

Newsletter

Eye cases

Squamous cell carcinoma in a filly

Pastern exostosis

Foreign body in sternum

Cattle cases

It's been an exceptionally busy month at WEV, especially when considering April is close to the beginning of the quieter months for us. Breeding is now completed for the season and surgery and more general equine work has kept us fully occupied. This month has seen us particularly busy with surgeries and we had our biggest month yet with referral cases with horses coming from as far as the Sunshine Coast and Grafton, and Tamworth and Goondiwindi in the west. The range of cases was also wide ranging from multiple tie-backs and arthroscopic surgeries to more unusual cases of foreign bodies and tumours.

Local cases also featured. One example which many horse owners will be able to relate to is this one of a Quarter Horse filly. She came in one morning because there was a lot of discharge from one eye and she appeared painful, holding the eye shut. Careful examination at Lona using nerve blocks and sedation revealed no foreign bodies like grass seeds and the cornea looked still quite clear and importantly there was no uptake of a dye we used to detect ulcers, fluorescein. The owners elected to leave her with us for a few days because being young and relatively high strung it needed 2 people to be able to apply ointment to the eye.

Just as well she was still with us because after a couple of days it became apparent what had happened to the eye. Near the medial canthus there was now a linear blemish in the cornea which did now take up fluorescein stain indicating the outer layer of the eye was no longer compromised likely due to the initial traumatic event. Treatment progressed



with regular ointment application and anti-inflammatories. Over time this is what it looked like. You can appreciate we have applied the green fluorescein dye because it is apparent in the small "lake" of tears near the lower eyelid, but there is

none sticking to the cornea in the region of the trauma. Although it was not immediately apparent there had been enough damage to the cornea to create a superficial defect which is now settling quite well. The good news too was the filly settled

in well with us and over the weeks it became increasingly easy for us to medicate the eye. This case, as is common with many eye cases just needed fairly simple treatment but persistence over a prolonged period and the challenge was getting her to accept regular medication of the eye.

A more unusual case was that of another Quarter Horse filly referred in for work up on a nasal lesion. The trainer had initially noticed a small lump in the right nostril and assumed nothing significant, perhaps a grass seed abscess or similar. We elected to give her a general anaesthetic to evaluate the lump further. As you can see in the photo, there is a mass in the nostril and it extends through to the mouth. What you can't see is it also extended further along the mouth and there was a large mass which had a lot of necrotic (dead) tissue which was sloughing away. We cleaned it all up as much as possible and took some biopsies. These confirmed our suspicion of an aggressive tumour. What made the case so unusual was she was only 2 years old, and the tumour type was a squamous cell carcinoma which usually is encountered on horses with very little pigment, like paints. This filly was a solid bay and well pigmented. The tumour was also so aggressive it was outgrowing its blood supply and tissue within it was dying off. Tumours of this nature are much less commonly found in young animals but when they do they are often particularly aggressive.



Another interesting case was another young filly. She was referred in from down south for a non-healing wound on her hind pastern.

As you can see in the x-ray on the left there is a large bone growth or exostosis present on the pastern bone. This would cause problems anywhere but especially so in the lower limb where skin tension is tight and wound healing more difficult. What we decided to do was cut most of this excessive bone growth off which we did under general anaesthetic. As you can see in the next photo we are preparing her for surgery

with a tourniquet in place to prevent excessive bleeding and as well as this we have placed a catheter in a distal vein and am pumping antibiotics into the "isolated" limb. This is a technique we often use to be able to achieve very high levels of antibiotics in the distal limbs both to

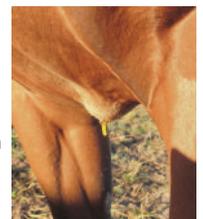


prevent infection but most often to control infection which is already there. In the next x-ray you can see the bone growth is

mostly removed and smoothed off and this should allow us to get the skin to heal over the area. This x-ray looks of somewhat poorer quality as the previous one and this is because it was taken during surgery and the drapes creating an artefact.



The last case was that of a mare in racing. She was sent up from the Gold Coast for surgery due to a discharging wound which had been present for the best part of a year. Most times it was not very problematic for her but repeatedly it would discharge. The mare had been treated at a spelling farm some time ago for a haematoma which had been lanced. Ultrasound examination revealed a thick-walled fluid-filled structure with a small hyperechoic signal consistent with a small foreign body. This only measured a few millimetres in length. We decided the best way to manage this was to resect out the entire fibrous-lined pocket and again this was



done under general anaesthetic. On the left you can see the entire mass which consisted of a pus-filled pocket with a very thick wall, likely due to the chronicity of the problem.

It's been an interesting month for us and as always we are very grateful to our clients for entrusting us to help with their horses.

The WEV team.

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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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Although we are completely focused on horse work at WEV, we do occasionally help out our clients and colleagues with their cattle problems. This month we had a number of heifer calvings to attend. It is always very distressing when the outcomes are poor but one example of a great outcome was this miniature Hereford heifer. Her herd mate unfortunately had a terrible outcome when due to a mix up it was missed she was calving and she was found with paralysis and barely conscious after delivering a dead calf unassisted. Unfortunately, despite our best efforts, she succumbed. Her mate then was monitored very carefully and we rushed over to help deliver her calf a few days later. With an episiotomy and a little traction we had the satisfaction of a successful outcome and a couple of weeks later both mother and calf are doing well.



Another case much more unusual was a local stud cow who had previously had trouble calving. The year before we had to assist her but were able to get a good outcome for the cow and calf.

She has a most diligent owner and after a few false alarms we again were able to deliver a live bull calf. Everything was going well but the cow can be very protective of her calves and it was possible she stood on the hind quarters of the calf in the first day or two, as the calf developed significant hindlimb lameness.

Examination revealed nothing abnormal in the distal limb and we concluded he had an injury to his hip region. Given how important this calf was to his owners we decided to investigate further. We locked up his mother and gave the bull calf a short anaesthetic and x-rayed his entire limb. What was revealed was



no lesion in the distal limb but a cyst like lesion in his femoral head (the ball part of the hip joint). Whether this is due to trauma from the cow or is a growth abnormality we are not sure. Treatment options are limited. Arthroscopic surgery might be feasible but not very likely to improve outcomes for him. Another option might be to cut off the ball entirely and create a pseudo joint, something done quite commonly in smaller breeds and species but long term may not go so well in this calf as he is destined to grow into a very large animal. We elected to give pain relief as needed and to monitor as all other treatment options were not likely to improve things much for this unfortunate calf.

