



# EQUINE ROUNDS

Number 2  
January, 1984

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Student Chapter • American Association of Equine Practitioners  
New York State College of Veterinary Medicine • Cornell University

## 1983 "I Love New York Horses Symposium"

by Michelle Seavey, '86

Do you love New York horses? Five hundred people from New York and surrounding states said yes, and attended the Cornell Student Horseman's Association's 5th annual "I Love New York Horses" Symposium on November 12 and 13, 1983.

The event, held at the New York State College of Veterinary Medicine, offered lectures on a wide variety of topics to interest horse owners and enthusiasts. Many of the lecturers are familiar faces around the college, since all but a few are professors or instructors at the college.

On Saturday, Symposium guests first listened to Dr. Wolfgang Sack, professor of anatomy, present "The Inside Story-Anatomy of the Gastrointestinal Tract." The guests then divided into smaller groups for discussion sessions. Dr. Mary Smith, associate professor at the NYSCVM, discussed poisonous plants; Dr. John Lengel from the American Horse Show Association explained the AHSA rules governing the use of drugs and medications; Dr. Richard Hackett, associate professor of surgery, discussed causes, diagnosis, and treatment of colic; and Dr. Richard Lesser, a New York practitioner, covered basic first aid for horses.

Sunday's first lecture was "A Foal-time Job -- Prenatal and Postnatal Care of the Mare and Foal," given by Dr. Robert Hillman, senior clinician who teaches obstetrics at the college. During the discussion sessions, behaviorist Dr. Katherine Houtt analyzed equine behavior problems; radiologist Dr. Victor Rendano evaluated the use of radiographs in a prepurchase exam; practitioner Dr. Robert Nichols discussed competitive trail riding; and nutritionist Dr. Harold Hintz, professor explained proper nutrition for young horses.



During the lunch break on Saturday, the winners of the New York State 4-H Team Demonstration Contest presented their demonstration on horse packing, and members of Cornell's student chapter of the AAEP led tours of the Large Animal Clinic. Sunday's lunch break featured a USET film on three day eventing, and a Budweiser film on Clydesdales. The highlight of Saturday evening was the Symposium banquet, featuring guest speaker David O. Chase, president of the New York Horse Council. Following dinner, Alice Detrick and Slideways provided contemporary country music for listening and dancing.

If you would like to be placed on the mailing list for the 1984 Symposium, send your name and address to:

CSHA Symposium  
132 Morrison Hall  
Cornell University  
Ithaca, NY 14853  
(607) 256-4503



## THE AHSA DRUGS AND MEDICATIONS RULE

by Lynne V. Swanson '86

with special thanks to Dr. John G. Lengel

and Dr. Nora Matthews

How well do you know the Drugs and Medications Rule of the American Horse Show Association? The next time you show in an AHSA recognized class you may be approached by an AHSA testing veterinarian who, after congratulating you on your performance, requests blood and urine specimens from your horse. Before you ask "Why me?", here are some things that every horseperson showing or assisting in training for an AHSA class should know:

Why does the AHSA test entrants in their classes?

According to Dr. John G. Lengel, Administrator of Drugs and Medications for the AHSA, the purpose of the Drug Testing program is 3-fold:

- 1) to protect the fairness of competition
- 2) to accommodate the legitimate treatment of illness and injury
- 3) to instill public confidence in the integrity of horse shows and events as a sport and industry

Rule III, Part I, Section 3 of the AHSA Rules covers Drugs and Medications. Enforcement of this rule is funded by AHSA competitors, who are assessed a \$4 drug fee each time they enter an AHSA show. In return for the drug fees, the AHSA spends hundreds of thousands of dollars per year testing several hundred of the AHSA-recognized shows.

Which drugs are included under the Drugs and Medications Rule?

