



# Cording UP

Unit 6 Fourth Year Professional

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# Monday Morning Disease (Cording UP)

- ❖ Tying-up,
- ❖ Set fast,
- ❖ Azoturia
- ❖ Monday morning disease

# Predisposing Cause

- Ridden sporadically while being continually fed full rations,
- Strenuous exercise
- Horses exercising during an outbreak of respiratory disease

# CLINICAL SIGNS AND DIAGNOSIS

- Vary depending on the severity of the attack.
- Stiff, stilted gait,
- Particularly the hindquarters.
  - Horse will reluctance to move.
  - Refuse to move, hence the term tying-up.
  - The muscles will get tighten up and go hard and often be quite hot.
  - The urine will be dark brown in colour due to the muscle pigment myoglobin going into the blood stream and subsequently being urinated.
  - Show signs of repeatedly trying to urinate with no affect.

# TREATMENT

- The objectives of treatment:
  - Relieve anxiety and muscle pain,
  - Correct fluid and acid base deficits
- Confined for at least 24 to 48 hours
- Acepromazine
- Xylazine
- Combination of detomidine + butorphanol that provides excellent sedation and analgesia.
- ketoprofen, phenylbutazone, or flunixin meglumine as additional pain relief.
- Vit. E & Se

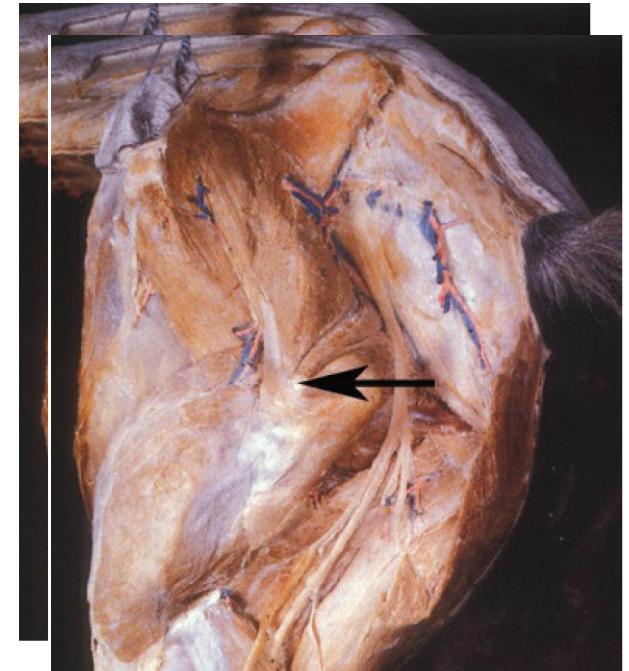
# Electrolyte Imbalance

- isotonic saline or 2.5% dextrose in 0.45% saline horses often have  
Hyponatremia,  
Hypochloremia,  
Hyperkalemia
- If hypocalcaemia: intravenous calcium borogluconate 100 to 200 ml of 24% is recommended.

Category	Drug	Dose	Comment
Tranquilizer	Acepromazine	0.04–0.07 mg/kg IV	May be hypotensive; use caution if dehydrated
	Xylazine	0.4–0.8 mg/kg IV	
	Detomidine	0.02–0.04 mcg/kg IV	
	Butorphanol	0.01–0.04 mg/kg IV	
Anti-inflammatory	Phenylbutazone	2.2–4.4 mg/kg IV or oral	Use caution if dehydrated
	Flunixin meglumine	1.1 mg/kg IV or oral	Use caution if dehydrated
	Ketoprofen	2.2 mg/kg IV	Use caution if dehydrated
	DMSO	1–2 mg/kg IV or oral	Use as a solution diluted to less than 20%
Pain control: CRI	Lidocaine	1.3 mg/kg IV followed by 0.05 mg/kg/min IV	
	Detomidine	0.22 mcg/kg IV followed by 0.1 mcg/kg/min IV	
	Butorphanol	13 mcg/kg/hour	
Muscle relaxant	Methocarbamol	5–22 mg/kg IV slowly	
	Dantrolene	2–4 mg/kg oral QID	

# Trochanteric bursitis

- Inflammation of the bursa beneath the tendon of the middle gluteus muscle that passes over the greater trochanter of the femur.





# FEMORAL NERVE PARALYSIS (CRURAL PARALYSIS)

- Femoral nerve Paralysis affects the quadriceps femoris group of muscles.

Rectus femoris

Vastus lateralis

Vastus medialis

Vastus intermedius

- These muscular mass covers the front and sides of the femur and inserts onto the patella -extend and fix the stifle.



# Aetiology & Clinical Signs & Treatment

- Overstretching, Kicking, slipping
- The fetlocks flexed and the toes on the ground
- Unable to bear full weight on the affected limb: **Dropped stifle**
- Atrophy of the quadriceps muscles
- Stall Rest, Nervine tonic

