

# Spring 2026 Newsletter

[www.penbodevets.co.uk/equine](http://www.penbodevets.co.uk/equine)



**Penbode Equine Vets**

Since 1840

# 2025 Round up

## How are we in March already?

We thought we would take a look back to 2025's year in practice. January saw our first Gastrosocopy clinic, led by our medicine specialist Keesjan. We had great success with this and will be continuing to offer these again this year, our first one 18<sup>th</sup> March. We also began renovations in our office, providing a much brighter and comfortable space for our clients.



In April, Charly completed her BEVA Pre Purchase Examinations course, meaning we now have 3 vets and more scope available to help those looking to buy a new horse. We also welcomed back clinical director, Hermione, after her maternity leave. We sadly said goodbye to David, and Emily completed her first year in practice as a veterinary surgeon.



Throughout the summer, we provided veterinary cover and caught up with many of you at the summer shows, including Holsworthy and Stratton Agricultural Show and Camelford Show. Abby was involved in preparing the Noahs' Ark themed float, which followed one of the Equine trucks around both Bude and Bradworthy Carnival. Charly was also a part of the Penbode Triathlon team, who competed in aid of Devon and Cornwall Air Ambulance.



Our popular worming scheme launched with great success again. A total of 363 faecal worm egg counts and 99 Tapeworm saliva tests were carried out this summer. Over the full year, the vets each carried out a share of 460 routine dentals! Have a guess how many vaccinations they did?!

Later on, we saw the return of our informative evening talks. We started with Strangles, learning how to spot early signs, when to call the vet, managing outbreaks and protecting yards. The talk was shortly followed up by a Strangles vaccine amnesty, kindly sponsored by Dechra. We also launched our new Winter Horse Health Examination which ran from October to March.



Further afield, Jeremy spent a day with an equine vet in Kyrgyzstan, giving him a different perspective on how horses are kept and used and just how tough they can be. Emily completed her first Ultra-marathon, along 53km of the Swedish coastline



The team took part in various areas of CPD (continuing professional development) last year, including orthopaedic ultrasonography, horse rescue and emergency care, lameness, scanning for reproduction, and Strangles, with the aim to maintain, improve and broaden their knowledge to provide high-quality care. Not forgetting the admin team, Aimee attended the VetPartners annual CPD in Warwick in January and then headed to Exeter in October for the popular "Client Matters" day. Abby continued studying and successfully achieved her SQP qualification, meaning she is now a registered animal medicines advisor, and authorised to prescribe and supply certain types of equine-specific veterinary medicines. Amelia attended a course focused on mental health and they both completed their First Aid at Work Refresher.

We would like to thank you for your continued custom throughout 2025, and look forward to catching up again throughout 2026 – hopefully at routine appointments!

# Penbode Equine Vets Gastroscope Clinic



Gastroscope examination of the horse's stomach with **Keesjan Cornelisse** DVM, MS, PhD, Dipl.ACVIM, MRCVS  
American Specialist in Equine Internal Medicine

## Wednesday 18<sup>th</sup> March

At our Holsworthy clinic

Offered at **£295** to include sedation, a **saving of £110**

£100 non refundable deposit taken at the time of booking

Please call  
01409 255549  
to book



# Lumps, Bumps and Beams: Laser Surgery in Horses

by **Hermione Jane**

**Clinical Director,  
Veterinary Surgeon  
BSc (Hons) BVM&S  
certAVP(ED) MRCVS**



There are a vast number of conditions that can affect our horse's skin. Much of the time it will be obvious to us that the horse is suffering from a skin condition, as the horse will display itching or soreness, or may develop scabs, sores, scaling, hair loss, lumps or bumps on their body. You may even be unlucky enough to see a creepy crawly in their coat! In some cases, the signs are very characteristic and treatment straightforward, simply requiring off the shelf products. Others may need you to involve your horse's vet, to come to a diagnosis and instigate a suitable treatment plan.

Lumps and bumps are a good example of something that can look pretty innocuous, but that should be tackled promptly with your vet, to have the best possible outcome. The most common lumps and bumps we see that would fall into this category would be the dreaded sarcoid, melanomas and, less commonly, squamous cell carcinomas. Treatment approaches must be tailored to the type, size and site of the lesion, with careful consideration of any nearby sensitive structures. Treatments can range from topical creams and injectable chemotherapeutic agents, to cryotherapy, surgical laser treatment and radiotherapy.

