

Date: 03-19-09
Date of Visit: 10-20-06

Kennesaw Mountain Veterinary Services
MEDICAL CONDITION

Page: 1

Client: Underwood, Kirk

Patient: Choke

Species: EQUINE Breed:

Sex:

Age:

SUBJECTIVE SECTION

Esophageal obstruction or choke, in which the esophagus is obstructed by food masses or foreign objects, is by far the most common esophageal disease in large animals. Horses most frequently obstruct on greedily eaten dried grains or hay. Cattle more usually obstruct on a single solid object, eg, apples, beets, potatoes, turnips, corn stalks, or ears of corn.

Clinical Findings:

In horses, the classic clinical findings associated with esophageal obstruction are overflow of esophageal food and regurgitation of that food through the nostrils. Nasal discharge of saliva and food material, which usually also spills from the pharynx into the airway, induces coughing. The horse is anxious and may stretch and arch its neck but may still attempt to continue to either eat or drink.

Diagnosis:

The clinical signs are extremely suggestive. Objects lodged in the cervical esophagus may be located via palpation. Endoscopic evaluation and the inability to pass a stomach or nasogastric tube in horses or cattle can also confirm the diagnosis. Each case should be carefully evaluated independently because, in many instances, the complications of esophageal disease (eg, aspiration pneumonia) may prohibit or limit the effectiveness of treatment. In such cases, thoracic radiography, hematology, and biochemical serum analyses are indicated.

Treatment:

In horses, many cases of obstruction caused by greedily eaten grain or hay may resolve spontaneously. The horse should be held off feed and water, and mild sedation and smooth muscle relaxants may be effective. (Compounds such as acepromazine have some effect in these cases, even though the esophagus has striated muscle, ie, special visceral muscle.) Oxytocin may be useful to facilitate relaxation and esophageal movement. Horses should be monitored because spontaneous resolution may take from a few hours to several days. However, the longer the horse is obstructed, the greater the danger of pressure necrosis or esophagitis and complications of aspiration pneumonia. If the obstruction does not resolve spontaneously and the horse resists attempts at passage of a nasogastric tube and subsequent irrigation, then irrigation of the esophagus under general anesthesia is recommended. A nasogastric tube should be placed before general anesthesia is induced; a cuffed endotracheal tube must be used to protect the airway. Repeated pumping and siphoning of warm water usually loosens the impacted food material. Oral food should be introduced gradually. In some cases, the horse should receive parenteral antibiotics and analgesics, and the esophagus should be examined endoscopically to monitor the healing of mucosal ulcers. Our train of thought for horses that choke more than once are to discontinue the source of the choke (usually pelleted feed), and feed a soft slurry of mash for several weeks. " If you can't pour it - don't feed it." Also keeping the banamine, xylazine, and or oxytocin on hand may be beneficial to improve the next choke. Most horses that have chronic choke issues go undiagnosed with the underlying problem. My belief is there is a combination of eating too fast, consistency of the feed, and esophageal pathology from previous problems.

OBJECTIVE SECTION

ASSESSMENT SECTION

PLAN SECTION