

Equine Emergencies

Identification and What to do Until the Vet Arrives

Kathryn Krista, DVM, MS

Common Equine Emergencies

- Cellulitis/lymphangitis
- Choke (esophageal obstruction)
- Colic
- Eye abnormalities
- Fever
- Lameness
- Wounds



Cellulitis/Lymphangitis

- What is it?
 - Cellulitis: localized or diffuse inflammation of the dermal and subcutaneous layers of the skin
 - May have infectious component
 - Lymphangitis: inflammation or an infection of the lymphatic channels that occurs as a result of infection at a site distal to the channel

Cellulitis/Lymphangitis

- What causes it?
 - Bacterial infection via a wound/local response to injection
 - *Staphylococcus aureus*, *Clostridium* organisms
- Unknown
 - Bacterial infection via insect vector?

Cellulitis/Lymphangitis

- Clinical signs
 - Cellulitis
 - Swelling
 - Often just distal limb
 - Sensitivity on palpation of swollen area
 - +/- lameness
 - Sound at walk, lame at trot
 - +/- fever



Cellulitis/Lymphangitis

- Clinical signs
 - Lymphangitis
 - Swelling of entire limb
 - Hind limbs more commonly affected
 - Sensitivity and heat in inguinal region
 - Enlargement of saphenous vein
 - Fever
 - Lameness
 - Can be severe



Cellulitis/Lymphangitis

- What to do
 - Cold hose affected limb if horse will tolerate it and...
 - Call the vet ASAP
 - Timely, aggressive treatment makes a significant difference in recovery quality and time
 - Realize that recurrence is common
 - Close observation and catching a problem early are often the keys to successful management

Choke (Esophageal Obstruction)

- What is it?
 - Blockage of the lumen of the esophagus
 - Feed bolus
 - Prevents normal movement of feed and saliva into the stomach



Choke (Esophageal Obstruction)

- What causes it?
 - Eating too fast (younger horses)
 - Poor dentition (older horses)
 - Failure to soak feed adequately
- Esophageal abnormalities
 - Stricture
 - Diverticulum
 - Compression
 - Megaesophagus

Choke (Esophageal Obstruction)

- Clinical signs
 - Feed material and/or saliva exiting nostrils
 - Retching
 - Coughing
 - Agitation
 - May have visible/palpable protrusion on left side of neck

