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Our Quarterly Update

Great Yorkshire Show 2025

Minster Equine attended the GYS with a stand this year. All the team had a trip out across the Tuesday or the Wednesday of the four day show. We spoke to many clients and people just there for the day out or keen to have a go with one of our stand's games.

We were very grateful to New Beginnings charity for loaning us George, their life size model horse. George was a big hit with many anatomy questions and bandaging practice. We also had Boris in attendance as his little sidekick. A fun game with plenty of laughs, pretending to be a vet, you had to rectal Boris to identify toy animals without looking.

Aside from the Minster Equine stand, our senior veterinary surgeon Katherine was the equine vet at the GYS for all four days too. Keeping all the horses, ponies and even donkeys, happy and healthy at the showground.

We also take pride in being asked to represent the The Horse Trust's Healthiest body condition prizes. Senior veterinary surgeon Kate and vet George were present over the four days in many showing classes, body scoring and promoting healthy horse body condition. It was a great success and lot of fun was had!











Our Quarterly Update

A fond farewell to George!

We are very sad to see George go! But, we are also very proud of the vet he has become since joining us as newly qualified veterinary surgeon straight out of the university of Nottingham in 2023.

George has been mainly helping Matthew with the racework in Malton but if you were ever lucky enough to have him attend your horse, you would have gathered how special and caring he is.

We wish him all the best in his next chapter in New Zealand! You will be missed dearly George!



Welcome, Charlotte Miller!

Minster Equine has a new addition and we can't wait for you to meet her!

Charlotte graduated with honours from the University of Edinburgh and moved to New Zealand to undertake an internship where she developed an interest in surgery, anaesthesia and racework. She then returned to the University of Edinburgh where she undertook another internship, gaining experience in all aspects of referral veterinary medicine and surgery as well as a gaining a qualification in teaching.

Charlotte joined the team at Minster in June 2025 after working at another ambulatory/hospital practice in the North East. Charlotte is also currently undertaking an Advanced Veterinary Practitioner certificate in equine surgery and lameness and would like to specialise as an equine surgeon one day. She can be found working alongside Matthew with the racehorses and seeing the clinics lameness caseload.

Outside of work Charlotte enjoys riding, surfing and yoga. She also loves to travel and volunteer with working equid charities when she can.





As autumn approaches, it's the ideal time for horse owners and vets to check for PPID (Pituitary Pars Intermedia Dysfunction), formerly known as equine Cushing's disease. With naturally rising ACTH levels in the autumn months, this season offers a window of opportunity for accurate testing and early detection.

Why test in autumn?

ACTH (adrenocorticotropic hormone) levels fluctuate throughout the year, peaking between August and October. Veterinary laboratories provide seasonally adjusted reference ranges during this time, making autumn the most reliable period for detecting abnormal hormone levels that indicate PPID.

Signs of PPID to watch for

PPID affects horses of all breeds and types, especially those over 15 years old. Early signs can be subtle but are important to catch.

Look out for:

- Delayed or failed coat shedding, or a long, curly coat
- Lethargy or reduced performance
- Laminitis, particularly recurring or unexplained cases
- Weight loss or muscle wastage along the topline
- Increased drinking and urination
- Recurrent infections or poor wound healing

Treatment and management updates

PPID is a progressive condition, but with early diagnosis and proper management, horses can continue to live active, comfortable lives. Treatment typically involves daily administration of pergolide, which helps regulate hormone levels. Regular dental care, farriery, vaccinations, and parasite control are also vital.

Recent updates in management emphasise a more tailored approach, monitoring ACTH levels over time and adjusting doses accordingly, while also considering each horse's clinical signs and quality of life.

Take action this autumn

If your horse is showing signs or is at risk due to age, now is the time to act. Speak to your vet about scheduling an ACTH test and creating a proactive PPID management plan. Early detection makes all the difference.

Winter's Coming

Is your horse at a healthy weight?

As the nights draw in and the temperature drops, managing your horse's weight becomes even more important. Whether your horse tends to pile on the pounds or struggles to maintain condition, taking a proactive approach in autumn can help ensure a healthier, happier winter.



Start with a body condition score (BCS) assessment. Use a weight tape and hands-on checks to get an accurate picture of your horse's current condition. Look for fat coverage on the ribs, neck, and rump. Document the results so you can monitor changes over time.

2. Adjust the diet early

Don't wait until winter hits to make dietary changes. Horses that are overweight may benefit from reduced-calorie forage and limited access to lush pasture. For underweight horses or those prone to losing condition, consider adding extra fibre-based calories now to build reserves before colder weather increases energy demands.

3. Review rugging and clipping

Rugging and clipping can influence how many calories your horse uses to keep warm. Unclipped horses with a natural winter coat often manage fine without heavy rugs, which can help weight management. For older or lean horses, however, rugs can help conserve valuable calories.

4. Encourage movement

Shorter days and muddy paddocks can mean less turnout and exercise. Find ways to keep your horse moving, turnout in safe winter paddocks, in-hand walks, or indoor schooling can help maintain fitness and support a healthy metabolism.

