CLIENT EDUCATION HANDOUT

Customer Name, Street Address, City, State, Zip code

Phone number, Alt. phone number, Fax number, e-mail address, web site

**Congenital Cardiac Abnormalities**

**Basics**

**Overview**

* Congenital cardiac abnormalities include structural malformations present at birth, which are usually due to alterations in fetal development

**Signalment**

* Defects are present from birth, but may not show signs until weeks to months of age, depending on the type of abnormality
* Congenital cardiac abnormalities appear to be more common in Arabians, Standardbreds, Welsh Mountain ponies, and possibly Morgan foals

**Signs**

* Foals may show signs of exercise intolerance, respiratory distress, stunted growth, decreased activity, weakness, and pale or gray/blue mucous membranes

**Causes**

* A genetic predisposition is suspected, although specific modes of inheritance and genetic factors remain unknown. Teratogenic exposure, viral infection, or damage during fetal development are also suspected causes

**Risk Factors**

* Teratogen exposure (of the mare)
* Viral infection during the mare’s pregnancy
* Prematurity

**Treatment**

**Appropriate Health Care**

* There are currently no surgical corrections for congenital cardiac abnormalities in horses. Supportive care and medical management of congestive heart failure may be used to treat foals with congenital abnormalities

**Activity**

* With moderate to severe abnormalities, foals may be exercise intolerant or develop respiratory distress when exercised. Activity should be restricted in these foals

**Surgical Considerations**

None

**Medications**

* Medications may be used to reduce fluid accumulation within the lungs and to improve heart function

**Follow-Up**

**Patient Monitoring**

* Foals with small ventricular septal defects (the most common abnormality in horses) may not have any clinical signs at rest, and may be successful athletes. These horses should be monitored regularly for signs of exercise intolerance, coughing, or difficulty breathing, and repeat examinations (including cardiac echocardiography and rhythm evaluation) should be performed at least yearly

**Possible Complications**

* Many foals with congenital cardiac abnormalities will develop congestive heart failure and have a poor prognosis

**Expected Course and Prognosis**

* Prognosis depends on the size and type of cardiac abnormality. Foals with small ventricular septal defects have a good athletic prognosis, while foals with moderate defects may be normal at rest, but unable to exercise. Foals with signs of congestive heart failure or severe defects have a poor prognosis for survival

**Key Points**

* Congenital cardiac abnormalities are present from birth and foals generally show signs of weakness, exercise intolerance, difficulty breathing, or stunted growth within the first few weeks to months of life
* Foals with less severe congenital abnormalities (small ventricular septal defects) have a good prognosis for athletic function, but should be carefully monitored



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