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Common Equine Health Issues

If you're around horses long enough, it's very likely you'll come across one of these four common health issues.

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eading to the barn and finding one of your horses feeling or looking poorly can be distressing. But if you're around horses long enough, it's bound to happen. Here are four common equine health issues, their causes, and how to diagnose, treat, and prevent them.

Strangles

Cause: Strangles is a term for a respiratory infection caused by Streptococcus equi spp. equi or in a similar form by Streptococcus equi spp. zooepidemicus. A horse acquires the infection from contaminated water, feed, or respiratory secretions from an infected horse. Even if a horse shows no clinical signs or has "recovered" from a strangles infection, the bacteria may still remain in a horse's guttural pouch and be infective for many months.

Diagnosis: A horse with strangles generally has a mucopurulent nasal discharge,

a fever, and sometimes a cough. As the disease progresses, the lymph nodes beneath the jaw become swollen and painful. Eventually the abscess softens to erupt with purulent material that is highly contagious to other horses. The name strangles comes from unusual cases where the swelling is so large in the throatlatch area that the horse has difficulty breathing, hence the term "strangles."

Treatment: An important part of treatment is to isolate a sick horse from others and to implement thorough biosecurity practices to prevent further spread around a farm. The sick horse may need the strangles abscess lanced, drained, and flushed. In some cases, a horse may be put on systemic antibiotics; in other cases, the horse's immune system is able to clear the infection. However, there is always a possibility that the horse may remain a carrier with

bacteria harbored in the guttural pouch. This can be confirmed through a bacterial culture and sensitivity obtained with an endoscopic exam of the guttural pouch.

Prevention: A commercially-available strangles vaccine is given via intranasal application. Usually, it is only used in areas where strangles is prevalent or during an outbreak in a nearby farm. Consult with your veterinarian as to the need for this in your particular location and situation.

Choke

Causes: Choke is another term for an esophageal obstruction where a wad of food becomes impacted in the esophagus to obstruct passage of saliva or food into the stomach. If a food bolus is too large or improperly ground by the molars or isn't coated with enough saliva to ensure its passage, it may lodge in the esophagus. Typical



causes include dentistry issues that interfere with chewing, behavioral tendencies of bolting food, or ingestion of large-sized pellets, coarse feed, or large pieces of apple, carrot, potato or corn cobs. Unusual cases may occur due to neoplasia, traumatic neck injury, cellulitis, or botulism.

Diagnosis: A horse that is choking is usually in distress, sometimes appearing like a colic. In most cases, the horse persistently coughs and retches while extending the neck in an attempt to relieve an esophageal obstruction. Feed that can't be swallowed into the stomach regurgitates into the nostrils as frothy saliva and mucus often laced with the green of hay or pelleted feed.

Treatment: Immediately withhold all feed and water from a choking horse. Remove the horse from bedding that he might try to ingest. Keep your horse calm while awaiting the vet. Your veterinarian will sedate the horse, give oxytocin to relax smooth muscle of the esophagus, and pass a nasogastric tube to gently lavage with water to soften the mass and help it move to the stomach. For really tough cases, the horse may need to receive intravenous fluids to hydrate the obstruction to help it pass. Because of a risk of aspiration pneumonia, a horse may be put

on broad-spectrum antibiotics as well as non-steroidal anti-inflammatory drugs to reduce inflammation. An endoscopic exam of the esophagus is useful to visualize the obstruction in a difficult case, and also to assess integrity of the esophagus once a choke is resolved. The horse is generally fed a wet gruel of soaked, pelleted feed for at least 48 hours following resolution.

Prevention: A number of techniques are useful to prevent choke:

- Separate the horse from others during feeding to minimize competition.
- Feed small meals multiple times, and/ or spread food in different locations.
- Place large, but safe, objects in feed bins to force the horse to eat more slowly and with discrimination – rounded rocks, chunks of salt block, or rubber toys are effective.
- Soak food before feeding to pre-soften it.

Fever

Causes: A fever, i.e. a rectal temperature of > 101 degrees Fahrenheit in an adult horse or > 102 degrees Fahrenheit in a foal, may occur for any number of reasons:

- Viral respiratory disease
- Bacterial infection anywhere in the body

- Infection within the chest (pleuritis) or abdomen (peritonitis)
- A wound that has developed cellulitis causing systemic illness
- Heat stress or heat exhaustion
- An adverse reaction to medications or drugs
- An allergic reaction of any kind
- Sometimes, there is no discernible cause, called fever of unknown origin

Diagnosis: A horse may act listless or go off his feed, yet nothing seems obviously wrong. When a horse seems "off" in any way, check the rectal temperature. An elevated temperature warrants veterinary attention. Your veterinarian may run some blood work and through a physical exam may be able to identify an exact cause of fever.

