Newbury Surgery
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Donnington Grove
VETERINARY GROUP
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HON/AD

2nd December 2019

VETERINARY REPORT

HORSE	**ALBIE**
DESCRIPTION	4 year old Bay Gelding
OWNED BY	Jemma Whitwell
REFERRED BY	Dr. Tom Newton, BVSc MRCVS Wessex Equine Limited

Albie was admitted to Donnington Grove Veterinary Surgery on 29th November 2019 for proposed removal of foreign bodies located on the backside of the right hind pastern. Although the horse had undergone treatment for infection of the digital flexor tendon sheath, recent diagnostics performed by Dr. Tom Newton, BVSc MRCVS had identified the structures beneath the skin and associated with non-healing sores. A wood splinter was considered the most likely aetiology.

On admission, ultrasound investigation of the right hind pastern confirmed two foreign bodies beneath the skin. As a standing procedure and with the use of ultrasound guidance, two wood splinters were removed from the tissues. No complications were encountered during the procedure.

I have advised that *Albie* should be box rested for the next two weeks. The skin sutures are NON-dissolvable and will require removal in approximately 10-14 days time. The leg should remain bandaged during this period. If following suture removal the pastern 0looks within normal limits, walking exercise can continue for a further two weeks before resuming normal exercise. Full details of the investigation are noted below.

On admission, the plantarolateral aspect of the right hind pastern was subject to examination and revealed the presence of two, non-healing skin ulcers present on the plantarolateral aspect. Ultrasound examination using a Logiq® E with a tendon probe operating at 13 MHz revealed multiple discrete hyperechoic structures; the acoustic pattern resembled that of a foreign body, creating a shadow artifact. The two key areas detected are mapped.

With the horse sedated and pretreated with antibiotics and analgesics, the right hind pastern was prepared for sterile surgery. This included the placement of a four-point nerve block with a dorsal ring. Both the contra- and ipsilateral hindlimbs were draped using

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Interns: L Carmichael BVSc MRCVS, CJ McGuire DVM MRCVS, A Norman BVSc MRCVS, N C Thomas BVSc MRCVS, R L Gough BVSc MRCVS

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sterile CoPlus®, with a paper drape applied round the foot and pastern of the right leg. The plantarolateral wood splinter was removed first. The proximal border of the hypoechoic cavity was marked using ultrasound guidance with 20- gauge 2- inch needles placed onto the proximal border. Using small hemostatic forceps, a wood splinter was removed *in toto*. The surrounding necrotic membrane was sharply debrided using a #11 blade. The same procedure was performed for the second splinter, located on the lateral aspect of the pastern. Intraoperative ultrasound was required at various times to confirm the continued presence of the fragment in the tissue bed. Both surgical sites were debrided of organic material and the remaining tissue flushed with 1 litre of sterile saline. The skin was closed with monofilament nylon and the limb bandaged.

Signed

[redacted]

Henry O'Neill MVB DVM MS Dipl ACVS MRCVS

American Specialist in Equine Surgery
For and on behalf of Donnington Grove Veterinary Group

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