

	<p>Equine Clinic: 54 Midas Road, Miners Rest 3352 Ph. 5334 6756 Fax 5334 6800 bvpec@bvp.com.au ABN 40 119 407 715 www.bvp.com.au www.facebook.com/ballaravet www.facebook.com/ballaratequineclinic</p>	<p>Partners Dr. I. C. FULTON, B.V.Sc. (Hons.), M.S. (Michigan), F.A.C.V.Sc. Registered Specialist in Equine Surgery Dr. A. W. LUTTRELL, B.V.Sc. Dr. B. H. ANDERSON, B.V.Sc. (Massey) M.V.Sc., M.S., MACVSc., Diplomate A.C.V.S. Registered Specialist in Equine Surgery Dr. S. A. GREEDY, B.V.Sc., M.A.C.V.Sc. Dr. A. R. CUST, B.Sc., B.V.Sc. (Hons.), M.V.Sc.</p>	 Winner 2011
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18th August 2017

Forest Lodge Racing
 336 Kennedy's Road
 Miners Rest VIC 3352

Dear Darren,

Re: "Tug (Tall Ship)"

Examination:

Tug (Tall Ship) was examined at the Ballarat Veterinary Practice Equine Clinic on 18th August 2017. Tug was 1/5 lame in the left front leg. There was marked pain on palpation of the proximal aspect of the suspensory ligament at its attachment to the canon bone. The lameness was eliminated after injection of local anaesthetic into the mid carpal joint. Digital X-rays of the proximal aspect of the canon bone found an avulsion fracture of the suspensory ligament from its attachment to the canon bone. Ultrasound examination of the left front leg found a core lesion in the suspensory ligament at Zone 1A-2A. At the most severe level, Zone 1B, the cross sectional area of the lesion was approximately 20% of the ligament (FS=1/3, ES=2/4). Ultrasound examination of the superficial digital flexor tendon (SDFT) and deep digital flexor tendon (DDFT) found no abnormalities.

Diagnosis:

Tug (Tall Ship) has a lesion in the proximal aspect of the suspensory ligament of the left front leg with an associated avulsion fracture.

Treatment:

There are a number of treatment options used for these types of injuries:



Option 1. Inject platelet enriched plasma into the lesion and undertake a 8-12 month rehabilitation program. This costs \$1200 and the prognosis is estimated to be approximately 60-70%, however there is limited research in the literature.

Option 2. Undertake a 8-12 month rehabilitation program. Prognosis is unknown but experimental programs are producing encouraging results.

Week 0	<i>Ultrasound Examination</i>
1 – 2	5 mins walk in hand and maintain stable bandaging
3 – 4	10 mins walk in hand and maintain stable bandaging
5 – 6	20 mins walk in hand
7 – 8	30 mins walk in hand
(8)	<i>Ultrasound Examination</i>

Option 3. A 12 month spell only. This is the least preferred option because the healing process can result in a weak, disorganised scar in the ligament and the prognosis for racing is approximately 30 %.

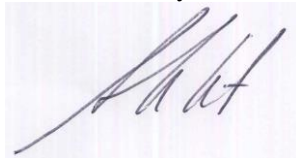


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It is also recommended to undertake a course of shockwave therapy to increase the blood supply to the injured ligament and its bone attachment and maximise healing. The cost of the shockwave course (3 treatments at 2 week intervals) is \$1200.

If you have any questions please contact me at the clinic on 5334 6756.

Yours sincerely,



Dr Andrew R.E. Cust, BSc, BVSc. (Hons), MVSc.
AVA# 9861; VRBV# 4101

