CASE REPORT
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A FIELD PRACTITIONERS' APPROACH TO COLIC IN HORSE: A CASE REPORT

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ABSTRACT

Colic is defined as abdominal pain which may arise from the gastrointestinal tract or any other abdominal organs. Broadly colic can be divided into idiopathic and non-idiopathic. This paper describes successful medical management of colic in a horse with fluids, analgesic, antispasmodic and other adjuncts. The horse had an uneventful recovery.

Keywords: Colic, Equine, Feeding, Management, Treatment

INTRODUCTION

Colic is defined as abdominal pain which may arise from the gastrointestinal tract or any other abdominal organs like the liver, spleen, kidney, uterus and peritoneum. Those abdominal pain that exists constantly or intermittently for more than three days is called chronic or recurrent colic. Colic in horses is a medical emergency and, it can be fatal as well. Abdominal pain from the intestinal tract can arise from intramural tension, the tension on the mesentery, inflammation, spasm associated with hypermotility or a combination of these. It can also result from intestinal obstruction. Colic can even occur as a complication of abdominal surgeries. Colic in horses can be broadly classified as idiopathic colic and non-idiopathic colic. Idiopathic colic is the type of colic that does not have a specific cause and it includes mild idiopathic colic, impaction and gas colic. Whereas non-idiopathic colic includes colic due to gastric rupture, enteritis, strangulation/ torsion, enteroliths etc.

CASE HISTORY AND OBSERVATIONS

A male Indian crossbred horse of six years of age and weighing about 400 kg was presented to the Veterinary Dispensary, Parathanam, with a history of frequent lying down and getting up, inappetence, pawing, cycling movement of the limbs while in the lying position, and condition of the animal was weak. On physical examination, the horse was found to be dehydrated on skin tenting test with sunken eyeballs and, wounds were found on the pressure points.

The heart rate was 55 beats per minute, respiration rate was 38 respirations per minute, the mucous membrane was dry and pale, and intestinal borborygmi was absent. The case was diagnosed as colic from the history and clinical findings.

TREATMENT AND DISCUSSION

The animal was provided with soft bedding of hay. The left jugular vein was catheterised using a 16G Venflon catheter and fixed. On day one, Flunixin meglumine injection (inj) at a dose of 1.1 mg/kg body weight was administered intravenously (IV) as an analgesic along with adequate fluid therapy using Ringers Lactate (19 l) and Normal Saline (2 l). Calcium borogluconate (450 ml) was administered as slow IV and, inj. Dicyclomin (15 ml) intramuscular (IM) as antispasmodic. The horse showed improvement in its condition from the second day onwards and regained its appetite. The animal passed dark-colored dry feces. The treatment was continued on the second day as well with analgesic, fluids and spasmolytic. The horse had a complete recovery from the colic symptoms on day three and had an uneventful recovery.

Colic is defined as pain originating from the abdomen and is described as a common condition in horses (Wormstand *et al*., 2014). It is one of the most common health conditions in equines which can be mild colic to life-threatening colic (Huguet and Duberstein, 2015). Colic in horses may get resolved spontaneously or after non-surgical treatment in most instances. It may turn fatal if strangulating lesions are not surgically corrected (Proudman, 1992; van der Linden *et al*., 2003). The prognosis after surgical treatment varies from guarded to excellent (Dukti and White, 2009). Horses with colic should be diagnosed and treated as soon as possible. The diagnosis can be made from the clinical symptoms and hematological examinations. The risk factors of colic include digestive disorders like tooth affections, worm load and poor feeding practices. Feeding practices predisposing colic include providing spoiled food, offering inappropriate quantities, inadequate dietary-fibre, inadequate water, sudden change in diet, stress, over-grazed pasture etc. Colic is classified as spasmodic colic (gas colic) and impactive colic. Spasmodic/ gas colic is caused by over-fermentation of feed in the hindgut. Impactive colic is due to accumulation of sand and other indigestible material in the gut (especially colon), strangulation/ torsion of colon or small intestine, and intussusception which may occur due to worm infestation. Strangulation/ torsion and intussusception are the most dangerous form of colic in horses and it may require surgical correction. Diagnosis of colic may include increased heart rate above 40-45

beats per minute, increased capillary refill time (more than two seconds), skin tent test, presence or absence of gut sounds, identification of abnormalities of the bowel loop through rectal examination, nasogastric intubation to see the gastric reflux, abdominocentesis to see presence of free fluid in the abdomen and ultrasonography. The treatment strategy for correction of colic in the horse is to correct the dehydration, relieve pain, deworming and, the final resort is surgery. Most of the colic can be controlled well with good managemental practices and therefore it is important to educate the owners about it.

SUMMARY

This paper presents a case of colic in horse and its management. The horse had an uneventful recovery.

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REFERENCES

Dukti, S. and White, N. A. 2009. Prognosticating equine colic. *Vet. Clin. N. Am. Equine*. **25**: 217-231.

Huguet, E. and Duberstein, K. 2015. Equine colic. *UGA Extension Bulletin* 1449.

Proudman, C. J. 1992. A two year, prospective survey of equine colic in general practice. *Equine Vet. J.* **24**: 90-93.

Van der Linden, M. A., Laffont, C. M., and van Oldruitenborgh-Oosterbaan M. M. S. Prognosis in equine medical and surgical colic. *J. Vet. Intern. Med.* **17**: 343-348.

Wormstand, B. J., Ihler, C. F., Diesen, R., and Krontveit, R. I. 2014. Surgical treatment of equine colic - a retrospective study of 297 surgeries in Norway 2005-2011. *Acta Vet. Scand*. **56**: 38. https://doi.org/10.1186/1751-0147-56-38.