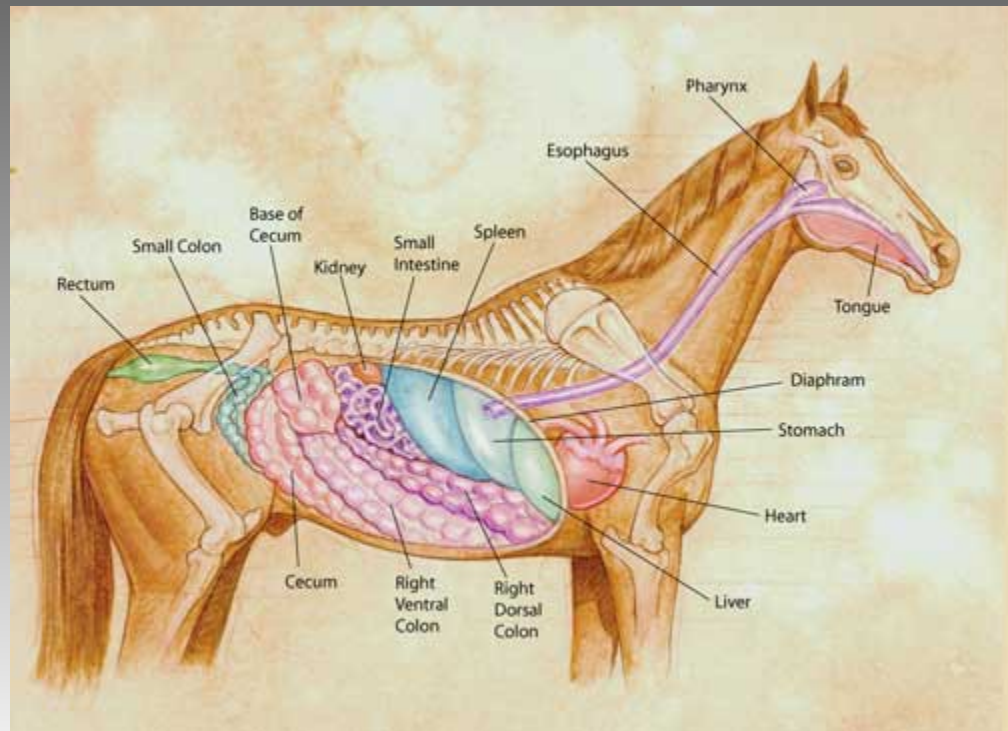


Choke (Esophageal Obstruction)

- What to do
 - Don't panic!
- Wait 10 minutes or so if horse is reasonably quiet
 - Common for obstruction to resolve during this time
- If it does not resolve...time to call your vet
 - Keep horse in a stall
 - Remove all food and water
 - Ask about sedating the horse
 - Time frame for vet to arrive
 - Demeanor of the horse

Colic

- What is it?
 - Abdominal discomfort



Colic

- What causes it?
 - Gas
 - Abnormal motility (spasmodic colic)
 - Mechanical obstruction
 - Impaction
 - Displacement
 - Volvulus/torsion
 - Strangulating lipoma
 - Functional obstruction
 - Ileus



Colic

- Clinical signs
 - Inappetance
 - Pawing
 - Sweating
 - Muscle fasciculations
 - Flank watching
 - Lip curling
 - Stretching out
 - Laying down and getting up
 - Rolling



Colic

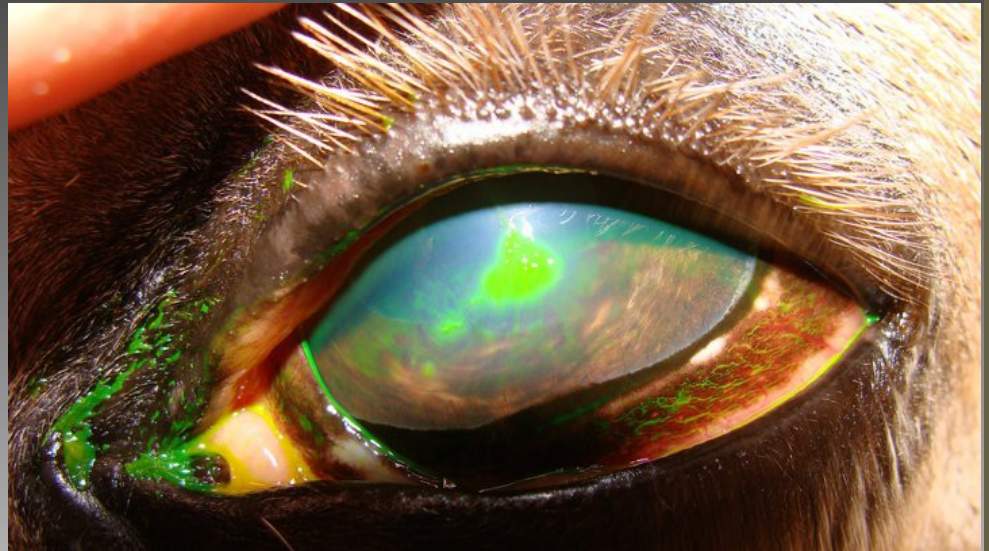
- What to do
 - Bring horse into stall if safe to do so
 - Administer Banamine (PO or IV)
 - Takes up to 1 hour for maximal effect
 - Remove all food from stall
 - If horse laying down quietly, OK to monitor
 - If horse is more agitated/up and down repeatedly/rolling, advise walking
 - If signs have not completely resolved within 1 hour post

Eye Abnormalities

- What are they?
 - Corneal ulceration
 - Conjunctivitis
 - Uveitis
 - Corneal laceration/puncture