At Penbode Equine, we offer surgical laser treatment of those that are suitable for this, at our surgical facilities in Holsworthy. Many of these can be carried out with the horse under standing sedation and using local anaesthetic to desensitise the area. Some do require a general anaesthetic, due to the extent of the lesion, or accessibility of the site. For the most complex cases we can provide the services of a visiting European Specialist in Equine Surgery to carrying out these procedures.

If there is one key take home point, it is that early identification and treatment of these things equals better outcome for the horse – specifically, lower rate of recurrence and spread.

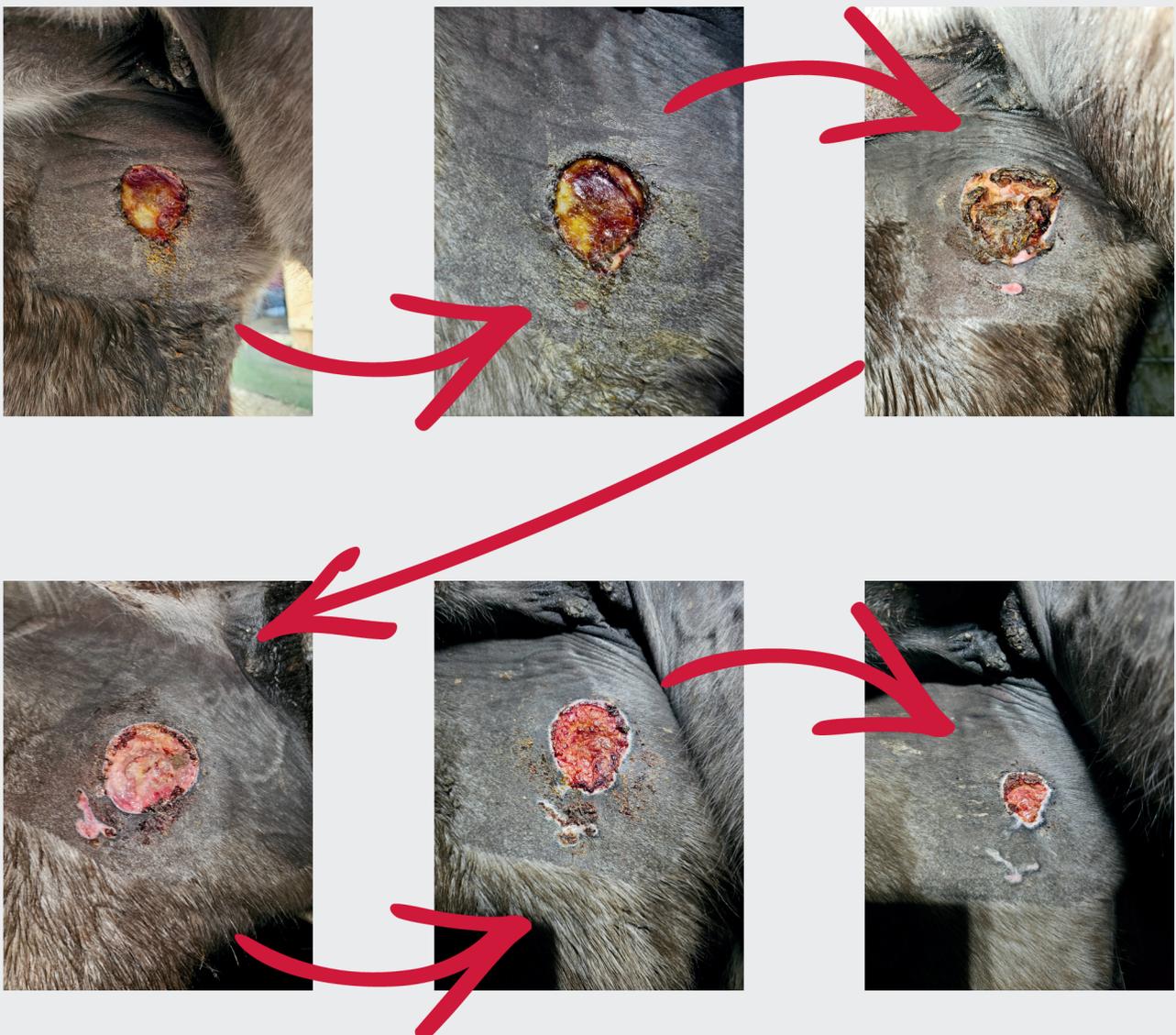
## Case Study - 5yo Irish Sports Horse

This horse was presented with four small nodular sarcoids, right armpit, inside right and left thighs and on the abdomen. The owner opted for laser resection.

