

OBITUARY - Dr Jane Axon BVSc DACVIM

Dr Angela Hawker, Veterinarian, Cambridge Equine Hospital

On 23 February 2024 the world lost a truly exceptional person, Dr Jane Axon.

Jane became director of the Scone Veterinary Hospital's Clovelly Intensive Care Unit in 1999, having completed a residency in Internal Medicine under the world-renowned neonatal specialist Dr Jonathan Palmer at the New Bolton Centre, Pennsylvania, USA, and becoming a Diplomat of the American College of Veterinary Internal Medicine (ACVIM). Under her guidance, the team at Clovelly treated an impressive caseload of around 250 foals a year, with an 85% success rate.

Jane wasn't only a highly skilled clinician, but also a fantastic teacher and advocate for the learning of vets and nurses. During her residency she was awarded the students' choice prize for teaching.

Jane was regarded as one of the best veterinary neonatal specialists in the world, and spoke at many conferences worldwide, including the NZEVA conference and Bain Fallon Memorial Lectures in Australia. We are lucky that as part of her legacy, Jane authored the NZERF booklet "The Foal", which contains a wealth of information set out in a very practical and clear format and has been very valuable to veterinarians and horse breeders alike.

Jane was also President of the Equine Veterinarians Australia (EVA), becoming president elect in 2007, which was a very challenging period due to the Equine Influenza incursion. Jane's levelheaded and scientific approach was invaluable. She has also been instrumental in providing high quality programs at the Bain Fallon Memorial Lectures, and in setting up the Bain Fallon equine nurses conference. She was made a life member of EVA and was also a fellow of the Australian Veterinary Association (AVA), being awarded the Gilruth Prize. This is the highest honor bestowed by the AVA and represents peer recognition for a lifetime of dedicated service.

I was lucky enough to meet Jane in 2003 while completing a joint internship in Critical Care and Emergency at The Ohio State University and Clovelly ICU. Words can't describe how much she taught me, not only about foal medicine but about work ethic, humility and approaching very challenging problems in a common-sense, stepwise way. Despite her incredible skill and knowledge in neonatal medicine, Jane never had to have all the answers, and stayed curious and open to new learning throughout her distinguished career. She was a treasured friend and mentor and will be greatly missed by a huge number of people all over the world.



Dr Jane Axon at work in Scone. Courtesy of Scone Equine Group

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The Foal

Dr Jane Axon

A limited number of copies are still available by contacting nzerf@xtra.co.nz or ordering on the NZERF website.

Treatment of a Thoroughbred Broodmare with Arytenoid Chondritis

Devin Suffield, 2022 Massey Veterinary Student Scholarship Recipient

History

A nine-year-old Thoroughbred broodmare (not in foal) initially presented for sudden increase in respiratory noise at rest. At the time, endoscopic examination of the upper airway was declined by the owner and the mare was prescribed a course of broad-spectrum antibiotics and steroidal anti-inflammatory drugs. The owner was advised to contact the veterinarian for re-evaluation if the mare's clinical signs progressed or failed to resolve. The mare was re-presented one month later due to progressive worsening of the respiratory noise at rest despite medical treatment. The mare had no other history of recent illness or trauma.

Clinical findings

On physical examination the mare was in mild-moderate respiratory distress. She had an increased respiratory effort and a 'heave line' was present. She also made significant noise when breathing in and out, with mild nasal discharge. Her heart rate and respiratory rate were both mildly elevated. Her mucous membranes were pink and her capillary refill time was mildly increased. She had a normal rectal temperature and the rest of her physical examination was unremarkable.

Diagnostic procedures

Endoscopic examination of the upper airway revealed severely enlarged and misshapen left arytenoid cartilage, which blocked a large portion of the airway. The left arytenoid cartilage also had very limited movement. The mare was diagnosed with left-sided arytenoid chondritis. Permanent dorsal displacement of the soft palate with ulceration of the caudal border was also evident (Figure 1).



Figure 1: Initial endoscopic view of the upper airway showing an enlarged and misshapen left arytenoid cartilage (white star). Dorsal displacement of the soft palate with ulceration of the caudal border can also be seen (white arrows).

