

# WARWICK EQUINE VETERINARIANS

## 185 BRACKER ROAD

### WARWICK.

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#### Newsletter

- **Conferences, leave and learning**
- **Lameness and surgery**
- **Breeding**

July is the most difficult month for us a WEV with respect to maintaining service delivery to our clients and their horses. This July Tias was involved with the Exams of the ANZCVS in his various roles, and both Tias and Caitlin attended the leading veterinary Australian conference related to horses the Bain Fallon lecture series. As well, both Skye and Danielle attended an equine nursing conference and in the last few days Tias attended another weekend course in Advanced Reproduction.



*Tias last weekend trying out a new ultrasound machine with a small visor mounted screen, which perhaps will be the way of the future .*

These activities we feel are essential for keeping abreast of new knowledge, networking with colleagues, and also to contribute to the development of the veterinary industry. Although it does cause some inconvenience to some of our clients we think in the long term being associated with a practice which emphasises learning and improving our industry brings benefits to all.



*Caitlin enjoying herself and the company at the Bain Fallon dinner*

As well as these absences, as most of you will have realised, Chaylee and her sister Odie were away for nearly 5 weeks to visit Canada and attend the wedding of their brother. One of our previous nurses, Sandy kindly stepped up to help out as much as she could on weekends and Skye helped out working more than full time hours to keep everything ticking along. Lindsay McNaught also again helped us out ensuring most issues were managed appropriately within a reasonable time frame. We thank everyone for their understanding.



*Chaylee and her sisters having a good time in Canada*

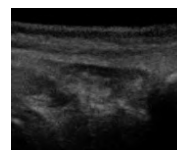
Over the next month breeding work will again start to ramp up. Many mares are now under lights to help them start cycling, and we will be preparing them for breeding over the coming weeks.

In the meantime we continue our general work and as is often the case we have had a lot of interesting lameness and surgery cases this month.

An example was a dressage horse which presented mainly for resistance and difficulty with gait transitions and possible low grade lameness.

When we examined this mare, we felt there was indeed some lameness in one hindlimb. There was no overwhelmingly obvious cause of the lameness though we had felt we had enough evidence to consider the stifle may be the cause of the lameness. To definitively establish this nerve blocks were used. First of all we blocked the lower limb and there was no improvement in the lameness. However, when we injected local anaesthetic into the stifle joint, we had a marked improvement in the lameness confirming our suspicions that the pain was coming from this joint.

X-rays of the stifle revealed few significant changes, however, when we scanned the medial meniscus it was obvious this was severely damaged.

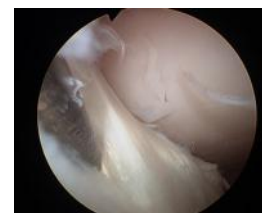


*This is an ultrasound image of the medial meniscus in this case. Although it may be a little difficult to appreciate in this photo, the margin of the meniscus is severely damaged.*

Options included a long period of rest, intra-articular medications, stem cell therapy and surgery which could be combined with some of the other options. A decision was made to evaluate the joint further using arthroscopy. Arthroscopy allows us to better examine the soft tissues of the stifle than any other way and also allows us to treat lesions at the same time.



This horse had severe damage to the meniscus and the damaged tissue was debrided and explored. This helps the joint to settle down, and combined with rest and the use of intra-articular medications like stem cells give this horse the best chance of recovery.



*This is an arthroscopic view of the medial meniscus and its ligament. The probe is dropping into a deep split in the structure.*

The meniscus or "cartilages" of the stifle are shock absorbers and stabilisers of the joint, much like in human knees. They do repair poorly however, with appropriate treatment, we can still get many of these horses to perform. This was a particularly severe case but we still feel with adequate care the horse has a chance participate in athletic activities in the future.

Thanks again to all our clients for another interesting and rewarding month. Tias and all the team at WEV

# Warwick Equine Veterinarians

## STAFF

Tias Muurlink BVSc (Hons) FANZCVS Registered Specialist in Equine Surgery  
Caitlin Doyle BVSc (Hons) Veterinarian  
Chaylee Joe Kong Vet Nurse Cert IV  
Skye Ripphausen Vet Nurse Cert III  
Danielle Assen Vet Nurse  
Rita Gangemi Administration

Our goal is to provide excellence in clinical service to all our equine patients.

A professional, compassionate and caring approach with good communication, and up to date services.

Excellence in Equine Veterinary Care

## OUR CONTACT DETAILS

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**Tias Mobile: 0438 791 804**

**Office and Chaylee (BH): 0400 977 564**

This month we had a case of a paint mare with a growth under her tail



Paint horses are a bit like red headed people in that they are incredibly susceptible to some kinds of skin cancers.

This mass was a bit hidden under the tail and emphasises the need to keep checking these horses carefully.

Another place in male horses is on the penis and prepuce and in

lightly pigmented horses it is very important to be vigilant for growths in these areas as well.



*This was another case of a large skin cancer on the tip of the penis.*

In both these locations it very important to look for small tell tale signs. Often these are detected by an increase in flies hanging around the area, or a change in smell. It can be difficult to detect small lesions but obviously, early detection

results in much better chances of success.

With this case we were able to give the mare an epidural anaesthetic to desensitise the region which allowed careful resection of the mass with the mare standing.



The tissue was then sent to the lab to confirm the cancer type and if the mass was completely removed and there were no remaining cells in the margins.

