



## South Eastern Equine Hospital

357-359 Belgrave-Hallam Road  
Narre Warren North  
Victoria 3804

**Ph:** 0387904922

**Email:** [admin@seeh.com.au](mailto:admin@seeh.com.au)

**Website:** [www.seeh.com.au](http://www.seeh.com.au)

31 March, 2025

### Veterinary Report for "Capital Call" a 4yo Thoroughbred Gelding, c/o Gai Waterhouse Racing

**Referring Veterinarian: Brain, Maxine (Advantage Equine)**

Dear Maxine,

#### Client Details

<b>Name</b>	Syndicate of Capital Call	<b>Phone</b>	+61296621488
<b>Address</b>	16 Bowral Street Kensington, New South Wales 2033		0410069239

#### Horse Details

<b>Name</b>	Capital Call	<b>Age</b>	4 years
<b>Species</b>	Equine	<b>Sex</b>	Gelding
<b>Breed</b>	Thoroughbred	<b>Microchip</b>	985100012180833
<b>Colour</b>	Bay	<b>Referral</b>	Dr Brain, Maxine - Advantage Equine

#### Therapeutic / Procedure

### REPORT

Further to the report dated 22-03-2025 the above gelding has remained at South Eastern Equine Hospital for ongoing treatment of a laceration to the left hind plantar fetlock region. Since the date of the previous report the gelding has been maintained on broad-spectrum antimicrobials (penicillin and gentamicin), daily regional limb perfusion with gentamicin, non-steroidal anti-inflammatories and regular bandage changes.

At the time of the bandage changes a small amount of discharge had been present from the wound overlying the digital flexor tendon sheath however this has been reducing each bandage change. On 28th March 2025 the gelding was walking comfortably and the wound overlying the tendon sheath appeared to have sealed with no discharge present. The non-steroidal anti-inflammatories (phenylbutazone) were reduced to 2.2 mg/kg orally once daily and antimicrobials changed to oral trimethoprim-sulfonamides on 28th March. Over the last two days the gelding's lameness increased initially when walked out to be moderately lame left hind at the walk, however after 2-3 strides the lameness reduced to being barely evident at the walk.

Clinical examination this morning revealed a mild left hindlimb lameness at the walk. The bandage was removed which revealed moderate soft tissue swelling over the lateral sesamoid bone adjacent the original laceration and mild pain was present upon palpation of the region however no discharge was present.

Ultrasound examination of the plantar fetlock/tendon sheath region identified the following:

- multiple gas echogenicities within an encapsulated soft tissue mass adjacent and extending to the bone surface of the lateral sesamoid bone
- mild anechoic fluid accumulation within the digital flexor tendon sheath and fetlock joint
- moderate oedema and fluid accumulation within the subcutaneous tissue adjacent the wound

Radiographs of the left hind fetlock were obtained and revealed the following:

- fragmentation and lysis associated with the abaxial margin of the lateral sesamoid bone measuring approximately 13 mm long x 6 mm deep
- moderate soft tissue swelling associated with the plantarolateral aspect of the left hind fetlock

These findings are consistent with septic osteitis of abaxial margin of the lateral sesamoid bone. The recommendations for treatment includes the following:

- Debridement and curettage of the affected lateral sesamoid bone, resection of the infected soft tissue along with submission of the affected bone and soft tissue for culture and sensitivity to aid appropriate antimicrobial selection under general anaesthesia - an estimate of the cost of this procedure is approximately \$4000-5000
- Following surgical debridement, ongoing administration with broad-spectrum antimicrobials along with regular bandage

South Eastern



Equine Hospital

## South Eastern Equine Hospital

357-359 Belgrave-Hallam Road  
Narre Warren North  
Victoria 3804

**Ph:** 0387904922

**Email:** admin@seeh.com.au

**Website:** [www.seeh.com.au](http://www.seeh.com.au)

changes and monitoring of the gelding for response to treatment - costs of ongoing treatment are approximately \$400-500 per day

The prognosis for return to athletic soundness at this point appears poor and the prognosis for resolution of infection appears guarded and will depend on the response to surgical treatment.

Please feel free to contact me on 0387904922 if you have any concerns or questions regarding Capital Call.

Yours sincerely,

**Dr Gareth Trope, BVSc (Hons) DipVCS CertES(Orth) MVSc FANZCVS (Equine Surgery)**  
**Registered Specialist in Equine Surgery Adjunct Senior Lecturer Equine Surgery, CSU**  
**VPRBV 4949**  
**Email:** [gareth@seeh.com.au](mailto:gareth@seeh.com.au)  
**South Eastern Equine Hospital**

---

### Diagnostic Result

**31-03-2025 11:50:33am, Dr Gareth Trope**

X-ray - Region - First Site - Dr Gareth Trope (Ref: AU797-DR11371)

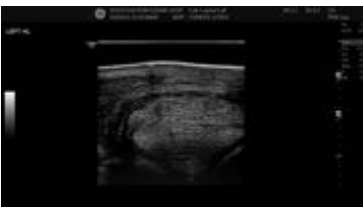


**Imaging Online Viewable External Link:**

<https://keystone.asteris.com.au/#/partner/viewer/SOUTHEASTERNEQUINE?studyId=27d91711-0000-1456-1135-fffff250331>

**31-03-2025 11:42:13am, Dr Gareth Trope**

Ultrasound - Tendon - Dr Gareth Trope (Ref: AU797-DR11367)



**Imaging Online Viewable External Link:**

<https://keystone.asteris.com.au/#/partner/viewer/SOUTHEASTERNEQUINE?studyId=ba8eff8b-0000-5149-1018-fffff250331>

---

---