

# WARWICK EQUINE VETERINARIANS

## 185 BRACKER ROAD

### WARWICK.

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#### Newsletter

- [\*Standing eye enucleation in horses\*](#)
- [\*Neck fractures\*](#)
- [\*Anhidrosis\*](#)
- [\*Tracheotomy and arytenoid chondritis\*](#)

Another busy month.... Early in the month I was required to devote 3 days to College duties in my capacity as Chief Examiner and Councillor running the examiners workshop and meetings. Caitlin did a great job looking after the hospitalised cases and "holding the fort". It has been gratifying to see her undertaking cases and tasks of increasing complexity. Caitlin and I have a co-operative approach to cases with each backing the other up constantly to ensure every case gets the best care we can give. The rest of the month felt like we were just catching up and the practice continues to grow strongly with us seeing markedly more cases than the same time last year.

Today was no exception. Chaylee and I had the sad duty to go to and perform surgery to remove an eye in an old friend, an 18 year old Stockhorse stallion. What had started with a small injury had progressed to a severe fungal abscess involving a large proportion of the cornea. Fungal infections of the eye in horses are quite common due to all the fungal spores in horse's normal environment and we treat many of these each year.

One characteristic of corneal fungal infections is the intense inflammation and pain associated with this disease. It was a difficult decision but ultimately we felt in this retired horse it was not in his best interests to keep treating the infection. With surgery we felt confident within a few days he would be totally comfortable, something we could not have achieved with ongoing treatment.



This is an old photo of removing an eye in a standing Clydesdale gelding at the University of Melbourne. Both today's case and this one are good examples of the benefits of doing this surgery

standing. With appropriate sedation and carefully administered nerve blocks the horses are completely unaware of us removing the eye and it avoids the risks of general anaesthesia which in both these cases were increased due to size and age. I have now performed standing enucleation of eyes in horses in over 100 cases and I am satisfied that this is the preferred way of doing this procedure in most horses.

The next case today was a second opinion on a mare with a fractured neck. Unfortunately she had been down at least 24 hours by the time I arrived and had completely lost pain sensation and the ability to move in her hind limbs. The only humane option for her was euthanasia. These very sad cases do take a toll, however, we believe accurately diagnosing and relieving suffering is important in cases like these.

Recently we examined a horse pre purchase. The potential purchaser had noted when she rode the horse he did not sweat as much as what she felt was normal. Anhidrosis is an important condition where horses do not sweat adequately for the conditions and the workload. This can result in severe overheating and even death.

In this case we needed to determine whether this was truly a problem for this horse. Mostly we rely on clinical signs and history, but in this case when an expensive purchase decision had to be made we resorted to a skin test. We injected serial dilutions of a drug which stimulates sweating in the region and noted the time taken to start sweating, the amount, and also what concentration of drug was needed to produce sweating at each location.



Here you can see the patches of sweating on the side of the neck at 20 minutes after injection. There is not much sweat being produced at the injection site nearest the head with the injection sites further back producing increasing

amounts of sweat at this time. This was a case of a horse which has a reduced ability to sweat but retains significant sweating capability. With management a horse like this should be able to cope, and this was taken into consideration by the buyers.



Another interesting case we have been treating for some time is a filly with chondritis of both arytenoid cartilages. This was first detected when she presented for surgery on her hoof and it was noted she was breathing heavily, even at rest. These can be very difficult cases and this particular case has been managed by long term antibiotics, and surgical debridement. To allow us to safely operate her upper airway we needed to perform a tracheotomy. This is where we surgically create a temporary opening into the trachea so she did not need to breathe through her larynx in the immediate post operative period. You can see the blue tracheotomy tube exiting out the neck allowing the filly to breathe easily until the surgical inflammation settled.



Once again it was a great month with many rewarding cases and we thank you all for the opportunity to serve you and your horses.

Tias, Caitlin, Chaylee, Skye, Danielle 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  
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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

*The view out of our operating theatre window at Lona. Although surgeons don't spend a lot of time during surgery looking out the windows, it does make for a very pleasant environment to work in. I have never had a better view from the operating theatre in any of the many hospitals where I have operated horses!*

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