Under standing sedation and local anaesthetic, a diode laser was used to remove each lesion with a safety margin of normal tissue. The procedure allowed precise excision and the wounds were left to heal by second intention without sutures.

Post-operative care involved routine wound management and a short period of rest - the horse remained comfortable throughout recovery, assisted by a short course of Bute. Sequential photographs document healing of the right thigh with granulation and epithelisation. 6 weeks post surgery, all sites had healed well.

This case demonstrates laser resection as an effective, well-tolerated and minimally invasive option for treating some types of sarcoids.



# A lump in the throat: an owner's guide to choke

**by Charly Mould**  
**Veterinary Surgeon**  
**BVSc MRCVS**

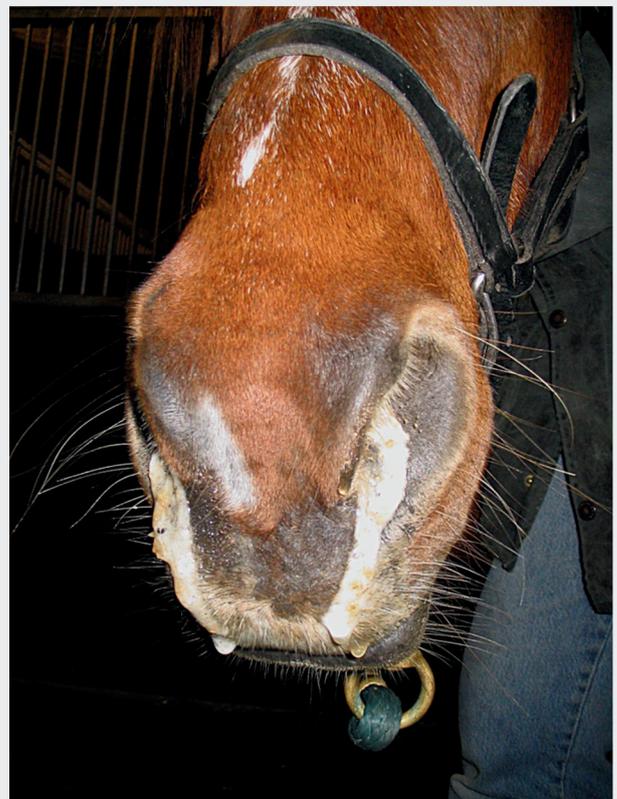


Just the idea of a horse choking is scary enough, but if you are ever unfortunate enough to experience a horse that has choked then it can be very distressing the first time you witness it. Vet Charly Mould talks us through why horses choke and what is happening on the inside.

Like humans, horses have two long, tubular structures in the throat region. The trachea (windpipe) is rigid and connects the back of the mouth with the lungs, whereas the oesophagus is soft and flexible and travels from the back of the mouth to the stomach, allowing the passage of food. The larynx is the intersection between the back of the mouth and these two tubes and controls the passage of air and food into the correct tube. When food reaches the back of the mouth and the horse swallows, the larynx closes off the entrance to the trachea and allows food to pass safely over the top and into the oesophagus.

A human who has choked and gets food stuck in their trachea, blocking their airway, is experiencing an immediately life-threatening emergency, as they cannot breathe; however when we talk about a horse with choke, we are referring to food getting stuck in their oesophagus. Because this structure is completely separate to the airway, the horse can still breathe, as air is passing into the trachea unobstructed, so although unpleasant for the horse, this is not immediately life threatening.

In fact, unless you are watching the horse closely, you may not even be aware of the choke first occurring. Usually, the food gets stuck right at the end of the oesophagus, just before it enters the stomach, at this point the oesophagus is well into the main body of the horse, so you won't be able to see anything externally in the neck or throat. Some horses will immediately stop eating when the choke first occurs, this can be a horse that gets part way through a hard feed then suddenly stops eating and stands refusing further food, this is often the very first sign of choke. Lots of horses then will start to show some signs of discomfort, often then will draw their necks up and back quickly, in a retching type motion; some will pace or paw the ground, some will just stand quietly. Unlike colic, most horses with choke DO NOT lie down and roll. After a couple of minutes saliva and food starts coming out of the nostrils and mouth, this is the most classic sign of choke. The reason this happens is the horse is still producing and swallowing saliva, but when this reaches the blockage in the oesophagus it starts to fill up and when the oesophagus is full of saliva and stuck food, it has nowhere to go other than out the nose and mouth. It is not uncommon that owners call us when they have been to check on the horse and the floor of the stable is covered in slippery fluid as the horse has developed choke whilst no one was around.



