

## Donkey and Mule Scenarios: When to Stop, Think, Read, or Call

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Veterinarians doing horse practice are very well trained to manage all donkey and mule patients. An understanding of the differences in behavior and manifestation of clinical signs exhibited by donkeys and mules markedly facilitates making the diagnosis. Author's address: The Texas Veterinary Medical Center, Texas A&M University, College Station, TX 77843-4474. © 2002 AAEP.

Nationwide, equine, or more accurately described horse, practitioners are receiving requests to provide professional services to donkey and mule owners. This trend is expected to continue. Many veterinarians are reluctant to respond to some of these requests because they don't understand the differences among horses, mules, and often, the different sizes of donkeys.

Each veterinarian must realize they have been well trained to treat all members of the equine species. The diseases and conditions affecting these animals are the same. Certainly, there are variations in how each species may demonstrate clinical signs, but not in managing or treating the condition.

One of the most critical points is to realize that mules and donkeys have a markedly better tolerance for pain than do most horses. This is particularly significant in evaluating the musculoskeletal and gastrointestinal systems. Failure to recognize this can lead to an erroneous or delayed diagnosis, the results of which can sometimes be disastrous.

Everyone has heard the old tales about what donkeys and mules do or don't do, and about why they are or are not better than horses. Like most information we receive, some is correct, some is incorrect,

and some is not presented in the correct context. As an example, let's consider lameness in mules. They reportedly have fewer lamenesses than do horses. This view has been around for decades. It may or may not be true.

Before the 1960s, mules were working animals from draft-type mares and sired by draft-type jacks. They were doing the jobs draft horses did, and in some cases, were perhaps doing it better or more economically. They performed, generally, in a reasonably straight line or loose turn and at a walk and trot. Rarely were they required to work at greater speeds. Most of today's mules are produced from our saddle-type performance mares and sired by smaller, more refined jacks. We are asking the mules to duplicate the maneuvers of our race horses, roping horses, reining horses, driving horses, cutting horses, and others. We have changed our expectations of our mules as well as their pedigree. Our observations suggest that we are infusing all our lameness predispositions into our mules and following up with the appropriate training programs to insure the development of the same lamenesses seen in horses. The idea that mules are less likely to become lame is at least in part because of the fact

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### NOTES

## IN DEPTH: MULE/DONKEY MEDICINE AND SURGERY

that many of the lamenesses will be much more advanced in the mule before the animals demonstrate sufficient lameness to be presented for examination and treatment.

Early impressions also suggest that as we begin to develop large donkeys for recreational use, we will begin to see those same problems that we see in performance horses.

The following are some brief points worth filing in a little used corner of the mind to be resurrected as needed when faced with mules and donkeys as patients. They are not all inclusive, but represent the more often asked questions and errors of commission.

- Restraint of mules, and to a lesser degree donkeys, often requires a two-phased approach. One is a way to keep the patient in the area where you wish to work, and the other is to distract the patient from the procedure being performed. The use of stocks, shutes, snubbing posts, and swinging gates or panels are very helpful and may be supplemented with the twitch, war bridle, or other restraint. The foreleg strap and the scotch hobble are often very useful. Proper use of the foreleg strap or elbow strap is one of our most useful.
- When using any restraint appliance except perhaps the twitch, be sure to allow the patient to explore and accept the restraint before starting a diagnostic or therapeutic procedure. Certainly, if we knew more about mulemanship and clients would pay for our time to train the patient, many procedures would require little if any restraint.
- With mules it is very important that you get it right the first time. Unsuccessful attempts to restrain a mule are positive rewards for bad behavior that rapidly become learned skills.
- Hoof testers seem to be less discriminating in the examination of mules and donkeys than in horses.
- In general, you only are allowed a very limited number of nerve blocks in a lameness exam. Use them wisely.
- If apparent lacerations or proliferative lesions over the flexure surface of the joints are found in donkeys—consider that they may be jack sores. This syndrome is not a well-defined entity, but it usually starts as a linear ulceration with a bad odor. Most veterinarians and current literature call them summer sores. That is not always the case, and there is not currently an effective treatment known.
- Severe respiratory distress in donkeys is a cause for immediate and aggressive diagnostics and treatment, especially if in a herd. Donkeys often have severe secondary bacterial infections after or along with equine influenza virus. This is not so with mules.
- Any donkey off feed for 3–4 days or more should be checked for hyperlipemia or hyperlipidemia.
- Chronic non-healing coronary band lesions in donkeys look like a gravel eruption. This is a syndrome of donkeys that may persist for years and may become proliferative. Keep toes trimmed short. Check for sole-penetrating wounds. They may require excision.
- Radiographic anatomy of the donkey digit is not the same as a horse. The mule is minimally different, if at all.
- Donkey growth plates radiographically close later than those of the horses. Currently we don't know about the mule. Closure times are not yet established.
- Donkeys and mules are more susceptible to equine sarcoids than are horses.
- Flexure deformities—when considering surgical treatment be aware that the donkey has an extra part of the accessory (check) ligament of the deep flexor tendon that attaches to the superficial flexure in the front leg. This has not been identified in the rear leg and not at all in the mule.
- Consider fat ponies and large neck crests to be permanent.
- Laminitis in donkeys—often occurs in all four feet, often in rear feet only. Laminitis of rear feet more likely to lead to euthanasia than if in front. Support laminitis in contralateral foot in the rear due to abscesses or injury are very common and are often missed by the owner and the veterinarian.
- It is advisable to use a smaller stomach tube on donkeys and mules than that commonly used on a comparable-sized horse.
- Endoscopic anatomy is not identical to the horse. Mule anatomy is not yet well established. Donkeys show a tendency for dorsal collapse of pharynx.
- Entropion is very common in large draft Jackstock.
- Donkeys can serve as hosts for lungworms.
- Stringhalt and upward fixation of patella is more common in donkeys and mules than in horses.