



Newsletter

New stables and yards

Limb laceration

Colon torsion

Travel sickness

Its late on Sunday morning as I sit down to write this latest Newsletter. As always during the midst of the breeding season we are somewhat snowed under with cases. We have recently added another bank of stables, and have some more yards nearly finished. Even still we are close to completely full this morning with



well over 10 horses in hospital. For this Newsletter I thought I

would go through some of the cases we have in the clinic this morning. We have several horses and ponies being treated with injuries which involved tendon sheaths and joints. These are all going well and should go home soon. We also have a case of infection of the cartilage of the foot (quittor) and also have one pony back in with multiple foot abscesses and hospital plates for shoeing and several mares in for breeding.

Another case is a Thoroughbred filly which was at a horse breakers recently and managed to jump out of a very safe yard one night and get caught in a fence.

As you can see in the photo the laceration is very severe, with all extensor muscle and tendons lost from the knee to the elbow, however, so far the joint has not been penetrated. Currently we are managing this with bandaging and



careful confinement. As tissue has been dying off due to lost blood supply we have also had to trim the wound regularly. Even

though this filly does not have any extensor function remaining she is still able to fully weight bear as the main load bearing flexor tendons and muscles are still intact. She has learnt to flick her leg forward and as long as she is not rushed she copes well. She has lost the skin all the way around the leg and this is going to be a challenge to heal but at this stage we are still optimistic we can save her for breeding.

Another case which has been in the clinic for a few days now is a case of travel sickness. This mare travelled down from the Territory about 10 days ago.

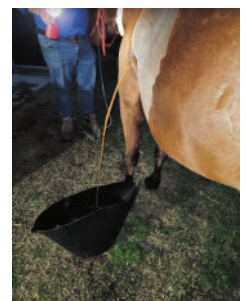
She had been off colour and the owners had treated her with penicillin.

She presented to the referring vet for colic like pain, however, this was actually chest pain and the vets correctly diagnosed pneumonia and pleural effusion. As you can see in the ultrasound image on the left, there is fluid (black) up to 30 cm deep in places in the chest. In this case we needed to place chest drains both sides and drained nearly 50 l of fluid from her chest cavity. In the photo below



you can see the fluid pouring out of her chest when we initially

placed the chest drain. This is outside our isolation stable which is where we kept her to start with in case this was something contagious even though this was not so likely. A few days down the track she is now doing much better



but we feel she still has a long way to go before we can be confident of a complete recovery.

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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.



In another stable is a mare and foal. Initially the owner brought the mare and foal in because the mare had been running milk and the foal, a few days after birth, was a little lethargic and had a swollen leg. This foal had missed out on some of its colostrum which is very important to the foal to be able to withstand infection in the first weeks of life. This was treated with IV plasma and antibiotics and the foal is now doing well. The owner noted the mare was a little uncomfortable in the float ride in. Over the next 24 hours or so she developed increasing pain. Then suddenly she became violently colicky and collapsed in the stable. We quickly diagnosed a colon torsion and resuscitated her with hypertonic saline enough to get her to the operating room. There she underwent surgery to empty the intestine and untwist it and replace it all back where it should be. Luckily it all happened very quickly and she was close to help and the intestine as seen above was oedematous but still viable. In the photo on the right the vessels of the colon are quite unhappy from having been twisted but recovered well when freed up. These cases can go very well like this one especially if we can get to them early before the intestine is too compromised and some needs to be cut out. These surgical cases and the after care are a big job and we were grateful several of our team who were not on duty were able to come in and help as well as a vet from our sister practice CVC helped out as assistant surgeon.

