

# WARWICK EQUINE VETERINARIANS

## 185 BRACKER ROAD

### WARWICK.

ISSUE 34

FEBRUARY 2018

#### Newsletter

- **Repro season finished**
- **Bent legs in foals**

The first lot of thoroughbred sales for the year has come and gone. The next major sale is later this week in Sydney and then there is a steady stream of sales as the year progresses. Helping prepare yearlings for these sales often generates quite a lot of work. On top of that our equestrian clients are busy getting ready for the next season of shows and competitions. So while we have largely finished with breeding for this season, we have been kept very busy for all of January. This means Caitlin and I are very much looking forward to Paul Lubbe coming to join us for some months which will give us the chance to catch our breaths a bit after a really busy year.

This month I thought I would discuss foals with angular limb deformities by discussing a few cases we have seen recently.

The formation of bones during development in the uterus starts with cartilage first and then as the foal matures and becomes ready for birth the cartilage hardens into bone. If foals are born prematurely or this process is upset in some way foals may be born with bones in certain areas which are still incompletely formed or may only exist as the cartilage precursor. Cartilage, although normally present is usually only a thin coating over the joint surface of the bone.

One example of this was this little foal born prematurely.



Some of the give a ways that this foal is born prematurely are the small size, silky hair coat, and the fact the joints are weak and collapsing. The reason these joints can collapse usually relates to incompletely formed joints usually in the foal's knees or hocks. Even though the foal is small and light in weight the cartilage is not strong enough to take the loading once born.



This is an xray of a foal with incomplete ossification. As you can appreciate the lower rows of bone in the hock have collapsed and give a squeezed out appearance.

There are no easy treatment options for this condition. Generally the bones will harden with time and the key is to keep load on the bones as low as possible and to try and stop abnormal angles forming.

The second case is another foal which was also born prematurely. This foal was strictly confined from birth and was going quite well until it became lame in one forelimb. This was treated effectively but in the meantime the "good" leg was overloaded and the weakened knee joint on the other side collapsed to some extent.

These are a challenge to get straight and sometimes residual problems can remain if excessive damage is done to the small bones in the carpus (knee) occur.



This is the foal with Chaylee holding it just before surgery to insert what we call a transphyseal bridge. The principle here is to stop the growth on the convex side (in this case inside) of the limb and allow the other side to keep growing and therefore straighten the leg over time. Importantly this procedure can only work if there is enough growth potential left in the limb.



This is an intraoperative x-ray taken to ensure the implants were correctly placed and you can see how the 2 screws and wire with stop the inside of the limb from growing and allow the outside to catch up. Also it is apparent the small bones of the carpus even now are not completely hardened into bone with a more rounded appearance. Another important point is these implants need to be removed when the leg is straight otherwise the leg will end up bowing the other way.



Another way we can slow growth down on one side of the bone in foals is to place a screw across the growth plate. This has a similar effect as what we did with the 2 screws and wire in the foal above and is appropriate to some cases. There are several other techniques we use as well, including some to speed up growth on the concave side of the limb. Each case we need to carefully consider which is the best approach and in some cases a combination is best. These surgeries are quite common and in January we did a large number of these cases at our Lona operating facility.

All of us at WEV enjoyed our month of treating the horses and foals presented to us and its been great having the opportunity to treat such a large number of interesting cases.

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  
Grace Cheal Vet Nurse  
Odette Joe Kong Assistant  
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

### Business office and postal address:

185 Bracker Road, Warwick, Q 4370

### Equine facilities and surgery:

19811 New England Highway

Rosenthal Heights, Q 4370

Email address: [office@warwickequinevets.com.au](mailto:office@warwickequinevets.com.au)

Website: [warwickequinevets.com.au](http://warwickequinevets.com.au)

Facebook: Warwick Equine Vets

Tias Mobile: 0438 791 804

Caitlin Mobile: 0487 791 885

Office and Chaylee (BH): 0400 977 564



*Drilling the hole for the second screw in the foal from the previous page.*

