

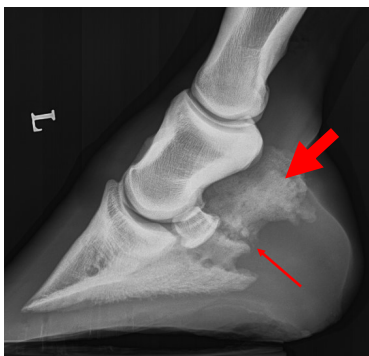


#### Newsletter

### Leave and breeding season Lameness and sidebone Ovariectomy

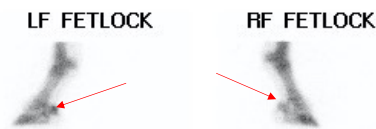
Overall June was a little quieter in case numbers, in part we suspect because of the very difficult seasonal conditions, in part because June is a relatively quiet time in equine practice due to the way breeding and competitions run, but also because some of the vets had some leave during this month. Tias was away for nearly 3 weeks with college and other commitments, and some of the other vets also had time away. July is when we start the transition from the winter quiet time to the busier summer breeding season. As described later, we are starting to get mares and stallions ready and we also removed the ovaries from one mare to be used to help collect stallions for one of our colleagues. Mick is going to take his annual leave in July and has a trip to the states planned with his wife.

Every month we see lots of lameness cases. Not many can be attributed to the part of the foot called the collateral cartilages. These structures attach to the pedal bone and generally are cartilage. If you know where, often these structures can be palpated just above the coronary band at the back part of the foot. Sometimes, and for reasons which are not always clear, these can change from cartilage which is a firm resilient tissue to bone. This is called ossification of the cartilage and may occur in horses which are not lame. This is an example of a horse with very large ossification of the collateral cartilages.



As you can see in the x-ray above there is patchy new bone in the heel region (large arrow). The smaller arrow points to what might be interpreted as a fracture of the new bone. It is well recognised

that sometimes the collateral cartilages form new bone independently from the pedal bone and these separate centres of ossification can be hard to differentiate from fractures. To work out whether large sidebone like these are causing lameness often requires a functional test. Nerve blocking is something we commonly use but this can be confusing as it will also block some other parts of the foot. Another approach is a bone scan. If there sidebone or the potential fracture is inflamed or active it would light up well on scintigraphy.



Above is the bone scan of the same horse. You can see there is increased uptake in the region of the sidebone in the left, but it is not as intense as you would expect with a fracture. This would be consistent with ongoing ossification within the sidebone, and in this case we confirmed pain was coming from the region with specific nerve blocks. The horse was managed with careful shoeing and attention to foot balance and the pain has settled and the horse is now doing very well.

Another case has proven more challenging. Horses get wire or other wounds commonly to the heel region. When a horse has such very large sidebone and when lacerations occur to this area it is more likely the bone will become involved.

A good campdraft mare which had a foot conformation which suggested long standing problems with balance, hoof biomechanics and consequently sidebone, suffered a relatively minor laceration of the heel bulb region. Initially it healed quite well but over time severe lameness developed and it started discharging from the original wound and from a new region separate to this.



It is easy to appreciate the very large sidebone and on the right of the image which corresponds to the inside heel region, the sidebone is quite irregular. Ultrasound examinations also were undertaken and confirmed infection of the medial collateral cartilage and bone. These can be very difficult to treat as cartilage has a very poor blood supply and therefore antibiotics give orally or by injection do not arrive in the infected tissue consistently. In this case we operated to remove as much infected tissue as possible and then used a technique known as isolated regional perfusion to drive high levels of antibiotics into the foot region. This can be done standing and under anaesthetic and we did the first treatment under anaesthetic after removal as much of the infected tissue as possible, and later standing.



Above you can see how this is done. We place a tourniquet above the region to receive the antibiotics. We then pump high levels of antibiotics directly into a vein below the tourniquet. Usually we supplement this with systemic antibiotics. This 3 tiered approach of surgical debridement, regional and systemic antibiotics over a prolonged period can get these problematic cases under control.



To the left you can see the ringbone has been trimmed back of infected bone on one side, allowing the antibiotics to clean up the residual infection.

It has been an interesting month, and again we thank all our clients for giving us the chance to help them with their horses veterinary needs.

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 time of year we are starting the preparations for the busy breeding season. If mares or stallions have any reproductive or other issues which may impact on their fertility it is usually very worthwhile to get these issues sorted before the start of breeding. Examples are any surgical correction of reproductive problems, ranging from the relatively simple like a Caslick's procedure to more complex such as repairing a torn cervix. Sometimes simple things like poor teeth or endocrine problems like Cushing's disease can also have major impact on conception rates and are all very worthwhile addressing well ahead of breeding.

This month we also performed an ovariectomy on a mare for a Colleague from Brisbane. This means the surgical removal of both ovaries and these mares then are very



useful in breeding programs as they often become good teasers to help collect stallions for artificial breeding programs. Here you can see Mick and Tias laparoscopically operating the mare while Odette is carefully checking the urinary catheter to ensure the bladder remains empty during surgery. Compared to the techniques used in years gone by ovariectomy performed in this manner results in much faster recovery with much less complications. As always good team work is key and we are indeed fortunate to have a great and varied team which allows us to undertake many procedures efficiently and well.

