



RANDWICK EQUINE CENTRE

NEWSLETTER

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65 years young

The year 2016 sees Randwick Equine Centre celebrate its 65th anniversary.

Established by Dr Percy Sykes in 1951 as a single-man practice located within a set of rented stables and adjoining cottage near Croydon Park Racecourse.

Within two years Percy had developed an extensive list of clientele including TJ Smith and Bart Cummings, as well as numerous Standardbred trainers. Pioneering for his time, Percy not only introduced his great clinical acumen to the Sydney area, he made the use of the stomach tube and standing castration common practice.

In 1954 Percy moved to the eastern suburbs and after taking on an associate, the practice became known as P.E. Sykes & Partners.

The practice grew quickly in the 1960's, commencing with stabling and a laboratory. Percy was a world pioneer in the use of blood samples as a training aid for racehorses. In the 1970's the practice established itself further with a purpose built hospital at Church Lane, Randwick.

The team had grown to 12 veterinarians who now covered the entire city and some provincial tracks, four stud farms on the perimeter of the metropolitan area and a large number of spelling farms.

The practice always maintained itself on the cutting edge of diagnostic technology, being amongst the first to introduce endoscopy, ultrasonography, xero-radiography and arthroscopy when these techniques became available.

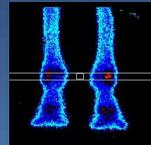
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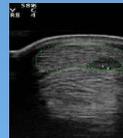
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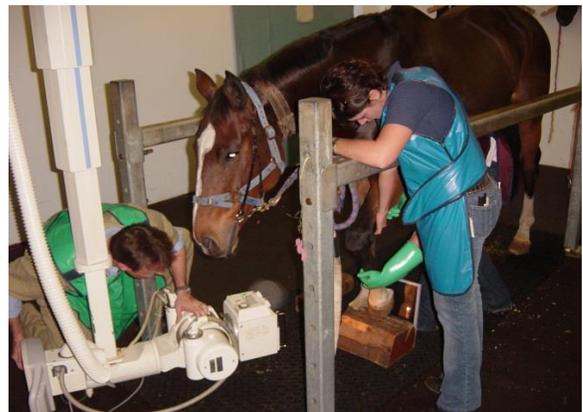
By 1988 the practice had outgrown the original site and a purpose-built hospital and clinic was erected on the periphery of the William Inglis and Sons sales complex in Randwick.

P.E. Sykes and Partners had now become Randwick Equine Centre, comprising a facility offering two surgical suites and an accredited nuclear medicine facility together with over 27 loose boxes. In conjunction, a further building with office space and a purpose-built laboratory was purchased.

In the 1990's the clinic had come to encompass not only the latest equipment but also expertise of the highest levels, with specialists in medicine, surgery and anaesthesia joining the practice. An internship programme was established and has proven invaluable in training young equine veterinarians in a hospital environment.

Randwick Equine Centre has continued to flourish with increasing numbers of support staff and veterinarians with an ever expanding range of experience and specialities, as well as an enlarging referral base in both medicine and surgery. The practice has entered the latest era with the introduction of laser surgery, laparoscopy, ultrasound assisted surgical procedures and the advancement of arthroscopy beyond the common joints. Our facilities continued to expand with multiple digital radiography units, computed radiography, ultrasonography (including echocardiography), endoscopy (including high speed video-endoscopy of the upper

airway), nuclear scintigraphy and ECG, as well as the introduction of modern innovative regenerative medicine techniques such as stem cell therapy, platelet rich plasma (PRP) and IRAP (interleukin receptor antagonist protein) intra-articular therapy.



Condylar Disease

Condylar disease is a common problem in athletic horses, particularly when young and growing. It may affect the forelimbs and/or the hindlimbs and is referred to as palmar/plantar condylar disease respectively. It is a biomechanical disorder resulting from repetitive overload trauma in horses undergoing cyclic high intensity exercise. The result is non adaptive bone modeling where the bottom of the cannon bone (i.e. the palmar/plantar condyle) has not been able to adapt and strengthen sufficiently to meet the level required for fast work. This could be explained as a form of 'bone bruising' in the distal cannon bone.

Typically the disease presents as a performance limiting lameness which may be bilateral, or even quadrilateral (affecting all 4 limbs). As a result horses often present with a poor action rather than an overt lameness and often a tendency to 'hack' rather than trot. Response to flexion of the affected fetlock joint is inconsistent. Horses may resent flexion of the fetlock which can lead to exacerbation of the signs. Diagnostic nerve blocks can help with the diagnosis. Blocking the nerves at the level of the buttons of the splint bones usually leads to improvement of the signs. The response to directly anaesthetising the fetlock joint is variable.

