Diarrhea Kit for Adult Equines

Purpose of the Kit: The Kit has been designed to insure that the optimum specimens may be obtained to provide the Laboratory with everything necessary to diagnose the cause of acute or chronic adult equine diarrheas.

Shipping the Adult Diarrhea Kit: It is strongly suggested that the Kit be shipped by the fastest means possible, i.e., overnight commercial courier. If the Kit can be driven to the Laboratory, that would be even better! If possible, notify the Laboratory that a kit is on the way (607) 253-3900.

Using the Kit: The Kit is meant to be used as a complete system!, i.e., it is strongly suggested that the entire kit be utilized and that all tubes are filled, etc., as indicated. The practitioner may elect not to have all of the tests performed based on his/her medical judgement. The history form must be completed and accompany the Kit contents.

Kit contents:
1. Purple-topped vacuum blood tube (PTT)-2
2. Red-topped vacuum blood tube (RTT) -2
3. Absorbent tube sleeve
4. Plastic 3 oz specimen cup-2
5. BBL™ Port-a-cul™ or Anaerobic Systems swab set - 1
6. Amies transport w/swab-1+
7. Small insulated pouch – 1
8. Sealable specimen transport pouch – 1
9. Ice Pack (to be frozen before use) - 1
10. Sealable insulated pouch - 1
11. Transport box and labels - 1

1. Fill the purple-topped tubes with blood for a routine hemogram (CBC), Potomac Horse Fever (Neorickettsiae risticii) PCR, and for checking selenium levels.
2. Fill the red-topped tubes with blood for running an equine chemistry panel and for a Potomac Horse Fever titer (blood for paired serology may be collected later).
3. Fill both plastic 2 oz. specimen cups 2/3 full with feces; these specimens are for parasitology, Clostridial toxin assays, and archiving.
4. Use the swab and inoculate the Port-a-Cul anaerobic tube with feces (this specimen is for the isolation of Clostridia and potentially Bacteroides)
5. Use the swab and inoculate the Amies transport medium vial with feces (this specimen is for doing a salmonella culture and a fecal gram stain at the discretion of the set up bench, i.e., perform a gram stain if the anaerobic swab was not submitted.)
6. Repack the kit:
   a. Slide blood tubes into absorbent tube sleeve
   b. Slide the inoculated anaerobic tube into the small insulated sleeve.
   c. Place all diagnostic samples into the sealable transparent pouch. Seal according to printed instructions.
   d. Place transport pouch and frozen ice pack inside large insulated pouch and seal. Place in box.
   e. Complete all paperwork. Cross off any tests not desired from the list on the accession form. Otherwise, all tests will be performed and billed accordingly.
   f. Apply mailing label and “Diagnostic specimen” label to box. Seal box.
Adult Equine Diarrhea
Information Sheet

(All information is confidential)

DATE__________

Dr. Pat McDonough
ANIMAL HEALTH DIAGNOSTIC CENTER
COLLEGE OF VETERINARY MEDICINE
CORNELL UNIVERSITY
ITHACA, NEW YORK 14853

1.OWNER:________________________________________

2.ANIMAL IDENTIFICATION
(BREED__________ SEX____ AGE____ NAME______________________):

3.VETERINARIAN (ACCT #):______________________________________

4.HORSE CENSUS ON THE FARM-
how many mares on the farm
   # resident mares________ # non-resident mares______
   # newborn foals_____ # orphan foals_____

how many stallions on the farm_________

how many other non-breeding horses are on the farm?
   # performance______ yearlings______ pleasure_____

number of horses purchased in last 4 months _____ within last year____
   date of last purchase ______________________;
   current health status of new additions:
   ___________________________________________

are pregnant mares isolated from new and transient animals?________

number of horses returning from racetrack____________

number of horses returning from shows, etc. ________________

other animal species on the farm? list_____________________

5.MORBIDITY/MORTALITY
indicate # animals ill______ # dead______

6.CLINICAL FINDINGS/CASE MANAGEMENT
date of onset recent diarrhea ______ today's date _______
(is this an acute or chronic clinical problem?__________)

clinical signs of the sick animal(s)-
   -brief physical exam findings-
      (temperature, etc.)

