

# Equine Emergencies

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# Agenda

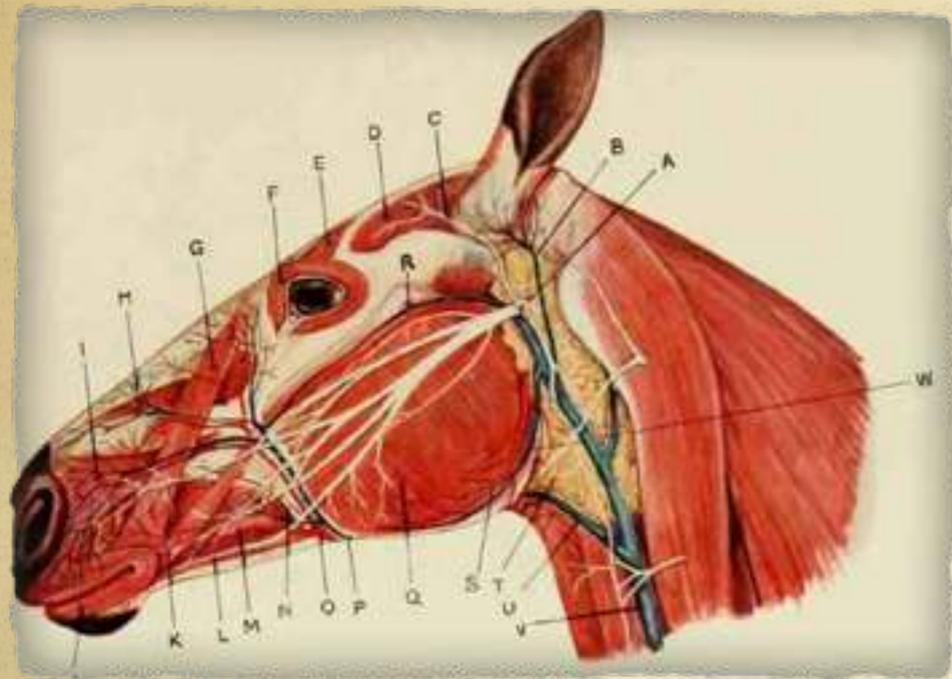
- Basic assessment of the horse
- Colic
- Lacerations and wounds
- Severe lameness
- Eye injuries
- Respiratory distress
- Down horse; neurological horse
- Foaling

# Basic assessment of the horse

- TPR: temperature Pulse, Respiratory rate
- Digital pulses: on back of fetlock
- Mucous membranes (mm): pale, pink, moist
- CRT: capillary refill time

# Pain assessment

- relatively easy to assess: increased pulse and respiratory rate, sometimes elevated T
- pale and tacky mm, prolonged CRT
- Not moving, no interest in feed
- Shock: weak and rapid pulse (80 to  $>100$ ), pale mm



# Colic

- abdominal pain, not necessarily related to GI tract
- early recognition and handling
- call the vet sooner than later
- Veterinarian will be able to distinguish between medical and surgical colic

# Causes of colic

- sudden changes in feed (gas distension, torsion)
- cold outside temperatures and dry feed (impaction)
- other painful conditions (distension, torsion)
- late gestation and post partum mare (displacements)
- air pressure changes with severe weather changes (gas distension, torsion)
- older overweight or obese animals (pendulated lipoma)
- foals up to a year old (ascarid impaction)

# Signs of Colic

- Disinterest in eating/drinking
- Decreased defecation/urination
- Quieter than normal
- Increased heart and respiratory rate
- Frequently looking at flank, pawing, listlessness
- Unusual stance
- Sweating, rolling or laying flat on one side



# First Aid measures

- Take horse's respiratory and heart rate, take temperature and look at mucous membranes, take CRT
- Offer some feed by hand and see if interest in food, offer clean water
- Start walking the horse, monitor for defecation and urination
- Monitor heart and respiratory every 20 minutes
- Call a veterinarian if signs become worse or aren't improving

