

# Shetland Pony Practice

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**S**HETLAND PONIES seem to be becoming increasingly popular as pets and as show animals. With certain important exceptions, usually due to their size and to the husbandry practices of the owners, the problems encountered in treating ponies are comparable to those encountered in larger horses.

**Drug dosages** are usually comparable to those of larger horses on a weight basis, with the exception that relatively more of a general anesthetic may be needed in ponies. Restraint is usually easier due to the smaller size and strength.

Husbandry practices by inexperienced owners often present problems in preventive medicine and treatment. This is further complicated by the fact that often rather large bands of ponies are kept on limited areas. This tends to hinder parasite and infectious disease control.

One of the diseases seen most commonly in the Shetland pony is **laminitis**. Several factors might account for this. Primarily the disease, as seen in the pony, is due to overeating, resulting from the owner's ignorance as to proper and adequate nutrition. Rarely, metritis, superpurgation, certain forages, and so-called "wind" or "water" founder is responsible. The treatment should include soaking the feet in cold water at the first sign of trouble. Correction of engorgement, metritis, or superpurgation is indicated. Antihistamine preparations and cortisone may be of benefit in the early stages of the disease, but is of little value in the later stages. Chronic laminitis is usually considered incurable and most efforts are directed toward alleviating the pain rather than curing the disease. Grooving the hooves may possibly be of benefit in

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some instances, but ordinarily, trimming the hooves to as near normal shape as is possible and protecting the dropped sole that results from rotation of the third phalanx is about all that may be accomplished.

Occasional cases of **navel-ill** are seen, usually due to the lack of experience by the owner in handling foaling mares and the new-born colt. Failure to have the mare foal on a clean pasture or stall and failure to disinfect the foal's navel are common causes. Results of treatment of this condition are variable. Best results seem to occur following early treatment with penicillin injected in rather large doses for a minimum of seven to ten days. Umbilical hernias and joint involvements are common sequelae.

The **parasite** problem is often compounded in the case of shetlands as rather large bands of ponies are commonly kept on small enclosures or permanent pastures year after year. In colts, ascarids and strongyles are both serious problems. In adult animals, strongyles cause the most trouble. Continuous low-level feeding of phenothiazine may be of value in some instances, but in some bands is not effective and may lead to certain blood dyscrasias. Full therapeutic doses of phenothiazine at three month intervals usually is effective in control of strongyle infection. Phenothiazine is relatively ineffective against ascarids, therefore the piperazine compounds are usually recommended for their control. However, the piperazine compounds are in turn relatively ineffective against strongyles. Many animals will not drink water containing the piperazine or other vermifuges, nor will they eat feed containing them.

**Equine encephalomyelitis** is increasing in incidence and since most owners seem to be totally unaware of the fact that this disease may be prevented by proper

immunization procedures, the problem is one of education or reminding clients that the animals should be immunized yearly. **Strangles** is another infectious disease commonly seen, and unfortunately, no immunization procedure seems to be effective. Hot-packing abscesses and early drainage, plus penicillin, seem to be the most effective treatment. **Equine influenza** (uncomplicated) does not seem to be encountered as frequently in later years.

Certain non-infectious diseases or conditions seem to be more common in the shetland than in larger horses. Of these, **luxation of the patella** is the most common. Apparently, conformation leading to luxation of the patella is one of the most common causes in ponies, closely followed by certain mineral and vitamin deficiencies allowing pulling of the tibial tuberosities, or actual "pulled fractures" of the tibial tuberosities by the patellar ligaments. The most effective treatment is surgical—sectioning the medial patellar ligament. Alternative treatment is "internal firing" around the stifle, or a blister of the affected stifle or stifles. The ration should be corrected if necessary.

**Cryptorchidism** is apparently more common in the shetland than in other breeds of horses. Treatment is necessarily castration, because of the genetics involved. The surgical procedure is complicated by the fact that the smaller size of the animal makes the procedure more difficult.

**Choke** is commonly seen in the shetland following administration of boluses. Unfortunately, most cases of choke follow attempts at administration of a bolus to relieve colic or impaction. The shetland may be able to swallow a horse-sized bolus, but the bolus often will lodge in the esophagus. The standard one-ounce sized capsule or 240 grain bolus will often lodge in the esophagus. If the capsule contains an irritating drug, or the bolus is fairly hard, "choke" will result. Most cases of this type terminate fatally, as either the mucosa of the esophagus is severely damaged, or the bolus proves to be too hard to break up and to dislodge.



**Esophagus of a Shetland Pony with a lodged bolus.**

A stomach tube is often difficult to pass in the shetland, but administration of a proper tranquilizer will facilitate the procedure. Intravenous electrolytes in large quantities are indicated, as it is possible that the bolus may soften and be dislodged in several days. Rarely, it is possible to break down a bolus with a hypodermic needle, or to push it down the esophagus with a stomach tube. Surgical intervention is not too successful.

**Colics and impactions** are not infrequently seen. The treatment is comparable to that in the larger horse, except that rectal palpation for diagnostic purposes and/or treatment may be difficult due to the small size of the anal sphincter. Mineral oil may be said to be almost always indicated, as it is a mild laxative and will tend to soften the feces. A mid-line laparotomy incision to allow manual breaking down of impacted masses of ingesta in the colon or cecum has been successful in a number of instances. Actually opening the intestine and removing the impacted material has not been as successful a procedure as manipulation of the intact intestine. This operation seems to be of special value in colts, as rectal manipulation is not possible. *End*