



OCTOBER 2005

Previous VET NOTES

- September 2005 - New medications
- August 2005 - Extracorporeal shockwave therapy (ESWT)
- July 2005 - Vaccination recommendations
- June 2005 - The advantages of high fat/low carbohydrate diets for horses
- May 2005 - The Hoof: Form and function
- March 2005 - Liquid gold
- February 2005 - Breeding the problem mare
- January 2005 - Condylar fractures
- December 2004 - Early diagnosis and treatment of high-risk pregnancy in the mare
- November 2004 - Know your horse
- October 2004 - White Line Disease
- September 2004 - Announcements
- August 2004 - Reminders for pregnant mare management
- July 2004 - The heat is on
- June 2004 - Equine first aid
- May 2004 - Bacterial pneumonia in foals
- April 2004 - Digital radiographs

The “dummy” foal

Hypoxic Ischemic Encephelopathy or Neonatal Maladjustment Syndrome are descriptive terms referring to what people commonly call “a dummy foal.” These newborn foals exhibit behavioral or neurological abnormalities that are not related to infectious or toxic conditions, developmental abnormalities, or metabolic disorders. Most of these dummy foals begin to show clinical signs within the first 48 hours of foaling, however some may not show apparent signs until as late as five days after foaling.

This syndrome usually occurs following premature placental separation (red bag), difficult foalings (dystocias), obstruction of umbilical blood flow, or as a result of placental insufficiency or interference with uterine blood flow. All these events lead to decreased oxygen delivery to the brain resulting in damage to cells and swelling of the brain. This swelling or edema of the brain results in the clinical signs of a dummy foal.

Clinical signs of dummy foals are highly variable. Typically, the dummy foal is slow to stand or nurse and has a poor to absent suckle reflex. Other mild signs include loss of affinity for the mare, wandering around the stall, intermittent depression, and standing with head in the corner of the stall. Facial spasms, lip curling and chomping, or abnormal respiratory patterns may occur.

These foals may sleep deeply and may be difficult to arouse.



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The mild signs may be all that is seen and the foal may recover without complication. On the other hand signs may progress to more prominent and severe. The foals may become totally unaware of their environment and appear to be blind. Seizures may also occur and may be of varying degrees of intensity. Fortunately, even with severe signs, if the foal lives, their signs are completely reversed.

Diagnosis of this disease is based upon typical clinical signs, historical information, and elimination of other possible diseases that can cause central nervous system abnormalities in newborn foals. If you should notice any of the above clinical signs or the fact that your foal “just ain’t doing right”, it is imperative that you contact your veterinarian immediately.

Treatment consisting of supportive and nursing care is critical to the outcome of the foal. Diazepam is often used to control seizures. Broad spectrum antibiotics are often considered to prevent a secondary infection in a compromised patient. Intravenous fluid therapy along with medications to reduce brain edema or swelling such as DMSO and Mannitol are also used. Banamine, Naloxone, Caffeine (No-Doze), Vitamin E, Thiamin, and Magnesium Sulfate are other medications used in the armory of drugs to help fight this disease.

Prompt treatment is vital to insure the best prognosis for your foal.

Announcements

NEW ISOLATION BARN

Peterson & Smith is in the process of building a new 11-stall isolation barn to better service our clients’ needs. It is scheduled for completion by the end of the year.

2005 PETERSON & SMITH HORSEMAN’S SEMINAR

The second Peterson & Smith horseman’s seminar will be held on November 19 & 20, 2005, at the Ocala Hilton. Brochures and registration forms will be mailed out soon. Topics will include: high risk pregnancies, affording the unhealthy horse, conformation, alternative medicine, respiratory disorders, common skin diseases, etc.

Early registration fee is \$60 per day or \$100 for both days. After November 4, 2005 registration will be \$75 per day or \$130 for both days. This includes lectures, breakfast and lunch each day, and a dinner lecture on Saturday evening. To register contact: Grace Tirado Perez (352) 237-6151.

- March 2004 - Colic in the post-foaling broodmare
- January 2004 - Lameness and poor performance
- December 2003 - Internal parasites - the hidden battle
- November 2003 - Equine tapeworms - The forgotten parasite
- October 2003 - Blister beetle poisoning
- September 2003 - The horse owners’ role in wound care
- August 2003 - West Nile update: Broodmare vaccinations
- July 2003 - Stifle radiographs
- June 2003 - A newly emerging cause of diarrhea in weanling foals
- May 2003 - Vaccination recommendation

We’re on the web:
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