

WARWICK EQUINE VETERINARIANS

185 BRACKER ROAD

WARWICK.

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Newsletter

- ***New Year Plans, new staff***
- ***Necrosis or osteochondrosis of the condyle of the femur in a foal***
- ***Allimentary lymphoma in a thoroughbred filly***

Christmas is over and the New Year has started. The work load at WEV every year at this time changes from a significant proportion of time spent on TB breeding, to finishing up breeding work in other breeds and to what we do year round which is providing general practice care to our Warwick clients, our runs to Stanthorpe, Allora and the Gold Coast and last but not least our focus on specialised surgery and lameness at our base at Lona.



We have some exciting changes to announce. Grace Cheal recently moved from Inverell to join us as a trainee vet nurse. To help her meet the requirements for the training course she is undertaking she is also required to do some time working with small animals and for this she will work at our sister practice

Condamine Veterinary Clinic for one or 2 days a week as well.

To allow Tias and Caitlin to have some time off this year, we have a locum, Paul Lubbe, coming from South Africa. Paul has spent the last breeding season doing a locum for Aquis farms, and also has worked for a time in Warwick and Toowoomba as well as for equine practices in SA. Paul will be joining us for 3 months or so from the last week of February. Paul has special interests in reproduction and dentistry and has extensive equine general practice experience. He is looking forward to being part of a specialist practice for a time. We will sort out and inform everyone of the exact roster over the next month to allow our clients to plan their cases around our leave. Our goal will be to keep the surgery mostly operational with Tias being away no more than about a week at a time so only the most urgent surgical cases will need to be referred other practices if Tias is unavailable.



Some years ago when working in Melbourne we had a series of foals referred for stifle issues. A number of these cases were very similar to a series of cases reported by Steve Hance when he was working at some of the large north American clinics. We have seen at least 2 similar cases of the more severe type 3 lesions in the medial femoral condyle over the last year at WEV. One case we x-rayed last week was a young thoroughbred foal.



As you can see in the x-ray above the outline of the big rounded medial femoral condyle is still appreciable but the underlying bone is largely eaten away and the remaining bone quite irregular. We don't really understand the underlying disease process which causes this quite well recognised condition. It may be a severe form of osteochondrosis, or infection may play a role, or it may be due to a problem with the blood vessels to the area. Interestingly in Steve's paper many of the severe type 3 form had infected joints elsewhere in the foals and the foal above also subsequently developed an infected hock. Regardless of the cause these foals have a very poor outlook for performance; I have not see any case come back to become viable athletes.

Another interesting case this month was that of a TB filly. She had been at the stud spelling but had not done quite as well as expected despite being on very good pasture. When she was put into a pre training establishment, she soon started showing signs of low grade colic. After coming home she continued to show signs of stretching out, mild colic pain and her appetite was quite poor, especially when her pain relief wore off. Gradually she became more painful and after Hendra exclusion testing she was admitted to Lona.

We started her on IV fluids and over a few days she became much brighter and as you can see Chaylee was very happy when she started one afternoon to eat some special feed brought in from the stud.



On both rectal and ultrasound exams we had determined her small intestine was thick and ropey in places and quite distended. When eating not very much the poorly functional gut still managed to move enough of the feed through. However, once she ate a bit more she became more painful. Therefore, despite the bad prognosis, we decided to operate her in case we could find a lesion we could repair.

At surgery we found exactly as expected, distended small intestine and some very thickened sections of intestine which were causing partial obstruction of the bowel. The diagnosis was alimentary lymphoma and this can occur in quite young horses. Unfortunately we don't have any really effective treatments for these long term.



In the photo to the left you can see the relatively normal intestine in places and some areas where the intestinal wall is about 1 cm thick.

Fortunately not all cases seen this month had such grave diagnoses and we still managed to have a busy and satisfying month.

Once again thanks to everyone for giving us the opportunity to help with your horses .

The team at WEV

Warwick Equine Veterinarians

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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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