Drugs that are disallowed in competition include substances that affect the horse's performance and substances that interfere with laboratory detection of performance-altering substances. Drugs that fall into the first category are stimulants (e.g. caffeine), depressants, tranquilizers (e.g. reserpine, acepromazine) or local anesthetics (e.g. lidocaine HCl). Drugs that interfere with detection include, but are not limited to, injectable preparations containing polyethylene glycol or thiamine, dipyrone, furosemide (LASIX), sulfa drugs and thiabendazole wormers. Caution is advised here because vitamin, mineral and electrolyte preparations, as well as antibiotics, can contain a forbidden substance without being a forbidden substance themselves. An example is procaine penicillin G. The procaine in this antibiotic cannot be distinguished in the laboratory from procaine that may be from an injection of local anesthetic. Therefore procaine penicillin is not an acceptable drug for use prior to an AHSA competition. Acceptable antibiotics to use are ampicillin, oxytetracycline, and potassium penicillin. Nonsteroidal anti-inflammatory drugs (Banamine, Arquel, aspirin, phenylbutazone) are considered "permitted substances" according to the AHSA Rule.

What happens to my horse's blood and urine specimens after they are taken?

Each of the specimens is labeled with the top half of an identification card filled out by the testing veterinarian or one of his/her technicians. The top half of the card contains only an identifying number matched to a number on the lower half which includes the date, horse identification, class, show, owner, trainer and signatures of witnesses to the taking of the samples. The top half of the card is fastened, face down, on the specimen container, to be sent to the AHSA laboratory in Philadelphia. The bottom half of the card is sent to the AHSA Drug and Medications Office in Columbus, Ohio. The result of these actions is that the testing lab has no idea which sample came from which horse.



## "Why me?"

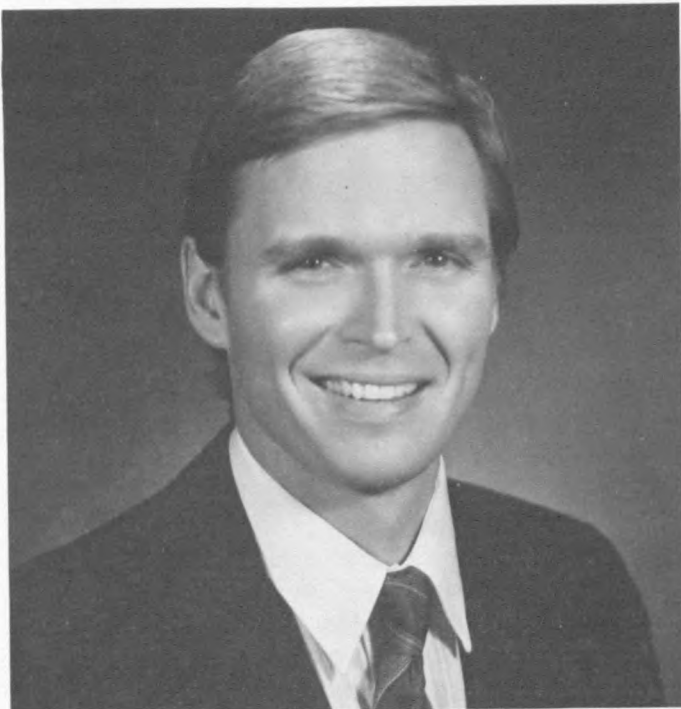
Horses to be tested are picked at random by the testing veterinarian. Veterinarian guidelines from the AHSA recommend selection of horses to be tested from random ribbon places - low placers and high placers as well as horses placing out of the ribbons. Horses acting abnormally as well as normal horses are chosen for testing. Horses that have been entered and then withdrawn from competition may also be tested. An attempt is always made to distribute the testing among different stables, but more than one horse from each stable may be picked. No one has the authority to influence the decision of the veterinarian, who decides which competitors will be tested. This includes Stewards, Judges, other AHSA officials, owners or trainers.

Am I expected to assist in obtaining samples from my horse?

The testing veterinarian and his/her technicians seek to obtain the necessary samples without delaying the horse's show schedule or the handler unnecessarily. As owner or trainer you can expedite testing procedures by cooperating with the veterinarian and technicians. As stated in the Rules, this includes assisting the veterinarian in procuring all samples promptly, including but not limited to removing equipment from the horse, leaving him quietly in the stall and avoiding any distractions to him. Schooling, lengthy cooling out, bandaging and similar delays are construed as noncooperation and may be reported to the AHSA.

Remember, the AHSA is using your fees to safeguard the integrity of the horse industry and to ensure the fairness of all AHSA competition.

