Assessing Your Horse’s Health: When to Call the Vet
Ann Sellers, DVM, MS, DACVIM
Colorado State University
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Overview
- Why is this important?
- Physical Exam parameters (Vital signs)
  - Normal
  - Abnormal
  - How to assess
    - Different sites
    - Different situations
- Situations Requiring Veterinary Attention
  - Critical
  - Urgent
  - Minor

Know What is Normal
- Spend time determining the normal values for your horse
  - Temperature – 99 - 101°F
  - Respiration – 12-16 breaths/minute
  - Heart Rate – 32-48 beats/minute
- Use grooming sessions to determine horse’s condition
  - Inspect for heat, swelling, cuts, grazes
Gather Information

- Before Calling (if possible)
  - Vital Signs
  - Location and nature of injury
    - Presence of swelling/heat
    - If lame, can determine degree (weight bearing or not?)
    - Which leg
  - Horse’s demeanor

Initial Assessment

- Attitude
  - Quiet, Depressed, Anxious
- Obvious Lesions
  - Bleeding Wounds
- Less Obvious
  - Temperature, Heart Rate

Physical Examination

- Appearance
  - Obtunded or Unaware of Surroundings?
  - Excited?
  - Recumbent?
- Gait analysis
  - Non weight bearing injury
  - Instability
  - Abnormal motion
Vital Signs

- Heart Rate
  - Stethoscope
    - Listen on left side of thorax at point of elbow
    - Can use right side
- Pulse Rate
  - Lingual (Mandibular) Artery
  - Palmar Digital Artery
  - Groove Beneath Tail Base
- Normal Heart Rate
  - 30-40 beats per minute
  - Assess not only quantity but also quality
  - Weak pulse with shock

Sites to Monitor Horse’s Pulse

Determination of Pulse Rate

- Pulse rates can be increased from excitement
  - Take several readings over time to determine the resting rate.
- Once the pulse is found, count all beats for 30 seconds and then double it for beats/minute.
**Vital Signs**

- **Heart Rate**
  - Elevations due to:
    - Pain
    - Dehydration
    - Endotoxemia
    - Shock

- **Respiratory Rate**
  - Observing the rib cage
  - Feel for breaths at nostril
  - Listening over trachea with stethoscope
  - Note
    - Flared nostril
    - Noise production when breathing
    - Air through both nostrils?
  - Normal rate
    - 8-12 breaths per minute
    - Rate is steady, effortless

- **Causes of increased respiratory rate**
  - Pain
  - Anxiety
  - Fever
  - Any abnormal noise heard
    - Obstruction to air flow
Vital Signs

- Mucous Membranes
  - Color
    - Indicative of quantity/condition of blood flow through areas
  - Moistness
  - Capillary Refill Time
    - Press hard on gums against teeth to determine how long it will "pink back up"
  - Normals:
    - Pink, moist
    - CRT of 2 seconds

Vital Signs

- Mucous Membranes
  - Abnormal color
    - Bright red – Fever, Toxemia
    - Dark red
    - Blue - Shock
    - Pale/ White – Anemia, Low oxygen, Shock
    - Yellow
      - Liver disease
      - Off feed
    - “Window” into circulatory status

Mucous Membranes

Pale Mucous membranes

Red Mucous Membranes
Mucous Membranes

Cyanotic or Blue/Purple Injected Conjunctiva around eye

Vital Signs

- Hydration Status
  - Pinch skin on neck
    - Adequately hydrated
      - Pliable, elastic skin, skin will pop back into place quickly
    - Dehydrated
      - Skin turgor increased
      - Sunken eyes
      - Dry/sticky mucous membranes

Vital Signs

- Temperature
  - Normal rectal temperature is 99.5-100.5°F
  - Rectal mercury thermometer or digital thermometer
  - Can also feel extremities
    - Limbs
    - Ears
    - Muzzle
The Clinical Picture – “Putting it all together”
- Increased heart/pulse rate (80 bpm)
- Delayed capillary refill time
- Poor peripheral pulse
- Cold extremities