Treatment

A temporary tracheotomy tube was immediately inserted into the trachea in the ventral mid-cervical region to facilitate breathing. Because of the mare's respiratory distress this procedure was performed standing using local anaesthesia without sedation. After successful placement of the temporary tracheotomy tube, the mare's breathing was immediately improved, and she was no longer in respiratory distress. She was maintained on oral antibiotics and steroidal anti-inflammatory drugs to help resolve the arytenoid infection/inflammation (pharyngeal washes).



Figure 2: Endoscopic view of the upper airway showing some reduction in the size of the left arytenoid cartilage two weeks after the initial endoscopic examination.

Two weeks following placement of the temporary tracheotomy tube, repeat endoscopic examination revealed some improvement; however, there was still significant reduction of the airway (Figure 2).

A permanent tracheostomy (opening into the trachea) was created two weeks later by removing sections of the cartilaginous tracheal rings and suturing the tracheal lining to the skin circumferentially under standing sedation and local anaesthesia (Figure 3). The mare was maintained on systemic antibiotics and



Figure 3: Image of the permanent tracheostomy opening after the completion of surgery (blue arrow). Below the permanent tracheostomy is the wound that remained after removal of the temporary tracheotomy tube (white arrow). This wound was left to heal as an open wound.

anti-inflammatory drugs for another 5 days until the suture site had healed. Additional aftercare includes daily cleaning of the edges of the trachea opening with saline wipes and keeping the mare in a dust-free environment.

Discussion

Arytenoid chondritis typically occurs after damage to the mucosal surface of the arytenoid cartilage. Bacteria invade the cartilage through the defect in the mucosa and infection spreads throughout the cartilage. This results in an enlarged and misshapen cartilage, or the development of granulation tissue masses on the surface of the arytenoid cartilage. The overall result is narrowing of the airway due to the space-occupying effect and the reduced function of the diseased cartilage.

Arytenoid chondritis can occur in two age groups: younger racehorses, and older broodmares/stallions. In the older group, Quarter Horses and Thoroughbreds are the breeds most commonly affected. In recent years, the incidence of arytenoid chondritis in older broodmares/stallions situated in the Waikato region appears to have increased. The initiating cause for arytenoid chondritis in these horses is currently unknown, but it is suspected that coarse feed or other foreign material that is inhaled or swallowed causes the initial abrasion of the arytenoid mucosa. There are also theories about the role of environmental allergens as an initial cause of inflammation. Histopathology of biopsies taken from affected arytenoid cartilages has not yet been able to determine the initial cause.

If the disease is diagnosed early, a long course of antibiotics may help to resolve the infection and reduce clinical signs. However, once the underlying cartilage becomes involved, the only effective method of treatment is surgery. Surgical options include arytenoidectomy (complete removal of the affected cartilage) and creation of a permanent tracheostomy. A permanent tracheostomy was chosen in this case as it can be performed under standing sedation without the need for general anaesthesia and it carries a good prognosis for return to non-athletic function, which is sufficient in a broodmare.

Acknowledgments

I would like to thank the team at Matamata Veterinary Services Equine, especially Dr Andrea Ritmeester and Dr Caroline Thompson, for allowing my involvement in this case and for their help in improving my understanding of equine arytenoid chondritis.

Research Grants: who determines what is relevant and which projects should be funded?

Encouraging researchers and finding ways of funding research projects has always been one of the key objectives of the NZ Equine Research Foundation (NZERF).

Each year the NZERF receives applications for funding of research projects. But what happens to these applications?

Since its establishment in 1976 the NZERF has had a separate Technical Committee, made up of Board Members and others co-opted for their expertise, to review all applications for funding and prepare a written report with recommendations for the NZERF Board.

The NZ Equine Trust (NZET), which was established in 2006, followed a similar process when assessing applications for funding.

In 2015 the NZERF and NZET Boards agreed to form a Joint Technical Review Committee (JTRC) to review all applications for funding. The aim of the JTRC was to achieve the following outcomes:

- Provide consistency (e.g. applications not turned down by one review committee and accepted by the other)
- Provide opportunity for collaboration (2 independent applicants with a common research area or similar project could be introduced to pursue any synergies)
- Avoid doubling up by funding similar projects
- Prevent projects from losing funding (as in past) when dependent on 2 sources of funding reviewed separately
- Provide the best expertise to assess applications (members experienced in the review process and scientific methods, as well as practical experience)
- Provide the best scientific outcomes from the available NZ equine research dollar.
- Provide clarity to the NZ equine industry as to how research grant money, irrespective of source, is distributed and the appropriateness of the process.



