

Date: 02-26-09
Date of Visit: 08-26-04

Kennesaw Mountain Veterinary Services
MEDICAL CONDITION

Page: 1

Client: Underwood, Kirk

Patient: Colic Prevention art Species: EQUINE Breed:

Sex:

SUBJECTIVE SECTION

COLIC PREVENTION

by C. Kirk Underwood, DVM

One of the most serious problems horse owners encounter is Equine colic. This condition refers to abdominal pain due to any cause. This is a serious issue and every horse that appears to show clinical signs should be considered an emergency. An immediate effort to contact your veterinarian should be attempted in order to insure what is best for the horse.

Colic has no sex or breed predilection. It can occur in foal, healthy horses, and geriatric horses. Geographic distribution may play some role in the type of colic, but horses may be prone to any form regardless of the area. Mares may show signs related to gestational or estrous changes, and if these factors are known, your veterinarian should be informed.

The most common form of colic we see in Georgia, especially around seasonal changes, is the simple impaction. Most horses become dehydrated from lack of water intake. The stools firm up and the horse has a hard time passing the ingestion.

OTHER FORMS OF IMPACTION MAY BE DUE TO:

1. A torsion or twisting of the intestines
2. A Volvulus or whole loop of bowel twisting on itself or around the base of the mesentery.
3. An intussusception or telescoping of a smaller section into a larger section of bowel.
4. Neoplasia
5. Enterolith or mineralization of stool
6. Entrapment of gut around a ligament or through foramen
7. Sand impaction

OTHER COMMON CAUSES OF COLIC MAY INCLUDE:

1. A cystitis-bladder infection or stones.
2. A ruptured bladder, especially in colts.
3. Any pregnancy/post part complications/endometritis/pyometra.
4. An estrous cycle.
5. Infectious diseases i.e., salmonellosis
6. Ascites from liver or heart failure
7. Any adverse drug reactions, vaccines, dewormers, or other medications.
8. Toxin ingestion.
9. Moldy feed or hay ingestion.
10. Parasites.
11. Trauma with internal bruising or bleeding.
12. GI ulcers.

CLINICAL SIGNS OF COLIC MAY INCLUDE:

Anorexia, decreased thirst, lethargy, biting at abdominal region, trying to lay down, restlessness, sweating, complete recumbency, dry gums, red or blue mucous membranes, in shock or death.

The veterinarian will try to obtain as much history as possible in order to approach the case symptomatically and thoroughly. A temperature, pulse, and respiration should be taken. Heart abnormalities should be taken into account, gum color and wetness is very important to judge the degree of hydration and if the horse appears shocky, anemic, or toxic. The abdomen should be auscultated to hear any abnormalities in the intestines, gas pockets, or fluid changes. I always pass a nasogastric tube in order to relieve any pressure on the stomach, gas, food, or fluid. Depending on the situation we

Date: 02-26-09
Date of Visit: 08-26-04

Kennesaw Mountain Veterinary Services
MEDICAL CONDITION

Page: 2

Client: Underwood, Kirk

Patient: Colic Prevention art **Species:** EQUINE **Breed:**

Sex:

may or may not pump water, laxatives, or anti-gas preparations into the stomach. This is usually done under light sedation and after anti-inflammatory medications have been given (if any). A rectal palpation is vital to know if any distensions or displacements are of concern. Time should always be taken to palpate these horses and results help determine prognosis and tentative cause of the colic.

After the horse is stable we like to see how long the horse will withstand normal functions without showing painful signs. If we find ourselves rehydrating with IV fluids, continuous drugs and medications over long periods of time, the prognosis for a medical recovery is decreased, and a referral or surgery should be considered if:

1. Relentless pain continues after all the pain relievers and anti-inflammatories.
2. Heart rate 70 or above.
3. Respiration 40 or above.
4. Mucous membranes color deep blue or cherry red and horse appears shocky.
5. Absolutely no gut sounds or bowel movements.
6. Horse is down and will not get up.

If the horse recovers we will have someone check on the horse every 2 hours. The heart rate, respiration, mucous membranes, hydration, abdominal sounds, and feet should be checked for normal limits. After the horse has been walked and kept at a constant temperature, we withhold feeding grain. Stop hay for at least 12 hours. Encourage good clean water. Next, begin feeding a bran mash (Equine senior, bran and electrolytes). This is highly palatable and nutritious. Feed this for 3-4 days and then go back to the normal feeding schedule.

PREVENTIONS AND PRECAUTIONS:

Foal and mare management are vital through the last 60 days of gestation to 4-5 months of age at weaning. Provide good quality mare/foal rations and good water and superior schedules for both. Be prepared to minimize stress at weaning.

Pasture horses tend to do well because they are outside and acclimate to the weather well. Watch for sand impaction-colics in the coastal regions and temperature climate zones are prone to this. Horses that are stabled should try to maintain a stable body temperature in the summer, between 99 and 101 degrees. Hotter days require more water and less sweat. Cooler days should be the time to encourage water intake to prepare the horse for warm blankets and stalls. When the climates are ever changing, one must create an ideal situation with the obstacles on the farm. Do not allow extremes to be encountered, heated barns in the day with blankets for short times. Then come into barn with doors open, then close doors at night to allow a slow, gradual change.

