

Our Dedicated Staff

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Laser Treatment for Strangles

An 11 year old mare was referred to Langford Veterinary Services for further investigation and treatment of guttural pouch empyema (caused by *Streptococcus equi var. equi*) of 10 months duration that had not responded to lavage and antibiotics. As the horse was infectious she had been isolated from others for several months.

The mare was admitted to the Equine Isolation Unit and endoscopic examination revealed that the guttural pouch empyema had resulted in chondroids (calcified bacterial formations). Many were loosened and removed with repeated trans-endoscopic lavage, but the response was insufficient. This was due to the size and quantity of the chondroids and inflammation and thickening of the natural guttural pouch opening. The surgery and medicine teams therefore combined efforts and endoscopic laser surgery was performed under standing sedation creating a fistula between the guttural pouch and the pharynx (known as salpingopharyngeal fistula). This provided a much easier exit point for the chondroids compared to the normal anatomical opening, allowing all chondroids to be cleared using lavage. This technique is minimally invasive and carries a significantly lower risk than traditional open surgical approaches. General anesthesia was not required and post-operative recovery time is minimal. After surgery another culture from her guttural pouch was obtained and she was discharged from the hospital several days after surgery with recommendations to continue isolation pending these results. The culture returned negative, and the horse is back to her normal routine, being ridden and turned out with other horses.



Fig 1.
Chondroids removed from right guttural pouch

Fig 2.
Endoscopic image of the chondroids in the medial compartment of the right guttural pouch

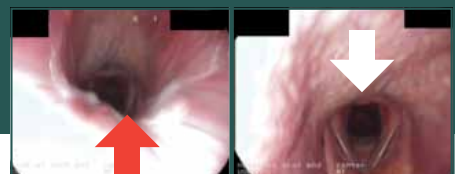
Strangles is a common disease that can be very difficult to treat and it can have fatal consequences in some cases. Additional expertise, the use of clinical tools such as the diode laser and the availability of a fully equipped Equine Isolation Unit can increase the prognosis in these challenging patients.

Dorsal pharyngeal wall collapse in a race horse: diagnosis and treatment

A 6 y.o. thoroughbred racing horse was referred to Langford Veterinary Services for investigation of abnormal respiratory noise during training. As part of our poor performance evaluation we performed a clinical examination including lameness examination and resting endoscopy of the upper respiratory tract. After two uneventful training sessions on our high speed treadmill we performed upper respiratory tract endoscopy during exercise, which showed collapse of pharyngeal structures (palatal instability and dorsal pharyngeal wall collapse, see images). This coincided with an abnormal respiratory noise during exercise.

After discussion with the trainer and the surgery team thermal palatoplasty was performed in order to address palatal instability, since the alternatives for pharyngeal wall collapse are limited. After 2 weeks of post-operative controlled exercise, the horse returned to training. Subsequent races showed marked improvement in performance and the trainer has reported that the abnormal respiratory noise is no longer present.

Langford Veterinary Services offers poor performance evaluations and subsequent surgical and medical treatment, using state-of-the-art equipment and internationally recognized specialists.



Images 1 and 2. Videoendoscopy of the pharynx and larynx of the horse during exercise showing palatal dysfunction (red arrow) and collapse of the dorsal pharyngeal wall (white arrow)

Successful treatment of laceration with skin graft

A 9 year-old Thoroughbred mare presented to Langford Veterinary Services with a degloving wound to the medial aspect of her left-fore fetlock, sustained 1 week prior to referral. At the time of injury the wound was cleaned and closed, but the wound partially dehisced and became infected. After appraising the wound at The Equine Centre, we decided to perform surgical debridement of the wound, but complete closure was not possible due to loss of skin. Continued treatment to promote wound healing included a distal limb cast for immobilisation, technical wound dressings and systemic anti-microbials. After 2 weeks the cast was removed and a healthy granulation bed was present, although there was still no skin covering the wound (Figure 1) as expected at this stage. After discussion about the desired cosmetic and functional outcomes, she underwent graft surgery to the wound bed. Full thickness skin grafts were harvested from her left thorax and implanted under the now healthy granulation bed (Figure 2). These were carefully managed during the first 5-7 days until graft acceptance occurred. She continued to do well and a full recovery was made, with healthy skin and hair eventually covering the original wound (Figure 3).

Distal limb lacerations account for more than 60% of all lacerations in horses. They can be very challenging to treat and can result in permanent loss of use or death. This is caused by a multitude of factors which include lack of mobile skin, compromised vascularity, severe contamination, impaired healing and risk of infection. Although many wounds can achieve healing and an average cosmetic outcome with minimal management, many lacerations can be treated with a faster and better cosmetic outcome by appropriate surgical treatment, which may include grafting techniques, extensive after care (such as immobilisation with casts or the use of advanced active wound dressings). The clinicians at Langford Veterinary Services have extensive experience in the management of complicated lacerations like these.



Scintigraphy

Nuclear scintigraphy involves the detection of gamma rays emitted by a radioisotope, and their subsequent conversion by scintillation to obtain a final image. In equine scintigraphy, Technetium 99m linked to diphosphonate salts (99mTc- DMP) are used as the latter bind to the bone mineral matrix. After intravenous injection, this radio-pharmaceutical compound is taken up into active areas of the skeleton.

Scintigraphy is highly sensitive to bone metabolism and therefore can identify areas of increased bone turnover (so-called "hot spots"). Radiography, ultrasonography or arthroscopy are required to determine the nature of these "hot spots". In most cases, "hot spots" may be due to fractures, enthesiopathies, arthropathies, or kissing lesions.

Scintigraphy currently offers advantages over other imaging modalities in that it is possible to image the spine and the pelvis accurately in spite of thick muscle cover, without the need for a general anaesthetic. It is extremely useful in screening for fractures or stress fractures in young sports horses. Suspect or doubtful radiographic findings can be examined with scintigraphy to determine whether there is any evidence of increased activity or not, for example in the case of navicular disease. Finally, it proved to be useful in fractious horses not amenable to nerve blocks!



Fig 1.

Increased radiopharmaceutical uptake consistent with rib fracture

Fig 2.

Increased radiopharmaceutical uptake consistent with navicular disease

ORGANISING A REFERRAL?

Simply phone the Equine reception on **0117 928 9621/9620**. One of our receptionists will take your owners details and contact the client direct to book the appointment. We will then fax/e-mail you to confirm their appointment time. If you would like to speak to a clinician for advice, they will be very happy to chat to you. We do not have waiting lists and are happy to accept emergency referrals immediately. Please fax: **0117 9289622** or email: equinecentre@langfordvets.co.uk any relevant history.

DID YOU KNOW?

- We have Board Certified Specialists in all or our disciplines
- We are able to make direct Insurance claims
- For uninsured clients we may provide Interest Free Payment Plans
- Our loyalty scheme provides clinics with help towards their CPD budget

Should Loyalty be Rewarded?

We believe it should! We provide 10% of case value back to you as flexible CPD rewards. For more information or to register, visit our website:

www.langfordvets.co.uk
or call Clare Main: 07810 505861

Bone Scan Packages

If scintigraphy is the next stage in the lameness investigation then we are currently able to do this at the following

Promotional Prices:

Scintigraphy of Pelvis and Hindlimbs	£800
Scintigraphy of Front Limbs	£750
Whole Body Scintigraphy	£1,150
Neck & Back Scintigraphy	£650

Additional views are priced at £50 for each area and all prices include 3 days stay at the Equine Centre.