



## Recognising colic

Colic is responsible for 1 in 3 emergency equine veterinary call-outs and is a major cause of death or euthanasia in horses. Here at Alnorthumbria Equine, we have teamed up with the University of Nottingham and the British Horse Society to bring you a series of informative articles about this important condition. Topics covered include:

- What is colic?
- Types of colic
- Recognising colic
- Colic: Causes and prevention
- Colic: What to do
- Colic: What will happen when the vet comes
- Critical colic cases
- Colic: The decision to refer
- Colic: Costs and insurance cover

In this article, we will focus on how to recognise the signs of colic and learning how to check that your horse is healthy. You can find more information on this topic on the [British Horse Society's](#) website.

### ***Signs of colic***

Most of us know that pawing and rolling are classic signs of colic. But there are many more signs – and some of them are fairly subtle. If you can recognise these more subtle signs, you will recognise a case of colic earlier, a factor that may well improve the outcome.

Research by the University of Nottingham has led to the REACT summary of colic signs (Figure 1). Any one of these signs could indicate colic – and the greater the number of signs the horse is showing, the more likely it is that he is unwell.

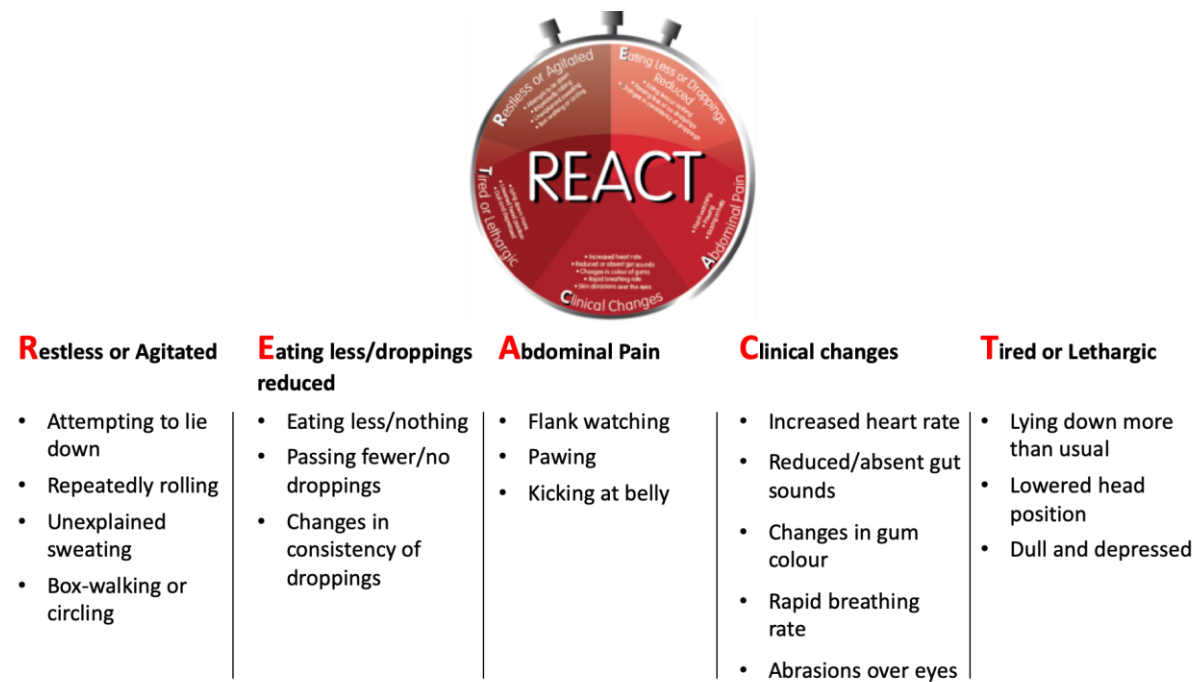


Figure 1. Signs of colic

### Most commonly identified signs of colic

Figure 2 shows the signs of colic that are most commonly identified. Note that the 'classic' signs of colic such as pawing, rolling, and kicking at the belly are not among the most common signs observed.

