Greetings equine enthusiasts! I am proud to write this newsletter from the desk of my own practice, opened in January. Exciting times for me and hopefully for you as well. To briefly summarize, I offer a variety of veterinary services to most species (horses, cattle, sheep/goats, llamas/alpacas, pigs and small animal). I am strictly mobile meaning I have no building but come directly to you. Check out my website for more information: [www.StoneRidgeVetServices.com](http://www.StoneRidgeVetServices.com). But enough about me, now back to the newsletter. With this newsletter, I hope to provide information relevant to you as equine enthusiasts from a veterinarian’s point of view. I am always open to ideas, suggestions or comments regarding the topics in the newsletter so feel free to send me an email if you like at Office@StoneRidgeVetServices.com

**Update on the neurological form of Equine Herpes Virus-1 (nEHV-1)**

We typically think of EHV as something to worry about in our pregnant mares. However in recent years there have been confirmed cases of a mutation that causes neurological problems, rather than abortions. Again this year there have been confirmed cases in Canada and the US. Currently there is no vaccine available and whether vaccinating with the current EHV-1/4 vaccines is helpful is undetermined. Once a horse is infected, it can become sick or become a carrier (spreading the disease without showing signs of illness). Confirmation of disease is via a blood sample. As this disease is contagious and no vaccine exists, biosecurity becomes the best option. Simple things that are always encouraged include:

* Don’t share water/feed buckets with horses off farm
* Quarantine new arrivals prior to mixing with the other horses
* Avoid direct contact with other horses whenever possible
* If your horse shows any signs of illness, keep him home (and consult your vet)
* Maintain a good herd health program including vaccination & deworming

The Office of the Chief Provincial Veterinarian has great information available on the Ropin the Web website. Of interest to groups and clubs: “The Animal Health Programs Section of Alberta Agriculture and Rural Development manage the Growing Forward Biosecurity Program. This program provides funding to eligible applicants (industry associations, rural producers and farm service providers) to conduct education, awareness and training programs on biosecurity. Also provides funding for those proposals demonstrating significant improvements in biosecurity at the farm or service provider levels. To find more on biosecurity, or to apply to this program, please visit:  <http://www.growingforward.alberta.ca/BrowseByAudience/Producer/index.htm>; or call 780- 644-3247”.

**What You Need to Know About Colic in Horses**

If you spend anytime with horses you will have heard about or seen a colic case. Often the very mention of colic scares most people, and we all know of horses who have died as a result. I hope to shed some light on the topic to ease some of the anxiety.

To begin, the term colic is simply a general word for abdominal pain. There are a variety of causes of colic but we think of them in one of two ways: 1. Medical cases 2. Surgical cases. Medical cases are those we can manage with pain control, medications, fluids, lubricants etc. and tend to be less severe. Surgical cases are those that can only be corrected with surgery at a referral clinic.

By far, and luckily, most colic cases are medical. Causes include: feed impaction, spasmodic, sand colic, excess gas, inflammation of the intestines, pregnancy, and sometimes, just because they can. The more severe and scary surgical cases can be caused by: torsions (twisted gut), hernias, lipomas (a tumor that can swing around the gut and restrict it), gut entrapments/displacements.

Before trying to detect the clinical signs of colic in your horse, it is critical to know what NORMAL is. Take a few minutes and examine your horse for the following things when nothing is wrong: Heart rate, temperature, gum color, skin tent, attitude and the look in his eye. When both of you are panicking is not the time to figure these things out.

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| **For adult horses** | **Normal** | **Abnormal** |
| Temperature | 37.6 - 38.5C | Outside the range |
| Heart Rate | 28 – 40 beats per minute | Higher than 40 |
| Respiration Rate | 10 – 14 breaths/min | Increased rate or effort |
| Gum Color | Light pink and moist | White, purple, grey, dark red |
| Capillary Refill Time\* | Less than 2 seconds | Greater than 2 seconds |
| Skin Tent | Normal immediately | Skin stays tented greater than 1 sec |
| Attitude | Typical | Depressed, anxious, |
| Behavior | Typical | Rolling, biting flanks, kicking flanks, sweating excessively, pawing |

\* Push on the gum line just above the tooth. The color should go away and return within 2 seconds. Any longer indicates cause for concern.

Whenever you see signs described above, call your veterinarian. It is always nice to have a report from the owner describing the condition of the horse as mentioned above to allow for prompt decision making.

So your horse is colicking, now what? Do a quick assessment and call your vet promptly (then your neighbor). The vet can guide you what to do next. While waiting for the vet to arrive the most important thing you can do is keep your horse safe. When they are extremely painful they can roll and thrash violently causing further damage to themselves. A good option is to walk them. In mild cases, walking can relieve some gas pain or spasm. In more serious cases, it allows you to keep a close eye on them and ensure they are not causing more damage to themselves. If they chose to lay down quietly to rest, they can. If they continue rolling, keep them moving. Take away any feed. It is very important to NOT give ANY medications until consulting your veterinarian. Whatever you give may interfere with other medications or mask signs that your vet needs to assess. That being said, having some pain medication on hand such as phenylbutazone or flunixin may be a good idea in those situations where your vet recommends you give it or where vet care is unavailable (like trail riding in the mountains).

A typical treatment by your veterinarian for medical colics include: pain medications, sedation, passing a stomach tube, lubricants/laxatives, intravenous fluids. Diagnostics include blood work, ultrasound, rectal examination. For most cases, this is usually enough. If the colic is surgical your options are surgery or euthanasia. Unfortunately, surgery is cost prohibitive for many owners and humane euthanasia is the only option. But again, surgical cases are far less common than medical cases.

Hopefully the above information can help make colic less daunting. Remember, know what normal is for your horse, call your vet promptly and keep the horse safe until the vet arrives. Although always a serious issue, most horses recover just fine. But for those that don’t, give some thought ahead of time what you would do if given the option of surgery. Do you have the money? Insurance? A trailer for transportation? If euthanasia, a method of burial or disposal of the body? It is always best to answer these difficult questions ahead of time and be prepared. Your veterinarian is a great resource.

**Mane Event – April 26-28, 2013 – Red Deer**

This is an excellent opportunity to gain valuable equine knowledge for a reasonable price. Clinics are available for all disciplines, trainer challenges, and a large trade show make this a great equine weekend. Check out the website: [www.maneeventexpo.com](http://www.maneeventexpo.com)

Until next time, I hope you enjoy the semi-warm weather and get some riding in before the mud.

*Melissa*