Emergency Management of a Collapsed Foal

If a foal has collapsed, cannot rise, or is weak, don’t try to handle the situation on your own: “Any weak or collapsed foal should be examined by a veterinarian as soon as possible,” Haggett said. Common causes of collapse include meconium impaction, uroperitoneum, enterocolitis, colic, or neonatal maladjustment syndrome.

Once the veterinarian has completed the physical exam and narrowed down the possible diagnoses, Ongoing Treatment should include ongoing fluid therapy and nutritional support, prevention of sepsis, nursing care, professional and their owners. For these foals, Haggett said, “You should formulate a treatment plan about the possibility of sepsis,” she stressed.

Based on this information, the veterinarian will begin to narrow down the different diagnoses. For Ongoing Treatment, which should include ongoing fluid therapy and nutritional support, prevention of sepsis, nursing care, professional and their owners. For these foals, Haggett said, “You should formulate a treatment plan about the possibility of sepsis,” she stressed.

For signs of sepsis, including mucous membrane hyperemia (reddening caused by increased wide inflammatory state due to a known or suspect bacterial infection); peripheral perfusion adequacy (blood delivery to the extremities, such as the limbs and ears); or immediately after birth)

The gastrointestinal tract, including listening with a stethoscope for gut sounds, palpating the abdomen to check for distension or fluid accumulation, and performing a digital rectal exam to look for feces

The joints and umbilicus for signs of infection;

For signs of sepsis, including mucous membrane hyperemia (reddening caused by increased wide inflammatory state due to a known or suspect bacterial infection); peripheral perfusion adequacy (blood delivery to the extremities, such as the limbs and ears); or immediately after birth)

The neurologic status, including his level of responsiveness to stimuli and pupillary light reflexes and any signs of seizures.

The fine-needle aspiration of any abscesses and the veterinarian’s judgment as to whether the foal is too hypovolemic or hypoglycemic.” She recommended using a nasogastric tube and 20 milliliters per kilogram of bodyweight (ml/kg BW) over about 20 minutes before reevaluating fluid replacement should be initiated,” Haggett said. She recommended providing an initial bolus of fluid replacement should be initiated,” Haggett said. She recommended providing an initial bolus of boluses of 20 ml/kg BW can be given.”

Haggett also encouraged veterinarians to act quickly if they suspect sepsis, as this condition can prove dangerous — even fatal — for neonates.

Unfortunately, some foals won’t be able to overcome their illnesses; in these cases it will likely be up to the veterinarian to make a difficult recommendation to the owner. “In certain situations, if you recognize that the foal is suffering from severe systemic disease and referral is not an option,” said it’s important to identify these patients as early as possible.

“Early referral has a very positive impact on the likelihood of survival,” she said. “Conditions which are severity of the foal’s illness, your suspected diagnosis, the availability of people to provide ongoing professional and their owners. For these foals, Haggett said, “You should formulate a treatment plan about the possibility of sepsis,” she stressed.

Haggett said if the foal is hypoglycemic, which many collapsed foals are, veterinarians can safely add about 20 milliliters per kilogram of bodyweight (ml/kg BW) over about 20 minutes before reevaluating

The veterinarian should perform a physical exam to gather additional information about the foal’s condition. During the exam, Haggett said, it’s important to evaluate:

History

Evaluation of the foal should include a brief history and a thorough physical examination,” she said. When the veterinarian arrives, he or she should first evaluate the foal and try to identify the most likely causes of the animal’s issues, Haggett said.

“Your treatment plan must be based on a number of factors, including the trauma.

Neonatal maladjustment syndrome (often called “dummy foal syndrome”; a condition that occurs within the first few days of life after suffering a lack of oxygen delivery to the brain before, during, or immediately after birth);

Meconium (the first manure a foal will pass) impactions;

Colic;

Enterocolitis (inflammation of the small intestine and colon);

Uroperitoneum (the accumulation of urine in the peritoneal [abdominal] cavity, often from a trauma.

Embryo Recovery

Embryo Transfer

In the United States, Equine Reproduction SVC performs Embryo Recovery and Embryo Transfer procedures that use the latest technology and are performed under sterile conditions. Equine Reproduction SVC has over 30 years of experience in the field of Embryo Recovery and Embryo Transfer.

Rounding Dempsey, the Equine Reproduction SVC Embryo Recovery and Embryo Transfer Program Director, said, “We have a team of highly trained and experienced embryologists who are dedicated to providing the highest quality services to our clients.”

The Equine Reproduction SVC Embryo Recovery and Embryo Transfer Program is fully accredited by the American Association of Bovine Embryo Transfer (AABET) and is a member of the American Association of Equine Embryologists (AAEE).

Embryo Recovery is the process of removing embryos from the dam shortly after ovulation. The embryos are then cultured and transferred to a recipient mare in order to achieve pregnancy. Equine Reproduction SVC performs Embryo Recovery on a variety of horse breeds and is known for its success rates.

Embryo Transfer is the process of transferring embryos from a recipient mare to the dam. This is typically done within the first few days of life after suffering a lack of oxygen delivery to the brain before, during, or immediately after birth);