   -describe appearance of stool (e.g., blood, mucus, watery)

   -is the animal bright and alert?
-is the animal eating/drinking?

brief rectal exam findings-

Has Potomac Horse Fever (PHF) been diagnosed in the farm previously?

any office lab tests performed (list results)-

list treatments administered (dose, time given)
-especially list any antimicrobials given

check off the affected animal's vaccination status

VACCINE-when given________-product name_____

Rabies -
Flu(Influenza)-
Rhinopneumonitis(Herpes)-
Encephalitis-
Tetanus toxoid-
Tetanus antitoxin-
Strangles-
Leptospirosis-
Potomac Horse Fever-
West Nile Virus-
Immune stimulant-
Gram negative LPS-type toxoid-

Housing:  Box stall ( ) Run out shed ( ) Pasture ( )

7. FARM MANAGEMENT PRACTICES

describe briefly the animal's or farm's parasite control program (list products used, age groups of animals treated, plus frequency and dose administered)

_______ Date administered _______ Product(dose)

describe briefly the animal's/farm's feeding/nutrition program; (provide an estimate of the amount of grazing time and space available to the animals, i.e., density of grazing)

types of hay: legume ( ) grass ( ) pasture ( )
first cutting ( ) second cutting ( )

type of plants in pastures: list

____________________
____________________
____________________

Any exposure to fescue-containing pasture_______________

types of grain: oats ( ) sweetfeed ( )
% protein _________
Are any of the feeds moldy? ______________

Are selenium supplements being used? ______________
  by injection ( ) by feed ( )

Have there been other clinical illnesses in the herd in the last 6 months?
  respiratory ( ) ocular ( ) enteric ( ) fever ( ) other ( )
  Describe and give approximate numbers:
  ______________________________________________________________________
  ______________________________________________________________________

Have any other horses on the farm had diarrhea in the past 3 months (describe)

What is the source of water? well (depth_____)  
  stream____  
  pond ______

8. RISK FACTORS FOR DIARRHEAL DISEASE: (check all that apply; make any comments)
   - debilitation and stress
   - recent transport
   - pregnancy
   - overtraining workouts
   - racing animals (heavy training, frequent racing, shipping from track to track, regular
     worming and trauma)
   - antimicrobials (tetracycline, trimethoprim-sulfa, other) administered
   - worming
   - heavy parasite load
   - close association w/ other animals with diarrhea
   - food or water deprivation
   - feed change
   - major surgery/anesthesia
     abdominal______ other______
   - intubation w/ nasogastric tube
   - intravenous catheter
   - rectal palpation
   - vaginal palpation
- colic

- admission to hospital

  presenting complaint-

  condition at hospital-

  treatment and diagnostic procedures-

  length of time in hospital-

9. MANURE HANDLING PRACTICES

how is manure from barn disposed of ________________________________;

what is frequency of cleaning of stalls(daily? _____ weekly? _____

other? ____________________________

any farm areas with run-off and pooling of water? describe ___

10. SKETCH OF THE FARM

**On an additional sheet of paper or on the back of this sheet, please provide a BRIEF SKETCH of the farm including LOCATION of the DIFFERENT GROUPINGS OF ANIMALS (especially note the location of the affected animals in relation to the well animals), their EXERCISE AREAS; indicate TRAFFIC PATTERNS, LOCATIONS OF WATER SOURCES (including wells, ponds, streams, runoff/pooling), and location of stored FEEDSTUFFS, FEED TROUGHS.

