

Dr Charlie McCormack BVSc MACVSc & Associates

PO Box 4881 Gold Coast Mail Centre QLD 9726

> Ph: 07 55742466 Fax: 07 55398599

vets@goldcoastequineclinic.com.au www.goldcoastequineclinic.com.au

Veterinary Report

Date: 2nd November 2016

Horse: Eldrick

Owner: Dr Deanne Hummelstad

Trainer: Alicia Willick

The above described horse was examined on the above date at the Gold Coast Equine Clinic for lameness assessment. The horse had performed poorly at the races 2 days earlier and had appeared lame this morning to stable staff.

On examination the horse trotted with a gait suggesting a bilateral forelimb lameness. There was a moderate joint effusion in the mid carpal joint of the left and right carpus as well as the left fore fetlock joint. There was mild pain on flexion of all three of these joints and a mild lameness after flexion of the right carpus.

Digital radiographs were taken of the left and right carpus and the left fore fetlock joint with the gelding sedated. There were radiographic changes consistent with degenerative joint disease (arthritis) in all three joints including peri-articular bone remodeling and osteophyte formation. In the right mid-carpal joint there was also a partially displaced osteo-chondral fragment (bone chip) at the distal aspect of the radial carpal bone.





Images of radiographs showing bone chip at the dorso-medial aspect of the distal radial carpal bone in the right carpus

The treatment of choice for injuries of this nature in racing thoroughbreds is arthroscopic surgery to remove the bone fragment and to "clean up" the affected cartilage within the joint. Other options include medication of the affected joint/s by intra-articular injection and either resting the horse or continuing this current racing preparation depending on the response to treatment. Adjunctive therapies including the use of joint supplements such as 4CYTE and medications such as pentosan polysulphate are also likely to be of benefit in this horse.

Please do not hesitate to contact me as per the above details if you have questions regarding this report.

Dr Charlie McCormack BVSc MACVSc