

Dr Paddy Todhunter BVSc MS Diplomate
ACVS
Specialist in Equine Surgery, Director
Dr Harry Markwell, BVSc, DACVS-LA
Specialist in Equine Surgery
Dr Margaux Markwell, DVM, DACVS-LA
Specialist in Equine Surgery



**NEWCASTLE
EQUINE CENTRE**

Dr Morgan Weber, BVSc (Hons),
MANZCVS (Equine Medicine)
Dr Hannah Hopkins, BVetBio-BVSc
Dr Trish Nicholls, BVSc
Dr Cecilia Cortina Di Favria, DVM
Dr Lauren Fletcher, BVSc (Intern)
Dr Kristen Todhunter, BS, DVM, PhD,
MANZCVS (Pathobiology)

Jul 12, 2017

Lees Racing

VETERINARY REPORT

Horse: Tuscadero
Owner: Lees Racing

AT HOME CARE:

Medications:

1. Please give Omogard/Gastropell, 5 mls orally once daily for the next 30 days
2. No antibiotics are required

Recheck and Follow-up:

3. There are no sutures to be removed. They are absorbable.
4. Continue monitoring
5. Please monitor her for cribbing, if she starts to crib, please place a cribbing collar on her. She had a sore from the cribbing collar so we temporarily removed it.

Exercise Restrictions:

6. Stall rest for the next 3 weeks (30 days). Unlimited hand grazing is permitted during this time
7. After 4 weeks of stall rest, small yard or 1/4 acre paddock turnout alone for the next 4 weeks (30 days)
8. After 4 weeks of small turnout, the horse may be turned out in a small paddock alone for an additional 4 weeks (30 days)
9. After 3 months total rest from surgery and no problems with the incision, the horse may return to work

Monitoring and Follow-up:

10. Please check the temperature twice daily and call us if it exceeds 38.5 deg C
11. Please monitor her water consumption and supplement with oral electrolytes if necessary (60cc of Recharge twice daily).
12. Monitor closely for any signs of colic, diarrhea, or inappetence. If you notice any of these signs, discontinue all medications and call us immediately.

Thank you for entrusting the Newcastle Equine Centre with the care of your horse. If you have any questions or concerns with the procedures undertaken or the instructions provided, please feel free to contact us.

VISIT SUMMARY: The patient presented on June 30, 2017 for a history of colic. She had previous colic surgery at NEC for a small intestinal volvulus. Based on the patient's degree of pain and findings on ultrasound (dilated loops of small intestine), it was decided to perform exploratory celiotomy.

Exploratory celiotomy revealed a small intestinal torsion; the small intestine was moderately thickened and amotile but not compromised. The large colon was displaced as well. The small intestinal torsion was corrected and decompressed. The mare went into cardiac arrest in recovery but was resuscitated and recovered well from surgery.

She was placed back in her stall and supportive therapy was commenced; Intravenous fluids, Lidocaine CRI, Antibiotics (Gentamicin/Penicillin), Anti-inflammatories (Flunixin), Fragmin, Ulcer medication (Carafate, Omeprazole). A nasogastric tube was placed every 4 hours to check for reflux. She continued to be comfortable and pass manure after recovery.

On July 2, she developed small intestinal ileus which was corrected with supportive therapy. Post-operative ileus occurs in 10-20% of patients after colic surgery. Due to the small intestinal torsion, this is to be expected. The small intestinal ileus has stopped and she started passing manure on Monday morning. She was taken off fluids on Tuesday morning but had to be put back on fluids when she stopped drinking. She was mildly leukopenic (low white blood cell count) and has remained on antibiotics. A repeat abdominal ultrasound and rectal examination was performed on Wednesday, July 5 due to decreased gastrointestinal time; no abnormalities were found therefore she was started on oral fluids and intravenous fluids to maintain adequate hydration. Repeat bloodwork showed a very mild dehydration and a normal white blood cell count.

Currently, she has been weaned off fluids and eating and drinking well. Her vital parameters have remained in normal limits. She is getting frequent feedings of chaff and hay and has been passing normal manure. She was discharged to the care of the farm on July 13, 2017.

DIAGNOSIS: Small intestinal volvulus with postoperative ileus after surgery.

This and previous colic surgeries should not affect her broodmare prospects.

Sincerely,

Dr Margaux Markwell DACVS- LA Specialist in Equine Surgery
Dr Morgan Weber BVSc (Hons) MANZCVS (Equine Medicine)