# Veterinary visit-what to expect

- Veterinarian should ask specific questions and take a thorough history
- Then he will perform a thorough physical exam including a rectal exam
- He may pass a nasogastric tube and administer pain medication +/- sedation
- Many measures can be taken on farm but surgical cases definitely need to be referred
- Unfortunately, euthanasia may be the last but a valid option

# Lacerations and Wounds

- Prevention is key (maintenance of fences, visibility of fences, careful with introducing new animals or things)
- Location of wounds are important!
- First assessment based on location, depth, appearance and general demeanour of horse (pain)
- Tetanus prophylaxis!

# Types of wounds

- puncture wounds: look small but can extend deep; they also carry dirt deep into tissue and often become problematic if not treated right away
- lacerations: can be small or very extensive; musculature heals better than tendon/ligaments
- vaginal or rectal/anal tears: happen mostly after foaling or during breeding; need to be assessed for extension internally- can potentially be life threatening



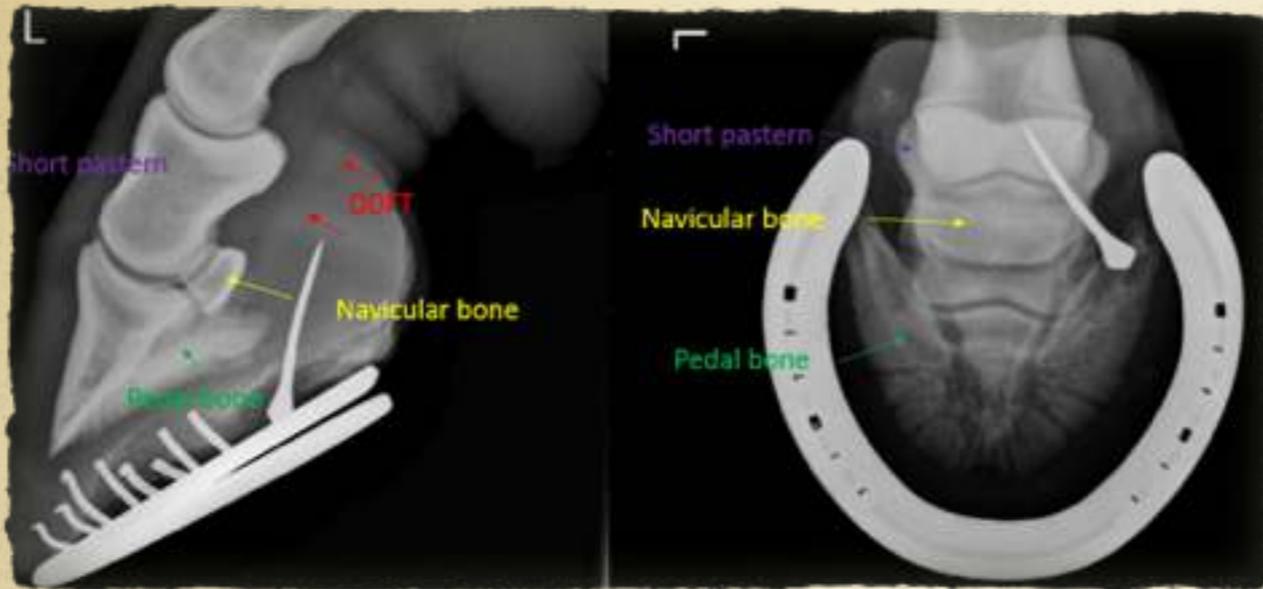


# Veterinary Visit- What to expect

- History question including time line of injury, tetanus prophylaxis
- Thorough physical exam including temperature
- Sedation and local anesthesia to safely explore wound and for treatment
- Potential suturing of the wound
- If over joint or synovial structures: pressurization, ultrasound, x-rays
- Regional limb perfusion