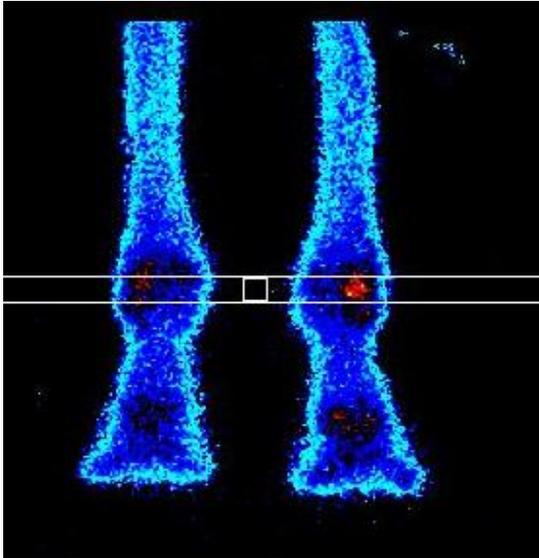
More often than not routine radiographs (x-rays) reveal no significant abnormalities on the palmar/plantar condyles of the distal cannon bone, but there are special views that can be taken to increase the chances of seeing lesions. Early lesions include

disruption of the subchondral bone associated with varying degrees of damage to the overlying cartilage. As lesions progress the subchondral bone may collapse with ulceration of articular cartilage. Secondary fetlock joint osteoarthritis may develop and severe lesions may be associated with catastrophic condylar fracture.



An oblique radiograph of the fetlock. The white arrow points to an area of lysis and sclerosis on the lateral condyle.

Digital nuclear scintigraphy (bone scan) is a technique that uses a radioactive marker to identify areas of increased bone activity due to inflammation and/or stress remodeling, and is the most useful technique to make a more definitive diagnosis. Computed tomography (CT) and magnetic resonance imaging (MRI) can also be helpful to better define the structural damage.



A scintigraphic image of the hind fetlocks of a horse with plantar condylar disease of the lateral (outside) condyle. The increased uptake of radioactive marker is seen as a red 'hot spot'.

So what can be done to treat and manage condylar disease? If the horse is showing a significant lameness then a spell is usually required to allow the bone to remodel and the inflammation to settle down. The length of spell required typically ranges from 3-6 months. Ideally repeat scintigraphic imaging of the affected fetlocks should be performed prior to the horse resuming work to check the level of increased bone activity has reduced. Treatment with the bone remodeling inhibitor 'Tildren' may be beneficial. This is given as an intravenous drip.

Weekly intra-muscular injections of the anti-arthritis agent pentosan polysulphate are recommended to slow the progression of fetlock joint osteoarthritis. On return to race training modification of training to minimise galloping and use of swimming to maintain fitness is advisable, along with regular lameness examinations. Galloping

should be done on grass wherever possible. Shoeing with egg bar shoes and regular icing of the affected fetlocks is likely to be beneficial.

With appropriate management the prognosis for return to sustained competitive racing soundness in young horses is considered good. In older horses the prognosis varies from guarded to fair, depending on the degree of lameness and severity of radiographic lesions.

Laser Surgery

Laser surgery is a very useful alternative way to perform a range of surgical procedures and often does not require general anaesthesia. Laser surgery is routinely used for selected cases at REC. Laser surgeries avoid the need for large skin incisions and are associated with lower complication rates for some procedures. Epiglottic entrapments (below image), laser vocal foldectomies and ethmoid haematoma treatments are a few of the upper respiratory tract diseases that are good candidates for laser surgery. Some skin tumours are also suitable for laser excision.



Diagnostic Ultrasonography

Ultrasonography (ultrasound scanning) is a safe, very useful and non-invasive technique used primarily for assessing "soft tissue" structures. Ultrasound waves travel through and "echo" back different tissue densities giving detailed images of a wide range of anatomical structures without the need for radiation producing techniques such as X-ray or nuclear scintigraphy.

At Randwick Equine Centre we have several ultrasonography units which can be used by our ambulatory veterinarians at your stables or in the hospital here at Randwick. We routinely use ultrasound for the following:

- Tendon and ligament injury assessment and monitoring of healing.
- In colic cases to assess the gastrointestinal tract and other abdominal organs.
- In cardiac, pleural and pulmonary (lung) diseases.
- For assessment of the reproductive tract and ovulatory cycle, as well as pregnancy diagnosis and monitoring.
- To image the larynx (throat) for additional information in upper airway disease
- The clinic also offers a state of the art machine with Doppler for cardiovascular assessment, most commonly for investigation of heart murmurs.
- Ophthalmic ultrasound is also to assess structures in the center and back of the eye such as the lens and retina, especially in cases where the cornea is cloudy so the deeper structures cannot be seen



Dr Rachel Salz ultrasounding a proximal suspensory ligament

FAREWELL CHRIS

We would like to wish Dr Christopher Elliott all the very best for the future as he leaves us after 2 ½ years in our sports medicine department. Chris will initially be spending 6 weeks working in Brazil as a treating vet for the Rio 2016 Olympic and Paralympic Games followed by 2 weeks vetting at Blair Castle and Burghley Horse Trials in the UK. After which he will take some time away from clinical practice to study for his American College of Veterinary Sports Medicine and Rehabilitation board examinations in February 2017.

