Classic case – Newborn foal, **weak at birth**, does not nurse or **nurses poorly** -or- Strong foal but **dam has low, no or poor quality colostrum**

**Test(s) of choice:**

- **Serum IgG** - Measure by 12 hrs < 400 mg/dl=FPT, 400-800 mg/dl=partial FPT
- **Radial immunodiffusion (RID)** = gold standard; but test takes 24 hrs

**Foal-side tests**

- **SNAP® Foal IgG test (ELISA)**
- **Gamma-check-E® Glutaraldehyde test** (NOT for sick foals- fake pos)

**Mare-side test** Gamma-check-C® Measures IgG in colostrum
- Use in problem mares, high risk pregnancies, prelactation

**Rx of Choice:**

**Early** FPT diagnosis --- < 12 hrs

- **Colostrum** – equine is best (substitute bovine colostrum in emergency)
- Oral IgG or IV serum product – often need **more** than label dose
- Equine plasma IV – **Use IV plasma in really sick foals**.

**Late** FPT diagnosis --- after 18-24 hrs  Plasma transfusion IV

**Domperidone** to mare prior to parturition or post-foaling if no udder development

**Prevention:**

1. Evaluate colostrum pre-partum; (specific gravity > 1.060 = good), or measure IgG
2. Maintain colostrum bank – 250 ml colostrum from each mare usually o.k.
   - **A & Q negative** blood types best to avoid neonatal isoerythrolysis

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**Zuku Review FlashNotes™**

**Classic Question(s)**

An 8-hour old foal has a serum IgG of 350 mg/dl. What treatment, if any, should be given?

A 30-hour old foal appears listless, sick and nurses weakly. Serum IgG is 500 mg/dl. What is the correct interpretation? What treatment, if any, should be given?

What are 3 signs that foal may have FPT? What are 3 risk factors in a mare for FPT?

What drug may given to a mare prior to parturition or post-foaling if she has no udder development?

What are 3 ways to evaluate colostrum quality, pre-partum?