    For the BARNS include a diagram of the STALLS of this case in relation to other animals; indicate where ANIMALS ARE EXERCISED, PASTURED, etc.; location of FEED TROUGHS and WATER.
<table>
<thead>
<tr>
<th>SAMPLES TAKEN</th>
<th>TESTS REQUESTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>BLOOD--------</td>
<td>-----------------</td>
</tr>
<tr>
<td>-EDTA tube</td>
<td>___ selenium level</td>
</tr>
<tr>
<td>-EDTA tube</td>
<td>___ hemogram routine(CBC)</td>
</tr>
<tr>
<td>-EDTA tube</td>
<td>___ Potomac Horse Fever (Neorickettsia risticii) PCR</td>
</tr>
<tr>
<td>SERUM--------</td>
<td>-----------------</td>
</tr>
<tr>
<td>-red top vacutainer</td>
<td>___ Equine chemistry panel</td>
</tr>
<tr>
<td>-red top vacutainer</td>
<td>___ Potomac Horse Fever (Neorickettsia risticii) IFA</td>
</tr>
<tr>
<td>FECES--------</td>
<td>-----------------</td>
</tr>
<tr>
<td>-2 oz. specimen cup</td>
<td>___ parasitology, fecal quan</td>
</tr>
<tr>
<td>-2 oz. specimen cup</td>
<td>___ Clostridial toxins:</td>
</tr>
<tr>
<td></td>
<td>___ C. perfringens enterotoxin</td>
</tr>
<tr>
<td></td>
<td>___ C. difficile toxin A/B</td>
</tr>
<tr>
<td></td>
<td>___ Equine Enteric Coronavirus PCR</td>
</tr>
<tr>
<td>- anaerobic transport media tube</td>
<td>___ anaerobic culture:</td>
</tr>
<tr>
<td></td>
<td>___ Clostridia</td>
</tr>
<tr>
<td>-aerobic swabs</td>
<td>___ Salmonella culture</td>
</tr>
<tr>
<td>(Amies w/ charcoal)</td>
<td>___ Gram stain</td>
</tr>
</tbody>
</table>
# ADULT EQUINE DIARRHEA TEST KIT

**ANIMAL HEALTH DIAGNOSTIC CENTER**  
**COLLEGE OF VETERINARY MEDICINE**  
**CORNELL UNIVERSITY**  
**ITHACA, NEW YORK  14853**

<table>
<thead>
<tr>
<th>TEST</th>
<th>FEES (effective September 29, 2015)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SERUM</strong></td>
<td></td>
</tr>
</tbody>
</table>
| • Large Animal Chemistry panel | 48.00  
| • Potomac Horse Fever IFA (should submit acute and convalescent sera) | 20.00  |
| **BLOOD** |  
| • hemogram, routine (CBC) | 41.00  
| • selenium | 28.00  
| • Potomac Horse Fever (PHF) (Neorickettsiae risticii) PCR | 36.75  |
| **FECES** |  
| • Salmonella culture | 22.00  
| • anaerobic bacterial culture (for Clostridium spp.) | 45.00  
| • gram stain (especially if anaerobic transport medium was not submitted) | 8.50  
| • parasitology, fecal quantitative | 25.00  
| • Equine Enteric Coronavirus PCR | 36.75  
| **Clostridium perfringens** type A |  
| • Enterotoxin (latex agglutination) | 28.00  
| • Clostridium difficile toxins A/B (ELISA) | 33.00  |

**NOTE to Veterinarian:**  
All tests can be done on an *a la carte* basis depending on your interest and case needs.

- For New York State contract eligible submissions, please include the [NYS Contract Subsidy Submission form](#) as cover sheet
- **Kit:** $20.00 includes all tubes, cups, transport media, mailer

**Special test:** Quantitative *Clostridium perfringens* CFU/g Feces Assay for horses with ‘chronic’ diarrhea. Consult lab (Dr. Anil Thachil) for submission protocol and cost.  
**An accession processing fee will be added to each accession received.**
Animal Health Diagnostic Center

College of Veterinary Medicine, Cornell University
In Partnership with the NYS Dept of Ag & Markets

US Postal Service Address: 240 Farrier Rd
PO Box 5786
PO Box 5786
Ithaca, NY 14852-5786
Ithaca, NY 14853

AHDC Contacts
Phone: 607-253-3900
Fax: 607-253-3943
Web: diagcenter.vet.cornell.edu
E-mail: diagcenter@cornell.edu