# Severe Lameness

- Usually require immediate veterinary attention
- Conditions may include:
  - fractures (coffin bone or elsewhere), FB in foot, severe lacerations of tendons or ligaments, hoof abscess, septic joints or tendon sheath, cellulitis





The  
Original wound

# First Aid measures wounds

- Bring horse into clean stall, keep horse calm, take TPR
- If profusely bleeding- apply pressure with a clean towel and tight polo wrap
- Otherwise, assess wound as best as you can, gently clean with clean water and Chlorhexidine soap- take pictures
- cover wound with clean non-sticky gauze and light bandage
- If wound is profusely bleeding and/ or over a joint, tendon sheath or tendon > call veterinarian right away
- Smaller wounds over “safe” areas can be treated by you

# First aid measures severe lameness

- If you suspect a fracture- stabilize leg (bandage, possibly need to apply splint)
- If you have Bute you can give 2g (20cc or 2 teaspoons) to an average sized horse
- Severe pain can cause colic later on-keep that in mind!

# Places to be concerned about





# Veterinary visit- what to expect

- Thorough history including time line and onset
- Assessment of lameness and pain (HR, RR, T) and associated wounds
- Palpation and manipulation of affected limb
- Nerve anesthesia for assessment and treatment
- ultrasound, x-rays, pressurization of joints/ tendon sheaths
- potential referral to a clinic
- Unfortunately- euthanasia may also be a valid option



# Eye injuries

- Injuries to the eye are always an emergency
- Lacerations to eye lid or eye itself
- Punctures into eye
- deep ulceration of cornea
- Bulging and/or severely cloudy eye
- Severe swelling of the eye lids

# Signs of eye injuries

- Severe squinting and tearing
- Swollen eye lids (sometimes to a point they are shut)
- severe cloudiness of the eye or bulging
- obvious cuts and bleeding or swelling around the eye
- Pain associated with above signs





# First Aid measures

- Bring horse in a barn and dimm light or apply fly mask
- Try to gently wipe the surrounding of the eye with clean water
- You can give Bute if on hand and horse appears to be in severe pain

# Veterinary Visit- what to expect

- Thorough history questions including time line
- Thorough physical exam to assess pain
- sedation, pain management and local nerve anesthesia around the eye for assessment and treatment of the eye itself
- Assessment of the outer and inner eye structures with ophthalmoscope
- Laceration repair of eye lid or lacerations around the eye
- Placement of a SPL (subpalpebral lavage system) and treatment with eye medication
- Potential referral if warranted

