

TOUGH CHOICES



Born 25 days prematurely to an extremely sick mare, little "Ace" had the deck stacked against him. But Pam Robins, shown here, and her husband Paul accepted the gamble, and two months later their colt is on the mend.

Drawing THE LINE

Paul and Pam Rohus beat incredible odds to save a premature foal sired by a top reining Paint Horse. Was it worth it?

Article by REBECCA OVERTON

So, you're pretty set on your decision?" asked the emergency room surgeon at the Texas A&M University Veterinary Medical Center.

It was almost midnight. For a moment, Paul Rohus hesitated to answer as he watched a stream of trucks and cars flow into the hospital's parking lot like a school of fish filtering through the onyx depths of an ocean.

He didn't realize he was the reason for their arrival.

"You think I'm making the wrong decision?" Paul asked.

It was the third time the surgeon had asked him the question.

"The only time I would think your decision was wrong was if I operated on your mare and discovered her problem was very minor," the doctor said.

"I would hate to have to come out here afterward and tell you that."

Paul had already discussed the dilemma with his wife, Pam, on his cell phone as she sat almost four hours away at their Double PR Ranch in Quinlan, Texas. The 43-acre ranch is home to approximately 42 horses the Rohuses are breeding and training in the Paint Horse reining program they started two years ago.

The couple was in a tough spot now, but they had made up their minds on what needed to be done.

"Let's do it," Paul told the surgeon.

"Sign right here," the veterinarian said, handing Paul a pen and a hospital consent agreement.

"I'm getting ready to destroy your mare."

Another "Gunner"?

There had been no indication before Friday, February 12, that the day would be different from any other. The Rohuses' pregnant Quarter Horse mare, Jays Ace, had always been in good health.

The 23-year-old mare, who was due to foal March 8—more than three weeks away—had never colicked.

"She was a healthy, pretty mare," Paul recalled.

Her foal's sire was Colonel Smokingun, the outstanding Paint stallion who helped pioneer the breed in the reining world. Bred by Eric Storey of Henagar, Alabama, the sorrel overo stallion was by Colonelfourfreckle AQHA and out of Katie Gun AQHA.

In 1995, the Rohuses bought "Gunner" as a 2-year-old from Charlie Hutton of Fayetteville, Tennessee. Pam wanted to learn reining, so, when the stallion looked promising, they took him to veteran reining trainer Clint Haverty of Krum, Texas.

In 1996, Gunner qualified for the National Reining Horse Association Futurity finals. He went on to slide his way to the 1996 NRHA Futurity Reserve Championship.

During the futurity finals, the Rohuses were bombarded with offers to sell their apron-faced crowd-pleaser. Because they were new to reining, they had never expected such a response.

After a lot of soul-searching, the couple sold Gunner to Kim and Debra Sloan of Newfoundland, New Jersey, retaining five breedings a year.

"It was the hardest horse decision I had ever had to make," Paul said.

Gunner continued to add more honors to his list of accomplishments, winning the Saddlesmith Open Champion title in 1997. After becoming Saddlesmith Open Reserve Champion in 1998, Gunner was retired from the show ring to stand at the Sloan's farm for the 1999 breeding season.

When Paul and Pam bought several horses from them in 1997, the Sloans sweetened the deal by adding Jays Ace and the right to breed her to Gunner once a year.

Now, barely three weeks before the mare's due date, the Rohuses were looking forward to the birth of this foal. Of course, they dreamed lightning would strike twice and they would get another reining wonder like Gunner.

The foal would be the eighth Gunner offspring Paul and Pam owned.

If this foal was anything like the pair of 2-year-old Gunner stud colts the Rohuses were grooming

as futurity hopefuls, it would be very promising.

But when Kevin Forrester, Paul's ranch manager, found Jays Ace at 6:30 a.m. that Friday morning, she was lying in the front pasture with her legs in the air.

Kevin thought Jays Ace was dead.

A life-changing event

Kevin notified Paul, who hurried to the pasture as quickly as possible.

