

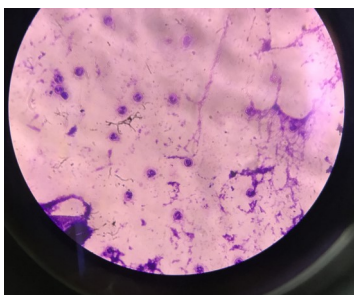
Newsletter

- **Foals and lameness**
- **Teeth cases**
- **Severe tendon damage**

Its been another great month for us at WEV. Besides being well into the breeding season for thoroughbreds, we have also been busy with a mix of surgery, lameness, dentistry and other cases. The variety of cases seen keeps us all on our toes. This month WEV operated the largest number of cases in a month at Lona so far. Mostly these were various leg surgeries, mostly arthroscopy, but we also dealt with a range of other cases including cryptorchid castration, abdominal and respiratory cases.

This time of year we often see foals with lameness. In young foals, in sharp contrast to adults, the most common cause of lameness relate to infections. We often work by a "rule of thumb", lameness in young foals is septic arthritis (joint ill) until proved otherwise. One case which was a little more unusual was a foal which had a degree of failure of passive transfer, that is we had to supplement its antibody levels as a young foal with intravenous plasma.

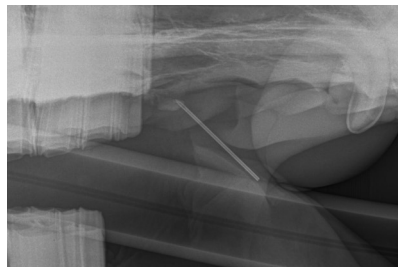
Some weeks later the foal presented with lameness. Notably, there was marked swelling around the coronary band and with careful palpation it was easy to appreciate distension of the coffin joint. A sample was taken and Caitlin quickly was able to confirm infectious arthritis under the microscope.



In the slide Caitlin prepared from the joint fluid sample we can quickly get good evidence that the joint is infected by noting a predominance of cells on the smear are neutrophils. In normal joint fluid neutrophils are rare. We went on to lavage the joint under general anaesthesia and started antibiotics and am happy to report the foal is doing well.

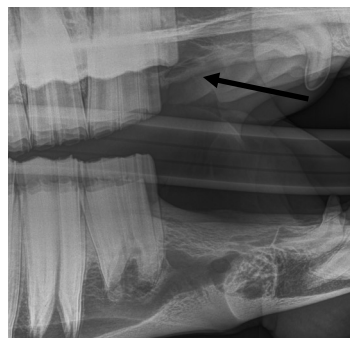
As always we see lots of teeth cases each month. One less common presentation was a dressage

horse which had some issues with bit contact especially to one side. X-rays confirmed a non erupted wolf tooth growing more or less along the mandible rather than in the normal direction.

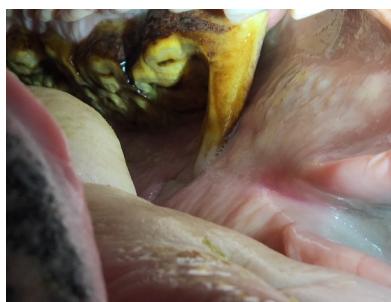


In this x-ray you can just make out the small wolf tooth, with the needle placed to highlight this as a marker.

After surgical extraction an x-ray confirmed the tooth removed in its entirety.



Another unusual and extreme case was this case of a very overgrown 206 tooth in a mare used as a nanny. In this photo the very long hook on this tooth is apparent. Similarly long hooks were also present on the other side as well as at the last lower molar teeth. Removing hooks like these will have a major positive impact on the horses ability to eat and welfare.

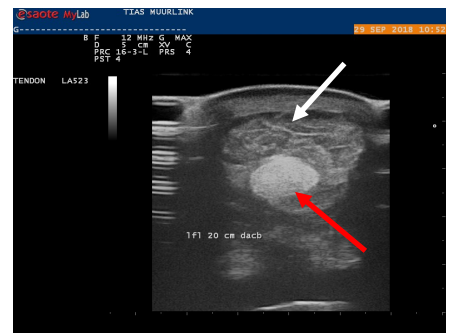


This next case is also a little unusual in that the degree of tendon damage is quite extreme. This pony was found lame in the paddock where its

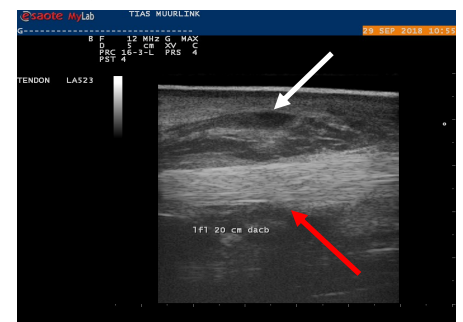


paddock mate may have been bullying him somewhat. Exactly what happened is unclear. What was apparent on examination was a very swollen tendon region just above the fetlock joint in one forelimb.

Ultrasound examination was able to give us a lot of answers. As seen in this next image the superficial digital flexor tendon (white arrow) is markedly enlarged compared to normal and has an unusual heterogenous appearance. The tendon immediately deep to the SDFT is the deep digital flexor tendon (red arrow) and is relatively normal on ultrasound.



In longitudinal section, the normal fibre pattern of the DDFT contrasts sharply with the swollen and irregular fibres in the SDFT.



It is hard to know what caused such severe damage, whether it is an aggravation of a previous injury, trauma or other causes. Regardless it will take a very long time for this to heal. Tendons are one of the slowest healing tissues in the body and take up to 12 months to heal maximally. Unfortunately tendons seldom heal to tissue as strong and compliant as originally. For this pony we are still hopeful useful low level activity as a children's pony is possible with time.

Thanks again to all our clients for their support.

The WEV team.

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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.

How to pick colic cases that need hospitalisation or surgery?

This is something we are asked often, not only by horse owners but also vets. Unfortunately there is not an easy answer that will fit all cases.

Colic can range from simple short lasting abdominal pain to catastrophic abdominal problems which can be rapidly life threatening.

To work out which cases need relatively simple medical treatment and those needing more intensive care we rely on a number of things.

The clinical exam is often the most important tool we have to work out what is going on. Things we rely on are heart rate and a change over time, respiratory rate, gum colour and refill, hydration status and many other findings like the degree of pain and how it responds to analgesia.

Often we need to use further tests and these can include passing a stomach tube, rectal exam and in recent years ultrasound examination often can give us answers as to what is going on quite quickly.

Further tests can include various blood tests and examining abdominal fluid.

Determining which cases need more intensive treatment in some cases is difficult. Generally, we use serial monitoring and looking for deterioration of clinical signs to determine which cases need more involved care. This is not always easy and we are always happy to give

advise on particular cases. Sadly there is no one value or one sign which says "this horse needs surgery or intensive care".

The last thing to remember is to keep your horse's Hendra vaccination current. Having your horse vaccinated will give your horse many more options in the event something serious is going on.