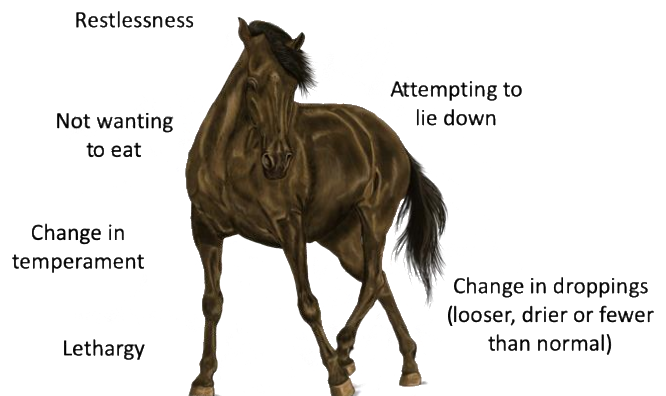


Figure 2. Most common signs of colic

### Get to know your horse

If you know your horse and his habits, you will be more likely to notice any changes in behaviour. This includes knowing:

- How much he eats and drinks
- How many droppings he does per day
- What consistency the droppings are
- His attitude and level of activity
- For how long and at what time of day he lies down

A change in any of these habits may be the first sign that something isn't right.

If you notice any behavioural changes, it is useful to be able to assess heart rate, respiratory rate, gum colour, and gut sounds – all of which are listed under ‘C’ (for ‘Clinical changes’) in Figure 1 (above). These are particularly important if the colic is very serious.

It’s a good idea to learn how to carry out these assessments (Figure 3) while your horse is well, so that you become familiar with how to do this and know the normal values for your horse.

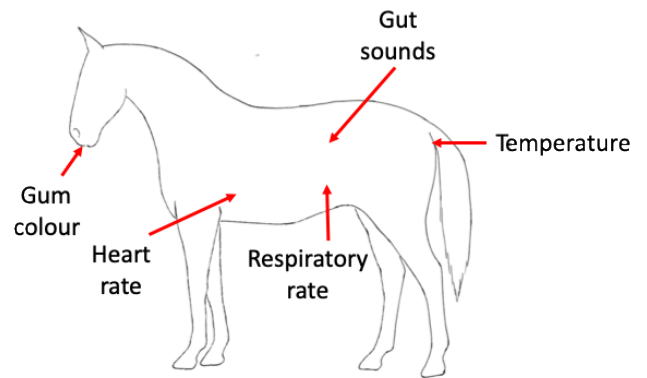


Figure 3. Important clinical assessments in colic cases

**Note that, if your horse is in pain, it may be dangerous for you to make these assessments. On no account should you put yourself in danger. Do not waste time or risk getting hurt in order to examine your horse – just call your vet to ask for their advice or for a visit. However, if your horse is calm and it is safe to do so, your vet may find it helpful if you can carry out the assessments listed below.**

### Measuring rectal temperature

#### What to do

- Be careful – safety is most important
- Ask someone to hold the horse
- Use a plastic electronic thermometer (not a glass and mercury one)
- Lubricate the thermometer
- Stand at the side and hold the tail out of the way
- Insert the thermometer into the rectum and keep it there for at least 30 seconds or until it beeps
- If your horse resents this, ask for help or don’t do it



#### Normal range at rest

- 37.5–38.5°C
- or
- 99.5–101.3°F

### ***Measuring heart rate***

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#### **What to do**

- Count heart or pulse rate for 15 seconds and multiply by 4
- You can do this using a stethoscope to listen to the heart
- Or you can do it by feeling the pulse with your fingers (not your thumb); the easiest places to do this are on the inside of the jaw or just below and behind the eye



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#### **Normal range at rest**

- 28–40 beats/minute

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### ***Measuring respiratory rate***

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#### **What to do**

- Count respiratory rate for 15 seconds and multiply by 4
- Watch your horse's flanks move outwards (inhalation) and inwards (exhalation); one inhalation followed by one exhalation is counted as one breath



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#### **Normal range at rest**

