

Equine Death and Dying: An Owner's Sorrowful Tale

When it comes to colic, be prepared for some tough decisions.

By Anne Lang

Shortly before Labor Day, I received a call from the owner of the barn where I board my horse. She wasted no time with small talk.

"Your mare appears to be colicking," she stated. "Which vet do you want me to call?"

I told her my preference, and then hung up, my brain reeling. I felt helpless: My horse lives out-of-state where my daughter attends college. I called my daughter, who explained that my mare had been pacing her stall and sweating profusely. With temperatures hovering near 100 degrees, no one wanted to take any chances. The veterinarian came quickly, examined her, sedated her, injected her with Banamine® and Buscapan®, and intubated her to administer mineral oil, electrolytes and water.

Soon afterward, my horse's symptoms abated when she was transferred to the opposite side of the shed row. As it turned out, the barn crew recalled that she'd been unnerved by an earlier sighting of a low-hanging hot-air balloon above a nearby field. She'd subsequently worked herself into a tizzy, which knocked her entire system off-track. When they moved her to where she could no longer see the field (and after the veterinary treatment had kicked in, of course), she instantly calmed down—as did her vital signs. Thank goodness.

High Spirits to Anxiety

I sure wish the same outcome had occurred for my friend Jody Petticrew,

whose horse lost his battle with a full-blown case of colic less than a year ago. Here is her story:

In rural Elgin, Texas (just east of Austin), the morning of December 23, 2010, dawned cloudy and cool—perfect riding weather. Already in a holiday mood, Jody was looking forward to spending the day at the stable where she kept her 11-year-old Trakehner, Clayton. Little did Jody know that her high spirits would soon downshift into acute anxiety.

"As usual," Jody recalled of that morning, "I went to bring Clay in from his field for schooling with my trainer. He was lying down, and as I approached he sat up and looked at me. His eyes told me something was wrong. When I reached him, he got up, but he refused my usual carrot offering. My heart sank, and fear set in."

Jody's concerns stemmed from personal experience. Jones, a gelding she'd formerly owned, had colicked in 2009—the result of nephrosplenic entrapment. Since Jones had previously undergone colic surgery, Jody knew he only had a slim chance of surviving a second round under the knife. Pragmatically, she'd also had to consider the hefty cost—and so she'd made the painful choice to decline surgery, while making sure the veterinarians kept Jones as comfortably medicated as possible. Jody was well aware that euthanasia was likely the next—and final—step. She steeled herself for that grim probability.



Anne Lang

But miraculously, overnight Jones had pulled through: his colon shifted back into place and he fully rebounded. Jody was ecstatic, yet the close call made her hyper-alert to warning signs. Thus, on that December morning two years later, the episode with Jones was running through her mind as she hurried to tell her trainer and barn manager about Clay's possible illness. Clay was given a dose of Banamine®, and at noon, Jody began the steady process of hand-walking the horse.

"Within an hour or so," Jody said, "Clay seemed to improve. He showed an interest in eating, and he had a few small bowel movements. I put him in his stall and kept an eye on him for the next two hours. Although he didn't seem to be in complete distress, I just had a feeling he shouldn't be left alone."

A Premonition

To be on the safe side, at 3:30 p.m., Jody decided to have Clay checked out at nearby Elgin Veterinary Hospital. But as her horse was being loaded in the trailer, she felt an encroaching sense of dread. "It

was very strange,” Jody said, “because as my barn friends wished us well, I had this feeling that Clay would not be returning.”

At EVH, a slice of Jody’s history repeated itself: Dr. Brian Brandon determined that Clay had the same condition as Jones, a nephrosplenic entrapment.

“Dr. Brandon asked if I had insurance,” Jody said. “Since I did not, he recommended a less expensive treatment of medication to reduce the spleen, and jogging to dislodge the colon. I was quite torn: I could see that Clay was in a lot of pain, and I wanted immediate relief for him. But I was reassured that a horse can stay in this condition for some time without complications, and that if this did not work, we could move on to surgery.”

Shortly after receiving the medicine, Clay was put on a longe line in an adjoining field. Normally a “self-lungeing” horse, the gelding was in such distress that he wouldn’t even trot, despite coaxing from Jody and EVH staff. “I could hardly bear to watch,” Jody remembered.

Still, the crew persevered: Clay was transferred to a hard surface and hand-jogged for 20 minutes. The horse seemed to be showing signs of improving when Brandon intervened to perform another internal exam.

“I watched Dr. Brandon’s face as he examined Clay,” Jody said, “and it appeared he was concerned. He didn’t share much; just that the colon was still displaced. He recommended that we allow Clay to rest, while monitoring his progress. At that moment, I felt I hadn’t gone with my instincts and heart—which had been to go ahead with the surgery.”

Jody and her husband remained with Clay until 9 p.m., then grabbed a quick dinner and headed home. At 10 p.m., “I received a call from Dr. Brandon,” Jody said, “telling me that surgery was necessary, as Clay was in great distress. He indicated the surgery would take approximately three hours, and that he would call me with the results.”

The Only Option

Only one hour had passed when Jody’s phone rang again.

“I knew the news wasn’t going to be good,” she said sadly. “Sure enough, Dr. Brandon found that Clay’s large intestine had ruptured. There was no other option but to have him euthanized. I agreed.”

Jody vividly recalled the agony of that moment. “My heart ached, and tears flowed immediately. I felt so empty. I thought: ‘Why me, why my horse? Didn’t God get enough from me?’”

With that last statement, Jody was referring to an even greater tragedy that had befallen her family, just 11 months earlier, when she and her husband lost their 19-year-old son, Arthur, to Duchenne muscular dystrophy.

So for the second time in less than a year, Jody had to dig deep within herself to find the strength to go on. And, once again, she turned to her family for solace. “My husband and daughter were right by my side,” she said, “and held me as I grieved. I knew God wasn’t punishing me or testing me; it was just Clay’s time. I don’t really know why I knew Clay wasn’t going to come home, but I do believe it was God’s way to prepare me for the loss.”

Not long after Clay was put down, Jody received a poignant memento from one of the EVH veterinarians: A beautiful braid made from Clay’s tail. The following month, Jody’s husband helped her acquire a new equine partner: a lovely, 6-year-old Quarter Horse named Ezekiel. “We fit together perfectly,” Jody reported, while emphatically adding that she’ll never forget her beloved Clay. And from her harrowing experiences with equine colic, she’s gained some life lessons that she wants to share with others.

Instincts and Heart

“I’ve learned that a horse owner knows his or her horse better than anyone else,” Jody stated. “Follow your instincts and your heart. And know that there is always



Clay & Jody

“Know that there is always another horse out there, just waiting to create a unique bond with a special person like you.”

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Despite ongoing advancements in veterinary medicine, Jody’s saga was just one example of the often inevitable, sad scenarios that play out among countless horse owners every day. She joins me in wanting to spare others from similar pain, or at least to minimize the emotional impact of equine death and dying.

With that in mind, to help you prepare for a variety of unexpected equine mortality issues, the USHJA has provided members with a comprehensive online guide that serves as a companion to this piece (www.ushja.org and click on “Horse Welfare”). We all hope that we never have to face the death of an equine friend, but if we do, it’s better to be prepared and to have access to essential information in our time of need.

Anne Lang
USHJA amateur member