

#### Newsletter

*Paula starts*

*Side bone*

*Wide webbed shoes*

*Facial nerve paralysis*

Already the new year is well underway. WEV continues to grow steadily, which is not necessarily our goal, but it does give us some comfort that we are heading on the right track. Staff is critical to the success of any business and its no different for us. January was Sara's first month and she now goes to do a month at Condamine Vet Clinic to broaden her skills before starting week about between the practices to help both practices keep on top of their workloads. Paula has spent January moving to Warwick from South Australia with her family. Her children are now settled in school here and she is going to start with us tomorrow. Paula brings a wealth of experience and enthusiasm from her time in SA and we are all looking forward to her joining the team.

The first case to present this month is a 4 year old warmblood gelding in early dressage training. He is a very large horse and unfortunately has not the best conformation in the lower part of his forelimbs. He has also always had a mild club foot in the right and all this has resulted in uneven loading through the feet. X-rays taken revealed some evidence of arthritis in the coffin joints of the feet, as well as quite large sidebone.

Normally we would try and use nerve blocks to try and tease out where the pain is coming from. With nerve blocks we selectively take the pain away from a region using local anaesthetic and then check if the lameness has improved. This was an example where blocking would be unlikely to be able to give us information if it was the sidebone or the coffin joint changes or indeed the pedal bone causing the pain. We therefore decided to send the gelding for a bone scan to try and get a handle on whether the sidebone was the cause of the pain but also to try and sort out some other issues with the him. A bone scan, or scintigraphy, is a type of imaging which highlights regions of bone with increased turnover. This is often the site of a problem, though it still needs careful further assessment.



In the scans of the forefeet above it is apparent that there is more black (increased uptake of the radiopharmaceutical or "hot spots") in the sidebone of the left fore, and more in the distal pedal bone on the right. When we bring together this information with the x-rays of the feet, we can start to feel more confident of our diagnoses and develop a plan for management.



In x-rays of the left fore, the very large sidebones are apparent. Some horses have these with very little or no clinical adverse effects, but in this case it is likely these are causing some pain and lameness.



In the right fore a very large sidebone is apparent but this is relatively quiet on the bone scan,



however, there is evidence of inflammation and demineralisation in the lateral part of P3. This is the "club foot" so it is not so surprising. In this case the combination of imaging gives us a good understanding of the issues in the feet of this horse and allows us to develop a management plan, which will to a large extent involves managing the biomechanical problems of the region with careful shoeing.

As always we had lots of lameness cases and this month another case was of a mare with lameness which was blocked to the foot region. X-rays did not reveal any convincing lesions though there may have been some subtle loss of bone in the region of the medial collateral ligament of the coffin joint. Ultrasound revealed a markedly enlarged medial collateral ligament some 40-50% larger than the lateral ligament. There was some more recent changes within the ligament but a lot of the changes appeared quite chronic. One of the reasons these chronic injuries form is due to conformation such that a lot more of the ground surface of the foot is set to one side of the centre line of the limb.

Although it is often quite hard to get demonstrate this on photos, this photo is of another mare with markedly offset foot. What happens in these cases is when worked in soft ground the inside of the foot sinks more into the ground and therefore the hoof twists with each stride. Over time we see strain injuries develop usually in the medial ligaments of the coffin joint. We try to help reduce the twisting by shoeing these cases with unequal



width branch shoes like this one. The increased surface area of the wider side tends to help stop rotation of the joint in soft ground. This was the shoe which we started the rehabilitation of this mare with. Time and addressing the biomechanical issues is most important but shock wave and sometimes treating the coffin joint are also necessary.



Once again, thanks to all our clients for another satisfying month in caring for your horses from all the team at WEV

# Warwick Equine Veterinarians

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Excellence in Equine Veterinary Care

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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.



This was a case of a mare which was being locked in a yard due to a leg injury. It was a very safe post and rail yard but one morning she was found with these signs. As you can see the left ear is droopy, the left eye is partly closed and the nose is pulled to the right. These are all signs associated with damage to the facial nerve. In this case we postulate she must have had her head through the rails and pulled back vigorously and damaged the nerve. The facial nerve can be damaged anywhere along its course from the brain, in this case we thought it was quite early in its pathway as not only did we have the typical nose deviation but also the eye and ear signs. These can regenerate and improve, but often it can take a long time. In this case because the damage was quite early in the course of the nerve, there was concern that another complication, dry eye, could also occur. Fortunately tear production has returned and we only needed to manage that problem for a short time. Although not all cases will regenerate the nerve, this case is doing well and gradually the nerve function is returning.