Part II of this article will be included in the next issue of EQUINE ROUNDS and will discuss the Drug and Medications Rule and the Exhibitor: Subsection g.



Dr. John Lengel, Administrator of Drugs and Medications with the AHSA

### Equine Rounds

A Newsletter for Horsepeople

New York State College of Veterinary  
Medicine  
Cornell University  
Ithaca, NY 14853

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## AMFENAC SODIUM: SUPER-BUTE OF THE FUTURE?

by Lynne V. Swanson '86

with special thanks to Dr. Charles Short

At the NYSCVM at Cornell, preliminary toxicology studies have just been completed for a drug that has been referred to as "Super-Bute". The drug is Amfenac Sodium (AHR-5850). Members of the Anesthesiology, Large Animal Surgery and Clinical Pathology departments of the NYSCVM, in cooperation with the Equine Research Park have been conducting a four-part preliminary study of Amfenac Sodium for the A.H. Robins Company. The project is led by Charles Short, D.V.M., John Lowe, D.V.M., Nora Matthews, D.V.M. with surgical assistance provided by Michael Collier, D.V.M.

Amfenac Sodium is an injectable analgesic/anti-inflammatory drug with anti-prostaglandin effects like flunixin meglumine (BANAMINE). Members of the research team at NYSCVM became interested in the drug when they learned that Amfenac Sodium had performed very well in early laboratory trials with small animals. They were particularly impressed with its potency in comparison with similar drugs already on the market. These studies, along with human studies being performed elsewhere, prompted the initiation of studies on the use of this drug in experimental horses at the Equine Research Park in the fall and winter of 1982.

The initial study involved 12 horses which were given two different doses of Amfenac Sodium intravenously to test for any adverse reactions, particularly those involving cardio-pulmonary function. This type of preliminary screening of a drug is very important. A drug must be shown to be safe before its effectiveness can be tested. Dr. Short's team was able to report that the drug did not cause any adverse effects when used in acute situations in normal animals.

Three additional studies were then performed. Dr. Lowe studied Amfenac Sodium use at four different dosages in the treatment of acute colic in ponies. A level of 0.5-1.0 mg/lb. was found to be successful in the treatment of acute pain associated with colic. A study of the drug's use in relieving chronic pain was undertaken in experimental horses recovering from carpal fractures. After evaluation of inflammation, flexion of the carpal joint and lameness when exercised, Dr. Lowe and Dr. Matthews have reported very successful treatment of these cases with Amfenac Sodium.

The final part of the Amfenac Sodium evaluation was to determine its "margin of safety" during toxicologic studies. It was reported that horses tolerated the drug well, with no local reactions or objections to administration. The horses maintained their appetites -- in fact most of them gained weight!

With the preliminary screening of Amfenac Sodium completed, recommendations may now be made to its developers so that the next series of preclinical tests may be undertaken. The protocol for these studies will be worked out by the developing company and the Food and Drug Administration and studies will be performed at more than one institution. The researchers at NYSCVM hope to conduct some of these clinical trials. Only after these studies have been completed may any clinical studies be started. Dr. Short predicts that this "Super-Bute" may be ready for clinical studies in late 1984 or early 1985. If all goes well, Amfenac Sodium may be on the market by 1986-1988.



## The New Sterile Surgical Suite in the Large Animal Clinic

by Kathleen O'Brien '86

The demand for equine orthopedic surgery has grown rapidly in recent years as improved techniques have made repair work not only possible, but affordable. However successful procedures can be complicated by the invasion of harmful micro-organisms into joints and bones, which normally are sterile. Hence, NYSCVM saw the need to build its Large Animal Sterile Surgical Suite.

The \$995,000 project was completed in the Fall of 1981. The unit is designed with a circular flow pattern for the efficient movement of the animal during a surgical procedure and is equipped to keep bacterial contamination at a minimum.

The surgical patient starts its journey through the suite in the Animal Preparation Room. Here, the animal is initially prepared for surgery while standing in stainless steel stocks. Pre-surgical radiographs can be taken here and standing surgeries may be performed.

Next, the animal is walked into the Animal Induction Room. Here the horse is anesthetized, dropped onto a soft surface, and is placed on a surgery table which is flush with the floor. The table is lifted mechanically and the horse, table, and anesthesia machine are rolled into the 30' x 32' Animal Surgical Suite.

