RANDWICK EQUINE CENTRE

NEWSLETTER www.randwickequine.com.au

Hind Limb Proximal Suspensory Desmitis

What actually is a "High Suspensory"?

The suspensory ligament originates on the back of the cannon bone just below the hock, and runs down deep to the flexor tendons before dividing into two branches to insert on the sesamoid bones at the level of the fetlock. It has an important role in supporting and preventing over-extension of the fetlock joint. Just like any ligament, tears or injury can occur due to excessive strain and this may result in lameness. Injuries to the suspensory ligament are roughly divided into three regions; the proximal part (just below the hock where the ligament originates), the body (between this proximal part and where the ligament divides), and the branches (the two divisions that attach onto the sesamoid bones). 'Desmitis' simply means inflammation of a ligament, which can cause pain and therefore lameness. Lameness due to proximal suspensory desmitis (PSD) may be low grade and persistent (chronic), or more obvious with a sudden onset (acute), or anywhere in between. To confuse matters even more, if the problem presents bilaterally an altered gait may be seen rather than lameness. Forelimb PSD is more common in racehorses and showjumpers, while hindlimb PSD is more common in dressage horses. A 'straight hock' conformation has been associated with hindlimb PSD in some groups of horses, so if you have a horse with this type of conformation it is worth being aware of PSD.

Diagnosis of PSD is based on history and clinical signs, and is confirmed with perineural analgesia (nerve blocks). Ultrasound examination is very helpful to identify lesions or thickening of the proximal suspensory, and radiographs can sometimes show bony changes caused by the pull of the ligament on the bone that it is attached to.

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Contents:

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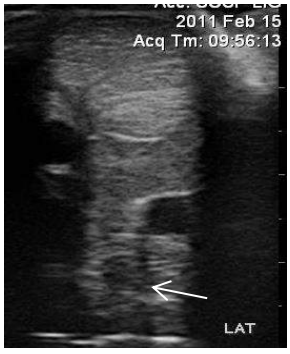

Ultrasound image showing a lesion within a proximal suspensory ligament *(dark area, shown by arrow)*

Proximal suspensory continued

Nuclear scintigraphy ("bone scan") is often helpful as a diagnostic, especially in cases where both legs are affected.

Treatment and management of PSD varies considerably depending on the type of horse and injury. Stall rest with controlled walking exercise, and anti-inflammatory therapy such as icing and phenylbutazone ('bute') is indicated in the initial phases. Injections of corticosteroids to reduce inflammation can be helpful in some cases, so too can extra-corporeal shock wave therapy which can reduce pain and increase the quality of healing. Farriery changes can be very helpful - certain shoe types have been shown to be beneficial for preventing re-injury such as those with a wide toe and bevelled narrow branches. When returning to work, it is important to make some training changes to try and prevent hyper-extension of the fetlock; working in deep surfaces should be avoided and dressage horses should avoid medium and extended trot where possible. The prognosis for successful conservative management is determined by a large number of factors including horse age and use, conformation and severity of the initial injury. For those horses that are not able to be managed successfully with conservative therapy, surgical options can be considered. These include a fasciotomy (cutting the fascia overlying the proximal suspensory to reduce pressure) with or without a neurectomy (cutting the nerve that innervates the proximal suspensory ligament specifically). However, it must be remembered that horses that have had a neurectomy are not permitted to compete under FEI rules, nor under the Australian Rules of Racing.

What is Choke?

The term **"choke"** actually refers to an obstruction of the oesophagus, as opposed to an obstruction of the trachea when a human chokes.

So what does choke look like?

Often the first thing you will notice in a horse that has an oesophageal obstruction is a discharge from both nostrils. If the horse has had access to grass or lucern hay it is typically green and frothy. The discharge usually has food material in it and is due to buildup of ingested food in front of whatever is causing the obstruction in the oesophagus. Unlike other species, horses can't vomit, so the easiest path for food material to track back up the oesophagus is out through the nose.

Horses that are "choking" frequently hold their head out stretched, look anxious and may be coughing. They often appear to be trying to swallow and sometimes you can see a bulge on the left side of their neck where the obstruction is. *Continued on page 3.*

REC Partnership Practices

The Randwick Equine Centre has been in partnership with the Illawarra Equine Centre (IEC), based just outside Berry on the South Coast, since 2009. And in the winter of 2011 the Southern Highlands Equine Centre (SHEC) was opened in Mittagong providing services to the area all the way down to Goulburn.

Both practices offer a fully comprehensive range of diagnostic and treatment procedures out in the field and IEC also has purpose built facilities in Meroo Meadow. This includes digital radiography and ultrasound, video endoscopy and dental work. Both practices also offer a range of routine and advanced breeding techniques including semen collection, processing and storage, artificial insemination and embryo transfer.

For more information:

ILLAWARRA EQUINE CENTRE

www.illawarraequinecentre.com.au

Southern Highlands Equine Centre

www.shec.com.au

Choke continued…

What causes Choke?

One of the more common reasons for a Choke to occur is poor dentition. Good teeth are required to chew grass properly and when this doesn't occur poorly chewed up grass can get lodged in the oesophagus creating an obstruction - just another reason to ensure your horses teeth are regularly seen by your veterinarian. Greedy horses eating their carrots and apples too quickly can choke as well, so too can horses that have accidentally swallowed some sort of foreign body. Any pelleted feed that swells when mixed with saliva can also cause choke.

What should I do if I think my horse has Choke?