"When I saw her, I knew she had colicked," Paul said.

"I got her up, but as soon as my back was turned she'd lie down again. We put a halter on her and tried to walk her.

"At first, I wasn't too concerned. I didn't realize at the time how serious it was."

Little did Paul and Pam know how their lives would be changed by the foal Jays Ace was carrying. There was no way they could have predicted the drama that was about to unfold.

Like barnfuls of other horse owners before them, the Rohuses never dreamed they might have a sick mare that might foal early. This was a path through a darkness the couple had never ridden before.

The drama begins

Paul told Kevin to page Dr. David Celega, the ranch's veterinarian whose clinic was three miles away in Poetry. Within minutes, the crunching of tires could be heard on the sandy road in front of the ranch.

"When David's assistant arrived," Paul recalled, "she said, 'You've got a bad problem. We need to get this mare to the clinic as quickly as possible.'"

At 1 p.m., Celega called the Rohuses and told them Jays Ace required surgery. Although there was a hospital equipped to operate on horses nearby in Dallas, the facility did not have a neo-natal unit, which would be necessary if the foal were born.



Colonels Smokingun, "Gunner," always brought down the house when he performed with veteran reiner Clint Haverly. The sorrel overo crowd favorite took home two Reserves and a Championship at the NRHA Futurity.

The hospital's staff recommended that the mare be taken to Texas Veterinary Medical Center at Texas A&M University. Located in College Station, the university has one of the largest equine medicine and surgery departments in the United States.

Premature foals are not uncommon, explained Dr. Lori A. Moore, a lecturer in large animal medicine and surgery in A&M's College of Veterinary Medicine.

"A horse owner is likely to have a premature foal at some time," she said.

Mares typically foal after 345 to 360 days. A foal born earlier than 320 days is considered to be premature.

Because many "preemies" die in barns soon after birth, no statistics on the number of premature foals born each year are available.

"The most important thing about premature foals is that people be educated about them, so that when the situation arises, they are as prepared as much as possible," Moore said.

"It can be an emotional situation in which time is critical."

Just go!

As soon as Paul arrived at Dr. Celega's clinic, the veterinarian

handed him what seemed to be miles of instructions.

"He and his staff were rigging three intravenous bags in the trailer while they were going over all the stuff that I needed to do," Paul said.

"I was supposed to give Jays Ace four or five injections during the trip, see if the IVs needed to be flushed out, and check her once an hour.

"When I asked David, 'What are my chances?' he said, 'She could go down on you. You could lose her before you get there, but just go.'"

Armed with a bagful of medicine, his cell phone, and the emergency telephone numbers for the A&M hospital, Paul pointed his truck toward College Station—223 miles to the south.

He called Pam, who was home with their son, took off his watch and placed it on the dashboard.

He wanted to make sure he gave Jays Ace the correct medication at the right time.

Decisions, decisions

When Paul arrived at the hospital about 10 p.m., the doctors were waiting.

"The mare had a severe case of colic," Moore recalled. "She was blown up like a tick."



(Top) Ace is x-rayed for signs of pneumonia. Respiratory problems are common in premature foals, whose lungs haven't developed completely. (Bottom) Ace has his eye on Kerri Alaimo, a fourth-year vet student, as his bed sores are bandaged. A bandage around his neck protects the catheter through which he is fed.

Paul discussed the problem with Dr. L. William Valentino, the emergency surgeon.

"There was a crowd of people coming into the hospital," Paul remembered. "It reminded me of a group of people going to a high-school bonfire."

Moore, one of the hospital's senior staff members, had been called in to head the neo-natal unit if the foal had to be delivered.

A graduate of Mississippi State University, Moore is board-certified in large animal internal med-

icine. After earning her master's degree in veterinary medicine and surgery at the University of Missouri, she worked in private practice before joining Texas A&M in 1998.

Moore was assisted by Dr. Katharina Lohmann, a second-year veterinary resident from Berlin, Germany.