Utmost regard is given to cleanliness in Animal Surgery. Only "clean" surgeries such as orthopedics are performed here as opposed to "dirty" surgeries such as colic cases where abdominal contents may contaminate the area. This minimizes the chance of opportunist organisms from the gastrointestinal tract and other such areas contaminating the

environment. A positive pressure air system insures that air flows out when doors are open and prevents contaminated air from entering.

The anesthetic monitoring equipment within the suite represents the best of modern technology. Portable equipment includes an ECG heart monitoring unit, a non-invasive blood pressure monitor, an 8-channel Physiologic Function Monitor and Recorder, Impedance Cardiac Function Monitor and Recorder, a cardio-pulmonary resuscitation unit with defibrillator, and cardiac telemetry.

This facility has an extensive collection of orthopedic instruments for repairing fractures. Included are state-of-the-art ASIF plates, screws and instruments for plating long bones and a \$12,000 nitrogen-powered air instrument system for cutting and drilling holes in bones. Additionally, the facility has a \$50,000 arthroscopic surgical system for performing surgery on joints through a very small incision, thus decreasing the trauma from surgery and shortening recovery time.

After surgery, the horse and table are moved to one of the two Recovery Rooms. Here the horse is placed on thick pads and is monitored via a television and sound system until it is awake. The horse exits through a second door into the clinics, thus completing the circuit.

Also included in the surgery suite are separate rooms for clean and dirty instruments, mens' and womens' locker rooms, and a scrub area. The television monitor is located in the clean instrument room so that students may observe surgeries. Video recordings of procedures can be made for teaching purposes.

The complete and up-to-date facilities of the Large Animal Sterile Surgical Suite allow Cornell to provide its patients with the safest and smoothest road to recovery.



## AAEP INTERVIEW WITH DR. R. HACKETT

by Pamela Livesay-Wilkins '86

**AAEP:** Dr. Hackett tell us about your background in veterinary medicine?

**HACKETT:** I received my DVM in 1973 from Ohio State, did an internship in large animal medicine and surgery at Colorado and then stayed at Colorado for a 2 year residency in large animal surgery. I was awarded a Masters of Science in Clinical Sciences at Colorado State and then came here as an assistant professor in 1976. A few months ago I became an Associate Professor of Surgery at Cornell - that's it in a nutshell.

**AAEP:** Doing your internship and residency at a school different than the one that awarded you your DVM, did you find that your training at various places followed the same lines?

**HACKETT:** No, not at all. I think every school is different because of the people and the caseload and the approach to various types of problems. At Ohio State the caseload was very heavily weighted toward racehorses and orthopedic diseases of racehorses. In Colorado racehorses were few and far between, there was only one track in the state. We saw a fair amount of lamenesses in Quarter Horses and show horses and a very good mixture of other things. Here at Cornell I think we have an excellent balance of caseload. We have roughly 50 percent racehorses, Standardbreds predominantly but also some Thoroughbreds, so all the wind problems and racehorse lamenesses are well-represented. We have a good mix of other types of problems too, giving us a good cross-section of what can be done and what kind of problems you'll see.

**AAEP:** What are your current special interests in equine medicine?

**HACKETT:** One of my special interests is wound management, a product of being at Colorado. The management of horses out there is very different; we think of nice woven wire and board fences here in the east, out there it's

all barbed wire so we saw a lot of wounds. Another of my special interests is respiratory surgery, an interest I developed after I came here. That somehow evolved over a period of years into my becoming the specialist for upper respiratory problems. My third special interest is abdominal surgery, and we have a pretty good load of colic cases here. That is something I didn't learn until I got here. Abdominal surgery in horses has gone from an experimental procedure, when I was a student, to where we are doing a reasonably good job now. We are a lot more savvy about which horses need surgery and which ones don't. Techniques have improved so much that these animals are getting the best shot that they can. The success rate is still only 50 or 60 percent but that's a lot better than it was 5 or 10 years ago.

