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21-08-2019

Mr Tony McEvoy
McEvoy Mitchell Racing Pty Ltd
PO Box 678
Angaston, SA 5353

Dear Tony,

New Echelon presented to the Ballarat Veterinary Practice Equine Clinic for a hind end scintigraphy (bone scan) on the 20th August 2019. She was reported with a history of 3/5 left hind lameness on the 5th August and improved to 2/5 after a week of rest and walking exercise. Left hind plantar digital nerve block and intra-articular fetlock joint block were reported to be negative. Survey radiographs of the proximal limb and ultrasound of the pelvis were unremarkable.

Examination at our hospital on the 19th August 2019 showed a 1-2 out of 5 left hind lameness when trotting in a straight line and 1/5 left hind lame in a left circle.

The bone scan identified moderate-marked increased radiopharmaceutical uptakes (IRUs; "hotspots") at the dorsal spinous processes (DSPs) of the 15th to 18th thoracic vertebrae (T15-T18) and also 1st, 4th and 5th lumbar vertebrae (L1, L4 & L5). The left tuber ischii has mild IRU compared to the right. There are also mild-moderate IRU at the dorsal aspect of third tarsal bones bilaterally (Left > Right).

Post bone scan nerve blocks of the left lower hock joint and a tibial peroneal nerve block did not resolve the lameness. Marked resentment to palpation was noted along the thoracolumbar region and over the left caudal pelvis and the region of the tuber ischii.

Radiographs of the thoracolumbar vertebrae were taken on the 21st August 2019. The radiographs identified Grade 4 out of 4 Impinging Dorsal Spinous Processes (IDSP; "kissing-spine") at the T15 to L1, with evidence of overriding, osteolysis and shape changes of the DSPs. There are also Grade 3 IDSP at the T12 and T13.

SUMMARY

Based on the bone scan, nerve blocks, physical exam findings the source of the left hind lameness is most likely an injury to the left tuber ischii (point of the pelvis). This can either be due to direct trauma or avulsion injury of muscular attachment at the site. This is a major attachment site of the caudal thigh muscles. We have seen a number of these injuries in racing thoroughbreds and although they can heal they can take some time. In addition, this horse has significant dorsal spinous process impingement throughout the thoracolumbar spine. This appears to be clinical given the reaction to physical examination and also the positive bone scan. The x-ray findings are marked. The management of this problem can be difficult and revolves around shock-wave therapy and local cortisone injections. The horse will need 4 months of rest to resolve the tuber ischii issue and then prior to coming back into work local injection of anti-inflammatory should be considered. I recommend two months of small yard rest with a re-evaluation and then 2 months of small paddock rest. A course of shockwave therapy over the left tuber ischii is also recommended. While surgical intervention is possible for the back I would not anticipate doing this unless the left hind lameness resolved and also after seeing if conservative therapy was effective. Given the degree of change in the number of spaces involved I think the outcome for surgery could be poor.

Thank you for bringing **New Echelon** to the Ballarat Veterinary Practice.

Partners

Dr. I. C. FULTON BVSc (Hons), MS (Michigan),
FANZCVS,
Registered Specialist in Equine Surgery