Dr Susan Alexander Irvine

Dr Susan Alexander Irvine has been the Independent Chair of the JTRC since its inception. Susan previously worked at Lincoln University, with her research focused in the field of endocrinology, particularly hormone measurement. Other current members of the JTRC are Professor Wayne McIlwraith, Dr Mark Chitty, Dr Ray Cursons, Dr Margaret Evans, Dr Paul Fraser, Dr Tim Pearce, and Dr Nicola Schreurs.

When applications for Research Grants are received, they are forwarded to the JTRC for assessment. The JTRC reviews the submitted applications

(closing date 30 April each year for NZERF & 1 October each year for NZET), obtains and co-ordinates any independent referee requests, and prepares a written report with recommendations to the respective Boards. The recommendations are considered by each Board, are either accepted or declined, or the JTRC is asked to source further information on a particular application or part thereof. Research goals and timelines for reporting are then established by each Board and incorporated into a contract with the successful applicants.

The establishment of the Joint Technical Review Committee has increased the likelihood of successful research and enabled better value for limited funds.

Closing date for applications for the next round of NZERF Research Grants is 30 April 2024.

New Zealand Equine Research Foundation Scholarships and Grants

Valachi Downs Young Achiever Award

\$15,000 available annually to assist an individual under the age of 35 in their career in the equine industry

www.nzerf.co.nz/valachidownsyoungeachiever

Closes 31st January annually

Travel Awards

For any travel relating to research and development in the NZ horse industry.

www.nzerf.co.nz/travel_awards

Applications received any time

Equine Research Grants

Applications from interested people for funding for projects in the field of equine research.

www.nzerf.co.nz/research_grants

Closes 30th April annually

Jonathan Hope Equine Veterinarian Scholarship

\$10,000 available to help a "young at heart" New Zealand-based veterinarian gain practical skills that will be valuable in supporting his or her work within the NZ horse industry.

www.nzerf.co.nz/hope_scholarship

Closes 31st January annually

Massey Veterinary Student Scholarships

Up to \$3000 awarded to final year students studying full time in the Bachelor of Veterinary Science degree at Massey University who plan to work primarily in the equine industry.

scholarships@massey.ac.nz

Closes 30th September annually

Veterinarian – Farrier Scholarships

\$3,000 each for a veterinarian and a farrier from the same geographic location to attend a suitable course or symposium and/or spend time with colleagues in the USA.

www.nzerf.co.nz/vet_farrier_scholarship

Closes 30 November annually

Applicants should apply in writing/ email to The Secretary:

NZ Equine Research Foundation
PO Box 52,
Palmerston North 4440

Email: nzerf@xtra.co.nz

Successful Treatment of Atrial Fibrillation in a Standardbred Gelding using Oral Quinidine Sulphate

Robyn Chadwick, 2023 Massey Veterinary Student Scholarship Recipient

Case history

A 10-year-old Standardbred trotter gelding was found to have an abnormal heart rhythm after finishing a race. The owner contacted the veterinarian to discuss suspected atrial fibrillation, and the horse was referred to the Massey University hospital for diagnosis and treatment. There was no known history of previous medications.

Clinical findings

The horse presented to the hospital bright and alert, in an athletic body condition and weighing 520 kg. The heart rate was 46 beats per minute, with an irregularly irregular rhythm and variable pulses. There were no audible heart murmurs and lung sounds were normal. All other aspects of the physical exam were unremarkable.

A resting electrocardiogram (ECG) was performed (Figure 1). Changes consistent with atrial fibrillation, including an absence of normal P waves, many small irregular fibrillation (f) waves and irregular intervals between QRS complexes were seen, confirmed the diagnosis. Treatment with quinidine sulphate, a drug that converts the heartbeat back to a normal rhythm (cardioversion), has a good prognosis for future athleticism and the client agreed for the horse to undergo treatment.

