



SURGERY • MEDICINE • PERFORMANCE • REPRODUCTION • PREVENTATIVE CARE • EMERGENCY

MONTANA EQUINE MEDICAL & SURGICAL CENTER

THREE FORKS, MT 59752
406-285-0123

Late Summer 2009

Every year about this time, when the nights are cooler but the days still retain some of the summer's last heat, horses start to colic. No research has yet shown conclusively what we all believe to be true: changes in weather are often associated with a spike in the incidence of colics. Although it is a minority of equine colics that are serious enough to require hospitalization, early intervention (not to mention a bit of luck!) is the key to minimizing the progression from a mild, medically-treatable colic to a more severe condition. It is amazing how common wisdoms hold such truth. One of the first expressions some of us hear as kids is, "Don't let the sun set twice on a colic"; this turns out to be very good rule of thumb. As veterinarians, we often discuss the common wisdom that a horse's response to banamine (flunixin) is critical to determining the severity of the colic.

One of the saddest things we see in equine practice is when a horse-owner or even a veterinarian, however well-intentioned, didn't recognize the classic warning signs of a colic which has progressed into the acute, severe stage. When I was a brand-new veterinarian, I saw a horse one Autumn morning that had been colicking all night long. The clients had kept walking the horse round and round their little property all night long, and every time they stopped, their horse threw himself to the ground. All night they walked the horse, just because they didn't know better...even without a horse trailer they might have walked the horse to our referral hospital for definitive treatment of his condition. Suffice it to say, it was an unnecessary and tragic outcome.

We often also see horses that have been given multiple doses of flunixin (previously known by the brand-name "Banamine"). While flunixin is a relatively safe drug, larger doses (over 10 cc every 12 hours) can have side effects on kidneys and the stomach lining. In fact, we often consider flunixin to be both a good treatment and a pretty reliable test: if a horse remains uncomfortable after receiving a full IV dose, it should probably be brought

into the hospital right away. Be sure to avoid giving flunixin as an intramuscular injection – although it is rare, this route of administration can (rarely) result in a severe clostridial myositis – so it should be given IV, or the IV formulation can be given by mouth. Of course, the flunixin (true "Banamine") paste is easier to give, although it gets a bit expensive. Usually, your veterinarian will give you some treatment choices, including both flunixin to control pain, and some combination of medications given via nasogastric tube to help your horse to pass manure more easily.

To put it simply, there is no substitute for your veterinarian's expertise. If your horse does colic, please call us or your local veterinarian to discuss the wide variety of available options to diagnose and treat your horse. At our clinic, we use tools like abdominal ultrasound, paracentesis with immediate comprehensive body-fluid analysis, and other techniques to determine the best treatment options for your horse, helping determine whether medical or surgical options are warranted.

In summary, the following are some signs that you need to seek additional care:
1) Any colic lasting longer than 24-hours
2) If Banamine doesn't control the pain
3) Any continued pain over 60 minutes, EVEN IF the horse seems ok while walking.
4) If you have any questions or concerns.

In short, if you are concerned, PLEASE CALL the clinic to discuss the wide variety of treatment options that are available to treat colic.

PH

**OUR SPECIALIST DOCTORS
ARE ALWAYS ON CALL:**

**24 HRS/DAY, 7 DAYS/WK
365 DAYS PER YR**

406-285-0123

**YOUR EMERGENCY CALLS ARE
NOW ANSWERED DIRECTLY BY
THE ON-CALL VETERINARIAN.**

**FREE
GASTROSCOPY!!!
(STOMACH SCOPING)**

**OPEN-HOUSE
AND SEMINAR
ON STOMACH ULCERS
SATURDAY
OCTOBER 10, 2009**

**THE SIGNS OF GASTRIC ULCERS
CAN INCLUDE:**

**TEETH GRINDING
POOR PERFORMANCE
CINCHINESS
DULL HAIR COAT
COLIC SIGNS**

**DO YOU THINK YOUR HORSE MIGHT
BE AFFECTED?**

**IF YOUR HORSE WILL HAVE
COMPETED IN ANY DISCIPLINE,
TRAVELED OR BEEN OTHERWISE
OFF-FEED DURING THE WEEK
PRIOR TO OCTOBER 10TH, YOU
MAY BE ELIGIBLE FOR A FREE
STOMACH ENDOSCOPY!!!**

**THE FIRST 10 ELIGIBLE HORSES
MEETING THESE CRITERIA ARE
ELIGIBLE FOR FREE GASTRIC
ENDOSCOPY!**

WHY?

