



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



## The MEDS Service Non-Equine Patients of the Quarter

### Message from Porter...

Time is flying by and MEDS continues to grow. Although we spend greater than 90% of our time with equine patients, occasionally MEDS is called to see some non-equine patients. A special thanks to the VETS and Sea World for making MEDS a part of their health-care program.



**"Peanut" the dolphin with pneumonia**



**"Bruiser" the walrus with an infected tusk**

### In This Issue

**Pg 1 - MEDS Non-Equine Clients**

**Pg 2 - Infiltrative Bowel Disease**

**Pg 3 - Fungal Granuloma**

**Pg 4 - Jacksonville RDVM's**



**"Curley" the lame camel**



**"Bully" the lame bull**

# Equine Chronic Weight Loss

The evaluation of equine patients for chronic weight loss is especially common in the geriatric horse. Many of these patients are physically debilitated and benefit from on-site evaluation rather than transport to a referral clinic. Depending on the clinical complaint MEDS offers the following for on-site evaluations:

- Extensive physical exam
- Cardiac evaluation
- Trans-thoracic ultrasound
- Abdominal ultrasound
- Blood work (Chemistry/CBC)
- Gastroscopy
- Peritoneal fluid analysis
- Trans-rectal palpation



Gastroscopy: Severe ulceration of the non-glandular stomach



Ultrasound: Severe inflammation of the right dorsal colon

## Infiltrative Bowel Disease in a Paso Fino Mare

### Student Case Study #1

By: Natalie Lamneck, Class of 2006

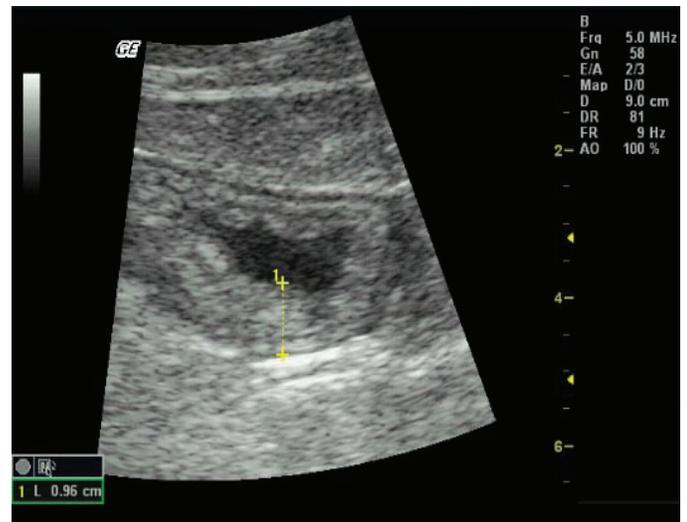
A six year old Paso Fino broodmare presented to the MEDS service with a history of chronic weight loss. The current farm managers always had a difficult time keeping weight on the nervous mare in the past 4 years, even with an excellent appetite and a high quality diet. Recently, the farm manager had noticed an increase in weight loss despite a strong appetite. At presentation, the mare's body condition score was 3/9 yet the remainder of her physical exam was normal. A chemistry panel revealed moderate hypoalbuminemia. Transabdominal ultrasound noted moderate to severe thickening of the small intestinal wall, ranging from 0.70cm to 0.90cm. In addition, the liver appeared smaller than normal in that it could only be visualized on the right side of the horse at the most ventral aspect of the 8th and 9th intercostal space.

However, on the left side the liver was visualized adjacent to the spleen and the echogenicity was hypoechoenic compared to the spleen.

