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Looking ahead

When a gelding is diagnosed with a rare and deadly tumor, his owner takes her cues from his upbeat attitude as she plans for the future.

By Ann Egan

It started out innocently enough. In the spring of 2007, I walked into the field to visit Tucker, our 6-year-old Percheron gelding. Tucker was one half of a matching team we'd bought at auction the previous year. He and his partner, Wyatt, had come from a working produce farm, but for us they were pets.

As I offered Tucker an apple that day, I noticed that his left eye looked a bit "snotty" and crusty. The discharge that trickled down his face was clear, but I was a bit concerned. I treated him with nonsteroidal eye ointment, and the drainage cleared up in a few days. I didn't think much more about it until Tucker's eye again began draining a month later.

Now concerned about an infection, I called our local veterinarian. He confirmed that Tucker probably had an infection and prescribed an antibiotic ointment. While Tucker was on the medication his eye was fine, but within a week of stopping, the drainage returned and I made another call.

For the second visit, the senior veterinarian in the practice, Paul Elwell, VMD, came out. Within a minute of examining Tucker, he proclaimed, "You have a problem here." I wasn't sure what



NO WORRIES: Two years after being treated for a rare and deadly cancer, Tucker is still happy, healthy and handsome.

he meant until he sedated Tucker and gently pulled down his lower left eyelid. A large, lumpy brown mass—what looked to me like a walnut—popped out over the edge of the lower lid.

Elwell explained that it was a tumor on our gelding's nictitating membrane, also known as the third eyelid. It wasn't visible unless you pulled the lower lid down, but it was the cause of

the weeping and discharge. The tumor, which he believed was a squamous cell carcinoma, would continue to grow, causing more discomfort and problems and eventually interfering with Tucker's vision.

Elwell said that he could give Tucker a general anesthetic and remove the tumor right there on the farm, but he added that a better option would be to call an equine ophthalmologist and the local equine hospital to have it done there. He left the barn that day with a wave and a "Let me know what you decide." It was an easy choice.

The next day, we called the local equine ophthalmologist, who said that she felt comfortable with the surgeons at the regional equine hospital doing the procedure. Elwell gave his blessing, and a few days later we trucked Tucker from our home in Connecticut to New England Equine Practice (NEEP) in Patterson, New York.

We left Tucker overnight for his morning surgery and waited anxiously for word of how it went. Finally, Andrea Dubé, DVM, called. She told us that the procedure had gone well. The surgeons had removed not just the tumor, but also all of his left nictitating membrane to reduce the likelihood of the

mass growing back. Tucker came out of anesthesia with no trouble.

The extracted tissue was en route to a pathology laboratory for a diagnosis, but we were able to pick Tucker up the next day. The area around the affected eye was mildly swollen, and he was on stall rest for a day or two. He received one gram of bute twice a day for three days, but his love of eating made administering the medication easy: We simply tossed the tablets in his sweet feed and he ate them.

We had to make only one management adjustment for Tucker: He had to wear a fly mask whenever he was outside—no matter the weather—and anytime he was being trailered. The mask would not only serve as a barrier to flies but also would help protect the eye from airborne debris, as the third eyelid normally would.

A dire prognosis

Meanwhile, we waited to hear from the diagnostic laboratory. Within a week, Dubé called us with the news. She started the conversation by saying that they had been surprised by the results. Rather than squamous-cell cancer, Tucker had a rare and aggressive form of cancer called hemangiosarcoma. Because it originates in the blood vessels, hemangiosarcoma spreads quickly and can affect virtually any part of the body.

Although seen most frequently in dogs and cats, hemangiosarcoma has also been reported in horses, said Dubé, who added that she had reviewed the scientific literature and found that the condition has a grim prognosis. I was shocked, saddened and needed to know more. I asked that the literature be sent to me so that I could read it.

Dubé e-mailed me the studies she had found. One quote leapt out and grabbed me by the heart: "In the horse there have only been four reported cases of ocular hemangiosarcoma in over 19



AN EYEFUL: Tucker's tumor was on his nictitating membrane, also called the third eyelid. This structure serves different purposes in different animals, but in horses it helps to keep the eye moist and protect it from sand, dust and other debris.

nictitating membrane
(third eyelid)

years and it appears to be a disease of the aged horse (age 9 to 22 years). The third eyelid is frequently involved and a serosanguinous discharge was present in three out of the four reported cases. Hemangiosarcoma appears to be an aggressive tumor with an extremely poor prognosis. In the literature, three out of four cases with ocular hemangiosarcoma were dead within 18 months of presentation."

