

Damory Veterinary Clinic

Equine Newsletter

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Special points of interest in this issue:

- Recurrent Airway Obstruction
- Choke
- Ringworm



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Recurrent Airway Obstruction

For anyone with horses, winter means stables to muck out, rugs to dry and hay nets to fill.

Unfortunately, for some horses these 'winter essentials' can trigger asthma-like symptoms due to a condition called Recurrent Airway Obstruction (RAO), formerly called COPD.

RAO is due to an allergic response to dust and fungal spores found in the environment and the hay. It causes narrowing of the airways and a build up of sticky mucus within the small airways.

Inflammation and mucus build-up will make breathing difficult and

can result in a very high breathing rate, nostril flare and *heaving*. This is where the horse uses the abdominal muscles to force air out and the overdeveloped muscles appear as a *heave line* on the lower abdomen.

Some affected horses only show mild clinical signs such as occasional bouts of coughing (especially at the beginning of exercise). More severe signs include prolonged episodes of coughing (even at rest), a sticky nasal discharge, and even panting or wheezing.

If your horse really seems to be struggling to breathe then call us

for advice and veterinary attention.

Diagnosis of RAO is based on the clinical signs and history. The lungs sound very loud, with crackles and wheezes when listened to through a stethoscope. In more complicated cases we may use an endoscope to look down into the lungs and collect samples of the fluid and mucus for laboratory analysis.

Unfortunately, RAO is a long-term condition which needs to be controlled with a combination of careful management and judicious use of drugs. However it cannot be entirely cured.

Management of breathing allergies

The most important thing to do is to provide your horse with plenty of clean, fresh air. Allowing your horse to live outside all the time is perfect, however this may not be practical, in which case a well ventilated stable is essential.

Dust free bedding (not straw) reduces airborne irritants and wet hay or better still, haylage is much less dusty than dry hay. (Although watch out for the increased sugar content in haylage!) In some cases we may want to put the

horse on drugs to help open up the airways, loosen up the mucus and reduce inflammation. These may take the form of powders to put into feed, or the use of an inhaler (see left) to deliver drugs directly into the lungs.

Choke (oesophageal obstruction)



Over the last few weeks we have attended an unusually high number of horses with *choke*. This occurs when food material gets stuck in the oesophagus (the tube leading to the stomach).



Choke can occur if food is too dry or coarse, has not been chewed enough or simply because the horse eats the food too quickly!

Choke is distressing for horses but not life threatening. The signs are alarming for an

owner too. They include:

- Gagging
- Attempts at swallowing with neck spasms
- Fluid or food draining from the nostrils
- Colicky signs

Fortunately most cases clear on their own within about half an hour. However, if you think your horse has choke then call the surgery straight away for advice and please remove food and water in the meantime.

If the obstruction persists we will sedate the

horse to help it to relax and then pass a stomach tube up the nose and into the oesophagus. We will then pump fluids through the tube to soften the obstruction and help it pass on to the stomach.

If your horse has choked, we recommend checking its teeth to ensure it can chew properly. Wetting the feed may also help and placing a brick in the food bowl may help slow down those 'greedy eaters' that gulp their food too quickly!

Ringworm



We have also seen more ringworm recently. Ringworm is a highly contagious fungal skin infection caused by *dermatophytes* (meaning 'skin loving') species. These can infect most species **including humans**.



Ringworm is spread by direct contact or via tack, brushes, rugs etc and can survive for long periods on fences and stables.

Ringworm typically appears as round, crusty, hairless patches but this

is not always the case. It can be confused with rain scald or other skin conditions.

Ringworm is confirmed by taking hair plucks and culturing the fungus on a special gel. Because it grows slowly (up to 2-3 weeks for a positive result), if we are suspicious of ringworm we will usually treat for it in the meantime.

Although cases of ringworm will usually self-cure within 3 months, treatment speeds up

healing and can help control spread.

Treatment consists of repeated washes with antifungal solution. Removal of thick scabs and surrounding hair can help get the solution to the fungus. If this doesn't work there are in-feed drugs that can be used.

While treating the horse it is prudent to disinfect the surroundings, stable, rugs and grooming tools. It is prudent to avoid contact with other horses.