

# WARWICK EQUINE VETERINARIANS

## 185 BRACKER ROAD

### WARWICK.

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#### Newsletter

- **Thoroughbred breeding starts**
- **Fractures**
- **Septic Joints and tendon sheaths**

August is the transition month. Foals start being born and in Thoroughbreds at least we start preparing mares for the breeding season. From the 1st September Thoroughbreds can be bred and their foals can be registered in the 2018 crop. With the industry so competitive there is a real premium for early foals and so a lot of effort is expended to produce most of our foals early in the season, especially if the foals are destined for the early yearling sales.

With the warmer than usual winter it has been a bit easier getting the mares to cycle early than in some years, however, it is really daylength which largely determines when they start to cycle normally. Therefore having mares under lights well before the start of the breeding season can be useful to get a bigger proportion of the dry mares cycling. There are two ways to do this. Mares can be housed in yards or stables until midnight with artificial light provided from dusk. Alternatively, there are now masks available which produce just enough blue light from dusk automatically and the mares are just left with these on during this transition period. These masks are very convenient and effective especially when only a small number of mares need "treatment" or when yarding or stabling is not possible.



Two devastating equine orthopaedic conditions featured in our case load this month. Fractures are quite common. Depending on the bones involved, whether the skin is broken, and a number of other issues determines whether these can be successfully repaired. Usually, because most fractures can be seen readily on x-rays, it is often easier to understand the severity and implications. Another condition, possibly even more commonly seen in our practice, is where there is an open wound resulting in infection in what we call a synovial structure.

Synovial structures are joints, tendon sheaths or bursae. All these structures share common features including a synovial lining and have synovial fluid (like joint fluid) for lubrication. These structures are really important to allow low resistance

movement in areas which are often highly loaded. Unfortunately these structures have a number of features which make them incredibly susceptible to infection. Treated early and appropriately in most cases we can get the infections resolved and full function. When untreated or in longer standing cases severe lameness or adhesion formation can result in complete loss of function and even death.

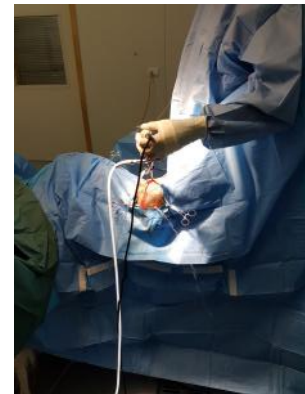
Most cases of infection of synovial structures in adults occur due to an injury or penetration resulting in contamination of the site. Early diagnosis is the key, and this can be based on good knowledge of the anatomy, taking samples from the region, ultrasound or x-rays. In some cases we inject sterile fluid into the structure and see if it egresses from the wound to establish whether there is an "open" joint or other synovial structure.



It is hard to stress enough how important early recognition of penetration into a synovial structure is. This is an example of a small wound near the fetlock. If this did not penetrate the joint or the tendon sheath, this would heal well. However this is an example of what happens when it is left for a few days and a wait and see approach is taken. In this horse the small wound did penetrate the tendon sheath at the back of the fetlock, it is now a few days old and the horse is unable to take weight on the limb. Although some of these "neglected" cases can be reversed and reasonable outcomes achieved, almost always it becomes very expensive and long treatments which can result in long standing lameness. This is a case I saw many years ago and despite the best care we could give the severe lameness remained and eventually the mare was euthanised.

This month we have treated several cases of penetrations into joints or tendon sheaths. One example was a big draft cross gelding. He was

noticed with a small cut on the inside of the hock. The horse was much more lame than would be expected from such a small laceration and when the owner called they informed us that yellowish fluid was running from the cut. Not all cases we see are as easy to diagnose with a penetration into a synovial structure. He is a much loved horse so after we discussed the odds and the various options we decided to get him into the surgery for arthroscopic lavage and antibiotics. This has proven over the years to give by far the best outcomes in these cases.



This is the horse in surgery. You can see the arthroscope which is pumping fluids into the joint and allows us to look around. Also readily apparent is the free flow of fluid out of what is really quite a small laceration.



This is an arthroscopic image of the joint. The joint is inflamed but also apparent is the damage to the articular cartilage. This is often a feature of infection in joints and is one of the reasons why chronic lameness can be a major issue in these cases. Although at the time of writing this he is still working through the problems often seen with these cases, he is responding quite well to the treatment so far.

Thanks again to all our clients for entrusting us with the care of their horses.

Tias, Caitlin, Chaylee, Skye, Danielle and Odie.

# Warwick Equine Veterinarians

## STAFF

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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

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Sadly, we treated quite a few fracture cases this month.

One was a warmblood mare, about 10 months pregnant. She had been seen in a kicking match with her paddock mate and pulled up severely lame. This is an x-ray taken at the time. You can see a minimally displaced fracture of the radius, the long bone above the knee.

There is also a lot of gas in the soft tissues confirming the skin has been broken. This is a complex fracture be-

cause the bone is shattered, making screw or plate fixation difficult or impossible. Also because the skin



is broken there is a big likelihood of infection, and the fracture extends into the joint. Compounding the is-

ssues is she will need to foal before the fracture has had time to heal.

This case we have elected to treat with high doses of antibiotics, pain relief and wound care. If the joint or tendon sheaths become infected this will need to be dealt with standing as she is not likely to survive a general anaesthetic.

So far the mare is doing well and we remain hopeful of a good outcome. This is an example of when careful supportive care without resorting to surgery can be the best option.

