

Infection in Foals, Serum Amyloid A and EquiChek™-SAA

Detect infection – before it hurts

Particularly in new foals, the early, outward signs of infection can be subtle or non-specific and easily missed, but crucially, if infection can be detected early and intervention started, the outcome can be significantly improved. Undetected infection can quickly lead to **sepsis** in the foal with consequent health risk and cost.

Serum Amyloid A

Extensive scientific research has proven that Serum Amyloid A (SAA) is a significant biomarker of inflammation and infection in horses¹. Levels of SAA rise rapidly at the onset of infection and can be detected even before the outward appearance of symptoms. This means a vet has the necessary evidence to get ahead of the disease and commence treatment without the delay associated with blood cultures or the uncertainty that can occur when relying on white blood cell numbers (WBC) or fibrinogen.

Where *Rhodococcus equi* infection is suspected, recent evidence has shown that a combination of raised SAA in addition to a positive ultrasound and elevated white cell counts can be used to confirm *R. equi* infection and that treatment should commence.

EquiChek™-SAA

EquiChek™-SAA is a rapid test that provides an immediate result on the inflammatory and infection status of a foal. The result is semi-quantitative, foals with a significant inflammatory condition can be easily identified using just a drop of blood applied directly to the test device. No specialist equipment is needed, and results are available in minutes, beside the foal. In conjunction with other clinical information, the SAA result is an aid to assessing the health status of the foal and can be used to help guide therapeutic intervention. When SAA has dropped back to normal levels, such information can guide the vet when to stop treatment.

1. Stoneham et al *Equine Vet J.* 2001 Nov; 33(6):599-603

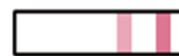
Interpretation of Results



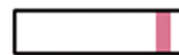
4 Lines
Normal
No Inflammation



3 Lines
Mild Inflammation
SAA 20 – 75 µg/ml



2 Lines
Moderate
Inflammation
SAA 75 – 200 µg/ml



1 Line
Severe Inflammation
SAA > 200 µg/ml



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