



The inside track on the University of Florida's Mobile Equine Diagnostic Service



Message from Porter...

I am very proud to introduce the first of many MEDS quarterly newsletters. These newsletters are designed to share with you some of the cases that we have seen through the eyes of the students. In addition, I hope to recognize many of the referring veterinarians in north-central Florida that have contributed to the early success of the MEDS program. - Dr. Michael Porter

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Cystic Calculi in a Mare

Student Case Study #1

By: Emily Bille, Class of 2005

Urolithiasis is rare in horses, with cystic calculus being the most common form of urolithiasis. In horses, these are mostly rough calcium carbonate stones. Horses often present with signs of pain on urination (dysuria), frequent urination (pollakiuria), and blood in the urine (hematuria). One such case seen on the MEDS service was "Molly", a 21-year-old Saddlebred mare, that presented with signs of restlessness, dysuria, pollakiuria, hematuria, and signs of incontinence. On physical exam, urine scalding was noted on the perineal area. Diagnosis of cystic calculi was made by rectal palpation and trans-rectal ultrasound, where a large firm mass was seen and palpated within the urinary bladder. A urinalysis performed showed a large amount of blood in the urine, but no infection present. An endoscopic exam of the urethra and urinary bladder was performed to evaluate size, shape and number of calculi present in the bladder, as well as to evaluate the integrity of the bladder mucosa. After the initial evaluation, trans-urethra removal was elected and the procedure was performed at the farm the subsequent week. Molly was sedated and epidural anesthesia was maintained. The urethra was manually dilated and a lithotrite was introduced into the urinary bladder. The lithotrite was used to break the calculus into smaller pieces to aid removal. Once the fragments were removed with forceps, the bladder was lavaged with large amounts of saline. Post-operatively, Molly was treated with antibiotics and anti-inflammatories. The mare recovered without incident and continues to do well eight months after the procedure.



Equine Poor Performance

The evaluation of equine patients for poor performance is becoming more and more common for the MEDS program. Depending on the clinical complaint MEDS offers the following for on-site evaluations:

- Extensive physical exam
- Lameness exam
- Cardiac evaluation
- 24-h Holter Monitor
- Trans-thoracic ultrasound
- Terbutaline skin test for anhidrosis
- Blood work (Chemistry/CBC)
- Endoscopy (upper/lower airway)
- Bronchoalveolar lavage (BAL)
- Transtracheal wash (TTW)
- Gastroscopy



Poor Performance in a Four Year Old Quarter Horse Gelding

Student Case Study #2

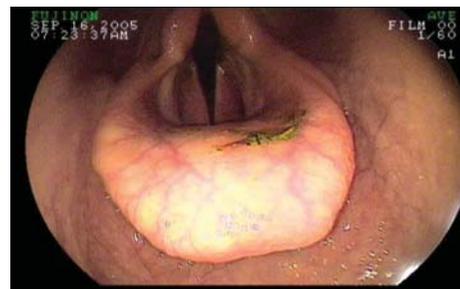
By: Rena Borucki, Class of 2006

A 4-year-old American Quarter Horse gelding presented to the MEDS service for evaluation of prolonged respiratory recovery after exercise and suspect anhidrosis. The horse recently began barrel race training and the owner had noticed a decline in performance. The horse was requiring extensive time to recover after exercise. In addition, the owner reported sweating of the neck, shoulders, and underneath tack, but never on the flank or haunches. A thorough physical examination, including rebreathing bag auscultation of the lungs, was performed. Auscultation of the thorax during the rebreathing exam noted a mild increase in bronchovesicular sounds and the remainders of vital signs were normal. Temperature, pulse, and respiratory rate were documented before and after 10 minutes of round pen work and the respiratory rate remained elevated for an inappropriate amount of time. Based on these findings a terbutaline sweat test, an upper respiratory tract endoscopy and a bronchoalveolar lavage (BAL) were performed. Results from the terbutaline sweat test indicated partial anhidrosis. Interestingly, the endoscopy revealed an aryepiglottic entrapment and the BAL cytology was consistent with very mild inflammatory airway disease. The horse was referred to the University for surgical correction of the aryepiglottic entrapment. Following surgery the gelding improved significantly and did not need treatment for the mild inflammatory airway disease. Inflammatory airway disease (IAD) often causes decreased performance and increased recovery time in young horses. Nasal discharge, coughing, and abnormal lung sounds may also present. Low-grade small airway inflammation, with possible tracheobronchial mucus, is characteristic of this condition. Diagnosis with BAL and cytology is the gold standard and treatment often includes either systemic or inhaled corticosteroids combined with bronchodilators.

