

CLINICAL MANAGEMENT OF PNEUMONIA IN A FOAL

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SUMMARY

Pneumonia is an important and fatal disease of horses particularly in young foals. A foal of 20-days old suffering from pneumonia was brought to Teaching Veterinary Clinical Service Complex of the University and treated initially with kanamycin for 2 days then with ceftiofur for 3 days but it did not respond. Finally, it was treated successfully with the combination of erythromycin and rifampicin. The response to the therapy and clinical symptoms pointed towards *Rhodococcus equi* as the cause of pneumonia.

Key words: *Rhodococcus equi*, pneumonia, foal, erythromycin and rifampicin

Pneumonia is an important cause of morbidity and mortality in foals. This communication describes a clinical case of pneumonia in a foal that was successfully managed and treated with the combination of erythromycin and rifampicin along with supportive therapy.

A 20-days old foal having cough and temperature since last 10 days, was brought to the clinics. On clinical examination, the rectal temperature was 104°F with nasal discharge and coughing. Laboured and harsh inspiratory sounds could be heard from a distance. Crackling sounds were heard all over the lung on auscultation and respiration rate was more than 40 breaths per minute. The foal was depressed, lethargic and anorectic. Haematological studies revealed leucocytosis with neutrophilia and monocytosis. Hemoglobin was 5.6 gm%.

Initially, it was considered as a simple case of pneumonia and was treated with kanamycin 500 mg i/m every 12 h, neoprofen and serratopeptidase for 2 days. There was no improvement and the condition deteriorated further with increase in intensity and duration of coughing. The foal was then treated with ceftiofur sodium 100 mg every 24 h along with other therapy like ferritas, prednisolone, deriphyline, serratopeptidase and trace minerals

in recommended doses for three days. There was little improvement only in coughing and the temperature remained high. The case was reviewed again keeping in mind the response to the treatment provided. Ceftiofur sodium considered to be the latest antibiotics and best for the lower respiratory tract infections, gave no response and therefore the case was suspected to be of *Rhodococcus equi*. The nasal swab was therefore, sent for cultural examination. It was sent twice but no growth could be observed on blood agar, MacConkey's lactose agar as well on Edwards' medium. Negativity of results confirms that the case is not of *Streptococcus* or other pathogenic organisms. But it did not confirm for the negativity for *R. equi*, as the exact material required for its cultural examination is bronchioalveolar aspirates or lavage (BAA) rather than nasal swab. BAA requires saline infusion and then recollection. It was not possible due to the extreme respiratory distress in this case.

The foal was shifted to an isolated place in a corner of the indoor house. For the next four days, it was put on to erythromycin 750 mg every 8 h orally, rifampicin 350mg every 24 h along with iron sorbitol, prednisolone and serratopeptidase. The schedule of treatment was followed strictly. There was remarkable improvement by day second and the temperature

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