Jays Ace's condition was critical, creating a great sea of pain in which she was drowning. She would not survive without surgery, which gave her a 50-50 chance at life.

But an operation could endanger the foal.

"We determined Jays Ace's baby was about 320 days old," said Moore, "so it would be about 25 days early if it were delivered."

"Foals born at 320 days or less have a poor prognosis for survival, so this one was right on the line."

Premature foals have a 70 percent chance of survival if they are delivered normally, because hormonal changes in a mare's body signal the foal that it is going to be born. The signals initiate the foal's organs to mature so that they can function properly after the foal is delivered.

However, a premature foal that is delivered by cesarean section, or when labor is induced, has only a 10 to 20 percent chance of survival. This is because the foal does not receive the necessary signals from its mother, so its organs are underdeveloped.

Respiratory problems are common in premature foals because their lungs cannot expand properly. Also, their bones may not be completely developed and hardened, and the ligaments attached to their joints may be loose, resulting in limb deformities.

Preemies have a higher risk of infection because their immune



Home is where the colt is. For five weeks, Ace's home was the rooms and corridors of the Texas Veterinary Medical Center. Here, he walks to a checkup with Dr. Lori Moore (left), the senior veterinarian in charge of his case, and Dr. Katharina Lohmann, the second-year resident who assisted her.

systems are not adequately developed. They require numerous antibiotics and anti-inflammatory drugs.

Premature foals are also more susceptible to hypothermia, so their body temperatures must be carefully managed.

All these possibilities gave the foal little chance of surviving.

Inducing Jays Ace to deliver was not viable for another reason.

"That was not a good option for her because it would have been so painful," Moore explained.

"That wouldn't have been humane. Plus, it wouldn't have given the foal a better chance of living."

If colic surgery were performed on the mare, her foal would be threatened by anesthesia and a

lack of oxygen caused by toxins in the mare's bloodstream.

"Even if the foal made it through the surgery," said Moore, "the mare might abort it because of all the stress."

"Either way you looked at it, the prognosis for the foal was poor because it was so premature and its mother's condition was critical.

"The foal's chance of survival was 5 to 10 percent."

Show me the money

Then there were the financial considerations.

Colic surgery can cost \$3,500 to \$5,000, if there are no complications, Moore estimated. Complications could boost the bill to \$7,000 to \$8,000.

Typically, it costs approximately \$3,000 to \$5,000 to hospitalize a sick newborn foal. Care for premature foals starts at \$5,000, and can escalate to \$15,000 or more depending on the foal's problems and complications.

This does not include the cost of caring for the foal after it returns home.

There was one more option that would cost approximately \$500— anesthetize the mare, remove the foal, then euthanize her.

Meanwhile, time was running out for Jays Ace.

"Time is one of the biggest problems when a situation like this arises," Moore said.

"There is a period in which a decision must be made quickly

before things have progressed so far that they can no longer be treated.

"You've got a difficult decision to make, and you've got to make it quickly."

After discussing their options, Paul and Pam decided to put their money on the baby. They authorized Dr. Valentino to anesthetize Jays Ace, remove the foal, then put the 23-year-old mare down.

"Her age was a big factor," Paul said.

"Even if we spent \$7,000 or \$8,000 for surgery, Jays Ace had a 50-50 chance of survival. There was also a good possibility that we might not have been able to breed her to Gunner next year."

Baby on board

It might have seemed like an eternity to make the decision, but it took only 20 minutes.

The surgeon didn't have to walk out of the operating room and tell Paul his mare's problem had been only minor.

When a necropsy was performed, it was determined Jays Ace would have required extensive surgery. The mare suffered from a strangulating lipoma, a fatty mass that had wrapped around a large portion of the small intestine, which was causing that part to die.

"The mare would have needed very serious surgery," said Moore. "It would have been necessary to anesthetize her for at least three hours."

"During that time, toxins from the dying piece of intestinal tract would have been released into her bloodstream, which could have caused stress in the foal."

