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BENDIGO EQUINE HOSPITAL | VICTORIAN EQUINE REPRODUCTION CENTRE | VIC EQUINE

15 of May 2018

Re: 2016 bay Thoroughbred filly (Warhorse/Street Darling) residing at Woodside Park Tylden.

I examined the above filly at Woodside Park Tylden on the 14th May 2018. The filly was presented for a hind limb lameness.

When examined at the trot, the filly demonstrated a moderate (grade 2/5) right hindlimb lameness. Examination of the leg revealed a severe fetlock joint effusion.

Radiographs of the fetlock revealed signs of osteoarthritis, including a number of osteophytes (spurs), one of which has fractured off (see images below).

Despite the level of arthritic change, an inciting cause for the change could not be established. It may be the result of trauma and/or infection. Although bony remodelling can occur relatively quickly post injury, to have changes of this magnitude, I would estimate the causative injury to have been around 1-3 months ago. Such a degree of bony change in an animal of this age that has done minimal work is concerning.

The prognosis for longterm racing soundness in this filly is guarded.

If connections wish to pursue this filly, we are happy to discuss treatment options in more detail. However, it should be remembered that the degree of arthritic change present seen cannot be cured, only managed.

Management options may include surgical debridement of any loose fragments within the joint followed by intra-articular medications such as IRAP® or Arthramid®. Parenteral anti-arthritic drugs such as Pentosan polysulfate may be used in addition to help manage the condition in the short, medium and long term.

The gold standard treatment would be to arthroscopically explore the joint and treat with a form of intra articular medication post-surgery. The horse would then have a significant spell (>6 months) before coming back into work. The level of lameness shown by the horse at this time will dictate whether the horse remains in training or is retired.

Connections should make any decisions as to the treatment with the knowledge that the chance of having a longterm race mare is low regardless of the treatment protocols.

Sarah L Jalim BVM&S FACVSc (Registered Specialist in Equine Surgery) Simon J Robinson BVSc BScAgr MACVSc Dip ACT (Registered Specialist in Equine Reproduction) Michael J Whiteford BVMS MRCVS



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Although prognosis as a racehorse is guarded, prognosis for being a brood mare is good with or without further treatment.

If you have any further questions, please do not hesitate to contact me.

Dr Michael Whiteford BVMS, MRCVS

I attach some of the radiographs for your perusal.

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