Try to avoid getting horses to worked up around temperature changes. After riding, cool the horse down by walking at least 10-15 minutes. Offer a small amount of water to the horse. You may want to put a salt block in the feed bucket to encourage electrolytes and minerals. Common laxatives used are corn bran and wheat, which should be used in caution. Feed corn bran only in cooler areas and wheat should be really wet to allow good mixing.

Your horse should be on a routine schedule for vaccination and deworming. The vet should routinely do a general health exam and discuss any areas of question.

Older horses enter into the elite group known as geriatrics and should be considered partially at higher risk. We should take effort to run yearly blood profiles and fecal exams on these horses to try to catch unwanted metabolic disorders before it is too late. Keeping good teeth, feed, hay, location, and companionships will keep the life of your horse meaningful. It will also increase the horse to perform at a higher level for you because you have enhanced his capabilities to perform at his best.

EQUINE FIRST AID KIT INCLUDES:

Vetrap, gauze, tourniquet, banamine, xylazine/acepromazine, phenylbutazone, needles, syringes, furacin, triple antibiotic

Date: 02-26-09
Date of Visit: 08-26-04

Kennesaw Mountain Veterinary Services
MEDICAL CONDITION

Page: 3

Client: Underwood, Kirk

Patient: Colic Prevention art Species: EQUINE Breed:

Sex:

ointment, DMSO, and betadine

COMMON PROBLEMS AND RESOLUTIONS:

1. Minor cuts/abrasions: Clean with betadine, dry, then apply triple antibiotic ointment
2. Major cuts: Stop bleeding with pressure, cold compresses, or tourniquet, then clean with betadine, apply nitrofurazone and bandage
3. Pain analgesia: Give 1ML per 100 LBS banamine IM or 1-2 grams phenylbutazone orally per 1000#.
4. Sort tissue inflammation: Apply DMSO to affected area only to closed skin
5. Sore feet: Soak in Epsom salt and water, analgesia as needed
- a. Extreme Cases: May soak feet, then duct tape tennis balls to bottom of affected feet

Sedation should only be used in extreme cases and with caution to fractious horses.

ASSESSMENT OF A CRITICAL PATIENT

PATIENT: _____ TIME: _____ DATE: _____

1. Is the patient up and able to walk? _____ If so, how well?

2. Appetite? _____ If so, is it decreased or increased?

3. Drinking? _____ Normal amounts, increased, or decreased?

4. Urinating? _____ Normal amounts, increased, or decreased?

5. Defecating? _____ Normal amounts, increased, or decreased?

6. Diarrhea? _____ How long? _____ Diet?

7. On any current medications? _____ If so, what and daily dosage?

8. Any past history of illness/disease? _____ If so, what and how long?

*Attitude _____

— i.e. Bright/dull, alert/not alert, responsive/non-responsive (BAR)

*Temperature _____

Taken rectal and usually measured in degrees F. (99.0-101.5)

*Pulse _____

Heart beats per min, taken by a facial pulse, just medial to the ramus of the jaw or with a stethoscope listening to the heart. (35-65)

*Respiration _____

Breaths per min, taken by actually counting inspiratory contractions in the flank (Note any labored or difficulty breathing) (12-35)

*Mucous membranes color _____ (Pale pink-Pink)

Gum color (white, pale pink, pink, cherry red, fiery red, muddy blue, or brown)

*Mucous Membrane Temperature _____ (Warm)

Hot, cold, warm

Date: 02-26-09
Date of Visit: 08-26-04

Kennesaw Mountain Veterinary Services
MEDICAL CONDITION

Page: 4

Client: Underwood, Kirk

Patient: Colic Prevention art **Species:** EQUINE **Breed:**

Sex:

*Hydration _____ (Wet = 0%)

Taken by mucous membrane feel, either wet = normal, tacky = 5-7% dehydrated, or dry = 7% dehydrated

*Capillary refill time _____ (2-3 seconds)

Taken by simply pressing the gingival around a tooth and measuring how long it takes to return to original color

*In emergencies, the assessment should be done every 15 minutes.

*Please contact your veterinarian concerning any apparent problems and try to keep the animal as calm as possible.

*In the event you are forced to administer medications, please consult with a veterinarian in any situation to avoid further complications.

*Animals may be cooled by applying cold water or alcohol to the large veins located on the extremities or wrap legs with cold packs.

*Animals may be warmed by placing warm water in plastic milk jugs and positioning them next to the animal. Be extremely cautious when using heating pads.

Please feel free to make copies of this and keep on hand or give to a friend. This will help your veterinarian access the situation which will help you, and most important, help the patient.

At Kennesaw Mountain Veterinary Services, we believe the patient is first, client second, and ourselves last.

OBJECTIVE SECTION

ASSESSMENT SECTION

PLAN SECTION