

# Assessing Your Horse's Health: When to Call the Vet

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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

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## 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



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## 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

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## Initial Assessment

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



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## Physical Examination

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

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## 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

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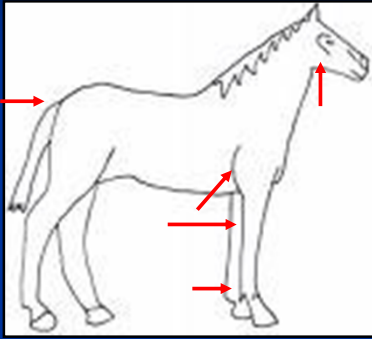
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## Sites to Monitor Horse's Pulse



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## 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.

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## Vital Signs

### ■ Heart Rate

- Elevations due to:
  - Pain
  - Dehydration
  - Endotoxemia
  - Shock



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## Vital Signs

### ■ 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

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## Vital Signs

### ■ Causes of increased respiratory rate

- Pain
  - Anxiety
  - Fever
- ### ■ Any abnormal noise heard
- Obstruction to air flow



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## 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

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## 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



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## Mucous Membranes



Pale Mucous membranes



Red Mucous Membranes

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## Mucous Membranes



Cyanotic or Blue/Purple



Injected Conjunctiva around eye

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## 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

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## 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



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## The Clinical Picture – “Putting it all together”

- Increased heart/pulse rate (80 bpm)
- Delayed capillary refill time
- Poor peripheral pulse
- Cold extremities



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## Signs of Acute Pain

- Increased Heart Rate
- Increased Respiratory Rate
- Sweating
- Dilated pupils



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## Call the Vet Immediately

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



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## Call the Vet Immediately

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



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

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## 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

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## 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



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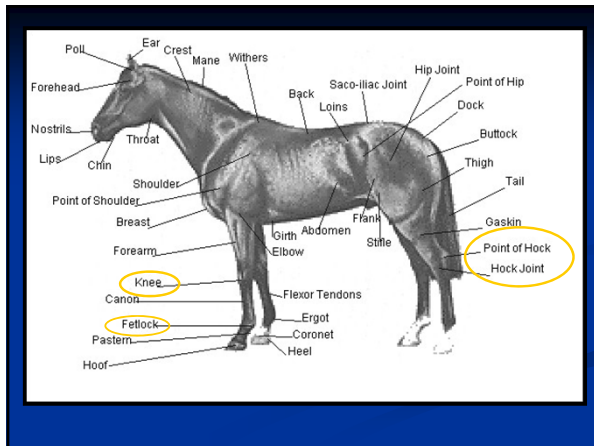
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## Fractures

- 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




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## Colic

- Recognize the signs
  - Pawing
  - Looking at Belly
  - Laying Down
  - Rolling
  - Off feed





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## 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



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## 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



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## 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?



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## 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

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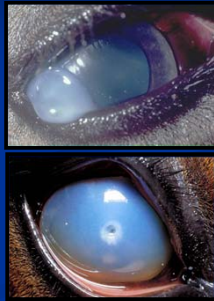
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## Eye Injuries

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



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## Eye Injuries

- Eyelid Lacerations
  - Secondary complications
    - Ulceration



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## 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



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## Snake Bite



- 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

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## Choke

- Esophageal blockage 2ndary 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

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