**AAEP:** How did you develop your interest in horses?

**HACKETT:** I didn't have any choice in that! My father trained and drove Standardbred racehorses. I spent summers in Long Island, Delaware, Kentucky and most of the late years at Scioto Downs, Ohio's "Showplace of Racing". I started out as a hotwalker and worked my way up to groom and second trainer and then to trainer and driver. It was a lot of fun but I'm not doing much of that now for various reasons. We have 3 pleasure horses, none of which are usable, but we still dabble in them. They're my wife's horses, one is a broodmare and the two youngsters are Quarter Horse/Connemara crosses.

**AAEP:** What is your usual schedule when you come in for the day?

**HACKETT:** The eight to nine hour is usually either rounds or getting organized, and then, if it's a receiving day, I receive in the morning and early afternoon and "stamp out fires" that arise with the hospitalized patients. If it's a surgery day we start surgery around 9:15 and go until it's done. It can be a very short or a very long day. We try to have rounds with the students on the service between 4 and 5 in the afternoon and make sure everything got done. Other things get thrown in there; I spend a lot of time on the telephone answering questions from





Dr. Richard Hackett combining his interests

veterinarians and clients, doing committee work, surgery labs in the spring, giving lectures. You easily find enough to keep your day full. It's fun, it really is!

**AAEP:** How do the clinicians rotate through the clinics?

**HACKETT:** In large animal surgery we have 2 services; each is composed of a service chief who is a faculty member, a resident, an intern, and then 3 to 5 senior veterinary students. The residents rotate back and forth between the services, and the interns rotate between the two surgery services and the medicine service. The chiefs alternate with their counterparts. Surgery I is headed by either me or Dr. Fubini; Surgery II is headed by either Dr. Collier or Dr. Toddhunter. (Please see the first issue of *Equine Rounds* for introductions to the clinical staff.) The staff is young enough and interested enough in various things that we haven't really tried to specialize. It seems to work out pretty well, and we alternate emergency duty equally.

**AAEP:** Do you find that the clients vary with the type of horse they own?

**HACKETT:** Not a great deal, but the pleasure horse people tend to be more emotionally involved with their animals. The standardbred and the thoroughbred people are more like the dairy farmer: the animal, while they like it, is an economic entity. They are a lot more savvy about understanding what you're trying to tell them: that things don't always work out well and that there are problems involved with taking care of animals, that they hurt themselves and that they don't always get 100% better. As far as which clients are easiest to deal with, I think that's a matter of the veterinarian's personality. I don't think there is one group that is harder to get along with than another group, they're just different, and you have to respect the differences. There's room for everybody.



# EQUINE ROUNDS

**AAEP:** You were recently a featured speaker at the I Love NY Horses Symposium here at Cornell. Do you feel that interacting with the public for the purpose of the continuing education of the pet horse owner is a part of your job?

**HACKETT:** It may not be part of my job description, but I think that it is certainly a professional obligation to try and help people give their animals better care, to be more knowledgeable about the kind of things that can go wrong with animals and what you can do to prevent those things. I think continuing education is a very important part of what I do, not just the I Love NY Horses Symposium, but other more advanced groups also: the Cornell Conference and various other continuing education programs that are available for veterinarians. Most of what I have been doing lately has been with the American College of Veterinary Surgeons.

**AAEP:** You were our guest faculty editor for the first issue of Equine Rounds. What do you see the newsletter and the AAEP being able to contribute to Cornell and to the horse industry?

**HACKETT:** I think the student chapter of the AAEP, through the medium of Equine Rounds,

can make a very important contribution to continuing education as well as developing as a project for the student chapter which will unify it and give it a goal. An important benefit of Equine Rounds is education. The format of Equine Rounds I think was very good for the first issue; my only concrete suggestion would be to develop a theme for each issue. Over a period of time this will allow the readers to collect and save a horse health handbook which is very current, readable, and is hopefully a very appealing method of continuing education.

(Dr. Hackett's suggestion for a unifying theme was adopted, and the next issue of Equine Rounds will emphasize reproduction and foaling.)

## Special Thanks ...

To those who took the time to write to Equine Rounds and express their interest and pleasure in our first issue.

## And We Goofed

The first issue of Equine Rounds contained an article which introduced the clinical staff at the NYSCVM. This article was written by Carolyn Prouty '87 whose name was inadvertently omitted.

## EQUINE ROUNDS

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