

WARWICK FARM EQUINE CENTRE PTY LTD

A.C.N.053 463 399 A.B.N.77 053 463 399

10 BULL STREET
WARWICK FARM
NSW 2170
Phone: (02) 9601 3444
Fax: (02) 9821 2081
E: warwickfarmequine@bigpond.com
W: www.warwickfarmequine.com.au



VETERINARY SURGEONS

DR. ALLAN FROGLEY B.V.Sc., M.R.C.V.S.
DR. RUTH MELBOURNE B.V.Sc.
DR. KATE ROBSON BAnVetBioSc., B.V.Sc.
CONSULTING SPECIALIST
DR. NICHOLAS KANNEGIERER
B.V.Sc., Dip. Vet. Clin. Stud. Ph.D., FACVSc.
DR. HADLEY WILLSALLEN
B.V.Sc., M.A.C.V.Sc. (Surgery of Horses) D.A.C.V.S.-L.A.
Specialist in Equine Surgery

VETERINARY REPORT

Name: Line of Kings
Date: 2nd November 2020
Signalment: 3yo Chestnut Gelding
Microchip: 9851100012127542

On the 2nd November Line of Kings presented for assessment of a sudden onset lameness following a gallop. On examination the horse was 2/5 lame in the left-fore. The horse had mild effusion of the left intercarpal joint (middle “knee” joint) with no other abnormalities on examination of the distal limb. The lameness was localised to the intercarpal joint using diagnostic anaesthesia (joint block).

Subsequent radiography indicates very small osteochondral fragmentation (“knee” chip) of the distal radiocarpal bone and bony proliferation (bone spur) of the distal intermediate carpal bone.



WARWICK FARM EQUINE CENTRE PTY LTD

A.C.N.053 463 399 A.B.N.77 053 463 399

10 BULL STREET
WARWICK FARM
NSW 2170
Phone: (02) 9601 3444
Fax: (02) 9821 2081
E: warwickfarmequine@bigpond.com
W: www.warwickfarmequine.com.au



VETERINARY SURGEONS

DR. ALLAN FROGLEY B.V.Sc., M.R.C.V.S.
DR. RUTH MELBOURNE B.V.Sc.
DR. KATE ROBSON BAnVetBioSc., B.V.Sc.
CONSULTING SPECIALIST
DR. NICHOLAS KANNEGIER
B.V.Sc., Dip. Vet. Clin. Stud. Ph.D., FACVSc.
DR. HADLEY WILLSALLEN
B.V.Sc., M.A.C.V.Sc. (Surgery of Horses) D.A.C.V.S.-L.A.
Specialist in Equine Surgery

Treatment Options

1. Arthroscopic exploration of the joint and debridement of the lesion is recommended in this case as the gold standard option. This option carries both diagnostic and therapeutic advantages. The fragment identified on the radiographs will be removed, providing better long term prognosis and the full extent of the injury can be explored, providing better information for time off and long term management. This would carry a good prognosis for return to racing.
2. Due to the small and non-displaced nature of the fragment, a conservative approach is also a reasonable option in this case. This would involve a period of rest (3-4 months) with repeat radiographs prior to return to work. This would carry a lesser prognosis than the surgical option.

Please contact the clinic to have the radiographs forwarded. Please call myself on the number below should you have any queries regarding this case

Kind Regards,

Dr Harry Waters BVSc 0418880198