

# WARWICK EQUINE VETERINARIANS

## 185 BRACKER ROAD

### WARWICK.

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#### Newsletter

**Breeding and repro seminar at WEV**

**Flexor laxity in foal**

**Growth plate exostoses in a foal**

**Pastern joint osteoarthritis**

We are now into September and therefore we have started breeding in the Thoroughbred industry. Even though it has been very cold and dry, in the main we have been encouraged by the numbers of mares cycling well for this time of year, and have managed to get quite a few covered already.



Here Tias is scanning some of the mares on a smaller breeder's property in preparation for sending the mare to the Hunter Valley for cover.



Last week we also ran our inaugural seminar at Lona. The theme was reproduction and we had a very good turnout and the feedback on the presentations was excellent. Mick spoke regarding AI, Semen collection and handling, and ET; Tias spoke regarding dystocia and other problems around foaling time and Caitlin presented on foals in their

first day or two of life. We will be holding more of these seminar evenings over the coming months and welcome feedback and ideas on what you might want us to talk about.



With large numbers of foals now being born in the district we are seeing as expected a range of neonatal problems. The foal above was born just a little early but had a severe laxity of the tendons which support the forelimb fetlock joints. Flexor laxity can effect the deep digital flexor tendons and in these foals the toe of the foot lifts from the ground with weight bearing. Some foals the toe comes off the ground and the fetlock drops and this means there is laxity of both flexor tendons and suspensory ligament.

In this foal the sole of the foot is flat on the ground but the fetlock drops severely. Here, a few days after birth the fetlock is just starting to come off the ground. These are treated quite differently to the ones with the toe elevation, and with confinement and supportive care they often can do quite well. This foal is continuing to improve. The important thing is to determine what is going on and direct treatment appropriately based on the diagnosis.

We have been x-raying large amounts numbers of weanlings in recent weeks. As always this generates quite a few surgical cases. This was an interesting case of a large boney growth near the fetlock joint.



The important thing to recognise is that the bone growth is actually not part of the joint but originates from the growth plate. This is an unusual case of an exostosis of the growth plate of the distal cannon. These are most commonly seen at the back of the radius above the knee and can cause problems with irritating the big tendons in the carpal sheath.

In this case, the growth has actually come away from the growth plate and continued to grow in the soft tissues nearby.

These can be generally be removed by open surgery with very good functional outcomes because the joint and other important structures in the region are not effected.



In this intra-operative photo, you can see the fragment has been largely dissected free from the soft tissues and is being grasped with heavy Rongeurs prior to removal.



This is an intra-op xray showing complete removal and nicely demonstrates the joint remains unaffected.

Once again thanks to everyone who has supported us and our clients who have entrusted us with the care of their horses.

From all the WEV team.

# 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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Every month we seem to have a “run” of cases of a particular type. This month was no different with WEV diagnosing a range of cases of pastern joint arthritis. This condition is quite common and in the past was often referred to a “high ringbone” because in many cases the external signs are a firm to hard swelling around the pastern

joint. These usually start as quite mild cases and the early signs are mild or intermittent lameness and if x-rayed we may see a small osteophyte on the edges of the joint. You may need to zoom the x-ray above to get an appreciation of the osteophyte in this case. As they progress the growths often become much larger as in this case. There are many treatments possible, in early cases we focus on correcting any biomechanical issues with trimming and shoeing, and managing the arthritis. More severe cases may need intra-articular medications, and in the most severe cases surgical options may also be considered.

