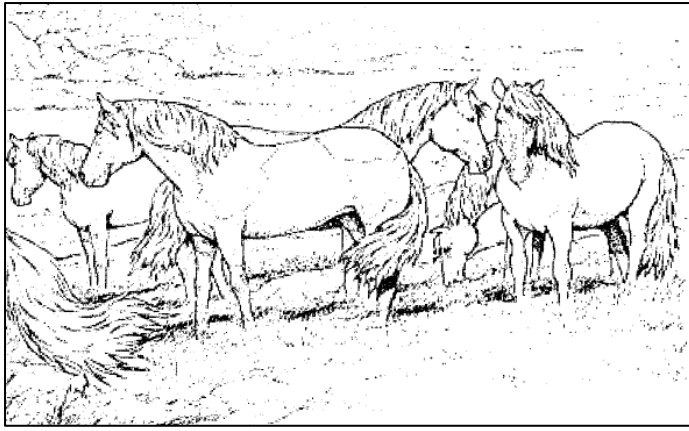


Herd Talk

Spring 2011



ULCERS

By Frank Palka, DVM

Mystery Signals

The first horse I owned who had ulcers was a conglomerate mystery of signs. He was a good sound strong fellow with an apparent attitude problem. He would have friendly and unfriendly days. He would be hungry one day and off feed the next. He would take one bite out of his feed dish and walk away into the corner of his stall. He objected to being brushed around his flanks and having his girth tightened. Sometimes he had manure that smelled a bit rank and was dark colored and would be normal in 24 to 48 hours. Then out of nowhere, he would turn bright and chipper, eager to work and full of baloney.

Tip of the Month:

Routine fecal exams will tell you if your worming program is working and help prevent future problems. This should be done 2 times a year.

Horses are Simple

Over the years, I have learned one sure thing about horses. They are simple. They get hot and cold, hungry and tired. They get afraid and depressed. And they feel pain. Ninety five percent of the time, if they act oddly, there is a physical reason.

Pain

Pain can be constant or intermittent. So we have this horse who has a flank discomfort most of the time. He eats a mouthful of feed, gets a twinge of stomach pain or nausea, and walks away from his dish. He is hungry, likes his food but is frustrated by the fact that eating is uncomfortable. He puts his ears back when you enter the stall because he wants to be left alone. The next day his appetite is normal and may remain thus for a few days or weeks.

When a client gives me a similar history and tells of having tried many different kinds of feed the ulcer light goes on. Ask a human friend of yours who has ulcers how they feel. You will be impressed by the similarity of symptoms such as variable appetite, mood swings and eating frustration.

Why

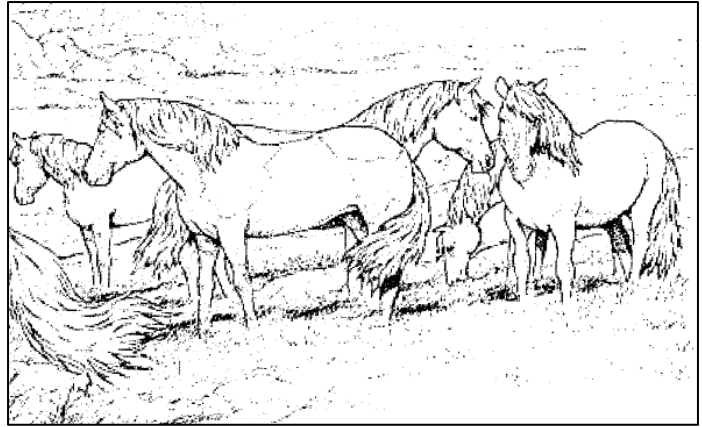
Equine ulcers are common. From whence do they come?? From us, mostly. The horse's gut is simple. It digests grass. The intestinal bacterial are set up for it. The mucus lining is thin. It is designed to protect the stomach wall from the normal amount of acid produced during digestion of grass. Grain will cause the production of five to ten times more acid than will grass or hay. The lining cannot cope with this excess, the acid eats through to the stomach wall and produces a non-healing burn wound. A non healing wound is an ulcer. (cont. page 2)

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Diagnosing

First step is the suspicion of their presence as indicated by clinical signs.

Second, is diagnosis by treatment response. If the horse is treated specifically for problem XYZ and gets better, then he had XYZ.

Third is the detection of blood in the manure. We are talking about a very small amount not visible to the naked eye. For example, the presence of a teaspoon of blood dispersed in fifty pounds of manure. A chemical test is needed for detection of this occult (hidden) blood. One test may not be sufficient. Do at least five taken 12 hours apart.

Fourth is the process of looking into the stomach with an endoscope to visualize the ulcers. Excellent but not completely foolproof. The equine digestive tract has a simple stomach, followed by a small intestine followed by a large intestine. Ulcers can be almost anywhere along this route. The scope reaches the stomach. Duodenal (small intestine) and colon (large intestine) ulcers thus escape detection.

It is entirely possible to miss the diagnosis by doing a single occult blood test and having your horse scoped.

Treatment - Treatment can vary between individuals and needs to be tailored properly.

Diet – Diet control is primary. No grain because it produces so much unnecessary acid. Grass and good hay will become the dietary staples.

Parasites – Parasites can be completely eliminated from your horse. Do it. You can intuitively see the relationship between a population of bloodworms and intestinal damage leading to wounds along the gut wall.

Medication – Rely on various medications as necessary. There are two types.

The first is an antacid which absorbs and neutralizes acid. Think Roloids

The second prevents the action of acid secreting stomach cells. These are called H2 blockers. Think Zantac

Understand that these two medication types are not interchangeable. Feeding Your horse Neigh Lox (acid neutralizing) is not the same as giving him Gastroguard (H2 blocker). They do, however, work well together along with diet control.

Often a certain bacteria will live in the ulcer and keep it from healing. Pepto Bismol, contains Bismuth, a heavy metal which can kill these harmful bacterial. Pepto Bismol comes in flavored wafers that many horses will eat as treats. Sometimes antibiotics are used.

Conclusion

Many times, ulcers are chronic ailments. You may wind up treating them for your horse's lifetime. Don't get discouraged if your first attempts don't give perfect results. Ulcers are nasty and can erode right through the intestinal wall and produce peritonitis, severe abdominal pain and death within hours. These colic deaths may go unexplained but there is often a clue or two contained in previous chronic bouts of intestinal discomfort.

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