



RANDWICK EQUINE CENTRE

NEWSLETTER

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New scope is on the move



Breathing problems are a common cause of respiratory noise and poor performance in racehorses, as well as other performance horses. To diagnose the cause of a breathing problem, an endoscope (commonly called a scope) is passed up the horse's nasal passage to visualise the larynx and pharynx. In the past it has only been possible to do this in the resting horse, which means that

some problems which only occur when the horse is exercising are missed. Performing the endoscopic examination while exercising the horse on a high-speed treadmill was developed to try and get around this, but has limitations due to availability and an inability to truly duplicate racetrack conditions. These limitations have now been overcome

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Dr Percy Sykes.

A little bit of history...

REC was established in September 1951 by Dr Percy Sykes, who we are still very lucky to have as a member of the practice today. The hospital started out in a stable block in Canterbury where it stayed for 3 years before moving to Randwick. Percy ran the practice single handedly at first but business flourished and the hospital expanded, going through a series of moves before ending up

at our current site on Jane street in 1991. We now have 20 vets with specialists in equine surgery, medicine and anaesthesia. Percy is in the hospital daily offering invaluable advice and support. We have started this newsletter with the aim of keeping you up to date with topical equine veterinary information and practice news. We hope you find it useful.

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3 Jane Street Randwick NSW 2031 Sydney
Ph 02 93997722 Fax 02 93985649
Email info@randwickequine.com.au

New scope is on the move continued...

by a revolutionary exercising scope examined during work using the system that can be passed up the exercising scope. This assessment horse's nose and secured in position allows more complete treatment at rest. Following this, the horse can recommendations to be formulated. be exercised as normal with the scope Exercising endoscopy is particularly able to videorecord the movements of useful is horses with mild cases of the upper respiratory tract while the paralysis of the left laryngeal cartilage horse is working. A custom-made (commonly referred to as 'roarers') to head piece and saddle cloth is used to determine the degree of laryngeal secure the scope and carry the collapse at exercise. Another condition equipment needed to record and is dorsal displacement of the soft transmit the images. We have found palate (DDSP) where the soft palate that the scope is extremely well moves upwards out of its normal tolerated. The horse can wear its position. DDSP is often associated normal tack and the rider can exercise with a normal resting scope despite the horse as normal, enabling us to reports of poor performance and see how the upper respiratory tract is respiratory noise. DDSP causes an functioning at the most important upper airway obstruction and can be time. This new tool is useful for clearly identified using the exercising diagnosing respiratory problems not scope. A variety of more unusual only in racehorses but also eventers conditions have also been diagnosed. and dressage horses. Interestingly, The system is portable and adaptable some horses that have one condition to all horses and conditions. Please identified on a resting scope display contact Jonathan or Josie at Randwick more than one problem when Equine Centre for more information.

RIGHT: A normal larynx.
BELOW: A 'Roarer' showing marked asymmetry of the larynx.



The development of this new exciting endoscopic technique during exercise has greatly advanced veterinarians' capabilities to diagnose and, in turn, more accurately treat affected horses.

Recognising the signs of strangles

What is strangles?

Strangles is an infection caused by the bacteria *Streptococcus equi equi*. It is highly contagious and causes swelling of the lymph nodes within the head and neck. In severe cases this can compress the horse's airway and cause difficulty breathing, giving the condition its rather dramatic name.

What are the signs?

Signs can vary between individual horses. They include:

- Fever (temperature over 38.5°C).
- Depression.
- Loss of appetite and difficulty swallowing.
- Coughing and nasal discharge (usually watery initially, then thick and yellow).
- Swelling under the jaw, which may rupture releasing pus.

How serious is the condition?

Most horses make a full recovery but occasionally abscesses can spread internally

causing serious illness and even death.

How is it diagnosed and treated?

If you suspect your horse has strangles you should contact your vet immediately. Swabs can be taken from the nose, guttural pouches, or abscesses to confirm the diagnosis. Most horses recover uneventfully once the abscesses are open and will develop strong immunity to the disease. Penicillin is the antibiotic of choice in this disease.

How can I prevent strangles?

Strangles is difficult to control due to its contagious nature. Isolation of affected animals is essential and all nearby horses should have their temperatures monitored daily. Vaccination against the disease is available and although not 100% effective, it can help to reduce the severity of the disease and the number of horses affected in the case of an outbreak. For details on vaccination programs please contact your vet.



A large swelling under the jaw in a horse with strangles. The submandibular lymph nodes have abscessated and have pus draining out.

Star jockey turned intern



Following his retirement, Ramon worked for the Sheik Mohammed's Godolphin stable in the UK and Dubai for 1.5 years before going back to the States to begin his studies. He majored and earned his undergraduate degree from the University of Florida in History focusing on the 20th century and World War II. In May 2010, Ramon graduated in Veterinary Medicine. Ramon is particularly interested in equine lameness, surgery and diagnostic imaging.



