



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

22 March, 2025

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

Referring Veterinarian: Brain, Maxine (Advantage Equine)

Dear Maxine,

Capital Call was referred on 19-03-2025 to South Eastern Equine Hospital for investigation and treatment of a laceration to the left hind plantar fetlock region.

Client Details

| | | | |
|----------------|---|--------------|--------------|
| Name | Syndicate of Capital Call | Phone | +61296621488 |
| Address | 16 Bowral Street Kensington, New South Wales 2033 | | 0410069239 |

Horse Details

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

Presenting Problem

Laceration

Therapeutic / Procedure

REPORT

The above gelding was referred to South Eastern Equine Hospital on 19-03-2025 for evaluation and treatment of a laceration to the left hind plantar fetlock region.

Upon presentation the gelding displayed a marked left hindlimb lameness at the walk. Physical parameters were all within normal limits and blood gas analysis indicated no obvious significant blood loss. The gelding was sedated and the bandage removed from the left hindlimb. Examination of the wound revealed a transverse laceration approximately 8 cm in length across the plantar aspect of the left hind fetlock at the level of the palmar annular ligament. Numerous vessels were transected and had been ligated by the referring veterinarian. Two other minor lacerations were also present on the mid cannon region and the lateral heel bulb. Ultrasound examination of the plantar fetlock region was performed which identified gas echogenicities within the tendon sheath however no obvious damage to the flexor tendons was evident.

Based on the findings, general anaesthesia and further wound exploration along with arthroscopic lavage of the digital flexor tendon sheath was recommended.

The gelding was anaesthetised on 19-03-2025 and the left hind distal limb prepared aseptically. Surgical findings included the following:

- Upon distension of the digital flexor tendon sheath (DFTS) communication with the wound was evident
- Tenoscopic evaluation of the DFTS revealed the following:
 - mild inflammation within the tendon sheath and synovial membrane
 - full thickness transverse laceration of the palmar annular ligament extending from the origin of the annular ligament on the proximal aspect of the lateral sesamoid bone to just past midline
 - a full thickness laceration of the superficial digital flexor tendon extending approximately 30% of the width of the superficial digital flexor tendon
 - mild surface inflammation of the deep digital flexor tendon adjacent the superficial digital flexor tendon injury
- Exposure of the apical/abaxial margin of the proximal aspect of the lateral sesamoid bone - the region was debrided and lavaged
- The tendon sheath was extensively lavaged and the wound debrided to healthy tissue. Following debridement the

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wound was closed primarily

- Following closure of the tendon sheath antimicrobials were injected into the synovial structure
- The additional lacerations of the lateral aspect of the metatarsus and lateral heel bulb were debrided, lavaged and sutured primarily
- Following completion of the surgery the limb was bandaged aseptically and the gelding recovered (assisted with head and tail rope) uneventfully

The gelding recovered well and has been noted to be walking comfortably since completion of the surgery. The gelding is being maintained on broad-spectrum antimicrobials (penicillin and gentamicin), non-steroidal anti-inflammatories, daily intravenous regional limb perfusions and daily bandage changes. At the time of this report the wound on the plantar aspect of the tendon sheath appears to be healing well although some drainage from the digital flexor tendon sheath is still present.

At this point in time the prognosis for resolution of sepsis remains guarded due to the laceration of the superficial digital flexor tendon and annular ligament. Ongoing monitoring at this point is warranted with daily bandage changes required until the digital flexor tendon sheath has closed. Upon closure of the digital flexor tendon sheath monitoring for lameness as well as repeat fluid analysis will be performed and will guide us as to whether additional surgical lavage is warranted.

Thank you for the referral of this case, further updates will be provided in due course. 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

South Eastern Equine Hospital

Diagnostic Result

20-03-2025 9:09:17am, Dr Gareth Trope

- Dr Gareth Trope (Ref: AU797-DR11274)

Outcome

Unallocated result from Asteris - the below details might help you find out which patient it belongs to:

Modality: OT - Other

Accession Number:

Study Date: 2025-03-19T17:03:00

Patient Id: 123452

Patient Name: CAPITAL CALL

Owner Name: Syndicate of Capital Call

Study Description: Flush tendon sheath

Referring Physicians Name:

South Eastern



Equine Hospital

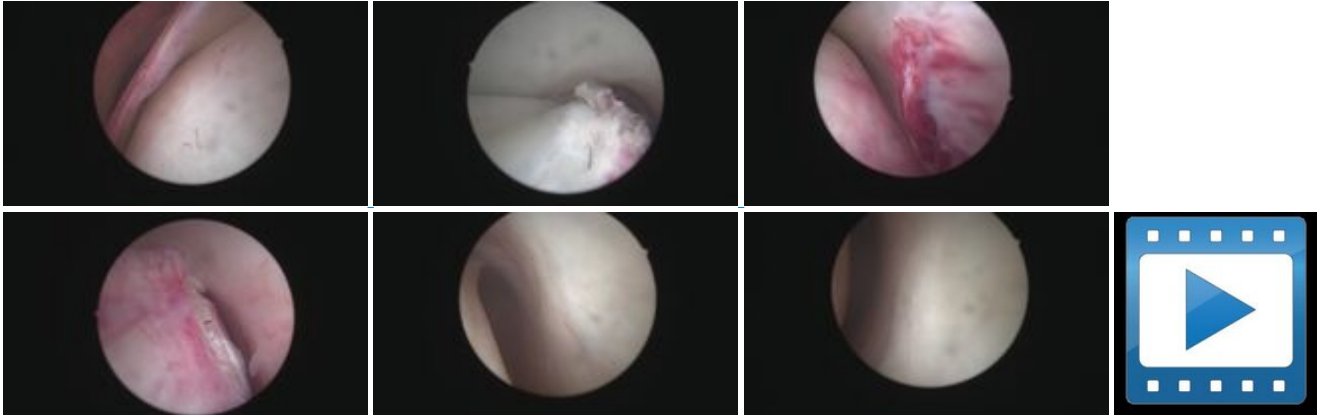
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Imaging Online Viewable External Link:

<https://keystone.asteris.com.au/#/partner/viewer/SOUTHEASTERNEQUINE?studyId=73f65088-0000-3500-1703-fffff250319>

19-03-2025 12:42:00pm, Dr Mackensie Cooper

Ultrasound - Tendon - Dr Mackensie Cooper (Ref: AU797-DR11268)



Imaging Online Viewable External Link:

<https://keystone.asteris.com.au/#/partner/viewer/SOUTHEASTERNEQUINE?studyId=4694dc19-0000-5113-1235-fffff250319>