5. Regular monitoring

Continue to weigh-tape and body score every few weeks. It's much easier to adjust a feeding plan gradually than to play catch-up later in the season.

6. Speak to your vet or nutritionist

If you're unsure how to adapt your horse's diet or if your horse has a medical condition such as PPID or EMS, get tailored advice from your vet or an equine nutritionist.



Bumps, Lumps and Wounds

What needs attention?

As horse owners, it's not unusual to find a new bump, lump, or scrape on your horse during your daily check. Horses are masters at finding ways to injure themselves, whether in the stable, field, or during exercise. But how do you know what's serious and what can wait? And why do some wounds that look minor end up being the most dangerous?

This article will guide you through what to monitor, when to call your vet and why small puncture wounds deserve special attention.

When to monitor and when to call the vet

Monitor:

Some issues don't require immediate veterinary attention but still need a watchful eye. Keep track of any changes in:

- Small swellings without heat or lameness
- Mild scrapes or grazes on the skin surface
- Lumps that aren't painful or rapidly growing
- Minor insect bites or stings

You can usually manage these with basic first aid and regular checks. Clean any broken skin, apply an appropriate wound cream and monitor for signs of infection such as swelling, heat, or discharge.

Call your vet if you notice:

- Lameness, even if the wound looks minor
- Swelling that increases quickly or becomes hot and painful
- A wound near a joint, tendon, or eye
- Any puncture wound, especially in the sole or lower limb
- Persistent or sudden-onset lumps that grow, change shape, or cause discomfort
- Fever, lethargy, or loss of appetite in your horse
- Wounds with foreign objects embedded (like wood, wire, or thorns)
- Excessive bleeding or inability to stop bleeding after a few minutes of pressure

If in doubt, always err on the side of caution. It's far better to get advice early than deal with complications later.







Why small puncture wounds can be more serious than they look

Puncture wounds can be deceptively small on the outside, but cause significant damage beneath the surface. These injuries, commonly caused by nails, thorns, or sharp objects, create narrow, deep tracks that trap bacteria and debris inside the body.

Why they're risky:

- They close quickly on the surface, sealing infection inside
- Bacteria can reach deep tissues, including tendons, ligaments, and joints
- There may be little to no bleeding, which reduces natural flushing of contaminants
- Tetanus risk is high, especially if your horse's vaccination is not up to date

Punctures in the foot, particularly in the sole or frog, are especially dangerous. These can lead to infections in the navicular bursa, tendon sheath, or coffin joint—all serious, potentially life-threatening conditions requiring urgent specialist care.

Even a small wound over a joint or tendon sheath can introduce bacteria into the synovial fluid, leading to septic synovitis, which is a true emergency. These cases may require advanced diagnostics, flushing under general anaesthesia, and intensive treatment.

In Summary

Not every lump or wound is an emergency, but some that look minor can quickly turn serious.

Prompt recognition and action can prevent long-term problems or even save your horse's life.

Always trust your instincts, if something doesn't look or feel right, give your vet a call.



Tips for Managing Wounds Safely

- Inspect your horse daily, especially limbs, feet and eyes
- Clean any wound gently with saline or clean water
- Avoid using hydrogen peroxide or harsh antiseptics, which can delay healing
- Take clear photos to track progress or share with your vet
- Check vaccination status, especially for tetanus
- Don't bandage deep or puncture wounds without veterinary advice, as this can seal in infection





When in doubt, check it out. Better safe than sorry.



Dental Care for Older Horses

Why it matters more than ever

As horses age, their healthcare needs evolve—and dental care becomes increasingly important. Just like in humans, age-related changes in the mouth can lead to discomfort, weight loss, and other health problems if not addressed. Proactive dental care for older horses is essential to ensure their comfort, performance, and quality of life.

The ageing equine mouth

As horses age, their teeth wear down, increasing the risk of dental problems, especially after age 15.

Uneven wear can cause wave or step mouth, affecting chewing. Sharp enamel points may lead to painful ulcers, while loose or missing teeth create gaps that trap food and raise infection risk. Periodontal disease is common in older horses, often caused by chronic food packing.

Some horses also experience eruption exhaustion, where teeth stop emerging, making wear-related issues more likely.

Spotting dental issues

Dental pain in senior horses can be subtle. Signs include weight loss, quidding (dropping chewed hay), bad breath, slow or messy eating, head tilting while eating, or nasal discharge. Early recognition is important to avoid more serious health problems.