- 8–15 breaths/minute

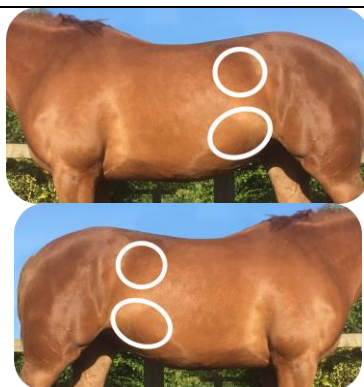
- Alternatively, count how frequently the nostrils flare (once per breath)



### ***Listening to gut sounds***

#### **What to do**

- Use a stethoscope to listen to the upper and lower abdomen on the left and right sides of the horse (the 4 'quadrants' of the abdomen, which are outlined in white in the photographs)



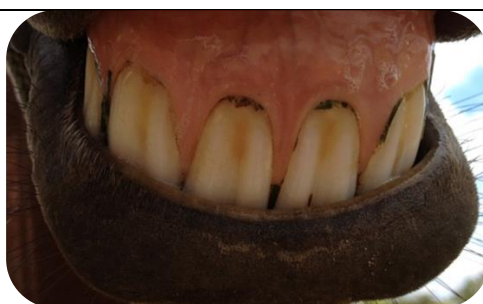
#### **Normal**

- Gurgles, growls, tinkling sounds, and loud rumblings are all normal
- Between 1 and 3 gut sounds in each quadrant of the abdomen each minute is normal

### ***Assessing gum colour and circulatory health***

#### **What to do**

- Look at the colour of the gums
- Perform a capillary refill test: Press firmly on the gums for about 1 second until the gums become pale; then remove the pressure and watch to see how long it takes for the colour to return



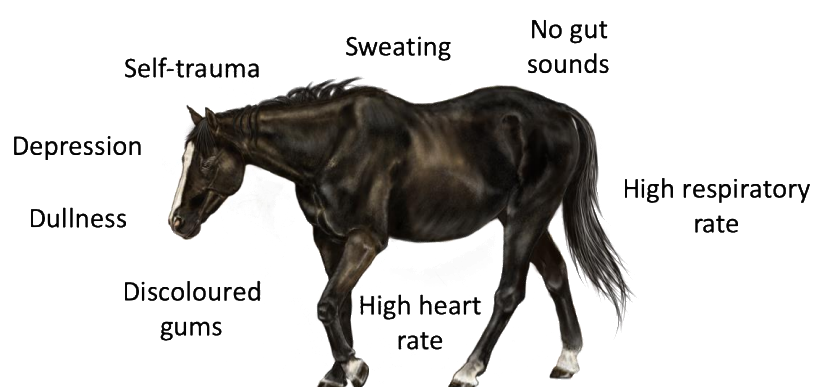
#### **Normal**

- Normal colour is pale pink/salmon pink
- Red/purple/blueish colour is abnormal
- Colour normally returns in less than 2.5 seconds after pressure on the gums is released

Additional information on some of the topics above is available on the 'Normal temperature, pulse and respiration parameters in adult horses' tab on The British Horse Society's ['Further colic information'](#) page.

### **Serious colic cases**

The most serious colic cases often display particular signs (Figure 4), many of which are related to the clinical findings discussed above.



*Figure 4. Signs that may be present in serious colic cases*

Horses with a serious case of colic are typically either:

- Dull and depressed
- or
- Violent (due to severe pain)

Signs of self-trauma such as abrasions above the eyes may result from violent behaviour that occurred before you found the horse – so a dull, depressed horse with skin abrasions has probably been through a period of severe pain before it was found. This is an important indicator that the case is urgent. There is more information about critical cases of colic in our article 'Critical colic cases'.

*This newsletter was written by the Colic Team (John Burford, Janet Douglas, Gary England, Sarah Freeman) at the School of Veterinary Medicine and Science at the University of Nottingham. The newsletter part of our practice's commitment as a Vet REACT Colic Champion. The REACT Now to Beat Colic campaign, which is coordinated and funded by the School of Veterinary Medicine and Science at the University of Nottingham and The British Horse Society, aims to help horse owners to combat the life-threatening condition of colic. The REACT resources are based on research funded by the University of Nottingham and World Horse Welfare. Other materials available as part of this campaign include practice talks, Facebook posts, and free REACT factsheets and mini-guides.*