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Est 1951 by Dr Percy Sykes MRCVS AM
RANDWICK EQUINE CENTRE

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Veterinary Surgeons

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1st August 2016

VETERINARY REPORT FOR 'SPENDING TO WIN'

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

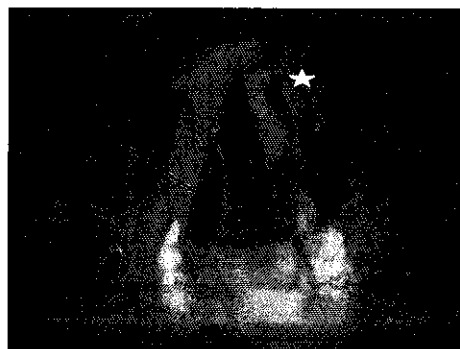
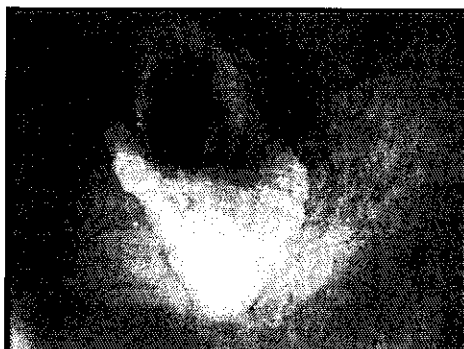
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Trainer: Mr Peter Snowden

On the 1st August 2016, 'Spending to Win' underwent overground endoscopy (dynamic respiratory endoscopic examination) at Randwick Racecourse to assess his upper airway during exercise. The colt was reported to have made an abnormal respiratory noise during work and performing below expectations. Previous resting endoscopic examination revealed left arytenoid cartilage abduction grade 4/5 (Lane).

Today's resting endoscopic examination revealed severe asymmetry between the arytenoid cartilages with the left arytenoid cartilage able to achieve approximately 40% full abduction after swallowing (grade 4/5 left laryngeal function).

'Spending to Win' was exercised on the track over 1000 metres in a time of 1 minute and 5 seconds and 11.01 seconds for the final furlong. A slight respiratory noise was reported by the rider throughout exercise. A review of the exercising endoscopic examination, including a frame by frame video analysis, revealed almost complete collapse of the left arytenoid cartilage to vertical midline and accompanying left and right vocal cord collapse. These findings are typical of a horse suffering from left-sided recurrent laryngeal neuropathy (also known as 'roarers').



Videoscopic images of the larynx at rest (left) and at the end of gallop exercise (right). Note the collapse of the left arytenoid (star) into the airway and the bilateral vocal and aryepiglottic fold collapse (arrow).

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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'Spending to Win'

This examination reveals **'Spending to Win'** has severe dynamic airway obstruction, resulting in approximately 75% reduction in the size of the laryngeal airway during exercise, which is likely to result in exercise intolerance.

Recommendations for 'Spending to Win' are:

- Surgical correction of the collapsing left side of the larynx (prosthetic laryngoplasty 'tie-back') with bilateral ventriculocordectomy (removal of both vocal cords and the right aryepiglottic fold). The combined cost for both procedures is approximately \$4,300. The typical period of hospitalisation after surgery is 4-5 days; and 6 weeks convalescence will be required prior to resuming training.

Recognised complications that may occur following this procedure include coughing, wound swelling and varying degrees of loss of cartilage abduction. Less common complications may include wound infection, difficulty swallowing and pneumonia. A successful return to racing following 'tie-back surgery' is anticipated in approximately 70% of horses.

Thank you for the opportunity to examine **'Spending to Win'**.

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

Sommerauer

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