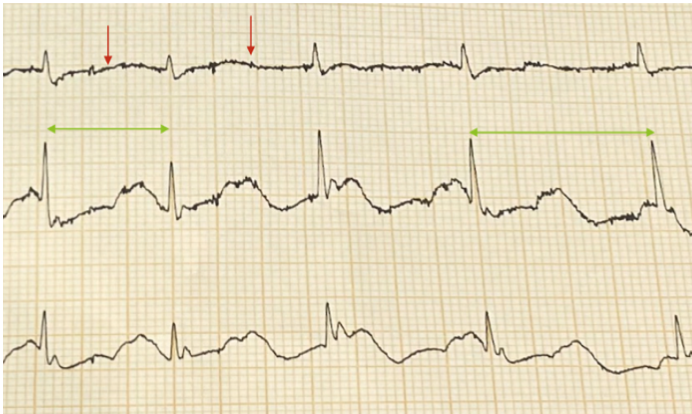


Figure 1: ECG of horse at hospital admission, with changes typical of atrial fibrillation. The red arrows indicate small irregular fibrillation (f) waves, and green arrows indicate irregular intervals between QRS complexes.

Treatment

The patient was hospitalised for the duration of treatment to allow for continuous monitoring of potential side effects. An intravenous (IV) catheter was placed using aseptic technique to provide continuous IV access. A venous blood sample was drawn for a complete blood count and biochemistry panel, with the results being within normal limits.

A repeat ECG was performed before the start of treatment, showing an elevated heart rate at 48 beats per minute with a continued irregularly irregular rhythm, confirming that the horse was still in atrial fibrillation.

At 9.00am, the patient was administered a 10 g sachet of quinidine sulphate mixed with one litre of water via nasogastric tube. Quinidine sulphate is typically administered orally up to six times per day, with at least two-hours between each dose. Following treatment, an electrolyte mixture was also administered via nasogastric tube. The horse's physiological parameters were continually monitored and remained unchanged. The heart remained in an irregularly irregular rhythm at this stage.

Quinidine sulphate and electrolytes were administered in the same manner again at 11.00am, with no change in physiological parameters or heart rhythm. The treatment protocol was repeated at 1.00pm, which led to an increase in heart rate to 60 beats per minute. The heart rhythm continued to be irregularly irregular. Frequent monitoring of the heart was continued, and at 3.00pm a regular heart rhythm returned. A repeat ECG confirmed a regular heart rhythm with normal P waves associated with each QRS complex, suggesting successful cardioversion.

The patient continued to be closely monitored for the remainder of the day. Digital pulses fluctuated between normal and mildly increased. Gut sounds, and the frequency and consistency of manure output remained normal. The heart rate gradually reduced from 60 to 48 beats per minute over the course of the day and the horse remained uneventful through the night.

The next day the heart rate had returned to a normal physiological rate of 44 beats per minute, and all other physical exam parameters were within normal limits. The heart continued to have a regular sinus rhythm. A repeat ECG was performed to confirm successful cardioversion. The horse was monitored closely for the remainder of the morning and was deemed fit to go home that afternoon. The IV catheter was removed, and the patient was discharged.

The owner was instructed to rest the horse for a minimum of ten days and to have a cardiac auscultation performed by a veterinarian prior to the horse returning to work to confirm atrial fibrillation had not returned. It was advised further diagnostic procedures including an echocardiogram may be warranted in the future if the owner had any concerns or if atrial fibrillation returned.

Outcome

Following treatment of atrial fibrillation with quinidine sulphate in January 2023, the horse resumed racing in March 2023.

Discussion

Atrial fibrillation is the most common heart-related cause of poor performance in equine athletes. It occurs when the normal, coordinated electrical conduction within the atria of the heart are disrupted, leading to ineffective cardiac contractions. Although it is not usually a life-threatening condition on its own, it causes poor performance and can make the horse unsafe to ride. The exact cause of atrial fibrillation is still unknown, but it is believed to result from a combination of predisposing risk factors and an interplay between heart structure and heart disease. Clinical signs of atrial fibrillation are variable and range from no or subtle signs such as nasal discharge, through to severe signs of poor performance including collapse.

The most common method of cardioversion used in New Zealand is administration of quinidine sulphate, and it remains the most effective pharmacological cardioversion technique with a success rate of 80%.

However, reoccurrence caused by underlying cardiac disease or insufficient rest is common. Therefore, prompt investigation of poor performance and abnormal heart rhythms by a veterinarian can improve outcomes for equine athletes by diagnosing and treating atrial fibrillation before permanent damage to the heart occurs.