Liver enzymes and bile acid results were within normal limits for this mare. Based on the hypoalbuminemia

and the thickened small intestine a tentative diagnosis of infiltrative bowel disease (IBD) was made. Infiltrative bowel disease in horses includes plasmacytic-lymphocytic enteritis, eosinophilic enteritis, granulocytic enteritis, and lymphoma. This condition is characterized by the infiltration of inflammatory cells, such as plasma cells, lymphocytes, macrophage, and eosinophils, throughout the small and large intestine. Clinical symptoms of IBD include but are not limited to weight loss, chronic diarrhea, chronic low-grade colic, hypoproteinemia, and generalized dermatitis. In addition to serum analysis of albumin levels and abdominal ultrasound, intestinal biopsy and D-xylose absorption tests can be performed to confirm the diagnosis of IBD.

Treatment for IBD may include change in diet, deworming, and/or immune suppressive medication. In this case, intestinal biopsy was not performed and the mare was started on treatment. Her treatment included change to a senior feed and immunosuppressive dose of prednisolone and azathioprine with a follow-up exam in 30 days.



Thickened Small Intestine

# Fungal Granuloma in a Horse

## Student Case Study #2

By: Kelly Taylor, Class of 2006

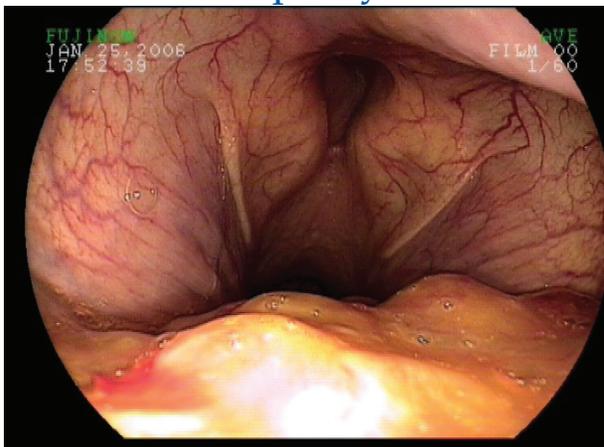
A 13 year old Thoroughbred gelding presented with a 2 month history of bloody nasal discharge from both nostrils. Endoscopy per the RDVM noted an inflamed and mildly ulcerated nasopharynx. A daily throat wash treatment was prescribed and a follow up endoscopy with the MEDS unit was scheduled for 4 weeks later. Prior to the second endoscopy, the physical exam was within normal limits except for a mild amount of bloody nasal discharge coming from both nostrils. The second endoscopy revealed a nasal mass along the pharyngeal aspect of the soft palate (within the nasopharynx) and extending rostrally into both nasal passages.

The mass was locally extensive, lobulated, erythematous, and contained yellow coral like lesions suggestive of "kunkers". The mass was sensitive to touch as well. Several biopsies were taken through the endoscope and submitted for culture and histopathology. The culture results were pending at the time of this news letter however the histopathology results confirmed the clinical diagnosis of granulomatous rhinitis. Fungal staining of the tissue revealed the presence of intralesional fungal hyphae along with severe eosinophilic rhinitis.

