
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 (*Neorickettsia 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.

SAMPLES TAKEN**TESTS REQUESTED**

BLOOD-----

-EDTA tube	<input type="checkbox"/> selenium level
-EDTA tube	<input type="checkbox"/> hemogram routine(CBC)
-EDTA tube	<input type="checkbox"/> Potomac Horse Fever (Neorickettsiae risticii) PCR

SERUM-----

-red top vacutainer	<input type="checkbox"/> Equine chemistry panel
-red top vacutainer	<input type="checkbox"/> Potomac Horse Fever (Neorickettsiae risticii) IFA

FECES-----

-2 oz. specimen cup	<input type="checkbox"/> parasitology, fecal quan
-2 oz. specimen cup	<input type="checkbox"/> Clostridial toxins:
	<input type="checkbox"/> C. perfringens enterotoxin
	<input type="checkbox"/> C. difficile toxin A/B
	<input type="checkbox"/> Equine Enteric Coronavirus PCR

- anaerobic transport media tube	<input type="checkbox"/> anaerobic culture:
	<input type="checkbox"/> Clostridia

-aerobic swabs (Amies w/ charcoal)	<input type="checkbox"/> Salmonella culture
	<input type="checkbox"/> Gram stain

ADULT EQUINE DIARRHEA TEST KIT

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

<u>TEST</u>	<u>FEES</u> (effective September 29, 2015)
<u>SERUM</u>	
▪ Large Animal Chemistry panel	48.00
▪ Potomac Horse Fever IFA (should submit acute and convalescent sera)	20.00
<u>BLOOD</u>	
▪ hemogram, routine (CBC)	41.00
▪ selenium	28.00
▪ Potomac Horse Fever (PHF) (Neorickettsiae risticii) PCR	36.75
<u>FECES</u>	
▪ 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
<u>Clostridium perfringens</u> type A	
▪ Enterotoxin (latex agglutination)	28.00
▪ <u>Clostridium difficile</u> 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 [NYS Contract Subsidy Submission form](#) as cover sheet
- Kit: \$20.00 includes all tubes, cups, transport media, mailer

Special test: Quantitative Clos. 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 added to each accession received.

Adult Equine Diarrhea Kit General Submission Form



Animal Health Diagnostic Center

College of Veterinary Medicine, Cornell University
 In Partnership with the NYS Dept of Ag & Markets
 US Postal Service Address: PO Box 5786
 Ithaca, NY 14852-5786
 Courier Service Address: 240 Farrier Rd
 Ithaca, NY 14853

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

LAB USE ONLY
AHDC Accession No./ Date _____
Pathology Case Number (if any) _____

PLEASE COMPLETE ALL FIELDS, PRINT LEGIBLY, AND ENTER ONLY ONE OWNER PER FORM

Enter Your Cornell AHDC Acct No. _____	Your Internal Case/Reference No.* _____
Veterinarian _____ Clinic Name _____ Address _____ City, State, Zip _____ Phone Number (_____) _____ Fax Number (_____) _____	Owner _____ Address _____ City, State, Zip _____ Phone Number (_____) _____ County _____ Town _____ NYS Premise ID _____

Add'l instructions: ATTENTION: <input type="checkbox"/> Check here for test results to be faxed ; otherwise, they will be mailed.	Testing purpose, if not clinical: <input type="checkbox"/> Export Country of Destination _____ <input type="checkbox"/> Regulatory Shipper/Exporter _____
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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 _____
 In animals submitted _____
 Herd size _____
 No. dead _____
 (continue on back of page) No. affected _____

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

Check if related material has been submitted previously for this animal(s): Y N Unknown
 for this herd: Y N Unknown

ANIMAL IDENTIFICATION					TYPE/SITE SPECIMEN(S) SUBMITTED	CROSS OFF tests not wanted; all others will be performed and billed accordingly.
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					Date Samples Taken: _____	
NAME/NO.	SPECIES	BREED	SEX	AGE/DOB		
1					BLOOD ----- EDTA tube EDTA tube EDTA tube	1. Selenium level 2. Hemogram routine (CBC) 3. PHF (Neorickettsiae risticii) PCR
2						
3						
4					SERUM ----- Red top blood collection tube Red top blood collection tube	3. Equine chemistry panel 4. Potomac Horse Fever (PHF) IFA
5						
6					FECES ----- 2 oz. specimen cup 2 oz. specimen cup Anaerobic transport tube Aerobic swab (Amie's w/ charcoal)	5. Parasitology, fecal quantitative (feces, not frozen) 6. Equine Enteric Coronavirus PCR Clostridial toxins: (feces, preferably frozen) 7. C. perfringens enterotoxin 8. C. difficile toxin A/B 9. Anaerobic culture: Clostridia 10. Salmonella culture 11. Gram stain
7						
8						
9						
0						

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

LAB USE ONLY OPENED BY: _____	COURIER RECORD: <input type="checkbox"/> AB <input type="checkbox"/> Mail DATE REC'D: _____ <input type="checkbox"/> FX <input type="checkbox"/> Pri Mail TIME REC'D: _____ <input type="checkbox"/> UPS-Grnd <input type="checkbox"/> Exp Mail DATE SHIP'D: _____ <input type="checkbox"/> UPS-ND <input type="checkbox"/> Other: _____	COOLANT RECORD: <input type="checkbox"/> FROZEN <input type="checkbox"/> DRY ICE <input type="checkbox"/> RM TEMP <input type="checkbox"/> NOT FROZEN <input type="checkbox"/> COLD PACK <input type="checkbox"/> COOL <input type="checkbox"/> NONE <input type="checkbox"/> COLD <input type="checkbox"/> COMMENT: _____
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* 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). VSS-WEB-037-V01 9/15

NYS CONTRACT SUBMISSION ADDENDUM

****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