REPRODUCTION

Mueller cautioned, however, that the decision to refer a horse for care isn’t always clear. For example, a horse suffering from necrotic enteritis (inflammation of the intestines) and magnesium intoxication (depression) should not be used for more than two days at a time, Mueller said. Extended use could lead to metabolic acidosis and other complications.

To help clinicians make informed decisions, Mueller identified a sample of conditions that indicate the need for referral:

- Abnormal findings on rectal or abdominal ultrasound examination;
- Serosanguinous abdominal fluid with increased protein levels and nucleated cell count;
- Severe and unrelenting abdominal pain that has little or no response to analgesic therapy;
- A generally deteriorating condition (we want to refer before we get to this point, he stressed).

The Decision to Refer

He reminded attendees to monitor horses’ hydration status, as well as electrolyte and blood gas levels, throughout the colic episode. If a practitioner suspects an underlying infectious agent is at work—commonly the case with Clostridium perfringens—administering antiserum, equine plasma, and the antibiotic Polymixin B. These products help neutralize, bind, or eliminate the endotoxins from the bloodstream.

To reduce the effects of endotoxemia, Mueller recommended administering corticosteroids such as dexamethasone intravenously. He noted that certain products work better than others:

- Dipyrone (Novin) and phenylbutazone (Bute) are relatively ineffective for treating abdominal pain, he said;
- Providing nutritional management.

While this product was long considered the laxative of choice for impactions, research generally will not mask a surgical lesion for an extended period of time, he cautioned. Instead, the best way to encourage colonic motility is to provide a high-fiber diet and feed the horse a mixture of bran and water. Mueller noted that certain products work better than others:

- Psyllium
- Epsom salt
- Sodium sulfate

For horses suffering from gastric reflux, Mueller recommended providing a high-fiber diet and administering a mixture of bran and water to encourage colonic motility. He added that horses suffering from colic should be allowed free choice water and have access to grass initially before transitioning back to the horse’s normal hay and grain.

Providing an adequate supply of water is critical to preventing dehydration. Mueller emphasized the importance of monitoring horses’ hydration status, as well as electrolyte and blood gas levels, throughout the colic episode.

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