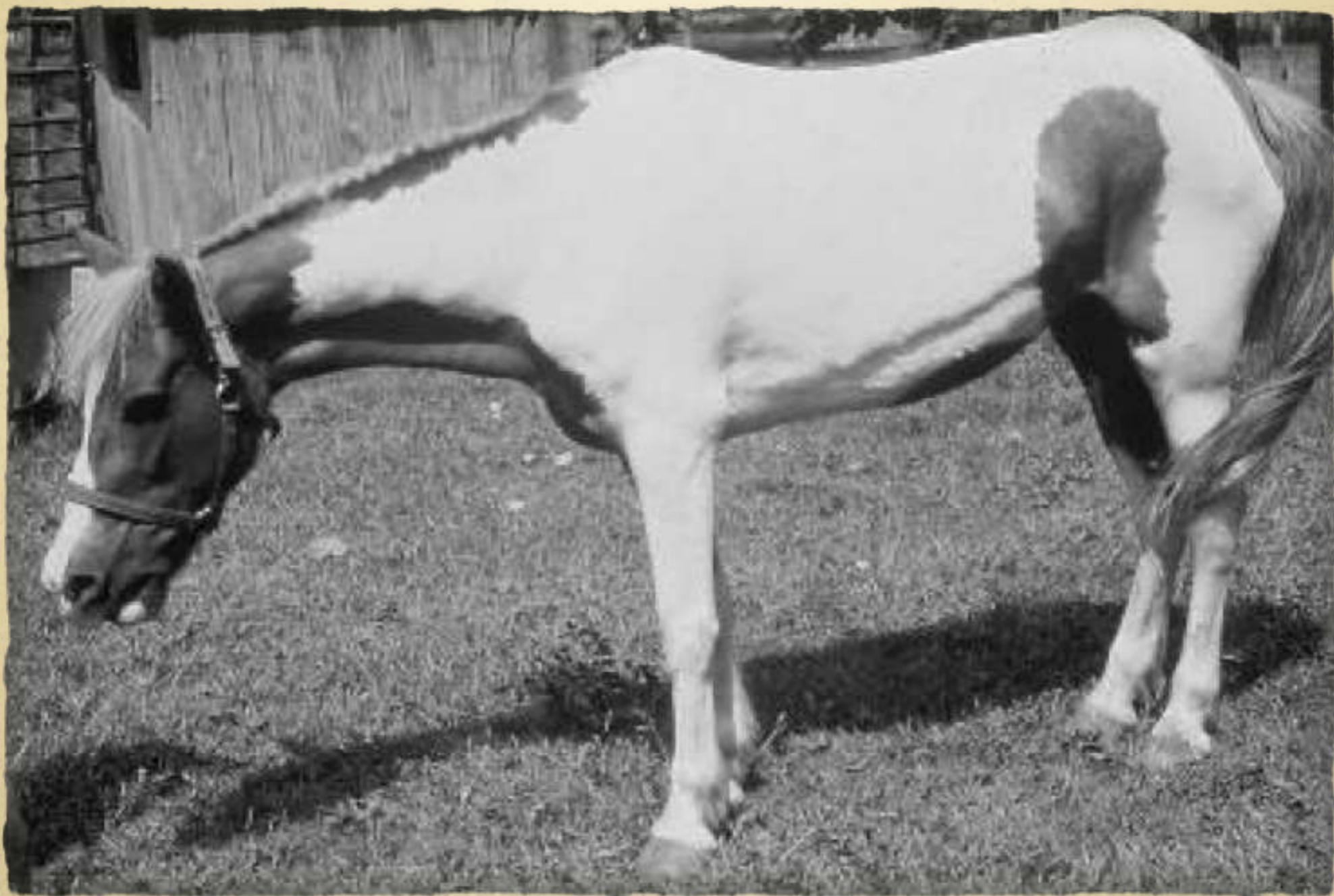


# Respiratory distress

- Most of the time respiratory distress is also a veterinary emergency
- Causes:
  - Heaves (attack)
  - Pneumonia/ Pleuropneumonia
  - Severe pain stemming from somewhere else!

# Clinical signs

- Severely increased respiratory rate and effort
- Obvious line along the sides of the abdomen when breathing
- bilateral nasal discharge
- Severely increased heart rate and sometimes increased temperature
- sometimes abnormal breathing noise (wheezes, stridor)



# First Aid measures

- Call vet right away, get TPR and mm
- Keep horse calm
- Try to move horse to a dust free environment

# Veterinary visit- what to expect

- History questions including of previous episodes, recent travel history and vaccine status
- physical exam including auscultation(+/- with a re-breathing bag)
- thoracic ultrasound
- initial medical management, likely airway endoscopy at a later date
- potential referral

# Down horse, neurological horse

- ataxic and recumbent horse is an emergency
- Causes may include: weakness, hypothermia, exhaustion, infectious disease (i.e. Herpes, West Nile), injury (fracture)



# First Aid measures

- Keep horse calm and quiet
- careful with ataxic horses- unpredictable
- cover with warm blanket and try to support with soft bedding when down

# Veterinary visit- what to expect

- history questions including time line, vaccination status, recent travel history
- thorough exam including rectal exam, neurological exam
- possibly i.v. line to treat aggressively on farm
- referral when stable
- Unfortunately- euthanasia is a valid option



