

Top Ten Equine Emergencies

Horses tend to be a bit more accident prone than most animals, and although they are large and strong, they are also susceptible to myriad ailments that arise with little warning. The horse owner should learn to recognize the most common maladies affecting the horse, and if you have owned horses for any length of time you very likely may have seen most, if not all, of the following list. This list is not intended to be an exhaustive study of horse emergencies, but merely the most common problems encountered by university veterinary hospitals and equine veterinarians around the country. Obviously there will be regional differences that can affect this list, but each of these situations requires immediate veterinary attention, and the treatments are beyond the scope of the average horse owner's experience.

1. **Colic:** This continues to be the number one cause of death in horses, and tops this list. The symptoms can range from a mild episode, where a horse is merely sluggish coming for food, to severe pain where the horse is covered in sweat and can no longer stand. The majority of colic cases are caused by management issues, environmental influences, or individual horse problems. The causes are varied and sometimes difficult to pinpoint but the following can all cause colic: inadequate water intake (summer or winter) changes in diet, adverse weather, ingestion of unusual material (sand, bedding, grass clippings, plants, and grain overload), concurrent infection, changes in exercise or shipping, and other stresses. Poor dental conditions, internal tumors, and infestation with worms are common colic causes in the older horse.

2. **Acute lameness:** This is a rather broad category but we see it fairly often and conditions in this category include nail punctures, hoof abscess, laminitis (founder), and even complete fractures. If your horse was fine yesterday, but dead lame today, do not delay in seeking professional help in diagnosing and treating the condition. Laminitis can almost be considered worthy of its own category because we see so much of it, but often it is an insidious process occurring days, even weeks after an inciting incident. A common form of laminitis seen in the older horse is often connected to the horses' metabolism which may take months to show up as sore feet.

3. **Choke:** Also known as esophageal obstruction, this problem occurs when feedstuffs become lodged in the esophagus and the horse cannot swallow. Consequently, a copious amount of oral and nasal discharge occurs which is usually green and mucoid in quality. The horse is usually having coughing fits and is in obvious distress, and although seldom life threatening, to the panicking owner it sure seems so. Eating too quickly, feeding rough, poor-quality hay, bad dentition, or esophageal trauma are the most likely probable causes. Some horses tend to choke often and need to be managed very carefully to prevent reoccurrence.

4. **Lacerations and punctures:** These injuries are probably the most frequently encountered by veterinarians, and although they almost always require immediate attention, they are seldom life threatening. Obviously, the location of the injury will dictate the necessary treatment and after-care. Often there is significant hemorrhage associated with these injuries, in which case the horse owner is often advised to apply direct pressure to the wound until help can arrive. Applying a snug, dry bandage is the best first aid to a lower leg wound while transporting the horse to

an equine hospital. The head and face is commonly involved with laceration-type injuries, and although they look horrible, they heal quite nicely given appropriate care.

5. **Joint and tendon injury:** Any trauma to a tendon or joint should be considered a medical emergency. Delay in aggressive and appropriate treatment can add months to the healing time. Infections readily set in because of the nature of tendon sheath and joint fluid, and they can be very difficult to treat. Closed traumas to tendons and ligaments and joints can occur in both performance horses, in stall/barn accidents, and in horses housed in open pastures. Application of ice and cold water is always a good idea, but do so only after consultation with your veterinarian.

6. **Eye Trauma:** Because of their prominent location, the equine eye is prone to injury. Corneal ulcers, eyelid lacerations, and uveitis are the conditions most frequently observed. Any time an eye is observed to be swollen or closed or has a discharge associated with it, you should consider it a medical emergency. Take an extra minute to observe your horse's eyes during feeding time and be looking for an abnormal appearance.

7. **Exertional myopathy/exhaustion:** Also known as tying-up or rhabdomyolysis, this painful condition arises when a horse is pushed beyond its conditioning or training limits. The affected horse cannot seem to move, or will move with a stiff, short-stepping gait, does not want to eat and basically looks miserable. Often, their rump and back muscles are corded up and very tight, their gums are pale, and their heart rates are elevated. Medical treatment is required at once to prevent renal (kidney) problems, and very often these horses are hooked up to IV fluids overnight to treat the inevitable dehydration, and to flush toxins from the kidneys.

8. **Reproductive Emergencies:** Broodmares do not often have problems, but when they do, it can quickly turn into a disaster. These are some of the most difficult and time-sensitive situations a veterinarian can face. Dystocias (difficult births), abortions, uterine torsions, placental separation, post foaling uterine hemorrhage and prolapse are all included in this category. These emergencies must be dealt with quickly and efficiently and usually require a well-trained technical staff and multiple doctors to remedy the situation. Definitely not one for the homeowner.

9. **Foal Emergencies:** Another broad category that includes meconium impaction, foal colic, septicemia, hypoxia, neonatal diarrhea, failures of colostrum transfer, contracted tendons and any number of medical and surgical conditions that affect foals in the first hours to days to weeks of life. These are special conditions that require intense effort and technical expertise on the part of the veterinary crew and represent true medical emergencies where a few hours can mean the difference in saving a foal's life.

10. **A.D.R.'s:** This stands for "**ain't doin' right**, Doc;" a vague and nebulous category of symptoms that catch the attention of the alert horse owner. "I just know something's wrong" are common words expressed by a concerned client. Sometimes it can be a low-grade fever, lymph node sepsis, sometimes a mild colic, other times it can be something as sinister and obscure as liver or kidney disease. A complete battery of diagnostic blood tests, ultrasound examinations, and abdominal fluid analyses are required to diagnose and treat whatever is bothering ol' 'Trigger.'