SHOCK

Signs of Acute Pain
- Increased Heart Rate
- Increased Respiratory Rate
- Sweating
- Dilated pupils

Call the Vet Immediately
- Profuse Bleeding
  - Especially if bright red
- Obvious/Suspected Fracture
  - Sudden Lameness
- Respiratory Distress
- Choking
  - Feed from nostrils, outstretched neck
Call the Vet Immediately

- Watery Diarrhea
- Eye Injuries
- Abnormal Vitals
- Puncture Wounds
- Neurological Signs
  - Stumbling, head pressing, circling, seizuring
- Colic

***If concerned, better to call even if it is not an emergency!***

Profusely Bleeding Wounds

- Apply Pressure Bandage if possible
  - Promotes clotting
    - Don’t remove until vet arrives
    - If soaks through with blood, add more padding on top
- Determine Vitals
  - Heart Rate, Mucous Membrane Color and Capillary Refill Time
    - Will help determine degree of shock
    - Small quantity of blood can often look like much more than it really is
- Try not to panic

Lacerations

- Common in horses
- Important to identify location
  - Penetration of joint or proximity to joint
  - Laceration of important tendons
    - Flexor Tendons
    - Extensor Tendons
- Possible penetration of abdomen or chest
  - Chest penetration may lead to respiratory distress
Fractures

- What to Do
  - Remain Calm
  - Gather Vitals if possible
  - Keep the horse from moving if possible
  - Wait and reassure horse while you wait for the vet

Colic

- Recognize the signs
  - Pawing
  - Looking at Belly
  - Laying Down
  - Rolling
  - Off feed
Colic – What You Can Do

- Call your veterinarian immediately
- Do not administer pain medication unless under veterinarian’s orders
  - Banamine®, Phenylbutazone®
- Walking your horse
  - Consider your safety

Colic - Treatment

- Physical examination & History
- What your vet may do
  - Rectal examination
  - Pass nasogastric tube
  - Others: blood work, belly tap, ultrasound
- Various Treatments
- Persistent pain in face of medical therapy
  - #1 Indicator for Exploratory Surgery

Colic – What You Can Do

- If possible, take vital signs prior to veterinarian’s arrival
  - Don’t forget to look at gums
- Have horse’s previous medical and diet history available
  - Any diet changes?
  - Any changes in routine?
Colic Prevention

- Good management/routine health care
- Increase turnout
- Provide high quality forage diet
  - Limited grain based feed when possible
  - Feed changes over 10 day period
- Constant source of fresh water
- Annual dental care
  - Older horses – every 6 months
- Routine fecal examination and deworming

Eye Injuries

- Signs of Eye Irritation
  - Squinting
  - Ocular Discharge
- Can progress quickly

Eye Injuries

- Eyelid Lacerations
  - Secondary complications
  - Ulceration
Snake bite

- Horses are often bit on their muzzle and lower limbs
  - Can cause severe swelling leading to respiratory distress, lameness
- Often not noticed until horse begins to swell

What not to do:
- 1. Do not try to trap the snake if you see it
- 2. Do not try to remove the venom
- 3. Avoid using a tourniquet to the limbs

What you can do:
- Keep horse calm while you wait for the veterinarian
- Can attempt to help with air supply
**Choke**

- Esophageal blockage secondary to food
  - Able to Breathe
  - Can’t swallow
- Aspiration pneumonia can develop secondarily
- Causes of Choke
  - Dental Disease
  - “Bolting” feed
  - Dry feed
  - Foreign Objects

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**Choke**

- Signs of Choke
  - Nasal discharge (+/- feed)
  - Extension of head and neck
  - Increased salivation
- What not to do:
  - Do not feed horse that is choking
  - Do not water horse that is choking
- What to do:
  - Call veterinarian!

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**Final Thoughts**

- Discuss emergency care with anyone who may be caring for your horse (boarding facilities or caregiver)
  - Veterinarian’s information
- Equine emergencies can be a very scary time but by having a plan and understanding of what to do will help ease the stress