

A case for treatment at a ride

From a “belly ache” to colic can be quick, and treatment is the best choice for a good outcome

by Melinda Newton, DVM

This series, which will appear occasionally in Endurance News, highlights real stories of equines treated at endurance rides. This narrative was constructed from interviews with the rider and the veterinarians involved. The author has used the rider’s words wherever possible. The author and rider hope that this article contributes to the education of riders regarding the treatment of endurance horses and to the transparency of the process. Note: Names have been changed by request.

“Stacey” had just finished a 50-mile endurance ride with her gelding “Brownie,” who had looked great at the finish and had felt fabulous on the trail all day. But, despite good evaluation scores and a completion at the finish, Brownie was not acting like his typical self post-ride. Stacy was worried something was wrong.

Brownie had gone at his “happy pace” all day, a nice steady and consistent 9-10 mph trot. His pace was similar to other rides he had successfully completed on the same trails earlier in the season, including a 75-mile ride. The weather was mild for the region, with temperatures in the 80s with low humidity.

The ride had been uneventful up until the last loop. Before leaving ride camp for the last section of trail, Stacy gave Brownie his third dose of the day of electrolytes at about mile 36. The first water stop on the loop was a cow tank water trough. He drank for 30 to 60 seconds.

“Just head down, chugging,” remembered Stacey. “He normally drinks really well and deep after electrolytes.” The duo travelled another eight miles into the loop, up and over a climb to the next cow tank, where again Brownie drank really well. He had drunk from this tank multiple times over the day because over the course of 50 miles, the trail had passed by this tank three different times.

Stacey’s friend’s horse also drank well from this trough.

“Pretty much as soon as we walked away from that tank, he was uncomfortable. He was stopping like maybe he had to pee, but not stretching out. He’s not generally [shy about peeing] so I was a little [confused], but he was happy to keep walking and trotting along.”

Stacey and her friend finished at the bottom of the top ten riders and started preparing for their completion exams. Stacey noticed that Brownie became progressively more uncomfortable in camp. “He rolled after I pulled tack while we were waiting to vet out, and kind of just laid there after rolling. Enough that I had to encourage him to get up. He loves to roll post-ride, but when he just kind of stayed there I was immediately concerned. He was still not acting like his normal self as we were vetting out.”



Brownie’s absent gut sounds, combined with other signs of distress, such as wanting to roll and not wanting to eat, were all signs that veterinary treatment was needed.

Brownie’s finish exam did not raise any red flags and he was deemed fit to continue and received a completion for the 50-mile distance. With a 48/48 CRI, and almost all “A” scores during the veterinary completion exam at the finish, it was yet another solid completion for the gelding who had completed a 100-mile ride the month before, had over 600 endurance miles to his credit, and had only a single lameness pull on his record.

At the trailer after his completion, Brownie was not interested in carrots, treats, or mash. “His nostrils were wrinkled up and he just stood there looking ‘blah,’” recounted Stacey. With over 2,700 endurance miles and 13 endurance seasons, Stacey knew something was wrong.

She gave him some more electrolytes via

syringe and started walking him around camp to prevent him from rolling. “I kept thinking he was just too full of water, so maybe some extra salts, like a human runner, would help his system absorb the excess.”

After no significant change in five minutes of walking, Stacey took him over to the treatment veterinarian at the ride and requested an evaluation, and fluids if necessary. “Treating early and aggressively is the best thing we can do for our horses. I wasn’t going to take any chances,” stated Stacey.

At this point, Brownie still wanted to lay down if not actively walking, and he had to be encouraged to stay standing. The treatment vet confirmed that Brownie’s gut motility (gut sounds) were absent at this point.

Gut sounds seem to be a point of confusion for many riders at endurance rides. Unlike some parameters of the veterinary control exam that can be measured according to an objective scale, gut sounds must be interpreted according to what the rest of the horse is doing.

During exercise, the normal diversion of blood from the digestion system to the muscles being used in exercise can cause diminished gut sounds. At a veterinary control check, quiet gut sounds in a horse fresh from the trail that is doing well otherwise is usually not a cause for concern. However, in a horse that is showing other signs of distress, gut sounds that are too quiet or too active can be a sign of impending ileus.

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The treatment vet passed a nasogastric tube, a common practice in horses showing signs of colic. Horses cannot vomit and if there is a buildup of fluid and food material in the stomach, passing a tube through the horse’s nose into the stomach will relieve that pressure. Brownie refluxed about three gallons of brownish water through the nasogastric tube. Because of the amount of fluid refluxed, the treatment vet recommended referral to a local veterinary hospital.

By the time Stacey had the trailer ready, Brownie appeared to be feeling much better. He was no longer wanting to go down and looked perkier. Stacey had removed the hay from the manger on the advice of the treatment veterinarian during transit, but on the 45-minute drive to the hospital Brownie tried his best to scrounge for the few bits left behind.

At the referral hospital he unloaded from the trailer looking like his old self. Bloodwork performed at the veterinary referral hospital showed electrolyte values in the normal range, no tie-up indicators, and high white blood cell counts that were attributed to stress. Ultrasound showed good gut motility in all areas, and a rectal exam was within normal limits. Another nasogastric tube was passed, and this time there was no reflux.

Brownie received 10 liters of fluids via an intravenous catheter and an overnight stay at the hospital as a precautionary measure, and was on restricted feeding to avoid overloading his gastrointestinal tract. He was discharged to go home with no additional medications and instructions to limit his feed for the next 24 hours.

It is difficult to say exactly what caused Brownie's colic troubles. In most cases it is a combination of factors, and it is difficult to point to one specific cause. According to Susan Garlinghouse, DVM, one contributing cause in Brownie's case could have been his camel-like dedication to drinking water on the last loop of the ride.

As discussed earlier, exercise shunts blood away from the stomach and towards the heart, muscles, and skin, causing a decrease in overall digestive tract motility. After a large drink of water on the trail, the immediate return to strenuous exercise, such as climbing a big hill or faster-paced work, may not give water enough time to flow out of the stomach and downstream into the small intestine for absorption, leaving it "stuck" in the stomach.

Dr. Garlinghouse suggested, "Let your horse drink all he wants, but walk for a good five minutes after leaving the water stop. That water has to be warmed up by blood and that won't happen if the lion's share of blood is being shunted back to the heart, muscle, and skin for hard work. Ten minutes would be even better after a really huge drink . . . or if the trail immediately starts climbing again."

Although Brownie's electrolyte blood work was normal at the referral clinic, electrolytes and hydration cannot be discounted as potential factors, as with any metabolic disturbance that occurs at an endurance ride. Metabolic problems can show up as cramps, colic, general fatigue, a heart rate that remains elevated, or even lameness.

It is important to remember that eating, drinking, and ingesting electrolytes are important preventives for metabolic problems at endurance rides. However, once a horse's digestive track has slammed to a halt, and the horse is feeling uncomfortable, giving more

substances orally can be ineffective and can cause further harm.

A good guideline is if you are tempted to give your horse something during a ride to treat a problem, rather than to merely prevent a problem from occurring, consider starting a conversation with the ride veterinarian.

It is likely that Stacey's decision to seek veterinary assistance and early intervention greatly contributed to Brownie's speedy and uneventful recovery. ■

The author would like to thank this rider for sharing their story. If you have a story to share about a medical event at an endurance ride, and are interested in being featured in a future article, please email Dr. Melinda Newton at m.newtondvm@gmail.com.