

WARWICK EQUINE VETERINARIANS

185 BRACKER ROAD

WARWICK.

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Newsletter

- **Leave and absences**
- **US guided Injection**
- **Oral lacerations**
- **Collapsed trachea**
- **Ethmoid haematoma**

Another busy month, with a great range of cases, some learning and teaching opportunities and we continue to work on the final finishing touches to the new clinic.

First of all, over the next couple of months Tias, Caitlin and Chaylee will be having some time away from the practice. **Tias and Caitlin will be away from the 12th to the 16th June.** During this time Dr Lindsay McNaught will be filling in for us, but it will mean that there won't be a Gold Coast run that week. Tias has his annual commitment to the ANZVCS in his role as Chief Examiner from the **1st to the 9th July.** During this time he will be on the Gold Coast so may be able to squeeze in a few urgent jobs but essentially this is a very busy time overseeing the examinations of veterinarians wishing to gain post University qualifications from many parts of the world.

Immediately after this, from the **9th to the 14th July,** is the annual Bain Fallon conference. This year this will also be held at the Gold Coast and is the largest Equine veterinarian conference south of the equator. This year it will also have an equine nurse section as well. So during this time Tias, Caitlin as well as our nurses will be taking some time off to participate and contribute to this. Lindsay will again be helping out for some of this time and we should be able to cover most of our regular work during this week.

Lastly Chaylee is going to be away from the **8th July to about the 8th August** to attend the wedding of her brother in Canada. This will be the first significant amount of leave Chaylee has taken since starting with us nearly 5 years ago. All this will mean we need to be a bit more careful with scheduling during the next couple of months, however, we should still be able to provide the same level of care to our clients for most of this time.

One of our practice philosophies is to continuously improve. We do this by not only attending courses and conferences but also maintaining good contacts with colleagues around Australia and the world, and by contributing to teaching and education of vets and the wider population.

Last weekend Tias attended a course on ultrasound guided injection in Sydney. Speakers from Europe were supported by some Australian vets and there were some workshops held to help participants gain some hands on experience.



Here some of the course participants are attempting to guide a needle into the shoulder joint of a cadaver.

Dentistry is a particular interest of Caitlin. We do large numbers of dental cases each year, and this is no surprise as it is so important to maintaining good health for horses but also getting the best performance out of ridden horses. An example this month was this equestrian horse which was having issues with head shaking and resistance to the bit.



It is quite easy to see the lacerations caused by the teeth and bit interaction in this horse. These will heal well if the sharp molar teeth are rounded off. This is commonly called creation of a "bit seat".

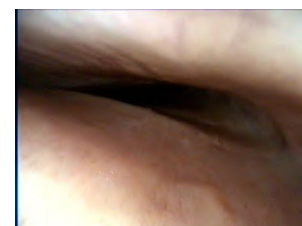
Another interesting case seen recently was a lovely quiet children's pony. This pony was initially seen by another veterinarian for respiratory distress after very light exercise and referred to us for diagnosis and possible treatment. Even with the slightest exercise there was increased noise and difficulty to breathe. This pony was much loved and well cared for but he was not vaccinated for Hendra virus. We

felt it was likely we would need to carefully work out what was the problem and endoscopic examination was going to be an important part of this process. As many of you will recall one of the last vets to die from Hendra contracted the disease from "scoping" a horse he had been treating for a similar condition. Therefore it is our practice policy not to expose ourselves and our clients by doing this procedure until we can be sure Hendra virus is not part of the clinical condition.

So our little pony had to wait until we went through the steps to exclude Hendra. Eventually we did scope him and found he was suffering from a condition called a collapsed trachea.



This is an endoscopic image taken from a different horse this month which had another problem, but had a normal trachea. As you can see we are in the distal part of the trachea and it remains fairly rounded in appearance and you can just appreciate in the distance the trachea is dividing off into passages to the different lung lobes.



This is the pony with the scope in the same region of the trachea. The trachea is unable to maintain its rounded shape during respiration and it is collapsing to almost closed. It is easy to see why this pony struggled for breath for much of the time. This is often due to a defect in the cartilage rings of the trachea, as in this case, and treatments are possible but generally problematic in the medium to long term. Therefore very reluctantly we decided the best option for him was to be euthanased.

Once again thanks to all for giving us the chance to help you care for your horses.

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
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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

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Ethmoid Haematoma

A dressage horse presented at Lona in December with a history of intermittent small amounts of blood coming from the right nostril.

There are many possibilities in this scenario. In this case on scoping the horse we could see a characteristic growth which occurs in some horses on the ethmoid turbinates.

There are many treatment options. If the case is amenable, and this often comes down to if we can see and access the growth using

the endoscope, the preferred treatment in our hands in intra-lesional injection with a chemical agent, formalin. Surgical resection is another option we sometimes use.

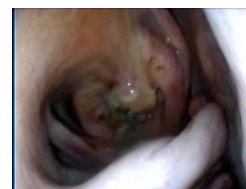


This was the appearance of the tumour soon after we started treatment.

After several treatments it is easy to see the tumour is now largely gone, with only a small amount of ab-

normal tissue remaining at its base.

These can be hard to treat and often require



multiple treatments over many months or longer. This case will still need careful monitoring to check for recurrence and may yet need further treatments, but does demonstrate that at least in some cases a good outcome can be achieved.