Dr. B. H. ANDERSON BVSc (Massey), MVSc, MS,
MANZCVS, Diplomate ACVS,
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Dr. A. W. LUTTRELL BVSc
Dr. S. A. GREEDY BVSc, MANZCVS
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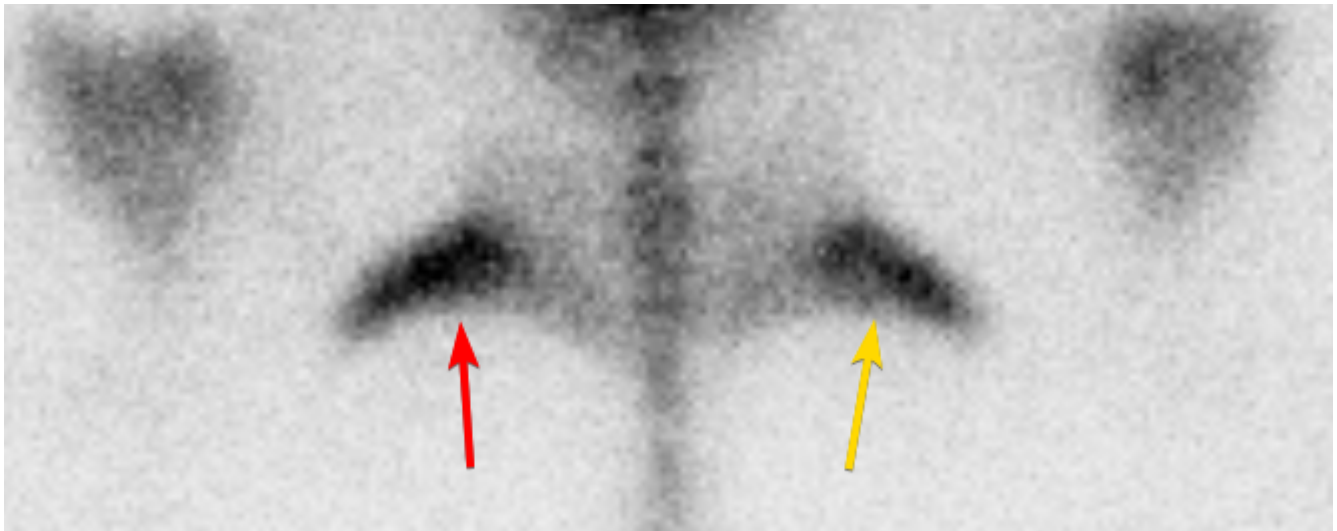
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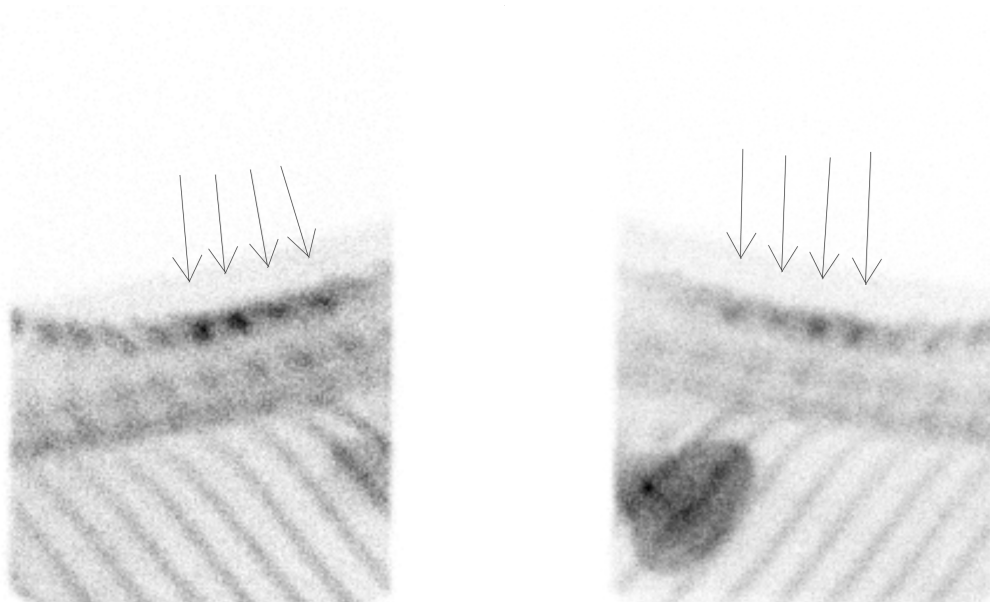
Yours sincerely,

Dr Brian Anderson, BVSc (Massey), MVSc, MS, MACVSc, Diplomate ACVS Registered Specialist in Equine Surgery
VPRBV: 2261 AVA: 5729
Ballarat Veterinary Practice

Cc - Dr Daniel Sims and Dr John Walker and Dr Mat Morihan



The left point of the pelvis (tuber ischii) has a "hotspot" on the left side - red arrow compared to the right side (yellow arrow)



IRUs at the T15-L1 DSPs.

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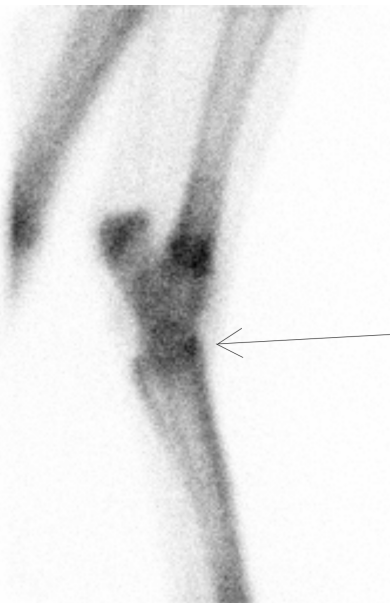
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IRU at the L4/L5 DSPs.



IRUs at the left and right third tarsal bones.

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