

Small Strongyles, *Strongylus vulgaris*,  
*Oesophagostomum* spp.



answers



# Select Strongylid Nematodes



**Matching:** Match each Strongylid nematode with its associated characteristic.  
(Some blanks have more than one answer.)

- \_\_\_\_\_ 1. L3s ingested while grazing on pasture
- \_\_\_\_\_ 2. Cranial Mesenteric Artery
- \_\_\_\_\_ 3. Currently, the most common and important helminth of horses
- \_\_\_\_\_ 4. Main pathology caused by migrating L4s in the lining of mesenteric arteries
- \_\_\_\_\_ 5. Adult worms found in the lumen of the cecum or colon.
- \_\_\_\_\_ 6. Intense Colic
- \_\_\_\_\_ 7. Main pathology is caused by encysted L4 larvae.
- \_\_\_\_\_ 8. Horse
- \_\_\_\_\_ 9. Abdominocentesis

- A. Small Strongyles
- B. *Strongylus vulgaris*
- C. *Oesophagostomum spp.*

# Select Strongylid Nematodes



**Matching:** Match each Strongylid nematode with its associated characteristic.  
(Some blanks have more than one answer.)

- \_\_\_\_\_ 1. Historically, the most important helminth of Horses; re-emerging DZ in Europe.
- \_\_\_\_\_ 2. Cows, Small Ruminants, & Pigs
- \_\_\_\_\_ 3. Encysted L4s elicit a pathogenic immune reaction
- \_\_\_\_\_ 4. Thrombosis, Occluded Vessels, Infarcted Intestines, Peritonitis
- \_\_\_\_\_ 5. Pus-filled, Caseous nodules on serosa of the gut.
- \_\_\_\_\_ 6. Non-strangulating Intestinal Infarction
- \_\_\_\_\_ 7. Diarrhea
- \_\_\_\_\_ 8. Nodular worm
- \_\_\_\_\_ 9. Confirmatory Diagnosis via Exploratory Laparotomy
- \_\_\_\_\_ 10. Economic loss due to condemnation of ruined sausage casings.

- A. Small Strongyles
- B. *Strongylus vulgaris*
- C. *Oesophagostomum* spp.

# Small Strongyles

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**Matching:** Match each type of Pathology caused by Small Strongyles in Horses and its appropriate description.

- \_\_\_\_\_ 1. Severe immunological response to a large population of encysted larvae within the mucosa.
- \_\_\_\_\_ 2. The sudden eruption of large numbers of encysted larvae from the wall of the large intestine.

- A. Larval Cyathostominosis  
B. Granulomatous colitis

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**Fill-in-the-Blanks:** When treating a foal for a small strongyle infection, it is suggested to include \_\_\_\_\_ with the dewormer, due to post-treatment pathology caused by the loss of \_\_\_\_\_.

# Small Strongyles

## Clinical Signs



Check box: Check the Boxes that apply to the Clinical Signs of Small Strongyles.

- Persistent Diarrhea and Dehydration
- Piglets in 1<sup>st</sup> week of life
- Weight-loss, poor body condition, unthriftiness
- Older horses kept in a stall
- Severe colic with potential aortic aneurysm
- Hypoproteinemia with ventral edema
- Young horses on pasture
- Frequent coughing, crepitation, harsh bronchial sounds, & air hunger.

# Small Strongyles Control



Check box: Check the Boxes that apply to the Control of Small Strongyles.  
(Based on AAEP guidelines)

- Focus on control of Small Strongyles for mature horses > 3 years old.
- Co-graze naïve foals with older horses.
- Target horses with high contamination potential with FEC of >500 epg
- Check efficacy of dewormers with a FECRT every 3 years.
- Small strongyles are highly resistant to Macrocylic lactones, so don't deworm with Ivermectin.
- At the end of the grazing season, deworm with a larvicidal dewormer.