The vet's role

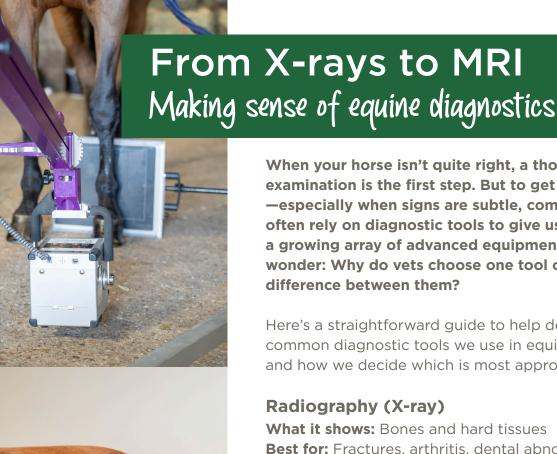
Dental checks every 6-12 months are essential, especially for older horses. A full exam includes using a speculum and light to inspect teeth and soft tissues, checking for mobility, infection, or unusual wear and taking X-rays if deeper problems are suspected. Vets trained in equine dentistry can also manage complex issues like extractions and advanced gum disease.

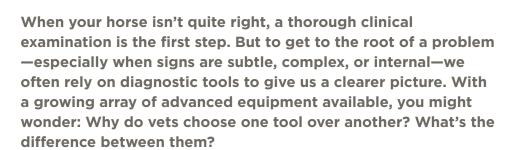
Feeding and management tips

Older horses with dental issues may struggle with hay or grazing. Offering chopped or soaked forage (such as hay cubes or beet pulp) and senior feeds can help. Schedule dental checks before winter when forage changes, as poor chewing can affect digestion and increase the risk of colic or weight loss.

A lifetime of comfort

Dental care is key to keeping older horses healthy and comfortable. With regular checkups, timely treatment, and dietary support, senior horses can thrive well into their later years. Whether retired or still active, every older horse benefits from a tailored dental care plan, speak to your vet to get started.





Here's a straightforward guide to help demystify the most common diagnostic tools we use in equine veterinary medicine and how we decide which is most appropriate for your horse.

Radiography (X-ray)

What it shows: Bones and hard tissues

Best for: Fractures, arthritis, dental abnormalities, navicular

changes, and joint problems

Why choose it?

X-rays are often the first-line tool for imaging bones. They're fast, widely available, and relatively affordable. If we suspect a bony issue. like lameness in the lower limb, a suspected fracture, or dental pathology—radiography provides essential structural detail.

Ultrasound

What it shows: Soft tissue structures like tendons, ligaments,

muscles, and some internal organs

Best for: Tendon injuries, joint fluid, reproductive exams,

abdominal assessments

Why choose it?

Ultrasound offers real-time imaging of soft tissue, which X-rays can't provide. It's often used to assess tendon damage, monitor healing, or guide injections. It's also used internally (such as for colic assessments or pregnancy scans) to visualise organs noninvasively.

Endoscopy

What it shows: The inside of airways, stomach, and other internal

Best for: Respiratory issues, gastric ulcers, poor performance,

nasal discharge Why choose it?

When horses show signs like coughing, nasal discharge, or poor performance, we may need to see inside their airways or stomach. Endoscopy allows direct visual inspection and even sample collection (e.g., tracheal wash), helping us diagnose conditions like respiratory infections or equine gastric ulcer syndrome (EGUS).





Scintigraphy (Bone Scan)

What it shows: Areas of increased bone activity or inflammation

Best for: Subtle lameness, pelvic/back pain, complex multi-limb lameness

Why choose it?

Scintigraphy is particularly helpful when lameness is hard to localise. It can highlight abnormal bone activity even before structural changes are visible on X-ray. We often use it when conventional imaging hasn't revealed a cause, or to investigate upper limbs and the spine, where radiographs are limited.

Computed Tomography (CT)

What it shows: Highly detailed crosssectional images of bone and some soft tissue

Best for: Head, neck, sinus, and dental issues: complex fractures

Why choose it?

CT offers exceptional 3D detail, especially useful in the skull, spine, and complex joints. It can detect fractures, infections, or abscesses not visible on standard X-ray. For dental or sinus problems, CT is often the gold standard for diagnosis and surgical planning.

Magnetic Resonance Imaging (MRI)

What it shows: Detailed images of both bone and soft tissue, especially in the foot and lower limb

Best for: Navicular disease, deep digital flexor tendon injuries, chronic lameness

Why choose it?

MRI gives unparalleled detail of structures inside the hoof capsule and lower limb. If a horse has persistent lameness that hasn't responded to treatment—or if nerve blocks suggest foot pain but imaging is inconclusive, MRI can provide the missing piece of the puzzle.

Choosing the right tool: It's not one-size fits all

Each diagnostic tool has strengths and limitations. The choice depends on:

- What clinical signs the horse is showing
- Which part of the body is affected
- How long the problem has been present
- What previous diagnostics have shown
- What treatments have already been tried

Often, a combination of tools gives the most accurate diagnosis. For example, we may start with radiographs and ultrasound, then recommend CT or MRI if more detail is needed,

Working together for the best outcome

Our practice is equipped with advanced diagnostic technology, but more importantly, we know when to use it. We work closely with owners to tailor the diagnostic approach to each horse, ensuring the best chance of a swift, accurate diagnosis and effective treatment plan.