**So if I think my horse has choke, is it an emergency?** If you think your horse is showing signs of choke, then we recommend you call us immediately. Although choke is not immediately life threatening there can be serious consequences if the horse is suffering from choke for a long time. By calling us promptly we can discuss the horse's symptoms with you as we definitely don't want to miss signs of other illnesses that maybe confused for choke! Some chokes will clear by themselves as the oesophagus continues to contract and move food down towards the stomach, therefore sometimes, depending on how long the horse has been choking for and how the horse is coping, we may advise you monitor the horse for a short period of time. If the horse is distressed or the duration of choke is unknown, then we advise the horse is seen as a matter of urgency.

**What should I do whilst I'm waiting for the vet?** Remove any food from the horse, this includes hay, hard feed and grass. Bring the horse into an enclosed area, a stable is ideal, if not a pen, field shelter or yard if facilities allow, this will make it easier and safer to treat the horse once the vet arrives. Prepare several buckets of water, warm is preferable if available but cold is ok as long as it's clean. Treating a horse with choke is often a wet and messy process so it is a good idea to have something to stop the floor getting slippery, spreading some bedding around is great or even just find a towel for the vet to stand on if things get slippery!



**What is the treatment?** We need to work with the horse to remove the blockage of food, either by continuing its passage down into the stomach or by getting it to come back up the oesophagus and out the nose. We use a combination of medications to relax the horse and the muscles of the oesophagus, then we pass a long, flexible nasogastric tube up the nose and into the oesophagus. We can then use water lavage to soften and move the blockage. Sometimes if the food is fairly soft and close to the stomach then this only takes a matter of minutes, but if the blockage has been there for a long time, there is a large volume of food, or the food is very dry then it can take a lot of lavage before the food starts to move.

**What if that doesn't work?** Very occasionally, despite lots of water lavage, the food blockage will not shift. In these scenarios there are lots of options including using a gastroscope passed into the oesophagus to visualise the blockage and guide further treatment, administering fluids into the vein to help rehydrate the horse and referral to a hospital for further treatment.

**Could my horse still be ill after the choke has cleared?** This is a possibility and we recommend the horse is monitored closely for the next week. One of the most serious consequences is that the horse has inhaled saliva whilst suffering from choke and as a direct result develops pneumonia. This is rare but we still advise checking their temperature and watching out for a cough or change in demeanour.

**Could my horse get choke again?** Yes, horses who have choked before are at risk of developing a stricture in the oesophagus due to the inflammation of the stuck food. This structure is narrower and less flexible than the rest of the oesophagus and therefore food is more likely to get stuck in this location again. More commonly, horses who suffer with multiple episodes of choke do so because there is an inciting cause for the choke that has not been addressed.

**What can I do to prevent choke?** One of the biggest causes of choke is bad teeth. Horses with painful mouths or poor chewing ability are less able to grind their food to an appropriate size and long fibres are more likely to get stuck in the oesophagus. It is therefore imperative that all equines are receiving regular dental checks and treatment. As a minimum every equine should have their teeth examined by a vet or registered equine dental technician every 12 months. Another common reason a horse develops choke is because they are fed very dry or inappropriately soaked feed. Unsoaked sugar beet is a classic example, as the dry sugar beet passes down the oesophagus it absorbs saliva and swells until it reaches a size where it gets stuck. Therefore make sure all feed designed to be soaked is prepared as advised by the instructions. Another risk factor is greedy horses who bolt their food. Slowing these horses down will help to prevent choke. Consider feeding hay from a small hole or double netted hay net, add large and smooth stones into the horses feed bowl to avoid them taking huge mouthfuls, the stones must be large enough that the horse cannot accidentally swallow them and smooth enough that they do not cut the horse.

**Many thanks to Dr Kieran O'Brien for the use of his photographs**



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# WORMING SCHEME 2026

## Are you concerned about worms?

Our very popular **Worming Scheme** takes the guesswork out of worming.

All the equipment, postage to the laboratory and veterinary advice is included, as well as instruction on when to test:



**1st WEC  
April**

**2nd WEC  
July**

**3rd WEC +  
Saliva Test  
September**

## NEW FOR 2026

**20% off faecal egg count reduction test** - An annual retest 2-3 weeks post worming to evaluate potential resistance issues with the worms on your yard.

**A free weigh tape** - A simple tool to monitor you horses weight and determine accurate wormer dosages

01409 255549

All for £64

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