2024 NZERF Massey Veterinary Student Scholarship Recipients

The 2024 NZERF Massey Veterinary Scholarships for final year veterinary students have been awarded to **Sophie Brockelsby and Lauren Keen.**

Despite having limited exposure to horses while growing up, Sophie Brockelsby has a strong interest in horses and has worked hard to build a solid foundation of understanding of the NZ equine industry. She has enjoyed 2 seasons of yearling preparation at Curraghmore Stud in the Waikato and more recently has also worked part time in the racing stables of Lisa Latta.



Sophie Brockelsby

Lauren Keen has always loved being around horses and started riding at age 6. Growing up amongst farm animals and ponies she also had a long-held ambition to be a veterinarian. Spending time in a strictly equine practice during the University holidays was the catalyst for Lauren wanting to become an equine veterinarian and her final year of studies is focussed on this.



Lauren Keen

The NZERF annually offers scholarships up to \$3,000 each for final year students studying full time in the Bachelor of Veterinary Science degree at Massey University and planning to work mainly in the equine industry after graduation. Applications close 30 September annually, apply at scholarships@massey.ac.nz

NZERF Book Review: Hoof Care and Management

Dr Rabeca McKenzie, Veterinarian, Taranaki Equine Vet Services

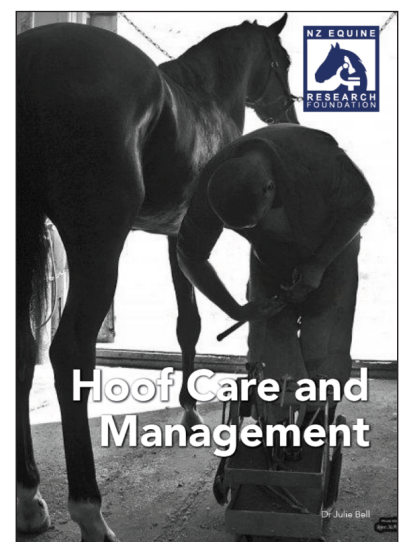
I recently read the NZ Equine Research Foundation booklet on Hoof Care and Management for horse owners and riders, written by Dr Julie Bell, and I was really impressed by the comprehensive information provided.

The booklet gives horse owners a really good basic understanding of how a hoof is put together, how important the roles of its different structures are and why it needs constant care. The booklet is simple to read and understandable, while still being well explained, and the diagrams are self-explanatory.

Every horse owner should have a copy of this booklet as a reference to all things associated with the hoof. I have now made copies available in my clinic for clients to take away with them as my clients are predominantly seeing me for lameness and poor performance issues, and a significant proportion of these problems seen are associated with the hoof.

As the saying goes, "no hoof, no horse"!

Hoof Care and Management booklets are available free from your Equine Veterinarian, or by emailing nzerf@xtra.co.nz or by ordering on the NZERF website.



Jonathan Hope Scholarship Travel Report

Dr Stephanie Brooks

Firstly, I would like to thank Dr Jonathan Hope for his incredibly generous award. Thanks to being awarded the Jonathan Hope Equine Veterinarian Scholarship I have been able to travel to both the UK and the USA to further my knowledge both in general equine ambulatory work and equine internal medicine. In 2022 I travelled to the UK to locum at Three Counties Equine Hospital, where I worked as an ambulatory clinician. During this time I managed to significantly increase my general equine knowledge as well as develop great connections in the industry. I thoroughly enjoyed this experience and it grew my desire to travel and learn more.

Following another breeding season in New Zealand, I then used the remainder of the scholarship to travel to the USA in 2023. As neonatal intensive care is my passion, I began this next adventure at Rood & Riddle Equine Hospital in Lexington, Kentucky, where I spent 4 weeks with their internal medicine specialists. During these 4 weeks I learned so much about neonatal medicine, from major recent medical developments to the little tips and tricks to bring back to New Zealand with me. I absolutely loved every case and experience at Rood & Riddle and was very excited to bring the new knowledge and ideas back to our own neonatal ICU at Matamata Veterinary Services Equine for this season. After my 4 weeks at Rood & Riddle, I spent 8 weeks visiting 4 different university clinics: Oregon State University, Louisiana State University, Cornell University and U.C. Davis. Working with and learning from their brilliant internal medicine teams greatly increased my general internal medicine knowledge in all large animals. I really enjoyed the opportunity to learn from a variety of cases at different clinics, including cases I had never been exposed to before. I would like to extend my thanks to each of these internal medicine departments for welcoming me into their team so kindly and teaching me so much.