COURIER RECORD:

LAB USE ONLY

Enter Your Cornell AHDC Acct No. __________________________

Your Internal Case/Reference No.* __________________________

Veterinarian __________________________

Owner __________________________

Clinic Name __________________________

Address __________________________

Address __________________________

City, State, Zip __________________________

Phone Number (_______) __________________________

Phone Number (_______) __________________________

Fax Number (_______) __________________________

Add'l instructions: __________________________

ATTENTION: Testing purpose, if not clinical:

☐ Export Country of Destination _________

☐ Regulatory Shipper/Exporter _________

Clinical / Differential Diagnosis:

History: An adequate history must accompany submissions in order to qualify for NY State Contract charges (see AHDC Test & Fee Schedule).

Date of onset of illness in herd: _________

Herd size: _________

No. dead: _________

No. affected: _________

(continue on back of page)

For previous related submissions, please enter Accession numbers and Dates here:

Check if related material has been submitted previously:

☐ Y ☐ N ☐ Unknown

☐ Y ☐ N ☐ Unknown

ANIMAL IDENTIFICATION

SEX CODES: M=Male, MR=Mare (equine only), MC=Castrated Male, F=Female, SF=Spayed Female

AGE CODES: Y=Years, M=Months, W=Weeks, Days; DOB=Date of Birth

CROSS OFF tests not wanted; all others will be performed and billed accordingly.

Date Samples Taken: _________

BLOOD

EDTA tube 1. Selenium level
EDTA tube 2. Hemogram routine (CBC)
EDTA tube 3. PHF (Neorickettsiae risticii) PCR

SERUM

Red top blood collection tube 3. Equine chemistry panel
Red top blood collection tube 4. Potomac Horse Fever (PHF) IFA

FECES

2 oz. specimen cup 5. Parasitology, fecal quantitative
(feces, not frozen) 6. Equine Enteric Coronavirus PCR

2 oz. specimen cup 7. C. perfringens enterotoxin
Clostridial toxins: (feces, preferably frozen)
8. C. difficile toxin A/B

Anaerobic transport tube 9. Anaerobic culture: Clostridia
Acrobic swab 10. Salmonella culture
(Amie's w/ charcoal) 11. Gram stain

Please note: Samples submitted for testing become the property of the Animal Health Diagnostic Center.

LAB USE ONLY

Courier Record:

OPENED BY: AB ☐ FX ☐ UPS-Grnd ☐ UPS-ND ☐ Other:

MAIL ☐ PRI Mail ☐ Exp Mail ☐ TIME REC'D: _________

DATE REC'D: _________

DATE SHIP'D: _________

Coolant Record:

FROZEN ☐ DRY ICE ☐ RM TEMP ☐ NOT FROZEN ☐ COLD PACK ☐ COOL ☐ NONE ☐ COLD

□ COMMENT: __________________________

Pathology Case Number (if any)

* If your Internal Reference No. is entered on this form, it will be used to identify this case on the test result form and on the billing statement (max. 17 character field).
**Please note: Owner information, clinical history and differential diagnosis must be completed in full on submission form, as well as herd data and signature field below to qualify for contract pricing.

** HERD DATA **

Date: onset of illness: _____________  In animals submitted: ____________

Herd size: Adult_____ Young_____ No. dead:_______ No. affected:_____

☐ Check here if add’l history is on back or attached.

I certify that this submission is for an animal located in NYS that is being raised for food or fiber production or it is a horse. In addition, I have listed in the differential diagnosis one or more conditions or contagious infectious diseases that is/are consistent with the clinical presentation for this animal or herd and that would threaten other animals or people. I also certify that this testing is not routine surveillance testing or testing to help eradicate a disease or condition already diagnosed in this herd or flock. Also, this submission includes samples and requests for testing or assistance from the lab to attempt to make a definitive diagnosis. This is not an insurance or legal case.

Signature NYS licensed veterinarian

I have attached the ☐ Contract subsidy submission continuation page or ☐ Other forms or pages