

Hidden Haven Farm Equine Sanctuary & Education Center, Inc

THE PUDGE REPORT

HISTORY

In February of 2011, our resident pony, Pudge, experienced a baffling lameness that exhibited symptoms that individually pointed to a variety of possible problems but when added together just did not make sense. As a trained and experienced equine veterinary technician, farm founder Tara Guevara performed a basic exam of Pudge to try to determine the problem. While his vital signs (pulse, temperature, capillary refill time, heart rate and gut noises) were all within normal limits, it was clear he was uncomfortable. He was exhibiting front leg lameness along with a stiff, shuffling gait and an inability to bend his neck from side to side. He also exhibited muscle tremors in his hind end, sensitivity in his shoulders and intermittent kicking at his belly.

His physical appearance was that of a pony suffering from an attack of laminitis. However, without other signs such as an elevated digital pulse or heat in the hooves coupled with the fact that it was the middle of winter and his access to feed was restricted, it was unlikely this was the problem. Further probing of his legs revealed no signs of injury or strain such as heat or swelling. Examination of his gut noises revealed them to be normal and so colic wasn't a likely culprit. He had a history of tripping when ridden which had been progressing over the past year and that coupled with his inability to bend his neck could indicate a neurologic disorder. The sensitive area on his back could indicate an injury to his spine. Whatever the problem or problems were, Pudge was obviously in discomfort.

It was decided to give him an injectable anti-inflammatory pain medication to see if that helped relieve his immediate discomfort and then to start him on a daily regimen of "bute" which is an oral anti-inflammatory pain medication. Further evaluation would not be possible with him experiencing so much discomfort.

A consultation with a good friend and trusted horsewoman, Lynne Shpak, led us to call Dr. Jim Yanuchis of Integrated Veterinary Services. He is a licensed veterinarian who specializes in whole horse care by integrating chiropractic and acupuncture treatments into his veterinary treatment plans. Unfortunately, most veterinary care is expensive and we needed to put out a call to our friends to help raise the funds needed to get Pudge seen and on a treatment course.

Thanks to the generosity of our friends and supporters, we were able to raise the funds needed for Pudge's evaluation and initial treatments with Dr. Jim in just a week! Without their help and support, getting help for Pudge would have been difficult. We strive every day to provide the best care for our horses and with the generosity of others, we succeeded in getting the help Pudge needed.

THE VET VISIT

Ten days after we put out a call for help in donations, we were able to schedule a visit from Dr. Jim. After reviewing Pudge's history and his medical chart and performing an extensive evaluation, Dr. Jim came up with what he believes to be the most accurate diagnosis.

- The confusing array of symptoms Pudge exhibited were actually two separate issues colliding.
- The first issue was a misalignment in his back. His shoulders and hips needed to be adjusted as well as his neck.
- The second issue compounded the first: Because Pudge is a pony and a pudgy one at that, he is prone to being overweight and experiences "Equine Metabolic Syndrome" which he is quite the "poster child" for. This condition, EMS, makes horses prone to laminitic attacks.
- In addition to the pain and lameness from the back injury, he also experienced an attack of laminitis.

The treatments initiated for Pudge were appropriate and helped to halt damage to his hooves and to make him more comfortable until he could be evaluated.

TREATMENT

Dr. Jim performed a chiropractic adjustment on Pudge to re-align and balance his spine. Chiropractic adjustments consist of manual manipulation of the spine. He also performed an acupuncture treatment to balance his system and to begin to restore his health.

THE PLAN

Dr. Jim prescribed several things to help Pudge continue in his recovery.

- Continue pain medications for another 10 days before weaning him off through decreasing dosage.
- Daily neck stretches to improve flexibility and heal the spine.
- Physical therapy to include work in hand, over ground poles.
- Special trimming of the hooves to improve comfort and gait.
- Feeding a special Low Starch/Low Sugar diet to both reduce weight and to control blood sugar spikes which can contribute to laminitic attacks.
- Follow up treatments in 3-4 weeks.

LAMINITIS DEFINED

Laminitis results from the disruption (constant, intermittent, or short-term) of blood flow to the sensitive and insensitive laminae. These laminae structures within the foot secure the coffin bone (the wedge-shaped bone within the foot) to the hoof wall. Inflammation often permanently weakens the laminae and interferes with the wall/bone bond. In severe cases, the bone and the hoof wall can separate. In these situations, the coffin bone may rotate within the foot, be displaced downward ("sink") and eventually penetrate the sole. Laminitis can affect one or all feet, but it is most often seen in the front feet concurrently.



The terms "laminitis" and "founder" are used interchangeably. However, founder usually refers to a chronic (long-term) condition associated with rotation of the coffin bone. Whereas, acute laminitis refers to symptoms associated with a sudden initial attack, including pain and inflammation of the laminae.

EQUINE METABOLIC SYNDROME

This syndrome is currently defined by the presence of 1) insulin resistance (IR), 2) obesity and/or regional adiposity, and 3) prior or current laminitis. Insulin resistance is a disturbance of glucose metabolism that can be thought of as an early form of type 2 diabetes mellitus. In humans, type 2 diabetes is more common in obese individuals and high sugar diets make the situation worse. This disease differs from type 1 (juvenile) diabetes, which occurs when the pancreas cannot secrete enough insulin to regulate blood glucose levels after eating. People with type 1 diabetes mellitus must inject themselves with insulin to regulate their blood sugar.

Diabetes is extremely rare in horses, but IR is much more common and this condition is important because of its association with laminitis. In the majority of cases, horses compensate for IR by increasing insulin secretion from the pancreas. Your veterinarian may suggest checking your horse's blood insulin level because a very high concentration is diagnostic for IR in horses and ponies. Episodes of laminitis are triggered by grazing on lush grass (pasture associated laminitis or grass founder) or can occur spontaneously without an identifiable cause. Horses sometimes suffer from mild laminitis episodes that go unnoticed. These horses may develop prominent growth rings on the hooves that are narrower at the front than at the heels (founder lines). Other horses show only mild lameness, but rotation of the pedal bone is seen when x-rays are taken of the feet.

One key feature of EMS is that affected horses are often described as 'easy keepers' because they seem to require fewer calories to maintain body weight. As a result, these horses are obese or exhibit regional accumulation of fat tissue in abnormal locations. Presence of a 'cresty neck' is the most important form of regional adiposity in horses, but noticeable fat deposits are sometimes found close to the tail head, in the sheath, above the eyes, and occasionally as bumps along the sides of the horse.

Prognosis and Follow Up Care

Pudge will be maintained on a special diet for the rest of his life and will have his weight closely watched and adjusted in order to prevent future laminitic episodes. He will also continue to have special hoof trimming to keep him comfortable and walking properly. We are confident his has had limited damage to the coffin bone. For his back injury, follow up chiropractic care, acupuncture and massage treatments will be scheduled as needed and he will continue his physical therapy. His prognosis is excellent as long as we are diligent in our continued care and follow up physical therapy. We are confident he will make a full recovery and be able to return to his normal range of activities soon!