Eye Abnormalities

- What causes them?
 - Trauma
 - Inflammation
 - Infection



Eye Abnormalities

- Clinical signs
 - Holding eye closed/partially closed
 - Swelling around the eye
 - Increased tearing/discharge

Eye Abnormalities

- What to do
 - Keep the horse in a stall
 - Administer Banamine (PO or IV)
 - Call the vet ASAP for examination
 - Do not attempt examination as this may worsen condition in some cases
 - Vet will sedate horse and block upper eyelid to facilitate safe examination

Fever

- What is it?
 - Increased body temperature above normal range
 - 99 – 101 degrees F



Fever

- What causes it?
 - Body's response to disease causing organisms
 - Bacteria
 - Viruses
 - Most common sites/sources
 - Tick borne
 - Respiratory tract
 - Gastrointestinal tract



Fever

- Clinical signs
 - Lethargy
- Inappetance
- +/- Increased respiratory rate
- Respiratory
 - Increased effort
 - Coughing
 - Nasal discharge
- Gastrointestinal
 - Loose manure -> diarrhea

Fever

- What to do
 - Take horse's temperature
 - Observe for any localizing signs
- Call the vet prior to administering any medications
 - “Tick fever” testing more likely to have a positive result if horse is febrile at time of sampling
 - Vet may advise to administer Banamine (PO or IV) but will recommend that horse be seen to treat underlying cause



Lameness

- What is it?
 - Limb soreness
 - Non or minimal weight bearing
 - Reluctance to move
- Weight bearing lameness is often not a “true” emergency
 - Stall rest +/- anti-inflammatory treatment
 - Can usually be seen the following day if needed

Lameness

- What causes it?
 - Subsolar bruising/abscessation
 - Most common by far!!
 - Lymphangitis
 - Laminitis
 - Fracture



Lameness

- Clinical signs
 - Minimal to no weight bearing in affected limb
 - Reluctance to move
 - “Walking on eggshells”
 - +/- increased digital pulse(s)
 - Instability of limb (fracture)

Lameness

- What to do
 - Place/keep horse in stall
 - Exception: Fracture – do not move without proper limb support
- Call the vet ASAP
 - Sooner abscess can be opened -> sooner equal weight bearing resumes
 - Laminitis is a potentially life threatening condition and prompt first aid care is imperative
 - If fracture seems likely, should be addressed ASAP
 - Diagnostic imaging
 - Stabilization of limb if surgery is an option
 - Euthanasia

Wounds

- What is it?
 - Injury to skin layers +/- deeper structures



Wounds

- What causes them?
 - Trauma
 - Blunt
 - Sharp

Wounds

- Clinical signs
 - +/- broken skin
 - Abrasion vs. laceration
 - +/- drainage
 - +/- peripheral swelling
 - +/- lameness



Wounds

- What to do
 - Wear exam gloves
 - Clean wound if horse will permit it
 - Saline or tap water
 - Place wrap over wound
 - Pressure wrap if heavy bleeding
 - Lighter wrap otherwise
 - Keep horse in stall
- Call the vet
 - Laceration: Assessment (location?) and repair on farm or referral
 - Puncture: Assessment (location?) and treatment on farm or referral
 - Abrasion: Treatment to prevent cellulitis

First Aid Kit

- Stethoscope
- Thermometer
- Bandage scissors
- Bandage material
 - Enough for a full limb bandage
 - 2 sets Kerlix sponges
 - 2 Kerlix rolls
 - 2 Combine rolls
 - 2 rolls of brown gauze
 - 2 rolls of Vetrax
 - 2 rolls of Elastikon
 - Additional 4x4 gauze sponge
 - Exam gloves



