Be Careful Be Safe colicky horses can be dangerous

Classic Case – Acutely painful horse, flank watching, pawing, up and down, +/- rolling, ↑ HR, ↓ borborygmi (gut sounds), ↓ feces, & ↓ appetite

Evaluating colic: Physical exam and basic clinical pathology

- How much PAIN??
- Heart rate – count BEFORE sedation
- Mucous membrane color, capillary refill time - perfusion
- Pulse strength – vascular volume and tone
- Gut sounds – Are they decreased?
- Pass nasogastric tube – is there reflux fluid?
  ▪ Color, smell, pH (stomach acidic, SI alkalotic)
  ▪ Pass tube ASAP if fluid draining from nose!!
- Rectal exam – ensure good restraint, look for:
  ▪ GI distention, Organs out of place, Cecal distention; location of spleen
  ▪ Must know normal!
- Labs – PCV or Hct, Total Solids/Total Protein, CBC, BUN, Creatinine, Albumin, Elytes

Rx(s) of Choice: Is it a colic you will treat Medically or Surgically? (judgement call)

Surgery YES
- PAIN – unresponsive to meds, severe
- Rectal palpation – abnormal finding
- Persistent tachycardia, HR >> ↑
- Severe distention
- Abdominocentesis
  ▪ Serosanguineous
  ▪ High protein and cell count
- Large volume reflux; alkaline

Surgery NO
- Colitis/diarrhea
- Neutropenia or severe neutrophilia
- Odorous, brown-red reflux*
- Fever*
- Evidence of primary liver disease

*Surgical colics are occasionally febrile and may have bloody reflux

Refer SOONER rather than later if surgery is an option for owner;
Colonic torsion - very quickly life threatening, refer for surgery immediately.

What are 4 physical signs of colic in the horse?

What are 4 clinical pathology parameters that are likely to increase with dehydration or hemoconcentration during equine colic?

What are four findings in colic that would indicate surgical referral?

Rectal palation suggests a colonic torsion in a colicky horse. What is the most appropriate Rx?