When Paul saw the foal after it was delivered at 12:30 a.m., its small, wet body was surrounded by doctors. The colt, who weighed 85 pounds, was lying inside a large metal crib lined with thick, blue pads to keep it warm.

The doctors shook the foal to clear its lungs. Afterward, assistants held it down as it struggled

so that oxygen tubes could be inserted into its nose.

This was the foal the Rohuses had been anticipating.

"I wanted to go back and see if it had any color," Paul said.

"In all honesty, I wouldn't have made the decision I did if he'd been a breeding stock. But when I looked down and saw he had an apron face, white stockings, and a white tail, he looked just like Gunner."

After Paul drove back to Quinlan, the first thing he said to Pam when he woke up the next morning was, "That's the prettiest foal I have ever seen."

A roll of the dice

But the gamble was only beginning. Soon after the foal was delivered, he was placed on a ventilator.

"You've got a difficult decision to make, and you've got to make it quickly."

— Dr. Lori Moore

In fact, he spent so much time hooked up to the machine that the doctors first called him "Ventifoal."

"He would have never made it without a ventilator," Moore said.

"For the first five days, he was on it continuously. We gradually weaned him from it until it was finally removed on the ninth day."

Patches were shaved on the foal's legs so the doctors could take blood-gas samples to determine if he was getting enough oxygen. He was given a battery of antibiotics and anti-ulcer medication.

The initial rush of relief over the foal's birth eventually gave way to worry. When Pam saw the colt for the first time a week later, on February 20, she was concerned by his appearance.

"He was sedated while he was on the ventilator," she recalled. "He

looked comatose to me. I thought he might be brain-dead."

The medical bill was already \$4,500—and climbing.

When the couple went to lunch afterward, Pam told her husband, "I don't know about this, Paul. This is going to be pretty costly."

"Where do you draw the line?"

Up and down

For the next three weeks, the Rohuses rode an emotional roller-coaster. After the ventilator was removed, the foal contracted pneumonia.

Something always seemed to be lurking around the next corner, threatening to snatch the foal away.

"One morning, the doctors called and said the colt was breathing well," Pam said.

"Then, that night they called and said they thought his hocks were collapsing. Fortunately, after they took another set of x-rays, they determined that wasn't the case."

After he started walking when he was 13 days old, he was cow hocked, a condition that can be corrected with special shoes. And, he would also require surgery on his umbilicus.

Meanwhile, a financial drama was also brewing. The expenses were mounting, and the hospital business office had not received any payment.

Paul, who owns a construction company, discussed it with Pam, who is employed as an executive and payroll administrator for an industrial contractor.

"We had to set a limit," Paul said. "I told them I would pay \$7,500."

"If the bill went higher, we would have to take the foal home and have it cared for there."

The Rohuses sold one of their futurity prospects to pay the colt's medical bills.

Meanwhile, Drs. Moore and Lohmann searched for a way to keep the foal hospitalized and help meet its expenses. They decided to apply their entire

teaching allowance from the university for the year to the foal's bills.

By that time, the staff, some of whom were becoming emotionally attached to the colt, had named it "Ace."

"There was always someone at his stall, checking on him," Moore said. "We had never seen horse owners go this far to save a foal. Most would have given up on him."

"It was pretty amazing to see him during his first three weeks, and realize, that under normal conditions he would not even have been born."

"Ace has been a tough little guy. No one thought he would make it."

Welcome home!

It had been five long weeks since Paul had hauled Ace's dying mother to the hospital. The final bill was \$10,192.

It had been five weeks of four-hour drives to the medical center. Five weeks of conversations with doctors that burned up the telephone lines.

But, Sunday, March 14, was V-Day for Ventifoal.

When Pam and Paul walked into the hospital, they found their colt once again surrounded by doctors and medical assistants. But the ventilator and other life-saving equipment had been replaced with brightly-colored balloons and a birthday cake.

It was time to go home.

After hauling the colt to the ranch, Pam and Paul realized their work had just started. Like a human baby, Ace had to be fed warm milk every two or three hours at first.