Ramon riding Elusive Quality to his maiden victory in May 1996.

In August 2010, REC welcomed the newest intern, Ramon Perez, to the already excellent intern cast of Craig, Steph and Tori. Ramon grew up along the East coast and Mid-West United States and was raised into the horse racing industry. Ramon's father was a jockey. His stepfather was assistant trainer to Hall of Fame trainer Bill Mott, and now breaks Darley America's 2 year-olds. Growing-up around the racetrack Ramon was able to work with some of the best racehorses in the country, such as Theatrical, Cigar, and Hussonet.

In 1994 at the age of 16, Ramon dropped out of high school to pursue a career as a jockey. He won the first two races he ever rode which helped him rise to the highest level of competition against the best jockeys on the elite New York and Kentucky circuits. In 1995 at the age of 17, Ramon received the Eclipse Award, the highest honor in American racing, as the champion apprentice jockey in North America. Ramon was fortunate to ride horses such as Elusive Quality, Escena, Northern Emerald, and Lite the Fuse. His career was cut short due to weight issues but he managed to ride over 400 winners with purse earnings of over \$6 million in just 2.5 years.

Don't skip the pre-purchase examination



Owning a horse can be a big commitment in time, money and emotion. Unfortunately, horses seldom come with a money-back guarantee. That's why it is so important to investigate the horse's overall health and condition through a purchase examination conducted by an equine vet. Whether you want a horse as a family pet, a pleasure mount, a breeding animal, or a high performance athlete, you stand the best chance of getting one that meets your needs by ensuring you have a purchase examination performed.

Pre-purchase examinations may vary, depending on the intended use of the horse and the requirements of the owner. Deciding exactly what should be included in the purchase examination requires good communication between you and your vet. The vet's job is neither to pass or fail an animal. Rather, it is to provide you with information regarding any existing medical problems and to discuss those problems with you so that you can make an informed purchase decision.

Adapted from AAEP

Tendon injuries:

An Overview

Flexor tendons play a significant role in equine locomotion by supporting the limb and providing an important store of energy. Considering the large forces (500kg horse) applied to these structures when a horse gallops (50km/hr), it is not surprising that they occasionally fail. There are many factors that contribute to a tendon injury, including conformation, weight, hoof balance, shoeing, track conditions, competing distance and training regime.

Initial signs of tendon injury include heat, swelling and pain of the flexor tendons (which run down the back of the cannon bone). You may also see a subtle or obvious change in shape, resulting in the classical 'bowed tendon' (see picture below). Early diagnosis of tendon injuries is essential as working a horse once it has an existing tendon problem can result in career ending or possibly catastrophic tendon damage. It is important to remember that horses with tendon injuries often show little signs of lameness, even with extensive damage.

In cases of acute tendon injury you should apply ice to the tendons and a lower limb pressure wrap or stable bandage. Contact your vet as soon as

possible so that the extent of damage can be assessed and appropriate treatment implemented. Examination will include an ultrasound scan of the tendons (see picture below). It is often best to wait a few days before performing the scan so that the full extent of the injury can be seen. During this time icing, pressure wraps and anti-inflammatories (phenylbutazone and corticosteroids) are recommended.

Healing of tendon injuries is slow, with the defect being replaced by scar tissue rather than being replaced by elastic tissue which makes up a normal tendon. A prolonged period of rest (usually between 6 and 12 months depending on the severity of the injury) is essential. An initial period of stall confinement should be followed by a progressive exercise rehabilitation program to optimize healing. Additional treatment options include injecting stem cells or platelet rich plasma (collected from a spun down sample of the horses blood) directly into the damaged part of the tendon. These treatments are best performed in the first month after injury. Although they do not shorten the rest period required, they have produced encouraging results with respect to the quality of tendon healing.

LEFT: A classical 'bowed tendon' seen a few days after a severe tendon injury.

BELOW: An ultrasound scan demonstrating a lesion (seen as a black hole) in the superficial digital flexor tendon (SDFT).



REC NEWS



City to surf team REC 2010

We had a successful team in City to Surf this year. All 10 members of the team finished in good time with no injuries. Dr James Whitfeld was at the head of the field, completing the race in just 67 minutes. What's more, this sterling performance was just 6 days after speeding around the 80km walk in support of Sydney Children's hospital!



Josie starts new surgery residency

Many of you will know Dr Josie Leutton who, after completing her internship at REC, has been an invaluable associate for the past year. She has just embarked on a 3 year residency program at REC (set up just for her) so that she can become a specialist surgeon. Watch this space...