

Newsletter

WEV and staff news

Club feet

Perineal lacerations

Haematomas

Rain has finally started to fall in significant amounts across a large part of our practice area. Although still far from drought breaking, it has brought significant relief. Despite the good falls there remains an almost continuous stream of large water tankers passing the WEV entrance supplying water from the Warwick district to the town of Stant-horpe and surrounding farms. We hope the wide-spread rain and a subsequent good growth of feed reduces the number of distressing cases of severe neglect and malnutrition of horses the practice has been involved in recently. In happier news, our vet Mick and his wife Gina welcomed a baby boy into the world this month and Monica completed the last modules in her Veterinary Technician degree.

A common presentation for us is horses with "club feet". Although mild cases can and often do perform well, it can detract from the horses' value when being sold and more severe cases can be associated with lameness. This month we have treated multiple cases of contracture of the deep digital flexor tendon which is the main cause of club feet. The DDFT, if too short or "tight", pulls the coffin bone into a more vertical position. In mild cases this means a more upright foot conformation, and in more severe cases this result can result in a "knuckling forward" of the foot.

The first photo is a weanling with a mild deformity of the right fore foot. The front of the hoof wall is more upright than normal but it is less than 90 degrees. These cases respond very well to surgery and in many cases in a short period of time we can have



these essentially normal. The next photo is one we operated with a more severe deformity where the hoof wall is over 90 degrees and the foot then starts to knuckle forward and the contracture becomes self perpetuating. Without surgery these do very poorly and are never suitable for athletic purposes. With surgical treatment and



good after care these can do very well. They do require a longer period to change the hoof shape back to more normal and in severe cases the pedal bone has already developed perma-



nent changes. The next case is one with bilateral club feet. Both fore feet are at 90 degrees or just over. The photo below is taken a few days after

surgery. In this case there is already a change apparent in the angle of the hoof wall which you can see above the hoof acrylic.



The hoof acrylic was applied because this filly had worn down the hoof wall so severely it was causing pain in this region and we needed her to fully weight bear on the toe to allow us to bring the heels down. One of the drawbacks of this surgery is the blemish that may occur at the surgery site. This is another case some months after surgery and a swelling in the mid-cannon is apparent. The hoof in this case had very good correction and the function of the limb was normal. The degree of swelling or scaring at the surgery site is quite variable and while we use techniques to minimise this it is quite common to have some blemish for life after this surgery.

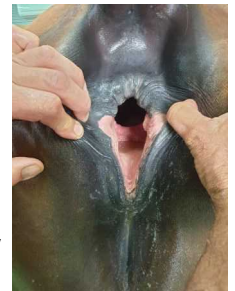


As the breeding season draws to a close, we take the opportunity to examine mares that are not in foal to determine if there are any treatments or surgeries we should be doing ahead of the next breeding season to help these mares to successfully breed in future. One example is correcting foaling injuries. This next case is a maiden mare which had difficulty delivering her first foal and tore the tissue between the vagina and rectum. As you can see there is no separate anus and vulva in this mare when looking under the tail.



These are challenging cases. When this injury happens it is difficult if not impossible to surgically suture them immediately due to the initial severe contamination and swelling. The preferred way of handling them is to allow healing to start and control infection and inflammation for some weeks or months and then repair them surgically.

The next photo is of the mare a few months after foaling while being cleaned up for surgery. It is apparent that infection and inflammation has settled well and there is healthy tissue available for us to suture. Again you can appreciate there is nothing separating the rectum and vagina which is certainly not compatible with future pregnancy.



This surgery is generally performed standing using epidural anaesthesia. The biggest challenge in many of these cases is keeping the manure soft in the immediate post operative period so that the mares do not strain and breakdown the repair. The next photo is the same mare a few days after surgery. There is some swelling of the surgery site but it is clear that we now have an effective anus and shelf separating the reproductive tract and the rectum. There remains some swelling of the tissue which still needs to settle and heal but this surgery is progressing well and will allow the mare to breed again. There are many other less obvious conditions which can have a big impact on the mare's ability to breed successfully and often the best time to detect and correct them is well before the breeding season so we have time for healing to be complete before breeding.



Once again we thank all our clients for their ongoing support

The WEV team.

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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.

Trauma over a soft tissue like muscle can result in bleeding under the skin. This is a quite common scenario especially in younger horses when they are kicked or run into things with common sites over the hind leg and chest. The swellings are usually relatively non painful and have a "fluidy" feel to it. This is a link to a short video of a typical haematoma <https://drive.google.com/open?id=1ZKgskhf-rkhQtRLIgcid64AquegqCCZw> Sometimes its best to just leave the haematoma to slowly resorb without



treatment, with others we might wait for a few days to ensure the initial bleeding has stopped and then drain them. The photo above is of a large haematoma in a similar location as the one in the video. We left this one for several days to stabilise before draining. This haematoma is at the large end of the spectrum and had about 20l of fluid within the cavity. Generally haematomas have a very good prognosis long term and leave little in the way of blemishes or disruption to function.