**GASTRIC ENDOSCOPY IS
THE ONLY DEFINITIVE
TOOL TO EVALUATE FOR
THE PRESENCE OR
ABSENCE OF STOMACH
ULCERS!**

**PLEASE COME, EVEN IF YOU DO
NOT PLAN TO BRING YOUR HORSE.
YOU CAN OBSERVE THE SCOPING,
ENJOY A LECTURE DISCUSSING
EQUINE GASTRIC ULCER
SYNDROME (EGUS) AND PARTAKE
THE FOOD, BEVERAGES, AND
SOCIALIZING!**

MONTANA EQUINE
3934 FRONTAGE RD.
THREE FORKS, MT 59752



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Exclusively Dedicated to the Highest Quality Care of Horses

INTERNSHIP PROGRAM

AS MANY OF YOU KNOW, EVERY YEAR WE INVITE A HIGHLY-QUALIFIED YOUNG VETERINARIAN TO JOIN US FOR A ONE-YEAR INTERNSHIP IN EQUINE MEDICINE & SURGERY. THESE INTERNS ARE CHOSEN FROM OUR POOL OF VISITING VETERINARY STUDENTS, MANY OF WHOM YOU HAVE BEEN ABLE TO MEET WHILE THEY WORK AT THE CLINIC AS EXTERNS.

THIS YEAR, DR. MEGAN HALLIBURTON, WHO HAILS FROM OREGON, IS OUR VERY TALENTED VETERINARY INTERN. AS A FULL-FLEDGED GRADUATE VETERINARIAN, DR. HALLIBURTON HAS CHOSEN TO COMPLETE ADDITIONAL TRAINING IN EQUINE INTERNAL MEDICINE, SURGERY, ADVANCED REPRODUCTION, PERFORMANCE AND EQUINE PRIMARY CARE.

WITH TRUE BOARD-CERTIFIED EXPERTS IN EQUINE SURGERY AND EQUINE INTERNAL MEDICINE, MONTANA EQUINE IS UNIQUE IN OUR REGION IN OFFERING SPECIALTY TRAINING UNDER VETERINARIANS WITH SPECIAL EXPERTISE IN THESE CORE DISCIPLINES.

Gastric Ulcers
Dr. Megan Halliburton

Gastric ulceration (Equine Gastric Ulceration Syndrome, EGUS) is a widespread disease in horses and may occur in any breed or at any age. Ulceration of the gastric mucosa (stomach lining) occurs when there is disturbance in blood flow to the mucosa, disruption of the protective mucus layer or prolonged contact with stomach (hydrochloric) acid and other digestive enzymes. Stress and use of

non-steroidal anti-inflammatory drugs (Bute, Banamine, Ketoprofen, Naproxen, etc) may contribute to the development of gastric ulcers. Because horses evolved as grazing animals, their stomachs continuously secrete gastric acid for continuous ingestion of forages. Horses fed large meals at specific times of day are more likely to develop gastric ulcers than those who graze continuously.

Horses with gastric ulcers typically display low grade pain, though they may show no signs at all. Low grade pain can present as mild colic signs, unwillingness to eat, teeth grinding, cinchiness, or poor performance and changes in attitude. A vicious cycle often occurs when inappetance leads to extended periods between eating, resulting in prolonged contact with gastric acid, causing further damage to the stomach lining and more inappetance.

Diagnosis is based on characteristic clinical signs, endoscopic examination and response to treatment. Some indirect tests, including fecal tests, can occasionally diagnose stomach ulcers, but the only definitive test is gastric endoscopy. Endoscopic exams involve passing a long endoscopic camera into the stomach via the nose.

Gastric ulcers are usually found along the junction between the glandular and non-glandular portion of the stomach, the "margo plicatus". Horses must be held off feed for 12-24 hours prior to endoscopy to allow for better visualization of the stomach lining. Treatment for gastric ulceration includes both medications and management changes.

Drugs used to decrease acid production in the stomach are needed to break the ulceration

cycle, as well as medication to alleviate pain. Omeprazole blocks the acid-secreting pump itself, while other medications indirectly slow the pump, such as cimetidine. Although omeprazole is often purchased from compounded pharmacies, GastroGard (or Ulcer-gard) ® is the only medication with a reliable amount of omeprazole, and with reliable absorption of the active ingredient.

Another medication, sucralfate, coats the disrupted mucosa to provide a physical barrier of protection. Feeding low roughage food until the gastric mucosa heals is beneficial. Small frequent meals will also help promote healthy gastric mucosa. Though gastric ulcers are common in horses, they are treatable and often have a good prognosis.

Please join us for discussion of Equine Gastric Ulceration Syndrome on Saturday October 10th. This discussion will be followed by free gastric endoscopic examination sponsored by Merial. If your horse has competed, been hauled, or been off-feed at all in the week prior to October 10th, you may be eligible for a FREE gastric endoscopy!!!

MONTANA EQUINE **JUST GOT GREENER!**



**WE ARE NOW RECYCLING ALL OF
THE HUGE AMOUNTS
CARDBOARD AND PLASTIC THAT
PASSES THROUGH THE CLINIC
EVERY DAY. THIS WILL
DECREASE THE PRACTICE'S
SOLID WASTE "FOOTPRINT", SO
OFTEN A PROBLEM IN LARGE
MEDICAL INSTITUTIONS.**