

# Ambulatory Medicine in Equine Practice

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## KEYWORDS

- Equine medicine • Colic • Respiratory disease
- Physical examination • Esophageal obstruction
- Medical disorders • Toxicosis • Liver • Kidney
- Neurologic • Enterocentesis • Enteral fluids

The diagnosis and treatment of equine medical disorders in the field can present exceptional challenges to the ambulatory practitioner. While medical conditions themselves may present their own challenges, the situations that the equine ambulatory practitioner may find himself or herself in are often chaotic and unpredictable. Field conditions vary greatly, and instead of a controlled and sterile clinic environment, the equine ambulatory practitioner may find himself or herself treating a sick horse in less than ideal circumstances (eg, in someone's backyard, in the middle of the night, illuminated by flashlight, and in the pouring rain). Add to these factors a lack of readily available and trained personnel and a sometimes hysterical owner, it is no wonder that some veterinarians may be leery of ambulatory practice.

Nevertheless, there is a definite need for ambulatory veterinarians who practice good medicine. Many horses, especially in rural areas, will never see the inside of an equine veterinary hospital for a variety of reasons, including (1) a lack of available hospital facilities, (2) the owner's inability to transport the horse to a hospital for treatment, and/or (3) the cost of hospitalization. However, these owners may be willing to perform whatever treatment they can for their horse at home. As such, the equine ambulatory practitioner is often the equivalent of the "primary care physician" or "triage doctor." Thus, it is important for the equine ambulatory practitioner to be able to determine whether his patient can be safely and successfully treated in the field, should be referred to a hospital facility for further diagnostics or care, or perhaps should even be euthanized for the good of all involved.

## THE EXAMINATION

As in all clinical situations, the physical examination and history are of paramount importance in working up an equine medical case. As opposed to equine veterinarians working in a clinic setting, the ambulatory practitioner must perform a thorough

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The author has nothing to disclose.

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exam in the field and gather as much information as possible in a single visit; an exam followed by hospitalization and an endless battery of tests is typically not an option. However, equine ambulatory clinicians may have an advantage over hospital-based personnel in seeing the horse in its natural surroundings; environmental contribution(s) to the horse's condition may not be discovered in a distant hospital setting. For example, the cause of the oozing sores on the distal limbs becomes more apparent when it is noted that the pasture is choked with yellow star thistle. Ornamental oleander noted along the fence line may explain the gastrointestinal and cardiac signs exhibited by the patient or a recent sudden death. Therefore, in addition to the actual physical exam, equine ambulatory clinicians should thoroughly explore a horse's environment for the presence of noxious or toxic weeds, trees, or shrubs to assist in reaching a diagnosis, in addition to examining hay, feedstuffs, and water sources for contaminants.

Toxicoses commonly observed in horses are varied. Knowledge of the common poisons and toxic plants in the practice area helps the practitioner to narrow the range of poisons from which a diagnosis may be made. While signs of poisoning are typically nonspecific, it is helpful to know how different organ systems are primarily affected. For instance, rodenticides, insecticides, fumonisin, larkspur, locoweed, lupine, black locust, and selenium-containing plants produce primarily central nervous system signs, while gastrointestinal signs characterized by colic and diarrhea may develop from plants such as castor bean, oleander, and bracken fern. Pyrrolizidine alkaloids cause primarily liver problems, while ingestion of wild onions or red maple may result in hemolytic anemia and hemoglobinuria. Consumption or exposure to black walnut shavings can cause colic and laminitis.

A history of the problem or condition should be taken, and any changes in animal husbandry, feed, or physical activity should be noted. The quantity of feed consumed and amount of water consumption should be determined if possible. Any and all supplements that the animal is receiving should be noted. Clients often neglect to mention the feeding of vitamin and mineral supplements or substances that they consider to be "natural." If uneaten feed is present in the stall or paddock, it should be examined as well. Consistency and quantity of feces should be noted, and the client should be questioned if there is any change in defecation or urination habits. The duration of illness or clinical signs should be elicited from the owner, and care should be taken to ascertain if the owner has given any form of drug or treatment, or if the horse has been treated or examined by another professional or "paraprofessional." Vaccination and deworming history should be obtained in addition to any history of previous illness. Proximity to other horses at the same facility or at neighboring ranches, history of a new contact or addition to the herd, and any recent history of travel to horse shows or events and/or exposure to other horse populations are noted. The type of stabling should be noted, whether stalled or pastured; the adequacy of ventilation and potential exposure to dust, molds, and other allergens is also surveyed.

## **PHYSICAL EXAMINATION**

The ambulatory veterinarian has the advantage of viewing the horse in his own surroundings, without the undue stress of an intimidating hospital environment. In an unfamiliar environment, nervousness or changes in demeanor may falsely elevate heart rate and respiratory rate, and mask otherwise subtle disease signs. Prior to any hands-on physical exam, the overall appearance of the horse should be assessed. Does the horse appear calm and quiet, bright and alert, stressed, painful, or obtunded? Is he severely depressed, struggling to breathe, ataxic, sweating, showing signs of severe abdominal pain, or recumbent? Obviously, a horse exhibiting signs of

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