**Presentation:** Neonatal foal, lethargic, nursing poorly, reluctant to rise, +/- colostrum.

ANY NEWBORN FOAL THAT IS NOT NURSING NORMALLY IS SEPTIC TILL PROVEN OTHERWISE!!

**Test(s) of choice:**
- History, Physical exam, Sepsis score
- Clinical pathology
  - Usually leukopenic, due to neutropenia, +/- left shift
  - Hypoglycemia, If persistent, poorer Px
  - Fibrinogen ↑ed at birth = in utero infection
  - IgG level
    - Foal side ELISA - SNAP®, Gamma-check E®
    - Radial immunodiffusion=gold std; req. 24 hrs
- Blood cultures – aerobic and anaerobic
  - Gram neg in most - E. coli most often
  - Gram pos in many - S. zooepidemicus common
  - Regional differences exist – know your area

**Rx(s) of choice:**
- Broad-spectrum antibiotics ASAP = Rx OF CHOICE
- NSAIDS – Banamine®, ketoprofen, meloxicam, firocoxib
- IgG supplementation Colostrum, oral IgG replacement or plasma IV
- Fluid therapy – Balanced electrolyte solution, Dextrose if hypoglycemic
- Oxygen therapy – if paO₂ < 80 mmHg; SaO₂ < 95%
  - Some recommend even if O₂ levels normal. Ventilation if CO₂ persistently > 60-65 mmHg
- Supportive care – NURSING care very important

**Prognosis:** Variable-Depends on foal condition, owner diligence, whether referred

**Prevention:** Be present at foaling; Dip foal’s navel; Ensure adequate colostrum intake

**Pearls:** Septicemia is the most common cause of death in neonatal foals.
- Refer foals earlier rather than later (if owners can afford). Survival for referred foals is 70 - 80%;

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**Zuku Review FlashNotes™ Classic Question(s)**

What are 3 common clinical signs of septicemia in foals?
What are 4 risk factors for the development of septicemia in foals?

What is the most common gram negative organism cultured from foals with septicemia?
What is the most common gram positive organism cultured from foals with septicemia?

What are 4 important treatment interventions for a septic foal?
What are 3 key elements of supportive care for a septic foal?

What are 3 management techniques to prevent sepsis in foals?