the future.

EMERGENCY PROTOCOL

In the event of an emergency:

- **Always** call the office number first for instructions, 207-657-5885.
- **Carefully** provide your contact number.
- Keep the line **clear** while waiting for your call back. If it takes longer than 10-15 minutes for a return call, please re-page as instructed.
- **Do NOT** keep the pager number as a contact number for Dr. Judd or Dr. Weber, and do not post the pager numbers on your barn phone list.

In order to respond efficiently to emergency calls, we must have correct information, and we must be able to reach you as soon as possible. Valuable time is wasted when we receive pages with incomplete call-back information, and encounter busy signals when trying to return your calls.

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demonstrated mold making techniques that are important in manufacturing crowns to replace broken or missing teeth in horses. This is a process that he has been spearheading in South America for several years now.

Doug Smith, Marilyn Hobbs-Smith and Mark Slingsby went over the IAED standard as it relates to becoming certified with the organization, utilizing specimens to demonstrate proper technique and final outcomes.

Dale Wearing, an advanced certified dental technician from Australia demonstrated extraction techniques and instrumentation.

And Dr. Scott Loman, a human dentist from California showed the attendees how to repair an exposed pulp chamber to prevent infection, decay and eventual tooth loss.

Dr. Weber and I found this year's International Association of Equine Dentistry conference to be very informative. We made many contacts literally around the world to compare notes and cases with, and discovered new and exciting dental techniques. We hope to offer all of Equine Veterinary Service's dental clients state-of-the-art, painless and gentle dentistry that achieves the goal that all of us, practitioners and horse owners alike, strive for: healthier, more comfortable horses, better able to enjoy life as our companions.