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Equine Review

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1. Name the five most important enteric parasites of horses and name one good generic drug for each.

2. Are "splints" an arthritic condition, and at what age do they usually occur?

3. Does the majority of lamenesses in horses occur: a) in the front or rear legs? b) above or below the carpus?

4. Name five types of founder.

5. How would you recommend shoeing a chronically foundered horse?

6. What is the earliest optimum stage of gestation to diagnose pregnancy in the mare by each of the following methods:
   1. Rectal palpation?
   2. Freedman Test?
   3. MIP Test?

7. What, anatomically speaking, is a "shoe-ball" and what is the usual etiology?

8. What are four possible sequelae to strangles?

9. A client wants you to set up a good immunization program for his horses. What are four diseases or conditions you would consider immunizing for in your program?

10. You are called out to treat a horse with a deep wirecut over the bulb of the heel on the lateral side of the left front foot. You continue periodic treatment over the next two weeks and are very pleased with the progress. Three days after your last visit the owner calls you again; he says that the wound has broken open again just above the coronary band and a thick greyish material is draining out. What is your most likely diagnosis now? What treatment would you recommend? What prognosis would you give?

11. What is the reciprocal apparatus? Name the structures making it up.

12. What is the most common bacterial organism cultured from the cervix of the mare?

13. List the number of days appropriate for each of the following:
   a. Duration of reproductive cycle?
   b. Duration of estrus?
   c. Time of ovulation?
   d. Duration of gestation?

14. What organism is associated with poll evil and fistulas withers?

15. What is the dental formula of the horse?

(Answers on page 39)

* Mr. Kincaid is a senior in the College of Veterinary Medicine, Iowa State University, Ames, Iowa.
**Answers to Equine Review**

1. Bots ............. carbon disulfide  
   Large strongyles ... phenothiazine  
   Small strongyles ... phenothiazine  
   Ascarids ............. piperazine  
   Pin worms ........ phenothiazine  
2. Yes  
   1–2 years  
3. Front leg; below the carpus  
4. Grain founder; water founder;  
   grass founder; road founder; post  
   parturient founder.  
5. Trim the foot low in the heel, dub  
   the toe, full pads, pack with oakum  
   and pine tar, reset every four weeks.  
6. a. 45 days  
   b. 60 days  
   c. 41–44 days  
7. Olecranon bursitis; continual trauma  
   from concrete floors or from long,  
   built-up hooves as in show horses.  
8. Bastard strangles  
   Purpura hemorrhagica  
   Pneumonia  
   Indurated lymph nodes  
9. Tetanus  
   Equine encephalomyelitis  
   Equine influenza (A₁ and A₂)  
   Strangles  
10. Quittor; surgically curetting out all of  
    the necrotic collateral cartilage;  
    guarded prognosis.  
11. The reciprocal apparatus is strictly a  
    mechanical apparatus of the hind leg  
    which causes the hock to flex when  
    the stifle flexes and the hock to ex­  
    tend when the stifle is extended.  
   Peroneus tertius  
   Superficial digital flexor tendon  
   Gastrocnemius tendon  
12. Beta-hemolytic Streptococcus  
13. a. 20–22 days  
   b. 5–6 days  
   c. 1–2 days before end of estrus  
   d. 336 days  
14. Brucella abortus  
15. $2 \left(\frac{3}{3} \cdot \frac{1}{1} \cdot \frac{3}{3} \cdot \frac{4}{3} \cdot \frac{3}{3}\right) = 40 \text{ or } 42$

**Answers to Small Animal Review**

Case 1  
The diagnosis in this case is megacolon  
due to bone impaction. Therapy consisted  
of soapy water enemas and hydrolose  
syrup administration for two days before  
the dog passed the mass. The dog did not  
appear toxic enough to warrant any sup­  
portative therapy. The prognosis in this  
case is good, but the owner must be ad­  
vised of the possibility of permanent mega­  
colon due to prolonged overdistension.

Case 2  
Severe cystitis and secondary hydron­  
ephrosis is the diagnosis in this case. The  
hydronephrosis probably occurred due to  
the severe changes in the inflamed blad­  
er which occluded the opening of the  
ureters into the bladder. The enlarged  
ureters and hydronephrotic kidney are  
evident on the radiograph.  
Treatment involved intravenous fluids  
and antibiotics to detoxify the animal.  
Tetracycline and Renzol tablets were  
used to treat the cystitis. The dog pro­  
gressed fairly well on this therapy and  
was released with medication to be given  
at home. The prognosis in this case would  
have to be questionable depending upon  
how well the cystitis can be cleared up  
and the amount of damage done in the  
hydronephrotic kidney. Also in this case  
we must consider the resistance of the  
*Klebsiella pneumoniae* organism to anti­  
biotic therapy. Due to the inflammatory  
changes present in both the bladder,  
ureters, and kidney, pyelonephritis must  
also be considered a possible sequellae.  
Periodic urinalysis would be of definite