

Equine Colic

Distance Exam

Body Condition – Poor body condition may be an indication of an underlying disease process (e.g., neoplasia, hepatic or renal disease, right dorsal colitis), inadequate nutrition, or poor dentition.

Table 2.2 Body condition score.

1. Poor	Very prominent withers, dorsal spinous and transverse processes, ribs, shoulder and pelvic bone structure, and tailhead. Thin neck. Emaciated with no fat palpated.
2. Very thin	Prominent dorsal spinous processes, ribs, pelvic bones, and tailhead. Withers, neck, and shoulder bone structure discernible.
3. Thin	Prominent dorsal spinous processes but covered by fat to midpoint. Discernible ribs with slight fat covering. Shoulder, withers, and neck are thin and tailhead prominent but individual vertebrae not visible. Tuber coxae visible but tuber sacrale not visible.
4. Moderately thin	Negative crease along the back and the ribs can barely be seen. Fat around the tailhead. Tuber coxae not seen. Withers, neck, and shoulders not obviously thin.
5. Moderate	Back level and ribs not seen but can be palpated. Withers rounded and shoulder and neck blend smoothly into the body. Slightly spongy tailhead fat.
6. Moderately fleshy	Slight crease along the back. Small fat deposits along the sides of the withers, behind the shoulders, and along the sides of the neck. Tailhead fat soft and fat over the ribs palpates spongy.
7. Fleshy	Maybe crease along the back. Individual ribs palpable but there is fat between the ribs. Soft fat around the tailhead and noticeable fat along the withers, neck and behind the shoulders.
8. Fat	Obvious crease along the back. Ribs difficult to palpate. Withers and space behind shoulders are filled out with fat. Fat deposits along inner thigh. Very soft tail fat.
9. Extremely fat	Very obvious crease down back. Ribs not palpable. Bulging fat along neck, shoulder, withers, and tailhead. Fat deposits along inner thigh.

Mentation – Horses with colic are generally bright and alert and will be attentive and even vocalize during the veterinarian's approach. On the other hand, horses with colitis, proximal enteritis (PE), or peritonitis including gastrointestinal rupture tend to have a dull mentation.

Sweating – Evidence of inappropriate sweating can be an indication of severe pain or shock. Other disease processes such as equine protozoal myeloencephalitis (EPM) or pituitary pars intermedia dysfunction (Cushing's Disease), can cause inappropriate sweating but should only be considered with other signs that do not fit with colic.

Abdominal Distention – Abdominal distention when mild can be difficult to assess unless the veterinarian is familiar with the horse's normal abdominal contour. Moderate to severe abdominal distention is more easily discernible and is generally an indication of a large intestinal obstruction. One exception is a small intestinal mesenteric root volvulus. Asymmetry of abdominal distention can provide some

evidence of the type of lesion, for example, horses with a nephrosplenic entrapment may have more distention on the left side of the abdomen and caecal tympany or impaction may result in more apparent distention on the right side. The horse should be standing squarely when symmetry of abdominal distention is assessed.

Evidence of Trauma – Abrasions occurring on the head, tuber coxae, and limbs are an indication that the horse at some point was showing signs consistent with severe abdominal pain. A strangulating obstruction should be considered in any horse with abrasions associated with colic.

Signs of Pain – The degree of pain should be assessed. Signs of abdominal pain may be observed initially; however, horses with mild colic are often easily distracted and may not demonstrate signs when being restrained for examination. Horses with mild pain will tend to intermittently flank stare, kick at their abdomen, and pace; moderate pain is demonstrated by persistent flank staring, kicking at their abdomen, and rolling but the horse can be distracted; and severe pain is associated with undistractable rolling and thrashing. Severity of pain along with degree of abdominal distention and frequency of intestinal borborygmi can be used to evaluate the colic gravity.