CLARK EQUINE CLINIC COUGH EVALUATION

OWNER/TRAINER		DATE		
ADDRESS	CITY/ST/Z	IP		
HOME PHONE #	CELL PHONE #			
EMAIL	HORSES NAME			
BREED	COLOR	AGE	SEX: M G S	
MEDICAL COMPLAINT/HISTORY				

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GENERAL INFORMATION:

Horses that display coughing or other respiratory signs may be the result of a variety of different conditions. In cases of respiratory infection, alterations in airway function and structure may cause horses to cough, perform poorly, develop fever and/or nasal discharge, or have difficulty breathing. Other conditions may be environmental or anatomic in origin. Due to the vastly different treatment and management for each condition, it is essential to work with your veterinarian to pinpoint the underlying cause of your horse's respiratory signs. If you notice your horse begin to cough, it is important to note the duration, time and character of the cough. For example, a horse that coughs 1-2 times at the beginning of exercise may not be a concern. However, if your horse coughs consistently throughout exercise and attempts to elongate its neck this may be signs of anatomical displacement of the soft palate. Other coughs may be noted during feeding or become acutely widespread throughout the barn, possibly indicating either environmental irritants or spreading viral infections. Horses with "wet", "harsh" coughs and lethargy should be evaluated for pneumonia. By collecting this information, you can give your veterinarian a better clinical picture of your horse. See charts below for common upper and respiratory causations of disease in the horse.

Condition	What is it?	Causes	Clinical Signs	Diagnosis	Treatment
Nasal Polyp	Non-cancerous growth that obstructs nasal passages	Congenital abnormality, chronic inflammation	Honking, stertorous breathing, increased respiratory effort, decreased performance, facial swelling, nasal discharge, low-volume bleeding from nostrils	Endoscopy, Computed tomography (CT), or skull radiographs, histopathology	Surgical excision
Neoplasia	Cancerous or malignant mass that may obstruct nasal passages and/or invade tissue locally	Genetic mutation	Honking/stertorous breahing, increased respiratory effort, decreased performance, facial swelling, nasal discharge, malodorous	Endoscopy, Computed tomography (CT), or skull radiographs, histopathology	Dependent upon tumor type
Inflammatory	Soft tissue swelling secondary to a tissue damage or reaction	Trauma (kick, traumatic event), bee sting, snake bite, etc.	Acute swelling of soft tissue surrounding nostrils	History, clinical signs, radiographs	Dependent upon cause – anti- inflammatory medication, corticosteroids, anti-histamines
Upper Airway Obstruction	Defects in soft palate, pharynx or larynx inhibits airflow and may cause tissue irritation	Nerve damage, congenital anatomic defects	Decreased performance, respiratory noise during exercise, unwilling to keep head in collection/carriage	History, clinical signs, Endoscopy exam	Dependent on type of defect. Surgery – resection of dorsal soft palpate and ventricular sacculectomy

Upper Respiratory Issues:

Dr. Alan G. Clark D.V.M/Dr. David A. Clark D.V.M/Dr. Danielle K. Meissner D.V.M/Dr. Kade D. Grende D.V.M 1007 E 1000 S Albion, ID 83311 (208)673-6632

Condition	What is it?	Causes	Clinical	Diagnosis	Treatment	Prevention
Equine	A chronic	Stall	Signs Coughing,	History,	Environmental	Good
Asthma	noninfectious, inflammatory obstructive lower airway disorder	confinement and breathing in aeroallergens, such as dust, mold, smoke and pollen	nasal discharge, nasal flaring, increased breathing effort at rest, abnormal lung sounds	physical exam, routine bloodwork, +/- bronchoalveolar lavage (BAL)	management, not feeding dry hay, omega-3 fatty acid supplementation, corticosteroids, and bronchodilators	ventilation, turnout, and feeding low- dust forages.
Respiratory Virus	A respiratory tract and/or lung infection caused by contagious viral pathogen	Inhaling or coming into contact with viruses such as equine influenza virus, equine herpesvirus, equine arteritis virus, and rhinitis virus	Nasal discharge, fever, cough, depression and anorexia	Testing nasopharyngeal swabs and blood serum samples	Supportive care such as non- steroidal anti- inflammatory medication, fluids, and rest.	Vaccination and proper biosecurity protocols
Bacterial Pneumonia	Infection associated with stress and immune system compromise, also known as "shipping fever"	Aspirating food while traveling, exercise or under general anesthesia; exposure to pathogen; secondary to viral infection	Gurgling sound in the trachea, fever, depression, respiratory distress, nasal discharge, coughing, inappetence, exercise intolerance, and weight loss	Clinical signs, history, bloodwork, serum amyloid A testing, ultrasound, and TTW (transtracheal wash)	Antimicrobials, non-steroidal anti- inflammatory medication, fluids, and bronchodilators	Good ventilation, low-dust hay, water provision during transport and housing
Exercise- Induced Pulmonary Hemorrhage	Bleeding into the lungs and airways during exercise	Most commonly strenuous exercise, but can also occur secondary to inflammation, upper airway obstruction, asthma or atrial fibrillation (heart arrhythmia)	Reduced performance, labored breathing, coughing, and bleeding from nostrils	Endoscopy or dynamic endoscopy exam, BAL	Rest and furosemide, +/- non-steroidal anti- inflammatory medication	Avoiding intense exercise, furosemide before exercise, nasal strips, and good barn ventilation

Lower Respiratory Issues:

*source – theHorse magazine Dec. 2021 addition, article "4 Common Equine Respiratory Conditions"

DIAGNOSIS:_____

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RE-BREATHIN	G EXAM:				
THORACIC UI	TRASOUND				
ENDOSCOPY	EXAM:				
CULTURE/SEN	ISITIVITY:				
CBC/CHEMIST					
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TREATMENT:					
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PROGNOSIS:_					
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ADDITIONAL INSTRUCTIONS/OPTIONS:

NOTIFY YOUR VETERINARIAN IF:

- 1) You have any questions concerning respiratory disease in your horse.
- 2) Your horse's condition worsens or does not improve within 3-5 days
- 3) Your horse recovers but begins to show respiratory signs again
- 4) Your horse develops diarrhea or skin swellings following medication administration.

RECHECK YOUR HORSE IN _____ DAY(S).

THANK YOU!

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