

This information is a professional communication for the equine industry. The OAHN group is a dedicated group of veterinarians from primary care practices, academia, government and laboratories, who meet regularly to discuss Equine disease and health issues. It is the intent of this program to monitor and protect the health of horses in Ontario.



## Ontario Animal Health Network (OAHN) Equine Expert Network Quarterly Owner Report – Jan to Mar 2016

Jan-Mar 2016

Report #4

### Highlights

- Network Call key points
- Hydrops in mares - a rare condition
- Looking Ahead – Spring Allergies



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[http://www.nfacc.ca/pdfs/codes/equine\\_code\\_of\\_practice.pdf](http://www.nfacc.ca/pdfs/codes/equine_code_of_practice.pdf)

## Ontario Equine Disease Surveillance (January to March 2016) - Key points

- Over the winter, horses in Ontario were increasingly diagnosed with diarrhea, muscle soreness (recurrent exercise rhabdomyolysis), scratches/mud fever (pastern dermatitis), equine asthma (recurrent airway obstruction (RAO)/ inflammatory airway disease (IAD)), fevers of unknown origin and vaccine reactions.
- In the breeding sector, two cases of hydrops (hydrallantois) in pregnant mares were diagnosed.

### Hydrops in mares - a rare condition



During the first quarter of 2016, two pregnant mares of different breeds and ranging from 268 and 285 days of gestation respectively were presented to a referral hospital with rapidly enlarging abdomens, edema under their chest and abdomen, and with increased heart and respiratory rates. They were diagnosed with **hydrops** or, more specifically, **hydrallantois**, a condition whereby an abnormal amount of fluid accumulates within the fetal sac called the allantois. This condition is thought to occur due to an infection or inflammation of the placenta causing an increase in fluid production or an inability to absorb fluid. This is a progressive condition and fluid will continue to accumulate daily. Given the propensity to accumulate over 100 L of fluid with the weight of the fluid having the potential to cause a uterine tear, body wall hernia or rupture of pubic tendons, it is in the best interest of

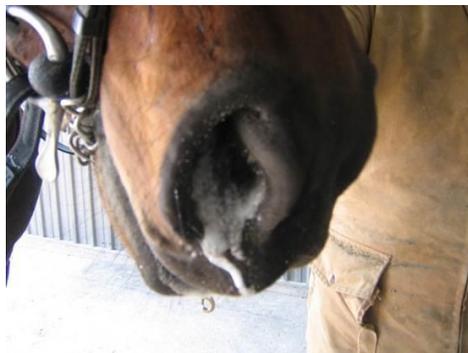
the mare to abort the fetus and drain the fluid. In most cases the fetus is under distress as well and will not make it to term. The fluid must be drained slowly so as not to cause the mare to go into shock. For the mares mentioned above, 110 and 170 L of fluid respectively were slowly drained over 1.5 to 2 hours. Both mares retained their placentas, a common occurrence with this condition, and had to be treated medically. One of the fetuses was diagnosed with Leptospirosis, an infection caused by the spirochete *Leptospira sp* which is usually associated with abortions, kidney disease, illness in foals and recurrent uveitis (moon blindness). Infected mares may shed the organism in the urine for 2-3 months potentially infecting other mares. Wildlife such as rodents, raccoons, skunks, foxes and opossums as well as cattle and pigs may harbour the organism and shed it on the farm property and may contaminate water sources. People and dogs can also become infected with *Leptospira* so care should be taken when handling blood, urine and placenta/fluids from infected horses.

The National Farm and Facility Biosecurity Standard for the Equine Sector is now available at:

[www.equinecanada.ca](http://www.equinecanada.ca)  
[http://www.equinecanada.ca/images/Health\\_Welfare/2015\\_Standard\\_for\\_Equine\\_Canada\\_Consultation-e.pdf](http://www.equinecanada.ca/images/Health_Welfare/2015_Standard_for_Equine_Canada_Consultation-e.pdf)

Hydrallantois is considered rare in horses. Other causes of a rapidly enlarging abdomen in a late-term mare include; twin pregnancy, abdominal wall herniation and ascites (accumulation of fluid in the abdomen due to a medical condition). A veterinarian can usually tell the difference between these conditions using a variety of diagnostic techniques. It usually affects mares between 6 and 10.5 months of gestation and of varying ages and breeds. Mares that have had foals before are more likely to get this condition, but it has been reported in mares carrying their first foal. Clinical signs include sudden and increasing abdominal distension, colic, lack of appetite, and difficulty in passing manure. Mares should be treated as an emergency under observation in a hospital as their condition can deteriorate quickly. Complications such as retained placenta, uterine infections, body wall hernias and pubic tendon ruptures can occur, negatively affecting the prognosis for future breeding and/or foaling.

## Looking Ahead - Spring Allergies



### Allergies

- Allergies have many causes including pollen, insects, medications and sometimes food.
- Horses can tolerate a certain amount of allergens without showing clinical signs but, when that threshold is exceeded, signs become obvious.
- Treatment involves removing exposure to or controlling response to allergens to bring the patient back under the threshold.
- Horses may show signs of urticaria (wheals on skin), itchy skin, gastrointestinal upset, asthma-like signs (recurrent airway obstruction or heaves), and sometimes pastern dermatitis (scratches, mud fever) can be a sign of an allergic reaction to the bedding.
- Allergy testing (skin or serum) is used to identify environmental allergens by detecting allergen-specific immunoglobulin E (IgE).
- Not all positive results are relevant and need to be interpreted in light of season, medical history and physical examination.
- Results are used to develop specific immunotherapy treatments which can reduce the use of other medications such as corticosteroids.
- Food allergies are identified by using feed challenges. Alfalfa and soybean may be common triggers.

**Key Message: Allergies can be managed by identification and elimination of the trigger when possible, immunotherapy +/- appropriate medication.**