



Newsletter

**Paul starts
Planned leave for March
Pastern foreign body
Ethmoid haematoma**

The first big sales of the year, both TB and Stock-horse, are now behind us with many more to go. It is always satisfying to see horses we have helped go through and do well. The horse industry seems to be quite vibrant and certainly both the competition and breeding sides of our practice have been keeping us at WEV very busy.

The good news is Paul Lubbe started last week and brings his happy professionalism to our practice. Paul will be with us for at least 3 months and this will allow both Caitlin and Tias to have some time off. In March, Caitlin will be away for the week starting the 12th, and if we can get sufficiently caught up with our backlog of work Tias will be away from about the 19th to the 27th March to visit some friends down south and attend a conference in Melbourne.

Tomorrow we have 2 tieback surgeries scheduled and Leah Bradbury, our consultant specialist anaesthetist from Melbourne will be here to oversee the anaesthesia of these cases and update our vets in the latest anaesthesia techniques. Surgery is one of our passions and the highest standards of anaesthesia is essential when undertaking major procedures.



“Tie back” surgeries are one of the more common major procedures performed at Lona, and requires a big team. Here Chaylee is assisting in surgery and retracting the tissues to allow prosthesis placement.

We had an interesting case this week. Caitlin had been out to a farm and examined a horse with a swollen pastern. Even on close inspection she could not see a wound and treated the horse with antibiotics and anti-inflammatory drugs. Shrewdly she counselled the owner that if a discharging tract developed to bring it in and we should look for a thorn or other foreign body penetration.

Sure enough the horse, while still not that lame, developed a draining tract and presented to Lona for further work up.

The defect in the skin was not much more than a few millimetres across but was discharging pus regularly. As a wood foreign body was suspected and these do not show on xray, we elected to ultrasound scan the region.



Above is a still from the ultrasound examination. The give away that there is a foreign body is due to ultrasound not being able to penetrate hard tissue. Therefore the intense almost curved reflection and shadowing below is very characteristic of a hard wood or vegetable foreign body.

After a nerve block, we opened up the tract and were able to remove a small piece of what looked like softened thorn. We had measured it on US a about 1 mm across and sure enough it was very small but enough to not allow the wound to heal.



Above you can make out how small the piece was and how easily high resolution US can detect these pieces in soft tissues is well demonstrated.

Another interesting case handled recently was a referred case of ethmoid haematoma. The horse, an older gelding, had been treated by the practice

for some time with repeated injections of a sclerosing agent using endoscopic guidance. The referring vets had skilfully performed this and everything that was visible up the nose was successfully ablated. However, when follow up x-rays of the head were taken a rounded mass in the sinuses was apparent. This is a well recognised issue in some cases that are treated this way. The only way to access these is to surgically approach the lesions through a bone flap or large trephine hole and usually surgically removing the lesion is the best option.

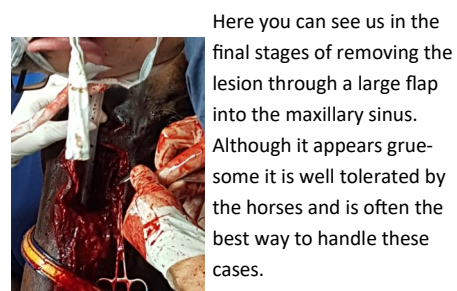
Traditionally these have been done under general anaesthetic but in selected cases we now do these standing and in most cases this is well tolerated and has the advantage of less bleeding and avoiding anaesthesia.

In this case we first created a small hole over the fronto-maxillary region and inserted the scope to visualise and evaluate the lesion and allow surgical planning.



You can clearly see the remaining ethmoid haematoma in the maxillary sinus when scoped through the trephine hole at the beginning of surgery.

This surgery is often associated with severe blood loss but in this case partly because the accessibility was good and partly because the procedure was done standing and we were able to finish quickly and pack the sinus blood loss was not excessive.



Here you can see us in the final stages of removing the lesion through a large flap into the maxillary sinus. Although it appears gruesome it is well tolerated by the horses and is often the best way to handle these cases.

Once again thanks to all our clients for giving us the opportunity to help with your horses. Tias and all 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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The horse with the sinus ethmoid haematoma immediately after surgery. He had a tube in to flush the sinus, and packing coming out of his nose to control bleeding and you can see where the flap was created to access the lesion. Fortunately he has recovered very well and should have a good outlook, though he will need ongoing monitoring for recurrence.