# Foaling and retained placenta

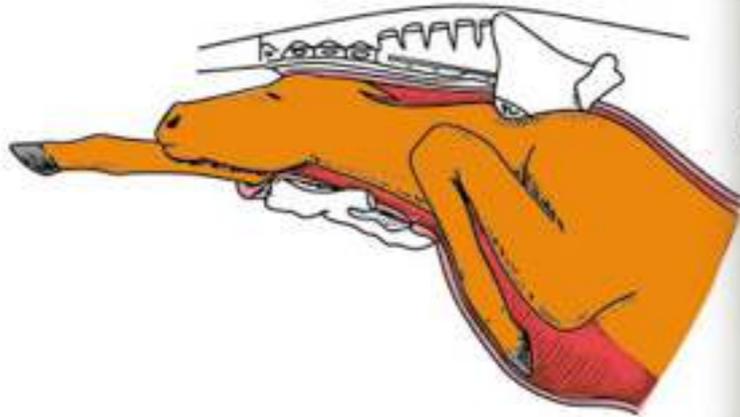
- Emergencies:
- dystocia, red bag, vaginal or rectal tear, retained placenta

# Normal birth

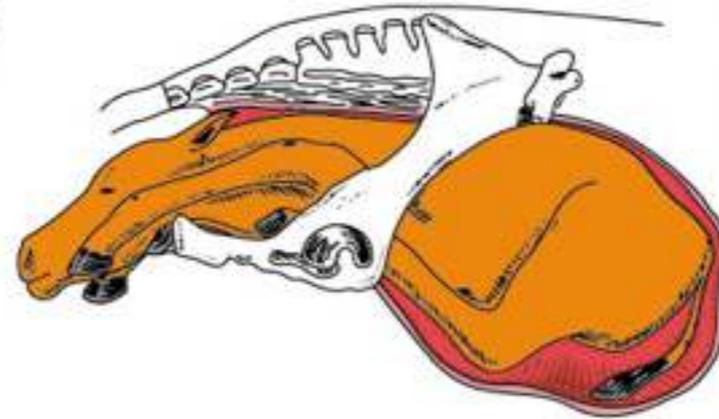


# Dystocia due to malpresentation

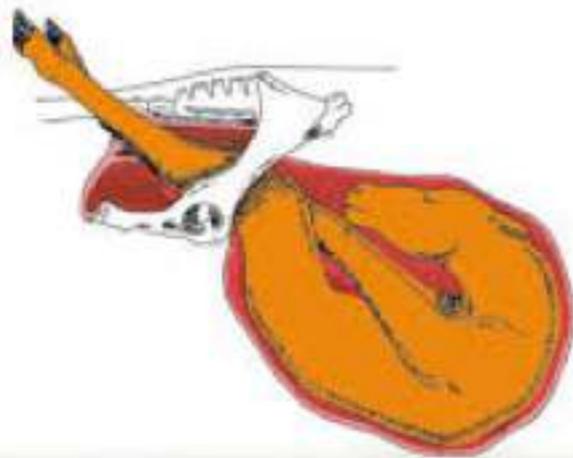