Drs Monica Aleman, Stephanie Brooks and Mallory Leihman (internal medicine resident) at U.C. Davis large animal clinic, with their patient who suffered 3rd degree burns on 80% of her body during the California wildfires.

Overall, I could not be more grateful for everything I have been able to experience thanks to the Jonathan Hope Equine Veterinarian Scholarship. It is an extremely generous fund, which opens doors to learning from overseas clinics and making important connections with experts in the field.



Nick Johnson

Nick Johnson joins NZERF Board

Nick Johnson has recently joined the NZ Equine Research Foundation (NZERF) Board as the representative of the NZ Thoroughbred Breeders Association (NZTBA). Nick is the current CEO of the NZTBA, a position he took up in October 2023, after 10 years in the UK working in the commercial world of sales and marketing.

"Continued research into the Thoroughbred, and indeed all breeds, is of vital importance to our industry and our members. The NZERF has a proud history of supporting this important work, and joining the board is something I'm very pleased and honoured to do."

NZERF Video Library

The following videos are available on the NZERF official YouTube page at <https://www.youtube.com/@nzerf5754>:

- **Learn about Strangles** – presented by Dr Paul Fraser
- **Laminitis** – presented by Dr Paul Fraser
- **Gastric Ulcers** – presented by Professor Ben Sykes
- **Equine Parasites: Deworming less?** – presented by Dr Martin Nielsen
- **Equine Dentistry** – presented by Dr Lucy Holdaway
- **Equine Metabolic Syndrome** - presented by Dr Angela Hawker

All videos are intended for a lay audience and should be of interest to all horse owners.

NZERF appreciates the time and effort that all the presenters have put into their presentations and wishes to thank the Rodmor Charitable Trust for supporting the establishment of the Video Library.

Research Update: Equine Placentitis: A new approach to an old problem. Can the bacteria present in the healthy vagina point us in the right direction?

Dr. Babiche Heil, Washington State University, USA (Previously at Matamata Veterinary Services, Matamata)

As previously reported, during the 2021-2022 NZ breeding season vaginal swabs were taken at two timepoints during gestation from a number of multiparous Thoroughbred broodmares at a commercial stud farm in the Waikato region. The samples were stored and divided into two groups: mares that carried a foal to term and had a healthy placenta at foaling, and mares that developed ascending placentitis during gestation.

The aim of this project is to investigate the bacterial populations inhabiting the vagina of the mare that could predispose the mare to placentitis, using meta-genomic (gene sequencing) techniques. During the 2023 summer, genomic material (RNA) was extracted from the swabs and processed to identify the bacteria that were present, and also determine which bacteria were alive and which ones were dead.

We know that early identification and treatment of ascending placentitis

is the key to success when trying to reduce pregnancy loss as a result; however, the current diagnostic tools are limited and frequent monitoring is required, which leads to a high cost for the farm.

This pilot study has yielded exciting results that will contribute to our understanding of why some mares develop ascending placentitis and others don't. Furthermore, this work will be used to obtain additional funding from other sources to develop a tool for predicting the occurrence of ascending placentitis in the mare, allowing for early identification and treatment as well as more selective screening of mares throughout gestation.

Watch this space for more details on this NZERF-funded project in the near future and our mission to increase our understanding of and reduce the losses due to ascending placentitis in mares.

The NZ equine community can learn a lot from Japan

Dr Trish Pearce, NZ Equine Health Association

I have just returned from attending a workshop in Thailand on the "Facilitation of International Horse Movement" in Asia and the Pacific. This is a long running project with the goal of harmonizing import health requirements to allow "High Health Horses" to travel around their local regions more easily for international competitions, ideally without the disruption of quarantine. Attendees included FEI and horse racing representatives, Government veterinarians, researchers, and the World Organisation for Animal Health (WOAH) project team. The challenge for the Asia-Pacific region is that four of the countries; New Zealand, Australia, Hong Kong and Japan, have far fewer equine diseases and relatively larger and more mature equine industries to protect compared with the other countries in the region. Managing the risk of disease introduction without the use of quarantine is a challenge that will likely be dealt with in the coming years and it was exciting to see the work that other countries are doing and realise that there is much more we could do in New Zealand to prevent, prepare for and respond to the possible introduction of equine diseases.