Pre-Surgery Epiglottis



Post Surgery Epiglottis



A special thanks to Dr. Brad Newman and his associates in Cocoa Beach, Florida

Dr. Newman and I first met several years ago over the phone while I was in my medicine residency at the University of Florida. During my last year as a resident, I informed Dr. Newman of the university's plans to put together a mobile diagnostic service and he expressed great interest in the concept. That June, I traveled to his clinic and spoke to his clients regarding MEDS at an annual event Dr. Newman provides for his clientele. Although the MEDS program was four to five months away from being on the road, I recall meeting several clients that were interested in having the MEDS truck visit Newman Equine Veterinary Services. No sooner did I have the keys to the MEDS truck than Dr. Newman called for a MEDS consultation. Over the past year, MEDS has traveled to Newman's practice nearly once a month. The clinic is well equipped with eight stalls, stocks, several paddocks, breeding phantom, and a fully equipped laboratory. Dr. Newman is even kind enough to allow me to plug the MEDS truck into his RV hookup when we visit. Without a doubt, MEDS has benefited greatly from the consistent support provided by Dr. Newman and his associates (especially Dr. Mari Good). We look forward to a long future working together with Newman Equine Veterinary Services.



Dr. Newman

Newman Equine Veterinary Service

Bradley W. Newman DVM

David Schroepfer DVM

Mari J. Good DVM

Practice Limited

to Horses

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We would like to thank all the Referring Veterinarians listed below who have made the MEDS Unit a success.

John Alford	Tiffany Atteberry
Dehaven Batchelor	Tammy Barron
Mace Barton	Andy Bennett
Greg Bonenclark	James Broadbent
Ted Broome	Lee Bruey
Maria Cadario	Sara Caldwell
Lori Carrol	Megan Collahan
Todd Cooley	Wendy Cusick
Rik Daniels	Tracie Daniels
Doug Davenport	Jose Davila
Randy Emmons	Shane Files
Steve Fisch	Rob Franklin
Peggy Fuller	Ed Gilbert
Mari Good	Robert Gukich
Shane Henry	Holly Henry
Fay Herrero	Dale Hodges
Tammy Jordan	John Langlois
Jeff Larraway	Erica Lacher
Jordan Lewis	Jackie Linkus
Jason Liska	Mark Mayo
Dawn McLane	Ryan Meeks
Nathan Mitts	Steve Murphy
Richard Nancarrow	Tom Nauman
Brad Newman	Suzan Oakley
John Peloso	Matt Peterson
Wade Phillips	Hiram Pomales
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Heather Ruebel	Fleet Ryland
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Larry Shaffer	Matt Shairer
Doug Shearer	Gary Shelton
Ted Specht	Fred Springer
Susan Tanhauser	Susan Thoma
Matt Walter	Coy Werner
Mike Warren	Alan Weldon
Larry Wexler	Donna Woelfel
Laura Wolfe	James Yanchunis
Ted Yoho	Carlos Zimmora

Mission Statement:

The UFVMC's Mobile Equine Diagnostic Service is committed to providing high quality referral services in a farm setting. By bringing specialist clinicians and state-of-the-art diagnostic equipment into the community, the University of Florida College of Veterinary Medicine will strengthen contacts with its referral base of horse owners and veterinarians. This program will also provide key clinical training for veterinary students pursuing a career in high quality ambulatory equine medicine and surgery.



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A View from the Chair...

Dr. Eleanor M. Green, DVM, DACVIM, DABVP
Professor and Chair, Chief of Staff
Large Animal Clinical Sciences

It is already November 2005, exactly one year from the date MEDS began full operation. *Why did we at the University of Florida conceive of the MEDS program and invest the time and resources necessary for launch?* The answer is simple, to better serve our constituents, our valued referring veterinarians, to benefit our students, the veterinarians of tomorrow, and, of course, to provide the highest quality care for the equine patient. There are horses which perhaps should be referred to a specialist, but which for some reason will not or cannot be referred or transported. Those scenarios formed the foundation for MEDS. Now an animal can be referred, while not moving from the practice or the farm. Now a board certified specialist and high tech diagnostic equipment can be dispatched from the Alec P. And Louise H. Courtelis Equine Hospital, while maintaining satellite contact with its cadre of specialists in the UF Veterinary Medical Center.

There is another reason for MEDS. When we saw the end of Dr. Michael Porter's residency in Large Animal Medicine fast approaching, we realized that we did not want to lose him. Dr. Porter was recognized for his exceptional devotion to patients, his high standards of patient care, and his communications skills. During brain-storming sessions on how to keep Dr. Porter, the idea of MEDS was born. While Dr. Porter became the workhorse to build his own program, many contributed, a few of whom are Dr. Rob MacKay, Chief of Large Animal Medicine and Mr. John Haven, our hospital director. Today MEDS is a success. Many veterinarians who have invited Dr. Porter to their practices have shared comments of praise for him and for this valuable service. We hope that the unique, easily recognizable MEDS truck serves as a reminder that the University of Florida is trying to better serve Florida's veterinarians, their clients, and their equine patients.

To make an appointment with MEDS please call (352) 392-4700 ext. 4036 or contact Dr. Michael Porter via email at PorterMi@mail.vetmed.ufl.edu