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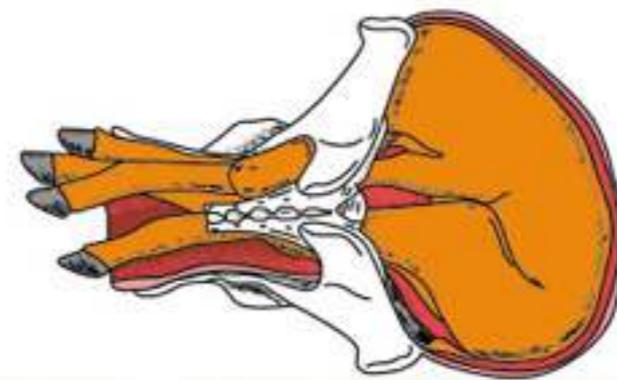
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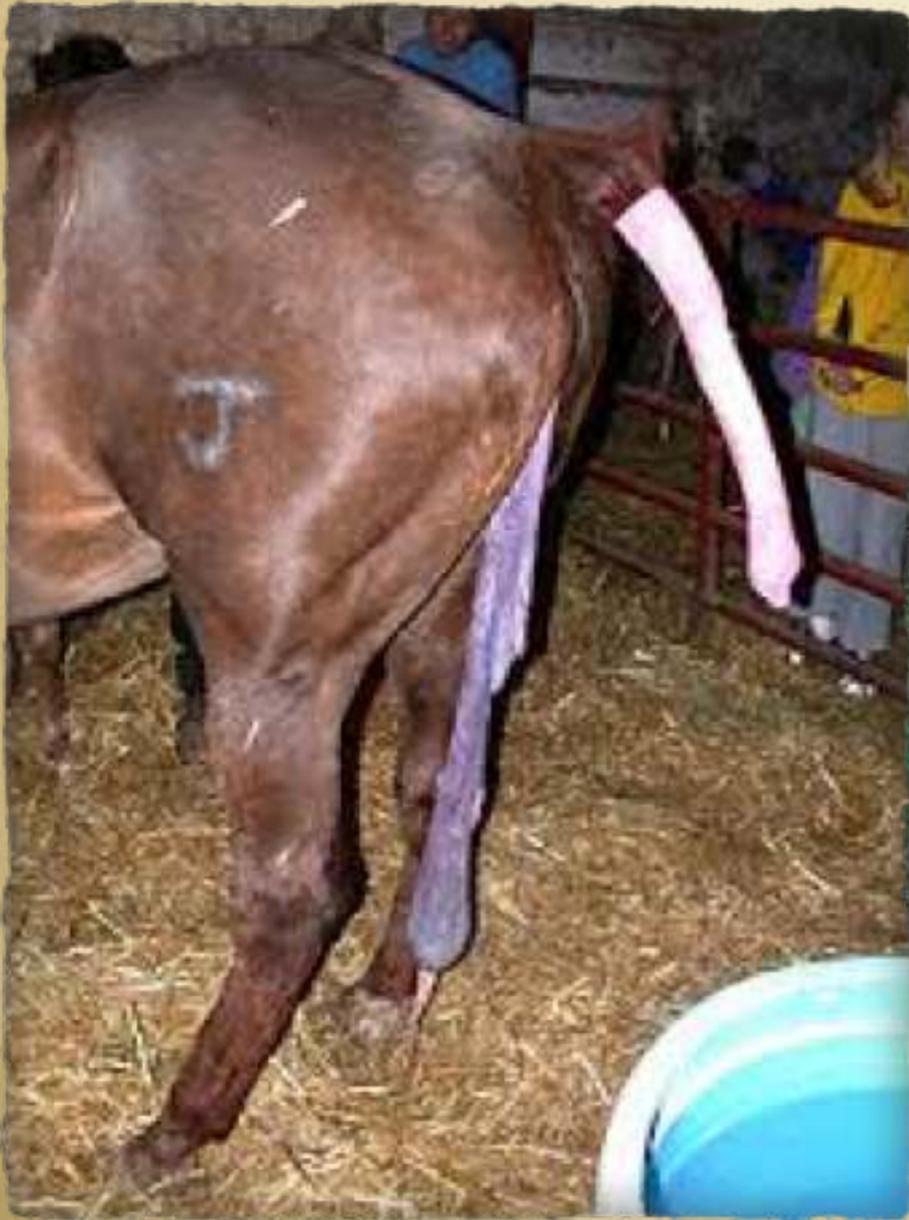
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# Retained placenta



Rare complications but  
time sensitive



Thank you!