I read that, choked back tears and told my husband to "Go dig a hole." He looked at me as if I had lost my mind. "Listen," I said, "I have read the literature and it does not look good. Most

horses are dead within six months—it is July now, if he dies in January the ground will be frozen solid. Better to dig the hole now because New England winters are tough." My husband, out of either denial or stubborn optimism, refused to dig that hole.

I watched Tucker grazing in the sun with his herd—happy, a bit overweight and blissfully unaware that he had an insidious, deadly form of cancer. I resolved to be as optimistic as my husband about our big black horse.

Not only surviving but thriving

In my new forward-looking spirit, I decided that Tucker was going to be a show horse. We practiced every day. I'd hook Tucker to a cart and off we would go, tooling around our rural neighborhood, often taking my 6-year-old son along. Come fall, my farm horse went to the fair and won his novice cart class and acted, the entire time, as though he had attended horse shows and county fairs all his life. I felt like this would be our swan song together, and I still cherish that blue ribbon.

In the days and weeks that followed,

I watched Tucker grazing in the sun with his herd—happy, a bit overweight and blissfully unaware that he had an insidious, deadly form of cancer.

I watched Tucker for signs that his health was deteriorating. Dubé had told us that if the cancer had spread, Tucker would become lethargic, lose weight and/or develop lumps and bumps in odd places. But I saw nothing like that.

Fall turned to winter and soon January 2008 arrived. One snowy day my cell phone rang and a voice identified herself as Dr. Dubé. "I'm just calling, ummmm, well...." She seemed uncomfortable. "Frankly," she said, sounding as if she was gathering herself, "I'm calling to see how Tucker is. Is he still alive?"

You could almost hear her hold her breath as she waited for me to reply. "He sure is alive," I told her. "He apparently never got the memo that he was sick and dying." We laughed and I invited her to the farm the next time she was in the area. She said that she was thinking of writing Tucker up for a journal if he lived a year. "OK," I said, "we'll talk to you in six months!"

July 2008 marked the one-year anniversary of Tucker's surgery, and that summer found him fat and happy and showing no signs of cancer. Nor was there any indication that the vision in his left eye had become impaired, which was another worry. We continued to drive him with no issues.

Later that fall, we decided to take

our farm in a new direction, concentrating more on breeding and exhibiting hitch-type Percherons and phasing out the farm geldings. Tucker and Wyatt had been good to us, teaching us everything we knew, so it was difficult to make the decision to find them a new home.

Given that we were not sure that Tucker had beaten the cancer, we did not feel that we could sell him. We would, instead, give him and Wyatt to the right person. Our requirement, beyond an excellent home, was that the boys be placed together and stay together. We would also require periodic reports about how Tucker and Wyatt were doing and, should there ever come a time when they could no longer be cared for, they would come back to us.

We were pleased to find a home for both boys in Vermont. They have been maple sugaring, and their new owner loves them. He calls us frequently to tell us how well they are doing and how happy he is to have them. Tucker and Wyatt are happy, too—doing the work they were bred to do.

We continue to think of Tucker every day. He is now past that dread 18-month mark the ominous study cited, and we are hopeful that it's just the start of a long, happy, healthy rest of his life. ●

IN FOCUS:

Hemangiosarcoma

► **Definition:** Rare, rapidly growing, invasive cancer that forms in the blood vessels. Hemangiosarcoma can be found in any part of the body that has a blood supply, but the lungs, skeletal muscles and spleen are most often affected in horses.

► **Risk factors:** No breed or gender predilections have been identified, but the condition is most commonly diagnosed in horses older than 9. The occurrence of hemangiosarcoma in some very young foals suggests that the condition can be congenital.

► **Signs:** Depending on the location of the tumor, hemangiosarcoma can cause difficulty breathing, organ failure, lameness, colic, tissue swelling, nosebleeds or internal hemorrhaging. Affected horses are typically anemic. Because of the aggressive nature of hemangiosarcoma, however, many horses are diagnosed only during a necropsy.

► **Treatment:** Surgical excision of the tumor is the primary treatment for hemangiosarcoma affecting the skin or other accessible locations. Removing wide "margins" around the tumor is important to minimize the chance of metastasis (spreading). Chemotherapy is also possible but has not been shown to significantly alter the prognosis in horses.



WINNING STYLE:

Two months after surgery to remove his tumor, Tucker made his show-ring debut and took home a blue ribbon