

ADVANTAGE EQUINE PTY. LTD.
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ADVANTAGE EQUINE VETERINARY PRACTICE

Dr. Maxine Brain, BVSc (hons) MACVSc (Equine Medicine)
Dr. Stuart Vallance, BVSc (hons) Dip.ACVS (Specialist Equine Surgeon)
Dr. Emma Wood, BSc BVMS
Consultant: Dr. Richard Selth BVSc MRCVS

Date: 19th January, 2018

Horse: MANHATTAN VIXEN 4yo Bay thoroughbred mare

Brands: L Shoulder NT under wings R Shoulder 11 over 3

Microchip: 985100012037810

Trainer: G Waterhouse and A Bott

Property: Waterhouse/Bott Racing Stables, Flemington, Vic.

Owner: First Light Racing, A Steele, G1G Racing and Breeding Pty Ltd

On the 19th January, 2018, I examined Manhattan Vixen after she had performed below expectations in her race the previous evening. At the trot, the mare showed a mild LF limb lameness, graded as a as 1/5 lame in the LF (where 0/5 is not lame and 5/5 is non-weight bearing lame). It should be noted that this mare has been trotted out on multiple occasions since August 2016 and has consistently shown a mild gait anomaly whereby she oscillates between 0.5-1/5 lame in the LF. The mare showed a mild response to flexion of the knees and was noted to trot out 1.5/5 lame LF for a couple of strides following L knee flexion, and did not appear to be uneven after R knee flexion.

On palpation of the spine, the mare showed a marked painful response to palpation of the musculature on either side of the mid back (thoracolumbar area) and almost wanted to sit on the ground.

X-rays were taken of the left and right knees and the left fore fetlock joint to ascertain if there was any major radiographic injury detectable. Results were

L Knee(carpus)- there were no fractures, chips or spurs detected. Moderate sclerosis of the third carpal bone with a few areas of lucencies was detected, indicating some hardening of the bone as a result of continual loading on the bone. This is not an uncommon adaptive change to work load but can result in lameness if the bone becomes too dense and loses its ability to absorb concussion.

R Knee (carpus)- there were no fractures, chips or spurs detected. Mild to moderate sclerosis of the third carpal bone with a few areas of lucencies was detected.

LF fetlock-there was remodeling of the inside front (dorsomedial) of the P1bone and evidence of mild degenerative joint disease. There were no chips or fractures visible.

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Based on these findings the options available

- 1) Spell from training for 8-12 weeks to allow the third carpal bones to rest from the concussion of repeated exercise and allow any inflammation to subside. Some changes in the bone will not be reversible and may require some medical treatment either systemically or intra-articularly when she returns to racing. This time will also allow the soft tissues of the back to heal.

- 2) Intra-articular medication- Medication directly administered into the joint may provide temporary relief to enable the mare to continue racing for a short period longer this preparation. This can vary from corticosteroids and hyaluronic acid, to biological products such as IRAP and PRP to hydrogels. The cost of these vary significantly from \$200 to \$2000 depending on what is used and how much.

In my opinion the mare would be better suited to a spell, returning to work when the tracks are less likely to be hard, thus reducing the concussive forces on the bone. The mare has been treated weekly with injections of pentosan (anti-arthritis medication).

If you have any questions regarding this report or this examination, please feel free to contact me.

Regards

A handwritten signature in black ink, appearing to read 'Maxine L Brain', written in a cursive style.

Dr Maxine L Brain BVSc(Hons) MACVS(Eq Med)