



Mt. Rainier Equine

**P.O. Box 1470
Buckley, WA
(206)794-1351
12/12/2013**

Chart#: 610B

Putnam, Kyle

Acct Number: 610 **Patient ID:** B
Address.....: 21315 18th ST E
Lake Tapps, WA 98391
Phone.....: H: (206) 854-2168 W:() - ext:
Cell Phone....: () -

Portland

Medical Alert:
Sex.....: MC **Weight:** 1200lbs.
DOB.....: 01/01/1997 **Age.....:** 16 years and 11 months old
Species..: Equine **Breed...:** Thoroughbred
Chronic Meds.....:
Chronic Cond.....:

Problem History	Status:	Date Opened:	Date Closed:	Number:
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Fecal Results

Quan: less than 25epg
Qual: No ova visualized at this time
Sand: Trace amount sand per 3-4 fecal balls
Recommendation: Emailed-Portland's fecal came back at less than 25epg (eggs per gram), which is the lowest worm level we assign, so the deworming program you have him on appears to be working well for him. If you have not done so already this fall/winter, gp ahead and administer a dose for his bodyweight of eother Equimax or ZimectrinGold. Bothproducts contian praziquantel, whichwe use this time of the year to kill tapeworms, whichunfortunately do not always show up on fecal exams. From this point on, you can follow Dr. Bob's treatment plan on mtrainierequine.com for 'low' shedders. You can find this link on the client resources tab on the site. Of course, following up wth an annual (or biannual) fecal is still recommended. Also, he had less than 1/4tsp sand in his stool sample, which is acceptable, but we do not want it to get higher, s you may consider doing a course of SandClear for 1 week duration once monthly as a preventative. Email me back at this address or you can call the mainline if you have any questions on these recommendations or further questions about the fecal results. JES
Note: fecal was billed to SAFE under general supplies

Detailed Physical Exam findings

This horse is a rescue, reported to have been retained by Snohomish animal control in poor condition, with a Henneke score of 1/9. On exam today, his condition has improved to a 4/9, and he is bright and in seemingly good spirits. Examination begins at the head, where there is normal bone structure, skin and periorcular integument. A fundic exam is not performed, but the anterior segment is found to be within normal limits. URT, lymph nodes and larynx are found to be normal. There is no cough or abnormal respiratory noise. Air flow through both nostrils is assessed and found to be symmetrical and normal.



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The gums are pink, and capillary refill is within normal limits. The teeth are examined and found to be in aged, but overall good condition with even wear and good balance. The incisors are tipped rostrally and elongated, and the enamel cups are completely worn away on both upper and lower incisor arcades. There is cupping of all maxillary cheek teeth, and the triadan 306 and 406 teeth are arrested and worn near the gumline. There are no missing teeth, and on cursory exam, there does not appear to be any significant periodontal disease or loose teeth. Based on his dentition, I would estimate the horse's age to be roughly 18-20 years. A tattoo is evident on the upper lip, and appears to consist of an asterisk, followed by four numbers - an indication that this horse may have been imported to race in the United States.

Examination of the trunk is unremarkable. Examination of the limbs is remarkable. Both front carpal (knee) joints are obviously arthritic, with considerable exostoses and remodelling evident on visual examination and on palpation. There is approximately 50% reduction in normal range of motion (ROM) in the LF carpus, and 30-40% reduction in normal ROM in the right carpus. The distal limb (fetlock, pastern and coffin joint) also appear to have some reduced ROM, although bony thickening and outward evidence of degenerative disease as seen in the knees is not present in the distal limb. There are two notable scars on the shins of the forelimbs. The left front cannon bone has a linear, horizontal scar about 1/3rd the distance from the carpometacarpal (CMC) joint to the fetlock. A similar but smaller scar is present on the right front cannon, about 1/2 the distance from the CMC to the fetlock. A scar is also present over the intertarsal region of the right tarsus (hock) dorsally. Both hocks show obvious external evidence of advanced degenerative joint disease (arthritis), with pronounced bony thickening and remodelling of the intertarsal joints. Palpation of the right stifle joint reveals mild to moderate effusion. The right iliac wing appears particularly prominent, and is palpably thickened - possibly "knocked down" - an indication of likely trauma and possible fracture in the past. When flexed, there appears to be reduced ROM in the hindlimbs. The horse has fair to poor musculature - especially through the back and hindquarters - with mild lordosis. The feet are in reasonably good condition. It is my opinion that this horse would make a suitable companion animal, but is a poor candidate for riding. Competitive riding is out of the question, however the argument could be made that low intensity exercise under saddle would be acceptable. If this horse is marketed for sale/adoption, I would discourage riders over about 80# and strongly recommend that exercise be limited to walk only on level ground with good footing.