



Previous VET NOTES

- June 2010 - Wound Management
- March 2010 - Pharmacy Notes
- February 2010 - Cryptorchidism in the horse
- December 2009 - Selection of mares for embryo transfer
- October 2009 - Tying-up Syndrome
- September 2009 - Flexural deformities in the forelimbs of foals
- August 2009 - Equine Cushing's Disease
- July 2009 - Corneal ulcers
- June 2009 - Laparoscopic surgery: A new way to look at things
- May 2009 - Equine cardiology
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- March 2009 - Resistance to anti-parasitic drugs
- November 2008 - Periodontal Disease
- October 2008 - Interstitial pneumonia - a different kind of lung disease
- September 2008 - The yearling sales
- August 2008 - Eastern Equine Encephalitis—have you vaccinated
- July 2008 - Castration complications

Rhodococcus in foals

As breeding and foaling season winds down, we are beginning to see cases of *Rhodococcus pneumoniae* in foals. This is the most serious cause of pneumonia in foals from 1 to 5 months of age. *Rhodococcus* can also have some non-respiratory symptoms, including swollen joints and abdominal abscesses.

Rhodococcus equi is a bacteria found in soil and manure, which is likely inhaled within the first two weeks of the foal's life. Clinical signs usually are not seen until the disease has progressed to the point of extensive abscesses in the lungs. Affected foals usually present with acute respiratory distress and fevers as high as 105-106° F. Some foals may simply be found dead, even with no history of illness.

Your veterinarian will diagnose the foal based on a combination of physical exam findings, abnormal lung/trachea sounds, elevated white blood cell count on CBC, abscesses visualized on lung ultrasound, lung radiographs, culture and cytology of a trans-tracheal wash. Antibiotic therapy may include erythromycin, azithromycin, clarithromycin, doxycycline. Often these are combined with rifampin. Fevers will be managed with anti-inflammatories and environmental management (fans, alcohol baths body clips, etc). Some severely affected foals may need intranasal oxygen. Antibiotics are usually given anywhere from 4 to 9 weeks or until bloodwork/radiographs/ultrasound return to normal.

70-90% of foals with *rhodococcus pneumoniae* survive when treated appropriately. If not treated, or treated with inappropriate antibiotics, 80% of foals die. Long-term performance can suffer, as foals affected with *rhodococcus* are slightly less likely to race as adults, but those that do make their first start, show no difference in performance than the rest of the US racehorse population.

There are no vaccines effective against *rhodococcus*, and the bacteria is widespread in soil samples, so complete prevention is difficult. Avoiding over-

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crowded paddocks, minimizing dusty environments for young foals and good manure management will help. Administering hyperimmune rhodococcus plasma during the first 24 hrs of life can decrease prevalence of rhodococcus pneumonia. On farms where rhodococcus is endemic, your veterinarian may recommend prophylactic administration of antibiotics, most likely azithromycin, to decrease frequency of cases.

Close monitoring of foals by the farm can help lead to early diagnosis. At least daily monitoring of rectal temperature is recommended. CBCs and thoracic ultrasounds can be used as screening tools to determine if further diagnostics are needed to diagnose foals before they become clinically ill.

Discuss management practices with your veterinarian to determine the best protocol for your farm to minimize the impact of rhodococcus.

- June 2008 - The use of acupuncture as a diagnostic aid in the equine lameness exam
- April 2008 - Current parasite control recommendations
- March 2008 - The use of Oxytocin in the post-partum mare
- January 2008 - Preparing your mares for the breeding season
- January 2008 - Proximal hind limb suspensory desmitis (PSD): Part II: Treatment
- December 2007 - Pleuropneumonia - when shipping fever turns into a nightmare
- November 2007 - Proximal hind limb suspensory desmitis (PSD): Part I: Diagnosis
- August 2007 - Intramuscular injections

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