

Mansfield Veterinary Clinic

March News

AUTUMN

CHANGE OF SEASON

WORM YOUR PETS

(WORMING TREATMENTS SHOULD BE GIVEN EVERY 3 MONTHS)



MERRIJIG RODEO

Proudly sponsored by the Mansfield Vet Clinic

Saturday March 10th

Main event starts at 6pm

Raffle tickets on sale at the clinic all proceeds to local CFA

Kong—a 4 yo Scottish Terrier beating the odds

Kong's is a story of sheer determination and survival. It was about 7pm on a Thursday night when his owner found him in the back yard with a Tiger snake. He was apparently bitten on the left fore foot and within minutes he was showing signs of snake bite—vomiting, panting and ataxia (wobbly on feet). He was brought into the vet clinic, and while getting a fluid catheter into his vein, he suddenly crashed.

Unable to breathe, Kong started to turn blue. His respiratory muscles were not working (a terminal effect of the venom) and his larynx was in spasms. Dr. Sally Cullen passed an endotracheal tube through his mouth and into the trachea to keep the airway open. It was then necessary to ventilate him and supplement oxygen, as he was paralysed and unable to breathe on his own. While his owners pushed tirelessly on the ambubag (artificial respirator), Sally finished placing the intravenous catheter and Kong was given his first vial of antivenene.

It then became a waiting game. Kong's vital statistics were monitored constantly. His temperature, heart rate and oxygen concentration kept relatively constant and his respiration rate was gradually slowed to encourage spontaneous breathing. After 2 hours, Kong was still immobile and needing to be breathed for. It was decided a second vial of antivenene was required at this stage.

Almost immediately after administration of the second vial, Kong began breathing by himself. A few hours later, we were able to remove the supplemental oxygen without a decrease in Kong's oxygen concentration. It was not until 6am the following morning, almost 12 hours after initial presentation, that Kong regained mobility and the endotracheal tube was able to be removed.

Interestingly, although appearing to be unconscious during the night, Kong was partially responsive to voice stimulus. At times his tail would lift slightly or his legs would twitch, or sometimes just a decrease in respiratory rate was evident (as if he was trying to listen). This is likely due to the effect of the venom paralyzing his muscles, giving the appearance of unconsciousness, but actually maintaining his awareness of his surroundings. Clinically, these responses continued to give us hope that our efforts were not in vain.

Despite being now able to move and breathe for himself, Kong was still very flat. Consecutive blood tests revealed there was still active venom in his system, so it was decided a third vial of antivenene would be beneficial. Almost immediately Kong picked up. He began eating and was much more interested in his surroundings. Kong was so good in fact, he was able to go home the very next day.

Kong never gave up. He is a true battler.



Impaction Colic

As a consequence of the dry conditions, we have been seeing an increase in colic cases in our equine friends.

'Colic' literally means stomach ache. Therefore there are many causes of 'colic' in horses. Most commonly we see spasmodic colic, the cause of which is often unknown but is usually related to changes in diet, exercise and/or worm burdens. Spasmodic colic is often easily treated with pain relief and gut motility altering drugs.

Recently we have seen an increase in the incidence of impaction colics. These can occur due to dry feed, increased dirt or sand intake, dehydration or a decrease in gut motility for various reasons. In these hot, drought conditions, it is obvious why we might be seeing more impaction colics.

Impaction colics can be difficult to detect in the early stages as horses often do not show typical signs of colic and the onset can be quite slow, even over a couple of days. Depression, inappetence and mild colic symptoms may be seen, with the major diagnostic evidence being a lack of faeces.

Treatment requires rehydration of the impaction, usually by oral and/or intravenous fluids. Paraffin oil has traditionally been a treatment of choice, however modern advances in veterinary science have proven that it does not penetrate particularly well into impacted faecal matter. Instead, balanced electrolyte solutions are recommended. Paraffin can be useful, however, as an indicator for passage of gut contents.

Some impactions, particularly those involving the caecum, or where gut motility is compromised, are non-responsive to fluid therapy alone. These cases may be candidates for surgical referral.

The risks of impaction colic can be minimised by ensuring fresh water is always available. Some horses are fussy and changing water source, eg from rain water to bore water, may cause refusal to drink. Also, check water troughs regularly for contaminants (eg dead birds). Horses require a minimum of 40-60ml/kg per day (20-30L per day) but increases in exercise, heat, humidity, dry feed and certain illnesses can greatly increase this requirement. Watering down chaff can increase water consumption and also reduces dust. Feeding off the ground in bins or feeders can decrease dirt and sand intake. Adding psyllium husks to feed (the ingredient in Metamucil) can also assist in keeping faecal output regular. Always remember though that changes in diet should be made gradually. Regular worming and cleaning paddocks will decrease worm burdens which can also affect gut motility. Careful observation of behaviour in horses and early intervention can improve the prognosis for impaction colics.

On Thursday 15th March, Dr. John Kohnke will be giving a seminar on 'Feeding Horses in Drought'. For details you can call the clinic on 5775 2055.

Polioencephalomalacia

Another effect of the current drought conditions has been the emergence of a disease known as polioencephalomalacia (PEM), most commonly encountered in young sheep and goats. PEM is usually caused by an overgrowth of bacteria in the gut due to decreased roughage. The bacteria produce thiaminases which break down thiamine (vitamin B1) resulting in lesions in the brain. Clinical signs include blindness, stargazing, ataxia (wobbly in legs), headpressing and over 24 hours recumbency, convulsions and death.

Once clinical signs are evident treatment is often unrewarding and involves thiamine injections. Management for prevention is more beneficial and mostly comprises increased fibre in the diet (ie more hay, less grain). Vaccination (twice initially followed by yearly boosters) may also be helpful as clostridial bacteria may be a contributing factor.