Of special interest and inspiration were presentations given by international equine researchers. I was envious of the equine science and research capability building that is occurring in Japan. A small proportion of Japan's US\$30B betting turnover is allocated every year to the Japan Racing Association Equine Research Institute. Equine clinical medicine, sports medicine, microbiology and molecular biology divisions churn out a huge amount of equine science-related research annually. In the virology subsection of the molecular biology division alone they investigate all equine viral disease occurrences, study the infections and develop diagnostic tools and vaccines. In preparation for the Tokyo Olympic Games they developed and ran on-site testing for Equine Influenza, Herpes-1, Piroplasmiasis, Japanese Encephalitis, and Strangles. Of special interest is their development of a rapid test to detect early infection with Piroplasmiasis. They use automated hematology analysis based on flow cytometry, which records the result on a scattergram that easily differentiates infected red blood cells from

non-infected cells. It requires no sample preparation, can be completed within 1 minute and the results require no training to interpret. The test is highly sensitive and specific, and if available in New Zealand it would simplify import and export testing significantly.

Of equal excitement is an ongoing project to develop a next-generation sequencer to allow detection of any of the 126 viruses with potential infectivity/pathogenicity to horses. The presenter reported that the sequencer will be capable of returning a result in about 10 minutes and the cost of the sequencer is estimated to be less than \$250K. The availability of such equipment would present exciting opportunities for New Zealand to detect, diagnose and manage emerging and unwanted equine disease much more quickly.

Back at home the NZEHA team remain optimistic to progress a mandatory national equine identification and traceability system after our biosecurity partner, MPI, declined to be a cost-sharing partner. The Board will consider a slimmed-down, longer implementation proposal in February, which we will report on in the next issue.



Chinese delegates at the WOAHP workshop in Thailand

Chairman's Corner

At the time of writing, we are experiencing a very pleasant 'horsey' summer season. Activity in all equestrian disciplines appears to be growing, from top show jumping and world cup events to dressage, eventing, polo, pleasure horses, happy hackers and trekking. Everyone seems to be having fun. Combine this with the recently announced increases in Thoroughbred racing stake levels and some very exciting premier events promoted by Entain and the future looks bright. Despite a slightly depressed economy people still appear upbeat about equine activities.

In January this year two extremely informative research papers were submitted for publication in the highly regarded Equine Veterinary Journal. The leading author in these two papers is Dr Frances Peat, with co-authors Kawcak, McIlwraith, Keenan, Burk and Mork. The first paper is titled "Radiological findings in the proximal

sesamoid bones of yearling and 2-year-old Thoroughbred sales horses: Prevalence, progression and associations with racing performance". The second paper is on radiographic changes in the stifle joint (subchondral femoral lucencies) and how these influence future racing performance. In both papers, radiographic changes found in sales repository radiographs of approximately 2500 yearlings in the United States were graded, and their subsequent racing performances followed. Given these numbers the authors have a very high level of confidence in their conclusions, and these results will help people better interpret radiographic changes primarily in young Thoroughbreds but also in other performance horses. The references for both papers are given below.

Frances was an early recipient of the Young Achiever Award run annually by the NZERF,

which at that time was very kindly sponsored by Waikato Stud and the Chittick family. Since 2012, the award has been sponsored by Valachi Downs and the Hickman family, and we are extremely grateful for their support. All previous recipients of this award have benefitted greatly, with many improving their career paths and achieving great success. The two papers referred to above by Dr Peat are a great example of how the NZ horse and horse industry can benefit enormously by encouraging these young people.

Dr Tim Pearce, NZERF Chairman

Radiological findings in the proximal sesamoid bones of yearling and 2-year-old Thoroughbred sales horses: Prevalence, progression and associations with racing performance. Peat et al. Equine Vet J. 2024;1-14.

Subchondral lucencies of the medial femoral condyle in yearling and 2-year-old Thoroughbred sales horses: Prevalence, progression and associations with racing Performance. Peat et al. Equine Vet J. 2024;56:

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Equestrian Sports NZ
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Harness Racing NZ
Dr Jonathan Hope
NZ Equine Veterinary Association
NZ Farriers Association
NZ Pony Clubs Association
NZ Standardbred Breeders Association
NZ Thoroughbred Breeders Association
NZ Thoroughbred Racing
Valachi Downs

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