Treatment: Some simple techniques can assist your horse in controlling a fever and improve his comfort. Move the horse out of the direct sun into the shade or a barn to an area with adequate ventilation. Remove blankets or sheets he may be wearing unless inclement weather or winter conditions exist otherwise, he might get chilled too quickly without the wind-breaker effect of blankets. If a horse's fever rises above 104 degrees Fahrenheit, active cooling is

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important by sponging with tepid or cool water to soak his neck and chest areas repeatedly until the skin feels cool to the touch. Scrape water off as it is applied. Monitor the rectal temperature every 10 to 15 minutes to measure progress in pulling heat out of his body. Non-steroidal anti-inflammatory drugs (NSAIDs) help bring body temperature back to normal. In some cases when appropriate, the horse may need systemic antibiotics. In periods of persistent illness accompanied by a fever, increase food availability because for every degree elevation in temperature, a horse's caloric requirements increase by 13 percent.

Prevention: Some fever situations are not preventable but keeping your horse up-to-date on immunizations against viral diseases is helpful to eliminate these as a cause. Prompt wound care mitigates the potential for a wound to affect the whole body. Exercise in extreme heat and humidity should be done with caution along with careful monitoring of how well your horse is coping with the climate conditions and athletic demands.

Hives

Causes: The body's immune system is continually on alert for foreign proteins and reacts with an inflammatory

response. Occasionally, the immune response becomes hypersensitive to a noninfectious cause. An allergy can range from a serious, life threatening systemic reaction (anaphylaxis) to a mild, but disagreeable, skin reaction, such as hives (urticaria). Hives is a symptom rather than a specific disease. Many causes include medications such as antibiotics, anti-parasitic drugs, hormones, vaccines, foods like plants, hay, and supplements. Hives can result from hypersensitivities from an adverse food reaction, pollens, contact allergy such as pine shavings, or genetically-linked atopy. Occasionally, urticaria develops from bacterial, fungal, or parasitic infections or from stinging insects. Hypersensitivity reactions can take weeks to months to develop so a sudden onset of hives is not necessarily a result of a recent change; this makes it difficult to pin down the actual source of the problem.

Diagnosis: Hives tend to develop about the neck and shoulders, along the thorax, and buttocks. Usually, an allergic reaction remains localized to the skin, but persistent symptoms lead to a systemic response. It is important to contact your veterinarian to inform him or her about a hives outbreak on your horse. Skin testing is possible to try to identify an allergen as a source but this diagnostic technique is not always definitive.

Treatment: Because the immune system is over-reacting, the treatment of choice is to administer anti-inflammatory medications, and in particular corticosteroids. Pinning down the source of the allergy is sometimes possible and then the trigger for the hives attack can be addressed and eliminated. Most times, the trigger goes unidentified. It helps to remove any new medications or food supplements from the diet, leaving hay as the sole source of food. Refrain from riding the horse since sweat amplifies physical discomfort around the bumps, and saddle and tack further irritate inflamed tissue. Since hives tend to go away

fairly quickly, wait a few days for full resolution before putting your horse back to work.

Prevention: For the one-time occurrence of hives, you may never discover the incriminating source. However, for hives recurring more than once, there is motivation to track the allergen. Mentally reconstruct any changes in diet, environment, medications, vaccinations, or stress factors that have occurred in recent months. Time-honored strategies for managing hives eliminate ingestion, contact, or inhalation of as many things as possible. If the horse improves with dietary elimination, one individual ingredient of the old ration can be added weekly. For a possible topical allergen, scrub the area to remove the noxious substance from the skin. For insect-related hive-like lesions, use insect repellants, fly sheets, or stall the horse indoors during the highrisk part of the day, using fans to move air within the stall or enclose stall openings with fine-mesh screens. When purchasing a horse, question the seller about any known allergic responses. Inform your veterinarian, trainer, and barn manager about the dangers of certain drugs that may affect your horse's health, and post this information on your horse's stall door or paddock. SM