- Call your vet – we are always available
- Keep your horse calm and try to reassure them as they are often anxious
- Remove all food and prevent eating

How is Choke treated?

Often the horse is sedated, first of all to take away any anxiety and secondly to allow further investigation without any more stress. An anti-spasmodic drug is often used to relax the oesophagus to increase the likelihood of the obstruction passing into the stomach. A naso-gastric tube is usually passed up through the horses nose and down into the oesophagus. This helps to identify how far down the obstruction is and sometimes the vet may be able to flush the obstruction down by administering some water into the tube.

The vast majority of "chokes" in the horse resolve with simple treatment on farm, but sometimes further investigation and treatment may be required in a hospital. An endoscope maybe required to visualise what is causing the obstruction and asses the degree of damage and inflammation to the lining of the oesophagus.

Complications associated with Choke

The main complication associated with choke is aspiration pneumonia. This occurs when food material that has tracked back up the oesophagus due to the obstruction gets inhaled down the trachea and into the lungs. Even small amounts of food and saliva down in the lungs can create an infection and develop into a severe pneumonia. If the vet suspects that this may be occurring they will most likely start your horse on some antibiotics. Another potential complication of choke is the formation of an oesophageal stricture. A stricture is essentially a narrowing of the oesophagus due to scar tissue formation after the oesophagus has been traumatised due to the obstruction and may predispose the horse to recurrent episodes of choke. This will predispose the horse to further bouts of choke, as such careful management of feed is required.

HENDRA Virus Update

Not only is Hendra Virus an important disease to consider regarding the health and safety of you, your family and your horse, it is almost certainly going to become mandatory for all registered Equestrian Australia horses to be vaccinated if they wish to stay on-site at any official Equestrian NSW event. In July of last year the Equestrian NSW Board agreed on a policy mandating compulsory vaccination against Hendra Virus for EA horses attending high risk events in NSW. This policy was initially scheduled to be introduced in January of this year, but was delayed until the 1st of July 2014 for a variety of reasons. According to the Equestrian NSW website "The ENSW Board remains committed to mandatory vaccination".

Just a reminder that the current vaccination protocol is **an initial course of two vaccines, 21-42 days apart, followed by 6 monthly boosters**. This regime of 6 monthly boosters is still currently the manufacturers' recommendations but lab tests are presently underway to investigate if the duration of immunity may extend out to 1 year. If this does prove to be the case it is likely that future regimes will be an initial course of 3 vaccines (first vaccine followed by one 21-42 days later, then 6 months later) followed by annual boosters. But this is still very much speculative and we wait for official word from the vaccine manufacturer; hopefully later in the second half of this year.

There have been a number of vaccine reactions noted, most commonly focal swelling and heat at the injection site. Some will be accompanied by an elevated temperature. All the reactions we have seen at REC have resolved in 24-48 hours with anti-inflammatories. If your horse has a reaction to the vaccine you should call your veterinarian to discuss how to manage it correctly and safely.

REC Sports Med

The REC sports medicine & rehab team have been out and about once again keeping themselves busy providing veterinary cover at local equestrian events

On the weekend of the 8th & 9th of February, the two Chrises (Chris O'Sullivan; aka "old Chris" and Chris Elliott; aka "new Chris") were at Wallaby Hill Horse trials just outside Bowral in the Southern Highlands providing veterinary cover for the one day event. Chris O'Sullivan has been a regular at Wallaby Hill for many a year having grown up in the area. It was Chris Elliott's first event back from the UK and he was very impressed with the cross country course and equally impressed with the quality turnout of horses. The weather was great and the two Chrises were not too busy veterinary wise, which is how we like it when any of our vets are at an event.

On the weekend of the 22nd & 23rd of February Randwick Equine Centre were proud sponsors of the **REC Summer Weekend Eventing Classic** at the Sydney International Equestrian Centre. Blue skies, a wonderfully presented and challenging course plus an excellent group of volunteers ensured the weekend was a great success. Our vet team of Rachel Salz, Ben Ahern and Chris Elliott were well looked after by the organising committee and thankfully not too busy. The grand total of veterinary matters for the entire weekend was a loose shoe, a mild colic and a slightly distressed gelding after the cross-country.

REC client Tim Boland was undoubtedly the busiest man on site being the President of the organising committee, placing on both his 2 and 3 star rides, prize giving MC as well as being the official cross country valet service.

Angela Begg, the daughter of REC partner Leanne Begg rode her cute grey "My Little Mooka" in the EvA80 coming a respectable 44th out of a class of close to 100 riders.

Congratulations to Shane Rose riding "CP Qualified" who was the winner of the Randwick Equine Centre CNC***

REC NEWS

Welcome Chris

Christopher Elliott is the newest addition to REC, joining us after spending the last 3 years working in the UK in a 100% sport horse practice. Whilst there, he almost exclusively worked with professional showjumping, eventing, dressage and polo clients, gaining a great deal of experience in sports medicine along the way. Through his status as an official FEI vet Chris has travelled to numerous competitions all over the world and later this year is due at the World Equestrian Games in France as the vet clinic administrator for eventing and driving. Chris has a passion for all aspects of performance horse medicine and is very excited to be back in Australia.

New interns

Introducing our newest two interns; **Georgina Johnston & Josh Davison**. They like several of our previous interns join us from the Royal Veterinary College London. Georgina is a keen eventer and Josh is a big rugby fan. We wish them all the very best for their year working with us.

Editor: Dr Ilona Bayliss