They had to buy fresh goat's milk at \$6 a gallon, purchase corrective shoes—that fell off—and give the colt a counterful of pills and injections daily.

Pam made a schedule to keep track of the foal's medications and feedings. A microwave oven to heat the milk was moved into his barn.



(Top) Caring for Ace at home is a round-the-clock job. Kevin Forrester, the Double PR's ranch manager, prepares one of the colt's many medications. Pam made a schedule to keep track of all the medicine and feedings. (Bottom) Paul stands with his 2-year-old stud colt, Dee Loud Gun, another "Gunner" offspring. While no one knows what the future holds for Ace, he is in good hands.

Kevin and Paul worked in shifts to feed the baby several times at night and early in the morning. Fred Thomsson, a trainer at the ranch, and his wife, Dori, also helped care for him.

When the colt, who does not yet have a registered name, was hungry, his cries could be heard inside the brick ranch house.

"When your alarm clock goes off at 2 a.m. and you have to feed him

20 ounces of milk, you wonder if it was worth it," Paul said.

Socialization is a common challenge with orphan foals, who often believe they are human. They don't know how to defend themselves in a herd, and they can be pushy and demanding with people.

After one of their mares refused to bond with Ace, the Rohuses found another who would nurse him. They planned to introduce him gradually to other horses after he completed a month of stall rest.

"If he doesn't act like a horse," said Paul, "he doesn't have much of a future.

"We don't want a pet."

Nevertheless, it doesn't take a minute to notice Ace looks just like his sire. His pale blue eyes, set in his little bald face, study the other foals and mares in a nearby pasture.

Yellow wildflowers bend beneath his stockinged legs as he makes his way toward the barn, eager for rest and his next feeding. His white tail

flips like a flag in the warm, spring breeze.

Will this foal one day be a reining wonder like Gunner, and bring cheering crowds of admirers to their feet?

"Who knows what he will do," Pam said.

She and Paul watched as Kevin helped the little colt continue his journey back to the barn that is his home now.

"We did what we did," said Pam. "Why look back?"

Tips for dealing with premature foals

No one wants a mare to foal prematurely, but if you have horses, the chance of it occurring is likely. If it happens, what should you do?

*The following suggestions are offered
by Dr. Lori A. Moore and Paul and Pam Robus.*

1) Be knowledgeable about premature foals before they happen.

"This is the most important thing horseowners can do," Moore said.

"They will be better prepared if the situation arises. Having a premature foal can be a trying time. When it happens, people are often in an emotional state in which they're not able to comprehend all the facts.

"They only realize the immediate problem, not the potential ones and the long-term cost and recovery. It's not just a matter of the foal being delivered, and it gets to go home the next day.

"It's expensive."

2) Know a good veterinarian nearby who can treat your horse or refer it to a specialist.

Your foal will require continued treatment and check-ups after it returns home.

"Dr. Ceella has been indispensable," Paul said. "We've had to consult with him on a variety of challenges. He's made a lot of trips to the ranch."

3) Have someone ready to help when the foal comes home.

The amount of care a preemie requires at home is too much for one person to handle.

"We couldn't have cared for Ace without my ranch manager, Kevin Forrester, our trainer, Fred Thomson, and his wife, Dori," Paul said.

4) Keep everything the foal comes in contact with clean.

This includes feeding buckets, syringes, measuring cups and its stall. Premature foals are at increased risk of developing bacterial infections.

5) Make a schedule to ensure the foal receives its medication and food at the proper time.

"This is helpful because there is so much to remember," Pam said.

"Plus, when more than one person is caring for the foal, a schedule ensures there is no duplication, and it prevents someone believing something has been done, when it hasn't."

6) Remember that foals are horses, not people.

Resist the temptation to hug them and treat them like they're human.

Orphan foals need to learn how to socialize with other horses. Try not to baby them, and encourage their independence, Moore said.

"Some of the greatest problems with orphan foals arise in their relationships with humans," she explained.

"Once they start getting bigger, things that were cute when they were babies aren't cute anymore."