

Tipps zur rektalen Untersuchung beim Pferd
Tips for rectal examination (Consigli per l'esplorazione rettale)
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Between 40 - and 50 % of the abdominal cavity can be reached during rectal examination. The remaining areas of the abdomen are evaluated by clinical (control-) examinations and laboratory tests. In smaller horses radiography, ultrasound and, less often, contrast radiography can be used to gain a full picture of the disease.

If the examination is difficult, the following drugs can be used without undue effects on the clinical signs to allow a thorough and safe rectal examination:

butylscopolamine IV, examination after 5 - 10 mins

xylazine IV, IM, examination after 5 to 10 mins

epidural anesthesia, examination after 5 - 10 mins

Important findings during rectal examination are explained.

Remarks to some drugs used for colic treatment

Metamizole and butylscopolamine used once or several times are safe and will not influence the symptoms of an ileus.

They are used for:

primary constipation (large and small colon)

spastic constipation of the ampullae coli

acute constipation of the caecum.

In spite its efficacy, flunixin is not used in cases with without definite diagnosis, because of its ability to mask severe cases of subileus, severe constipations etc. Flunixin is rather used peri- or postoperatively or for laparoscopies.

Propulsive drugs are mostly used postoperatively: Neostigmine: 0.5 - 1.0 mg/ 100 kg bwt several times a day, depending on its efficacy; potassiumchloride infusions: 20 - 40 mval/ 100 kg bwt; bariurchloride as 0.1 - 0.3 % solution, 20 - 40 ml IV, repeated or metoclopramide: 0.1 - 0.5 mg/kg bwt depending on its effect several times a day.

Parasitism

More than 70 % of our colic patients carry worm burdens. In Bavaria there are mostly large strongylidae, small strongylidae, ascaridae, tapeworms and mixed infections.

Furthermore there are often cases of subclinical habronematosis and gasterophilus infections. Infections with

Dictyocaulus arnfieldii are rare.