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Popular Article

Equine Colic: An Overview

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Abstract

The term “colic” is defined as a general manifestation of abdominal discomfort in the horse, regardless of the cause. This discomfort can be anything from mild belly pain, causing the horse to paw, bite, and kick at its sides or seem restless, to excruciating pain that causes the horse to flail and thrash around.

Types of Colic

There is a numerous of different reasons for colic. The majority of these are due to some sort of gastrointestinal problem. The following is a broad classification of some of the more common types of colic in equines.

Idiopathic/Spasmodic

Idiopathic is a veterinary term for “unknown origin”. This is the most common type of colic and equates to the majority of colic treat in practice. Spasmodic colic occurs when the bowel is contracting in an abnormal manner creating painful spasms and somewhat of an “over-active” gastrointestinal tract.

Impactions

This term describes when the bowel, usually the large intestine, is blocked by a firm mass of food. This is a fairly common type of colic and can often be easily resolved on farm with administration of fluids and / or liquid paraffin via a stomach tube.

Tympanic (flatulent) colic/Gas colic, also known as tympanic colic, is the result of gas build up within the horse's digestive tract due to excessive fermentation within the intestines or a decreased ability to move gas through it. It is usually the result of a change in diet, but can also



occur due to low dietary roughage levels, parasites and anthelmintic administration over distension of viscera stimulate pain and strain receptor caused mild to severe colic.

Displacements, Strangulations and Torsions

Displacements occur when one section of the bowel moves to an abnormal location within the abdomen. Strangulating colics occur when the blood supply to a piece of gut gets cut off. Torsions occur when the bowel twists on itself cutting off the blood supply. Strangulations, displacements and torsions are intestinal accidents that are uncommon but are very serious in nature.

Risk factors associated with equine colic

Numbers of factors that are associated with increased risk of colic are

- The intrinsic factors of horses (age, breed & sex)
- Parasite Burden (*Ascaris*, *Anaplocephala*, *Strongylus* spp etc)
- Certain feed types
- Recent change in feeding practices
- Long Stabling
- Lack of access to pasture and water
- Increasing exercise and transport
- Septic Conditions and toxemia

Signs of Colic

Signs are much variation in type, nature and severity of colic which include:

- Loss of appetite
- Increased pulse rate
- Excess salivation
- Frequent attempts to urinate or defecate
- Abdominal pain
- Pawing
- Stretching
- Flank watching
- Biting the stomach
- Decreased faecal output
- Repeated lying down and rising
- Rolling



Diagnosis Of Equine Colic

1. Patient History and Signalment

Patient history in itself does not indicate the need for referral, a thorough history and consideration of patient signalment can provide key information toward identifying the specific cause of colic. Important components of the history that should be included are the following:

- Duration, nature of onset, and severity of colic signs
- Current diet and recent dietary changes
- Appetite, water intake, and access to water
- Fecal and urine output and consistency
- Reproductive status
- Whether the horse has had prior colic episodes
- Medications administered
- Deworming status and protocol
- Dental care
- Prior surgeries
- Primary use of the horse
- Current housing and recent changes in management
- Whether other horses on the property have clinical signs of illness
- Whether the horse is a cribber or windsucker
- Locations the horse has lived and recent travel history

2. Physical Examination

The colic examination is a complex evaluation of a multitude of interacting factors with many differing variables. The Physical examinations to be considered in superior element that play strong roles in the decision for surgery include pain assessment.

2.1 Temperature

2.2 Gastrointestinal Motility

2.3 Heart Rate and Respiration rate

2.4 Mucous Membranes and Capillary Refill Time

2.5 Skin Tent:

2.6 Gut Sounds:

2.7 Rectal Examination

2.8 Passing a Nasogastric (Stomach) Tube



2.9 Abdominocentesis

2.10 Ultrasound

2.11 Blood Lactate and Glucose

Management Of Equine Colic

Most causes of colic can be managed medically only a 4% to 10% require surgery. The decision whether a colic case should be managed medically or surgically depends on 5 main points.

- ✓ Severity of pain (responsive vs. Nonresponsive to analgesia),
- ✓ Cardiovascular and systemic status
- ✓ Findings on transrectal palpation
- ✓ The presence of nasogastric reflux
- ✓ Results of abdominocentesis

Medical Treatment

The specific treatment of each case of colic varies and depends on the nature of the lesion and the severity of the disease. However, several principles are common to the treatment of most colic:

- Provision of analgesia
- Correction of fluid, electrolyte, acid base and hemostatic abnormalities
- Gastrointestinal lubrication or administration of fecal softeners
- Treatment of underlying disease.

How To Prevent Colic in Horses

Once you've successfully treated the colic, you should take precautionary measures to avoid the recurrence of the problem. For instance, if colic was caused by a diet problem, make sure to change your horse's diet in the future.

- Ensuring there is a clean, fresh water supply
- Keeping feed racks as well as feedstuff clean and free of mold
- Ensuring your horse exercises adequately
- Feeding the correct amount of forage Supplementing with previously mentioned form of psyllium fiber may reduce risk of sand colic if in a high-risk area.
- Keeping feed off the ground to prevent ingestion of sand or dirt



- Not making sudden changes to the horse's diet. The incidence of colic can be reduced by restricted access to simple carbohydrates including sugars from feeds with excessive molasses,
- Regular deworming and regular dental care do help in prevention.

References

Elodie Huguet and Kylee Duberstein. Equine Colic. UGA Extension Bulletin 1449.

Peter D. Constable, Kenneth W Hinchcliff, Stanley H. Done and Walter Gruenberg Veterinary Medicine: A Textbook of the Diseases of Cattle, Horses, Sheep, Pigs and Goats, 11th Edition.

Vanessa L. Cook and Diana M. Hassel (2014). Evaluation of the Colic in Horses: Decision for Referral. *Vet Clin Equine*. <http://dx.doi.org/10.1016/j.cveq.2014.04.001>.

White II N. A. Equine Colic: IV: Diagnosis: Determining the Need for Emergency Abdominal Surgery In: AAEP Annual Convention - San Antonio, 2006 by American Association of Equine Practitioners.