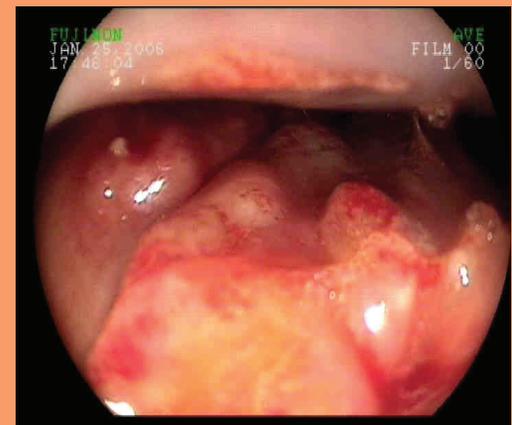
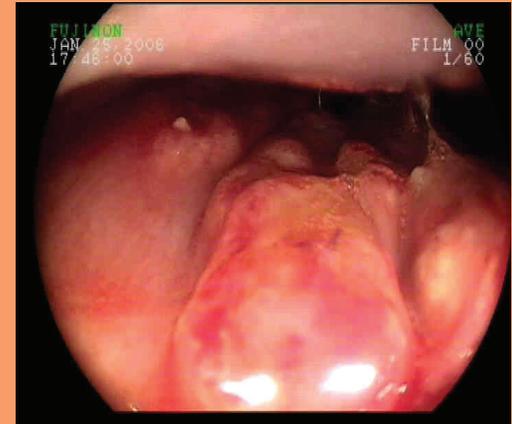
Possible infectious agents that would be consistent with this histopathology include Pythiosis spp, Aspergillus spp, Conidiobolus spp, and Cryptococcus spp. Treatment for fungal granulomas include surgical debulking, laser therapy, cryotherapy, intralesional anti-fungal treatment, topical anti-fungal treatment, and systemic anti-fungal treatment. In addition, the use of anti-pythiosis vaccines has been advocated, especially in non-surgical cases. Due to location of this fungal granuloma surgical debulking was not an option hence the gelding was started in anti-fungal treatment consisting of oral Fluconazole.

Depending on the final culture results, anti-pythiosis vaccination will be instituted to address the possibility of pythiosis. A follow-up endoscopy is scheduled for 30 days after initiating the Fluconazole treatment.

## Nasopharynx



## Right Nasal Passage Case Study #2





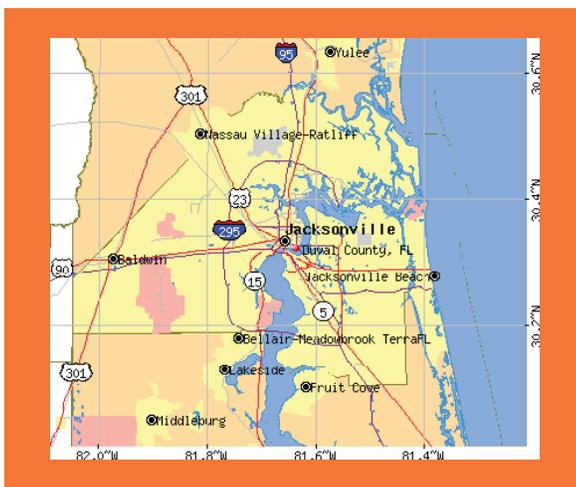
UNIVERSITY OF  
FLORIDA

**Mobile Equine Diagnostic Service  
Veterinary Medical Center  
P.O. Box 100136  
Gainesville, FL 32610-0136  
(352) 392-4700 ext. 4036**

**UF VMC**  
University of Florida Veterinary Medical Center

*A special thanks to the  
Jacksonville area referring  
veterinarians*

Several months prior to kicking off the MEDS program I met with about a dozen veterinarians from the Jacksonville area. After introducing the program it was evident that there was an interest in a mobile program from the University that would work directly through the referring veterinarian. Since then the Jacksonville area has become a weekly stop for the MEDS program. Although Marion County receives most of the state-wide attention as the “horse capitol of the state”, Jacksonville and its surrounding counties are full of horses and great veterinarians. These veterinarians have been very supportive of the MEDS program. In particular, Dr. Peggy Fuller has been a regular participant in the MEDS program and I am very appreciative of her consistent efforts to make MEDS a success in the Jacksonville area.



### *Jacksonville Area Referring Veterinarians*

*Dr. Peggy Fuller  
Dr. Alan Weldon  
Dr. Mace Barton  
Dr. Tammy Jordan  
Dr. Erin Emmans  
Dr. Susan Thoma  
Dr. Shane Henry*

*Dr. Richard Nancarrow  
Dr. Wendy Cusick  
Dr. Dawn McClane  
Dr. Gary Shelton  
Dr. Matt Shaere  
Dr. Pam Tredinick  
Dr. Tom Nauman*

**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](mailto:PorterMi@mail.vetmed.ufl.edu)**