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Est 1951 by Dr Percy Sykes AM
RANDWICK EQUINE CENTRE

Veterinarians • Equine Medicine & Surgery

Veterinary Surgeons

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8th September 2017

VETERINARY REPORT FOR 'GOLD RUNNER'

Signalment: 3-Year-Old Brown Thoroughbred Gelding -985100012051605

Trainer: Bjorn Baker

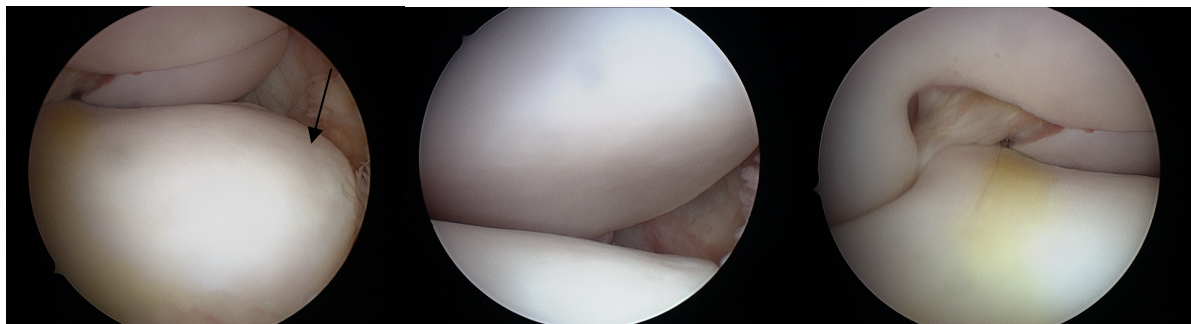
Owner: Triple Crown Syndicate- c/- Mr Michael Ward

Spelling: Muskoka Farm

Veterinarian: Dr Alan Frogley BVSc

On the 6th of September 2017, 'Gold Runner' was referred to Randwick Equine Centre for arthroscopic evaluation of the left knee. The gelding had recently resumed training and was noted to have a bilateral shortened gait with joint filling of the left and to a lesser extent the right knee joints (mid-carpal). Radiographs of the left knee revealed focal bone margin modelling and decalcification at the front of the knee (distal dorsomedial radial carpal bone). On examination the he showed no overt lameness at the hand led trot though moderate pain on flexion of the left knee. Examination of the right knee was unremarkable.

On the 7th of September, 'Gold Runner' underwent general anaesthesia and arthroscopic surgery of the left mid carpal joint. At surgery there was mild superficial change to the articular cartilage of the radial carpal bone (distal dorsomedial). Surgical removal (curettage) of the cartilage was not indicated and examination of the remainder of the joint cartilage and ligaments was unremarkable. There was significant inflammation of the joint lining. The surgical procedure was uneventful as was recovery from general anaesthesia. Since surgery he has been treated with antibiotics, phenylbutazone, sterile bandaging and stall rest and is progressing well.



Arthroscopic images of the left knee showing subtle cartilage change on the radial carpal bone (left), normal healthy 3rd carpal bone cartilage (centre) and palmar intercarpal ligaments (right).

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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

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'Gold Runner'

Aftercare recommendations for 'Gold Runner' include:

- Continued stall rest for a further four weeks. Hand walking (10 minutes daily) may commence once the sutures are removed.
- Give 5 ml phenylbutazone once daily for mouth for 5 more days.
- Temperature and appetite should be monitored during the first week. If there is a rise in temperature (above 38.5°C), dullness in demeanour, loss of appetite or increased lameness, swelling or wound discharge, please call the clinic.
- Continued bandaging of the knee for a further 2 (two) weeks, changing the bandage every two to three days.
- The sutures should be removed on the **19th of September 2017**.
- A four week course of weekly intramuscular pentosan polysulphate should be administered commencing at the time of suture removal and then continued monthly while spelling, then given weekly when back in training.
- Following the period of stall rest, small yard rest is recommended for four weeks, before being allowed paddock exercise for 2 months. He should be kept as light in condition as possible while spelling and the feet well balanced.

The prognosis for racing is considered good. The clinical radiographic and arthroscopic findings indicate his gait and pain on flexion is due to excessive modelling of the bone beneath the cartilage (subchondral) and hence with adequate time (12-16 weeks) repair is anticipated. On resumption to training, swimming should be incorporated in to the training regime as well as spacing fast work as much as possible. Careful attention should be made to keeping his feet well balanced.

Please call the clinic should you have any questions regarding this report.


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RANDWICK EQUINE CENTRE