

### Veterinary Surgeons

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Veterinarians • Equine Medicine & Surgery

### Veterinary Surgeons

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8<sup>th</sup> March 2024

### VETERINARY REPORT FOR 'JUST IN TIME'

#### Signalment:

**3-Year-Old Chestnut Thoroughbred Filly - 985100012180292**

#### Trainer:

**Will Freedman**

#### Referring Veterinarian:

**Dr David Garth BVSc - Thank you for referring this case**

On the 6<sup>th</sup> of March 2024, '**Just In Time**' was referred to **REC Equine Specialist Centre**, for arthroscopic surgery after radiographs identified bone fragmentation in the left knee. On examination the horse had mild filling of the left knee (mid-carpal joint), mild lameness at the hand led trot (grade 1-2/5) and a moderate pain response to knee flexion. The remainder of the lameness examination was unremarkable.

On the 7<sup>th</sup> of March 2024, '**Just In Time**' underwent general anaesthesia and arthroscopic surgery of the following joint:

**Left mid carpal joint:** surgery revealed cartilage damage and bone fragmentation (2x4mm) of the distal dorsomedial radial carpal bone. The bone fragment was removed and the adjacent damaged cartilage and bone was curetted to firmly attached healthy cartilage and subchondral bone. In addition, there was a small region of the dorsal radial facet of the third carpal bone with subchondral bone fragmentation and full thickness cartilage damage that was also debrided. The damaged areas involved approximately **20% of the radial carpal and 5% of the third carpal bones** weight bearing surfaces. The remainder of the articular cartilage was in good condition.

The surgical procedure was uneventful as was recovery from general anaesthesia. Since surgery the horse has been treated with antibiotics, phenylbutazone, sterile bandaging and stall rest and is progressing well.

#### Aftercare recommendations for 'Just In Time' include:

- Continued stall rest for a further four weeks. Hand walking (10 minutes daily) may commence once the sutures are removed.
- Give 10 ml phenylbutazone once daily by mouth for 5 more days.
- Temperature and appetite should be monitored during the first week. If there is a rise in temperature (above 38.5°C), dullness in demeanour, loss of appetite or increased lameness, swelling or wound discharge, please call the clinic.

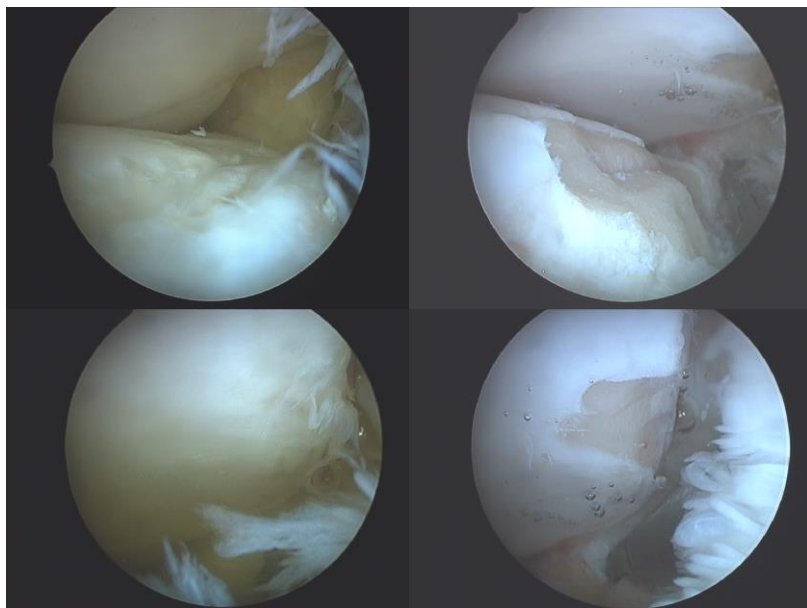
**PLEASE ENSURE THAT THIS REPORT IS FORWARDED TO THE HORSE'S OWNER AND THE PERSON RESPONSIBLE FOR THE FUTURE CARE OF THE HORSE, AS WELL AS TO THE INSURER, IF APPLICABLE**

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'Just In Time'

- Continued bandaging of the knee for a further 2 (two) weeks, changing the bandage every two to three days or if slipped, wet or soiled.
- The sutures should be removed on the **19<sup>th</sup> of March**.
- Discuss with Dr Garth ongoing joint management options (Pentosan, IRAP etc).
- Following the period of stall rest, small yard rest is recommended for four weeks, before being allowed paddock exercise for 2-4 months. One option after 2 months paddock rest would be to put in a 4-6 week pre-training prep training at low speed only (slower than even time 15sec furlongs). The horse should be kept as light in condition as possible while spelling and the feet well balanced.

The prognosis for racing is considered fair to good. On resumption to training, swimming should be incorporated into the training regime. Careful attention should be made to keeping the feet well balanced. Thank you for the opportunity to treat '**Just In Time**' and we look forward to following their racing career.



***Arthroscopic images before (left) and (right) after fragment and damaged cartilage removal in the left knee (radial carpal bone above and third carpal bone below).***

Please call should you have any questions regarding this report.



.....NSW V6012  
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Specialist Equine Surgeon  
**REC Equine Specialists**