EQUINE EMERGENCIES

www.horsenetwork.com/vet/askthevettopicsright.html

1. COLIC

Colic is a general term which simply means abdominal pain. Colic may originate from any part of the abdomen, such as the intestinal tract, abdominal cavity, genital tract, or urinary tract. **Common Causes:**

Intestinal parasites:	The larvae of such parasites as Strongyles ("bloodworms") can cause scarring of the mesenteric artery as they travel through the horse's body. The mesenteric artery supplies blood to the small intestine, and this scarring can lead to loss of blood supply to parts of the small intestine, which in turn may become unhealthy and serve as a source of colic. Roundworms may also cause colic by causing intestinal blockage, especially in foals, while tapeworms may cause intermittent spastic colic.
Impaction:	A variety of substances can cause blockage of the intestine, such grass and, hay or other feeds, or foreign objects (I pulled a plastic trash bag out of a horse's rectum once!).Displaced or twisted intestines: Intestines may twist or fold over on themselves, which over time leads to increased pressure in the intestine, loss of blood supply to part or all of the intestine, eventual rupture, and death. Displaced or twisted intestines are a life-threatening emergency, and usually require surgery within a few hours.
Spasmodic:	Horses that eat too much grain, or are fed hay that is much richer than they are normally fed may colic because of gas.
Peritonitis:	Infection of the lining of the abdominal cavity.

Signs of Colic:

The signs of colic are related to the pain involved. Behavioral signs may be some or all of the following:

- Depression
- Turning to look at sides
- Loss of appetite
- Pawing the ground
- Kicking at the belly
- Stretching
- Dropping penis out of sheath as though trying to urinate
- Rolling
- Shaking or trembling

Body system signs:

- Increased heart rate
- Pale, grey, or brick red mucous membranes
- Gums take longer than 2 seconds to go back to pink after touched
- Gut sounds may be increased or decreased
- Abdominal distension-horse may look bloated

What to do before calling your veterinarian:

When a client calls me with a possibly colicky horse, I find it helpful if the client has some or all of the following information ready:

- Physical Examination and History
- What is your horse's heart rate?
  Heart rate is most easily taken with a stethoscope placed on the left side of the horse's chest, just behind the elbow. If your horse has been lying down and you have just gotten him up, wait at least a minute before checking heart rate or it is likely to be higher than it actually is.
- What is your horse's gum color? Are gums pink, pale, or brick red? Do they go back to pink within 2 seconds of being pressed?
- Check gut sounds. Are gut sounds less than normal or are they much greater than normal?
- How long has your horse been colicky? Over that time, does he seem to be getting better, getting worse, or staying the same?

Colic: **DO NOT GIVE ANY MEDICATIONS BEFORE DISCUSSING YOUR HORSE WITH YOUR VETERINARIAN.**

All information obtained from website: http://www.horsenetwork.com/vet/askthevettopicsright.html

What else to do:

- Call your veterinarian
- Remove food and water
- Prevent from rolling and injury:
- Walking may be beneficial, but if your horse is lying quietly, I prefer that owners not walk him, because it may up doing nothing more than making him more exhausted. An exception to this is if it is very cold out, or if your horse is extremely wet, in which case it may be beneficial to walk your horse in order to keep him warm.

2. MYOSITIS

This is also known as "tying up", or "Monday morning disease". Myositis is the sudden onset of severe muscle pain and inflammation, most commonly involving the hind legs and back. It occurs most commonly in the regularly exercised horse who is given a day or two off, and then put back on his regular schedule. When the horse resumes exercise, the excess energy stored in his well-trained muscles leaks out of storage and damages the muscles.

Signs of tying up are usually noted 5-30 minutes after the start of exercise. Signs include reluctance to move, especially the hind legs, anxious expression, hard rump muscles that are painful to the touch, and brown or reddish urine caused by chemicals from damaged muscle fibers. Horses with myositis may have secondary kidney damage due to toxicity from these chemicals.

What to do:

- **DO NOT MOVE THE HORSE!** Moving the horse will cause further muscle damage and may be fatal.
- Call your veterinarian
- Hip muscles should be hot packed with warm moist towels
- Anti-inflammatories:
  (Bute) should be given only after the horse is assessed by your veterinarian. Since bute can be toxic to the kidneys, giving bute to a horse that already has kidney damage is a bad idea. Your veterinarian may want to assess kidney function before recommending bute for your horse.
- Rest:
  Stall rest until your horse seems to be recovering from his soreness, which may take several weeks, followed by a very gradual return to work, accompanied by the preventative measured mentioned below.

