

WARWICK EQUINE VETERINARIANS

185 BRACKER ROAD

WARWICK.

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Newsletter

Tendon conditions **New ultrasound machine** **Pastern cyst** **Stringhalt**

July is often one of our quieter months and with the continuing unprecedented dry over much of our practice area we anticipated having some quieter weeks. When the clinical work is less busy we try and focus on improving systems, our knowledge attending meetings and conferences and in house training. The month just been, however, was anything but quiet with a very good flow of very interesting cases. Tias and Paula did find a little time to attend the main equine conference, the Bain Fallon EVA conference, and Tias also completed much of his College work over the last month or so. Tias will continue to have input into the College but it will now be more a mentoring and specialist examining role and it will allow him to devote more time to WEV clients' horses. Mick and his wife Gina have been away most of July in the Kentucky in the US and will be back soon to give us some much needed help.

We also took delivery of a new ultrasound machine in July. This is now the fifth ultrasound machine in the practice and it demonstrates how important US is in equine practice. Our previous US machines were all the best available at the time we bought them (all are less than 6 years old) but technology in this field is advancing so quickly that our new machine, even though not quite as expensive as our previous best machine, easily surpasses our existing equipment.

Luckily we had a good flow of interesting cases to use it on.



The first case was a young racehorse in work. It pulled up sore and swollen in the tendon region of one forelimb after winning its first start.

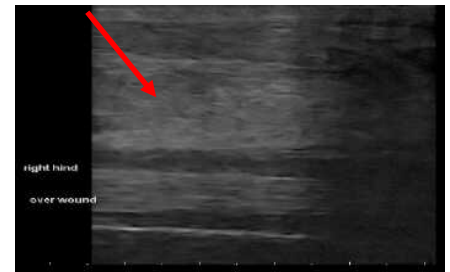
We had the opportunity to examine and scan the filly when she came home a few days later. As you can see in the US image above there is an enormous black region in the tendon closest to the skin, the superficial digital flexor tendon (SDFT), and this large defect extended for about 25 cm up and down the leg. Colloquially known as a bowed tendon, these can sometimes be managed but when this severe have quite a poor chance of returning successfully for racing. A devastating blow for the owners after such a promising start.

The next case was a gelding used for western and pleasure riding. He injured his leg in a flood on the Gold Coast many months ago. Initially managed by another practice he was correctly diagnosed with an unusual condition of complete laceration of the second tendon in, the deep digital flexor tendon (DDFT). It is unusual in that mostly when a horse cuts its leg the first tendon in from the skin, the SFTT, is most severely effected, however, in this case the SDFT was only slightly damaged and the DDFT was completely cut. The DDFT is an important tendon which is used to flex the coffin joint, and when cut the horse finds it hard to walk and stop the toe of the foot coming off the ground with weight bearing.

There are many ways to manage this, including various shoes and casting. In this case, with the assistance of a very competent farrier, we decided to use a pattern shoe. As you can see in



the photo, this shoe elevates the heel to take pressure off the DDFT, and allows the DDFT to heal by second intention. This type of healing is when a scar forms first and then gradually is remodelled into tissue more like functional tendon tissue. Over the next 6 months or so we will gradually reduce the height of the shoe and lower the heel to the ground. For horses not expected to work at maximal speed, good outcomes can be achieved with care and patience.



In the scan above you can appreciate the early healing is not complete with fibres in the DDFT disorganised and running in all directions. As we start lowering the heel, gradually increasing loading stimulates this scar tissue to remodel into more functional tissue.



We commonly inject various joints and structures on horses US guided. Our new machine makes this process a little easier as it uses special software to enhance the signal from the needle. As you can see in the image above, the needle is very easy to see coming from the right of the image as it heads towards the sacroiliac joint. Although not essential this software does make this process smoother and more efficient to perform.

Once again thanks to all our clients from 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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Pastern cyst and stringhalt

We had an unusual case this week. 2 bone cysts were detected in a weanling at screening some months ago in the pastern joint. We felt at the time treatment was unlikely to be beneficial so decided to monitor. Now as a yearling, we re-x-rayed the joint. It is easy to see the larger cyst and the severe arthritis which has ensued in this joint. More interestingly, when the yearling was brought in for re-assessment, there was mild but consistent hyperflexion on



the effected limb. Commonly known as stringhalt, this characteristic gait deficit is due to excessive firing of the nerve to a muscle in the hindlimb, the lateral digital extensor muscle. Stringhalt is often due to a toxicity when usually both hindlimbs are effected, sometime due to a suspected genetic disorder, or we see it sometimes secondary to wounds at the front of the hock. This case was most unusual as either because of the severe arthritis

developing in the pastern joint, or co-incidentally, consistent stringhalt has developed which will make management even more challenging. This is the first case in our experience where these 2 conditions have occurred together. If you open this link in your browser you can see a short video which nicely demonstrates the gait abnormality.

https://drive.google.com/open?id=10oJ7A8JnITikxLoqRI7wGnn92sg_qXY9