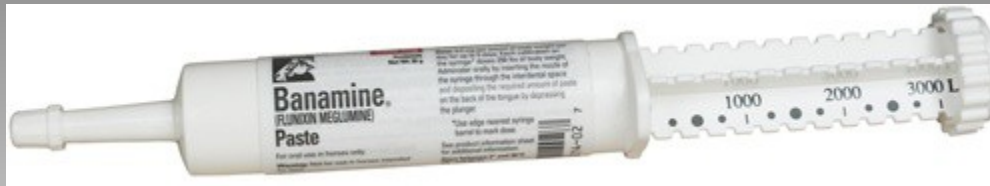
First Aid Kit

- Bandage material
 - Foot bandage
 - Duct tape
 - Cotton/diapers
 - Vetrap
- Hoof care materials
 - Hammer
 - Clinch cutter
 - Shoe pull offs
 - Nail pullers



First Aid Kit

- Medications, etc.
 - Banamine
 - Phenylbutazone
- Wound Wash (or other form of saline)

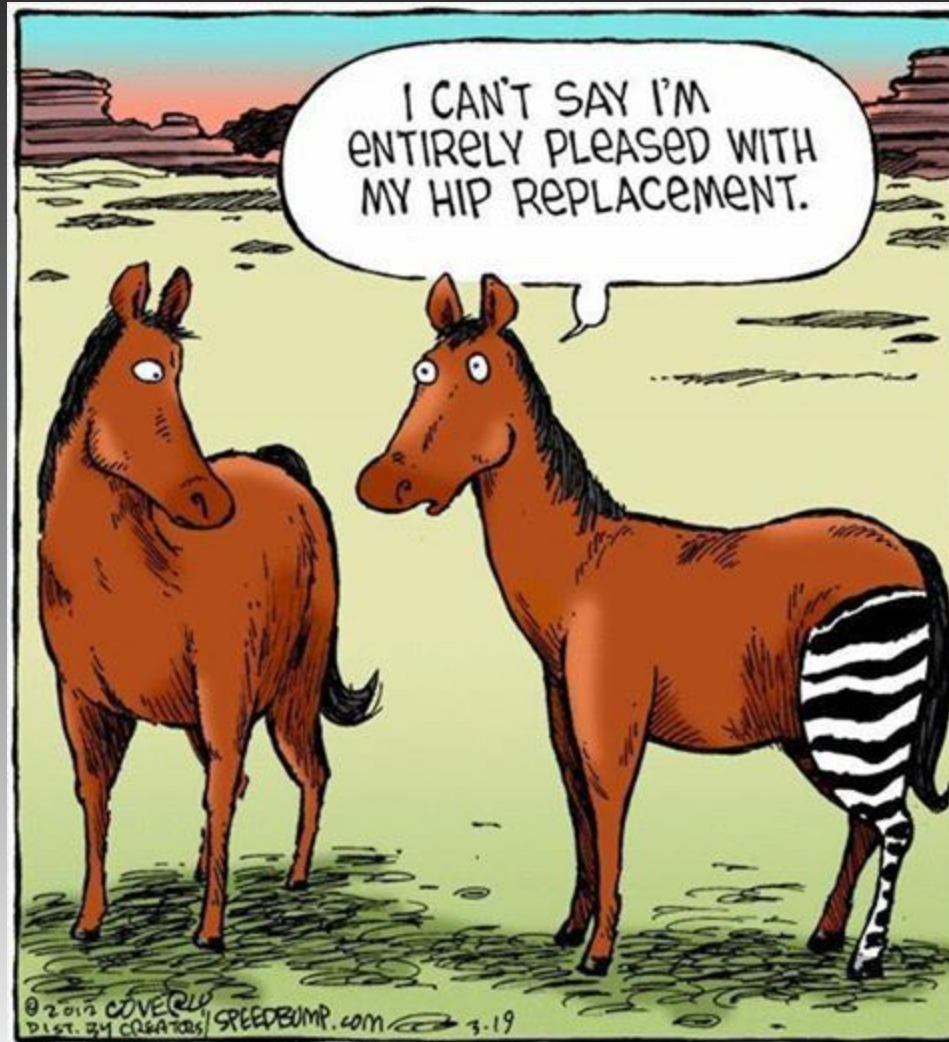


For Additional Health Information

www.piedmontequinepractice.com

www.aaep.org/info/owners

Questions?



I'M NOT RIGHT IN THE HEAD.COM