Prevention of Myositis

There are several practices which if followed may prevent a horse from tying up:

Warmup	Give your horse a gradual warm-up whenever he is worked, at least 5-10 minutes to allow his muscles to stretch and loosen before starting his normal workout.
Selenium	Make sure that your horse is receiving an adequate level of selenium in its diet. A simple blood test can check your horse's selenium level.
Diet	Decrease or eliminate your horse's grain the day before and the days of his "vacation". This helps prevent the buildup of excess glycogen in the muscles. Products such as "Natural Glo" (Moorman's Feed Co.) may also help prevent tying up by decreasing the amount of glycogen stored in muscle fibers.

LAMINITIS ("founder")

Laminitis, also known as founder, is inflammation of the soft tissues that lie between the hoof and the coffin bone (the bone in the foot). This inflammation will cause tissue damage and may cause the coffin bone to rotate downward, in extreme cases causing the tip of the coffin bone to protrude through the sole. Laminitis typically will affect both front feet, but not usually the hind feet.

Signs include:

- Reluctance to walk
- Leaning backward onto the haunches to take as much weight off the front feet as possible
- Heat present in the front feet, and a stronger than normal digital pulse
- In extreme cases, the horse may lay down to take the weight off his feet and refuse to get up.

Causes of Laminitis

Severe diseases or infection:	Diarrhea-Salmonella, Potomac Horse Fever, Colitis-X, etc. Colic Pneumonia Uterine infection Retained placenta Any disease which causes a high fever for a length of time
Cushing's disease	Recently, Cushing's disease, caused by a pituitary tumor, has been recognized as a cause of laminitis. Horses which have Cushing's are often extremely obese, have very cresty necks, do not shed out their hair coats, and have patchy sweating. There are several blood tests used to diagnose this disease, and there are medications which are at least somewhat effective in controlling the signs.
Grain/Carbohydrate Overload	A horse which breaks out of his stall and finds your grain bin, then eats a large amount of grain should be treated as a horse which may founder. Similarly, a horse which is fed a hay that is much richer than he is accustomed to, or is put out on very rich pasture is at risk for laminitis.
Excess work on hard surfaces	A horse that is worked hard on paved or very hard surfaces may founder due to the chronic damage and stress put on his feet.
Lameness	If a horse is very lame on one foot, he may founder on the good foot because of the extra weight he constantly bears on it.
Obesity	Obese horses are at higher risk for laminitis. If your horse is overweight, he could benefit from a reduced calorie diet, or may possibly have Cushing's disease or another metabolic disorder.

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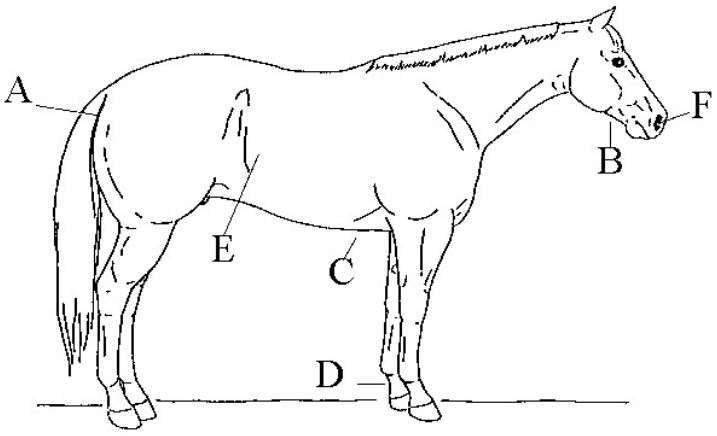
Diagnosis and treatment of Laminitis

In addition to diagnosing founder based on the signs listed above, your veterinarian may perform x-rays to assess the severity of coffin bone rotation. If there is not an obvious reason why your horse has foundered, your veterinarian may also perform blood work to evaluate your horse for such things as Cushing's disease or other systemic disorders.



Locations for Monitoring Vital Signs:
A = Temperature
B, C, or D = Heart Rate
E or F = Respiration Rate

Treatment of founder

Decrease inflammation	Phenylbutazone and other anti-inflammatories
Increase circulation to feet	Walk the horse 10 minutes 2-3 times per day Medications may also be used
Diagnose and remove causes of founder	No grain, no rich hay Treatment of metabolic and systemic disease
Corrective trimming or shoeing	In acute founder, elevation of the heel may be helpful to decrease stress on the coffin bone. A correctly applied heart bar shoe may also be helpful in order to supply support to the frog. In chronic cases, trimming back the excessively long heel accompanied by squaring of the toe maybe helpful.
Surgical procedures	In acute cases which do not respond to medication or corrective shoeing, cutting of the deep digital flexor tendon, and/or removing the front 1/3 of the hoof wall from bottom to coronary band may be helpful.

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