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Est 1951 by Dr Percy Sykes MRCVS AM
RANDWICK EQUINE CENTRE

Veterinarians • Equine Medicine & Surgery

Veterinary Surgeons

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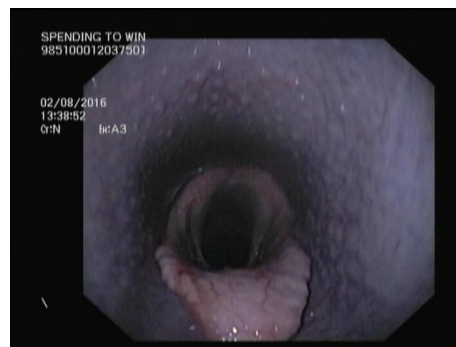
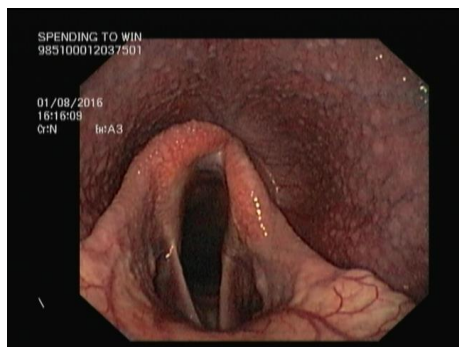
4th August 2016

VETERINARY REPORT FOR 'SPENDING TO WIN'

Signalment: 3-Year-Old Grey-Bay Thoroughbred colt - 9851000120377501
Trainer: Mr Peter Snowden - Snowden Racing
Spelling@: Oakridge Farm
Veterinarian: Dr Gary Baitz BVSc - *Thank you for referring this case.*

On the 1st August 2016, 'Spending to Win' was referred to Randwick Equine Centre for a laryngoplasty, 'tie-back' procedure after exercising video-endoscopic examination of the larynx revealed substantial collapse of the left side of the larynx (recurrent laryngeal neuropathy-'roarer'). At rest he was only able to achieve ~40% of full abduction (opening) of the left cartilage; grade IV/V laryngeal function.

On the 2nd August 2016, 'Spending to Win' underwent surgery to fix the left side of the larynx in an open position (laryngoplasty). The surgery was uneventful and he recovered from general anaesthesia without complication. In addition, the left and right laryngeal vocal folds were laser excised and transected, respectively as well as the right aryepiglottic fold to improve the airway size. Endoscopic examination following surgery revealed a good surgical result. Post operatively 'Spending to Win' has received antibiotics, phenylbutazone and anti-inflammatory throat spray. The surgical wounds are healing uneventfully and he is eating and drinking comfortably.



Images of his larynx at rest (left), during exercise (centre) and post-surgery (right). Note the lack of full abduction of the left arytenoid cartilage before surgery compared to after surgery, when the cartilage has been fixed in an 'open' position.

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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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'Spending to Win'

Aftercare recommendations for 'Spending to Win' include:

- Stall rest and hand walking only for the next three (3) weeks. The top door of the stable **must** be kept closed to prevent rubbing of the surgical wounds, as this may lead to wound swelling, breakdown or infection.
- Temperature should be taken twice daily for the next seven (7) days. If there is any increase in temperature (above 38.5°C), dullness of demeanour, loss of appetite or increased swelling or wound discharge please call.
- Feed should be wet and fed at ground level, small feeds frequently and putting rocks in the feed bin are useful to stop him eating too fast and stimulating coughing. Care should be taken to ensure the surgical wound is not rubbing on the feed or water bin.
- Give Bromotrimidine 2.5 scoops in feed twice daily for a further seven (7) days.
- Phenylbutazone - 5ml (1g) orally once daily for five (5) more days.
- Anti-inflammatory throat spray – give 10ml morning and night for five (5) more days. Please use the catheter provided by passing it *along the floor of the nasal passage* to 30cm from the tip of the catheter, inject 10ml of throat spray solution and then elevate his head to prevent it running out the nose. He tolerates this treatment well, but you may need to twitch him to assist passing the catheter. Please call if you need further instruction on administration
- The staples in the left side of the neck should be removed on **15th August 2016**. Swelling at the stapled incision site should be carefully monitored. If it does occur the horses' temperature should be taken and the wound be examined by your veterinarian.
- Paddock rest is recommended for a further, four (4) weeks' after stall confinement, before returning to training.

It is not uncommon for some horses' to cough occasionally whilst eating. Please ensure feed is always thoroughly soaked and there should be no access to feed before working or travelling. Other recognised complications that may occur following this procedure include wound swelling and less commonly, wound infection, partial or complete collapse due to suture pull through and recurrent lower airway infections.

The prognosis for returning to racing is considered good (approximately 70%). We look forward to following **'Spending to Win'** racing career.

Please call the clinic if you have any queries regarding this report.



.....N3860
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RANDWICK EQUINE CENTRE