#### **Veterinary Surgeons**

Greg Nash BVSc MANZCVS

Leanne Begg BVSc Dip VCS MS MANZCVS Dip ACVIM Jonathan Lumsden BVSc Dip VCS MS Dip ACVS

James Whitfeld BVSc

Richard Humberstone BVSc Cert EP MRCVS

Chris O'Sullivan BVSc MS Dip VCS MANZCVS Dip ACVS

Hayley Lang DVM ACVS

Rachel Lambeth BVSc Dip VCS MVCS

Ruth Franklin BVetMed MRCVS

Rachel Salz BSc (Hons) BVetMed MRCVS Dip ACVSMR

Victoria Locke MA VetMB CertAVP(EM) MRCVS

Ilona Bayliss MA VetMB MRCVS

Ramon Perez DVM

Est 1951 by Dr Percy Sykes AM

## RANDWICK EQUINE CENTRE

Veterinarians • Equine Medicine & Surgery

10<sup>th</sup> October 2016

# **Veterinary Surgeons**

Sophia Sommerauer Dr Med Vet Thomas Bayes BVM BVS (Hons) MRCVS Jonathan Lee BSc (VB) DVM Tate Morris DVM Sarah SmithBVMS MRWS Kate Robson BVetBiol BVSc (Hons)

#### **Resident Consultants**

Karon Hoffmann BVSc Dip VCS MVSc PhD DipECVDI D R Hutchins BVSc Hon.DVSc FANZCVS OAM Treve Williams BVSc MRCVS Colin Dunlop BVSc Dip ACVA

## **VETERINARY REPORT FOR 'ROCKIN' RED ROCKET'**

Signalment: 3-Year-Old Bay Thoroughbred Colt - 985100012030355

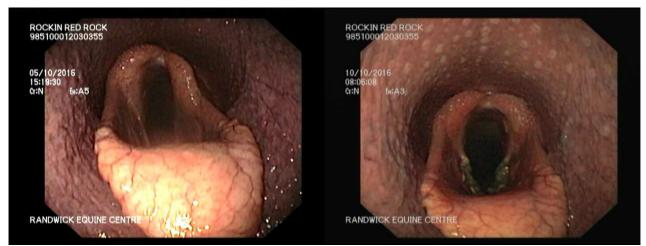
**Peter Snowden Racing Trainer:** 

Spelling: Muskoka Farm

Veterinarian: Dr Gary Baitz BVSc - Thank you for referring this case.

On the 5th of October 2016, 'Rockin' Red Rocket' was referred to Randwick Equine Centre for a laryngoplasty, 'tie-back' procedure after standing video-endoscopic examination of the larynx revealed near complete paralysis of the left side of the larynx (recurrent laryngeal neuropathy-'roarer'), being only able to achieve ~10% of full abduction (opening) of the left cartilage; grade IV/V laryngeal function.

On the 6<sup>th</sup> October 2016, 'Rockin' Red Rocket' underwent surgery to fix the left side of the larynx in an open position (laryngoplasty). The surgery was uneventful and he recovered from general anaesthesia without complication. In addition, the left and right larvngeal vocal folds were laser excised and transected, respectively to improve the airway size. Endoscopic examination following surgery revealed a good surgical result. Post operatively 'Rockin' Red Rocket' has received antibiotics, phenylbutazone and anti-inflammatory throat spray. The surgical wounds are healing uneventfully and he is eating and drinking comfortably.



Larynx pre- (left) and post-surgery (right). Note the lack of full abduction of the left arytenoid cartilage before surgery compared to after surgery, when the cartilage has been fixed in an 'open' position.

PLEASE ENSURE THAT THIS REPORT IS FORWARDED TO THE HORSE'S OWNER AND THE PERSON RESPONSIBLE FOR THE FUTURE CARE OF THE HORSE, AS WELL AS TO THE INSURER, IF APPLICABLE

3 Jane Street Randwick NSW 2031 Sydney Australia Postal PO Box 195 Randwick NSW 2031 Sydney Australia

Phone (612) 9399 7722 Fax (612) 9398 5649 E-Mail Address reception@randwickequine.com.au

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### -2-'Rockin' Red Rocket'

## Aftercare recommendations for 'Rockin' Red Rocket' include:

- Stall rest and hand walking only for the next three (3) weeks. The top door of the stable
   <u>must</u> be kept closed to prevent rubbing of the surgical wounds, as this may lead to wound
   swelling, breakdown or infection.
- Temperature should be taken twice daily for the next seven (7) days. If there is any
  increase in temperature (above 38.5℃), dullness of demeanour, loss of appetite or
  increased swelling or wound discharge please call.
- Feed should be wet and fed at ground level, small feeds frequently and putting rocks in the feed bin are useful to stop him eating too fast and stimulating coughing. Care should be taken to ensure the surgical wound is not rubbing on the feed or water bin.
- Give Bromotrimidine 2.5 scoops in feed twice daily for a further seven (7) days.
- Phenylbutazone 5ml (1g) orally once daily for five (5) more days.
- Anti-inflammatory throat spray give 10ml morning and night for five (5) more days. Please
  use the catheter provided by passing it along the floor of the nasal passage to 30cm from
  the tip of the catheter, inject 10ml of throat spray solution and then elevate his head to
  prevent it running out the nose. Please call if you need further instruction on administration.
  He tends to tolerate this better if NOT twitched, if difficult to pass the nasal catheter it may
  be given orally with a syringe.
- The staples in the left side of the neck should be removed on 18<sup>th</sup> of October 2016. Swelling at the stapled incision site should be carefully monitored. If it does occur the horses' temperature should be taken and the wound be examined by your veterinarian.
- Paddock rest is recommended for a further, four (4) weeks' after stall confinement, before returning to training.

It is not uncommon for some horses' to cough occasionally whilst eating. Please ensure feed is always thoroughly soaked and there should be no access to feed before working or travelling. Other recognised complications that may occur following this procedure include wound swelling and less commonly wound infection, partial or complete collapse due to suture pull through and recurrent lower airway infections.

The prognosis for returning to racing is considered good (approximately 70%). We look forward to following 'Rockin' Red Rocket' racing career. Please call the clinic if you have any queries regarding this report.

.....N3860

Dr Jonathan Lumsden BVSc Dip VCS MS Dip ACVS

Specialist Equine Surgeon

Mennden

RANDWICK EQUINE CENTRE