



VET NOTES

JULY 2009

Previous VET NOTES

- June 2009 - Laparoscopic surgery: A new way to look at things
- May 2009 - Equine cardiology
- April 2009 - Single screw compression update
- 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
- 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

Corneal ulcers

Eye problems can be a big health issue for horses in Florida. Complications can be obvious or not so easy to figure out. Owner knowledge and immediate treatment can make all the difference in the outcome of eye issues. Although many eye problems are found in horses, the focus will be on the most common that are seen by veterinarians: corneal ulcers.

Corneal ulcers are quite common and can lead to severe complications if not treated promptly and appropriately. It usually starts with a small scratch to the surface of the eye. Most of the time the scratch will heal within a few days but exposure to bacteria and fungi lead to an infectious corneal ulcer. Common signs of an ulcer include any change in appearance of the eye including pain, cloudiness, redness, swelling, tearing, etc. Even though the ulcer is sometimes obvious, veterinarians will often stain the surface of the cornea with a fluorescent green dye to determine severity and depth. Many layers of the cornea can be involved and ulcers are progressive and must be treated aggressively with antibiotics and/or antifungals. Fungi are often responsible for infectious ulcers, especially in temperate environments like Florida. If the fungus is the cause then treating with antibiotics alone **will not** solve the problem. Fungi tend to move a little slower but create a problem worse than bacterial ulcers. Your veterinarian may scrape the surface of the ulcer and take a culture to determine the pathogen or pathogens responsible for the ulcer. This allows for appropriate antibiotic/antifungal choice for treatment and best outcome. Infection in the eye can progress quickly wider and deeper into the underlying structures of the eye. You may have heard the term “melting ulcer” to describe the way the cornea seems to melt away as the ulcer worsens. The bigger the ulcer the more difficult it is to repair and the more likely it is to leave an opaque scar. A severe ulcer can lead to blindness or rupture

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of the eye. Severe ulcers may also require corneal surgery or removal of the eye

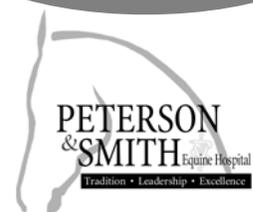
Please don't be surprised if your vet asks you to treat the eye hourly or throughout the hours of the night. It is important for horse owners to remember that the faster and more aggressively that ulcers are treated, the better your chances are of saving the horse's sight. A sub-palpebral lavage system can be placed in the eye for ease of treatment for both horse and owner. This is simply a catheter placed in the eye so medications can be applied without actually touching the painful eye. Some common medications used in treatment of corneal ulcers may or may not include: atropine, banamine, serum, EDTA, miconazole, natacyn, and antibiotic ointments or solutions. Combinations and treatment frequency will be determined by your veterinarian based on examination and progression of healing. Severe ulcers require many rechecks and may require treatment for several weeks. If your horse displays any of the following eye symptoms, have a veterinarian examine the eye as soon as possible: any type of discomfort including squinting, tearing, swelling, repetitive blinking, redness, cloudiness, change of color, drooping eye lashes, light sensitivity, blindness, tumor growth on or around the eyelid, or cut or scratch on the surface of the eye. Do not delay!

Chiropractic services

Dr. Andrea Cogswell, Chiropractor, will be at Peterson & Smith Monday through Wednesday, July 27 - 29, 2009. If you would like an appointment please call the main office: (352) 237-6151

- November 2007 - Proximal hind limb suspensory desmitis (PSD): Part I: Diagnosis
- August 2007 - Intramuscular injections
- June 2007 - A hard pill to swallow
- April 2007 - The advantages of high fat/low carb diets
- March 2007 - Bandaging
- February 2007 - Single screw compression V. Screws and wire (Transphyseal bridging)
- January 2007 - The dental health of young performance horses
- December 2006 - Neonatal Isoerythrolysis in foals
- November 2006 - Upper respiratory infections of young Thoroughbreds in training

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