

10261 Co Rd P38A ~ OMAHA, NE 68142 PHONE: 402-533-1151 ~ FAX: 402-533-1159 www.nebraskaequine.com Michael J. Black D.V.M. Michael P. Thomassen D.V.M. Kimberly N. Conover D.V.M.

Equine Aspiration Pneumonia Michael Thomassen, D.V.M.

During the last several weeks, I have received several calls from owners stating that their horse was not acting right. After getting a brief history and a physical exam, I told them that their horse was likely choked.

There are several signs that may indicate that your horse has an esophageal obstruction (choke). You may notice that your horse is aggressively eating and then stops suddenly and has no interest in feed. As time progresses, the horse will be uncomfortable, extend and wretch its head and neck. Eventually, saliva and feed particles will be noticed coming out of the nostrils and sometimes also the mouth. If you see any of these signs, you need to contact your veterinarian immediately so that it can be treated promptly.

One of the potential complications of an esophageal obstruction is aspiration pneumonia. As described above, there is a lot of saliva and feed material that cannot be swallowed and enter the stomach. A lot of this liquid exits out the nostrils and onto the ground which does not cause a problem. Some of the liquid inevitably goes down the trachea into the lungs. Nearly every choke will have this happen. The risk of aspiration is greater the longer that a horse is obstructed. A wait and watch approach to see if pneumonia develops is not advisable. Broad spectrum antibiotic administration is recommended. Commonly used antibiotics include penicillin, gentamicin, oral sulfa antibiotics, Baytril, Naxcel or Excede. Obtaining a rectal temperature one to two times per day is recommended. Not every horse that chokes will need to be hospitalized. However, if a fever of 102.0 F develops, hospitalization may be required.

Hospitalization will allow additional treatment and diagnostics to be performed. Useful diagnostics include x-rays, ultrasound and trans-tracheal wash. The most common location for aspiration pneumonia to develop is the front lower lung fields. Xrays of this area will often show lung fields that are consolidated and not filled with air very well. A trans-tracheal wash used a procedure used to obtain a sample of fluid from the lower trachea. This sample can be sent to a laboratory that can determine the type of bacteria that is present. This information can be used to determine which antibiotic will be the most effective.

Aspiration pneumonia is an uncommon but potentially life threatening situation that should be addressed promptly.