



Patient Discharge Instructions

Date: 04/15/14
Account #: 61387
Owner: SAVE A FORGOTTEN EQUINE
Patient: OSCAR

History: Oscar has been exhibiting a front end lameness since he was returned to SAFE recently. The lameness gets progressively worse during exercise but is not immediately appreciable when first started.

General Physical Examination:

Temperature, pulse, and respiratory rate within normal limits, Body condition 5/9 (ideal)

Lameness Examination:

Confirmation: moderate to severe sheared heels right front

Palpation/manipulation of the limbs: Small amount of scar tissue RF medial fetlock

Gait evaluation:

Straight line, soft ground: no lameness observed at start, developed a 2/5 RF lameness as exam progressed

Circle, soft ground: grade 2/5 lame RF limb, easily observed when tracking to left (with RF to outside of circle)

Under saddle: Not examined

Flexion tests:

LF upper: negative

LH lower: negative

RF upper: mild positive

RF lower: negative

Diagnostic Analgesia (blocks):

Abaxial sesamoid: 95 % improvement

Diagnostic Imaging:

Radiographs (RF foot and pastern): No significant findings other than previously mentioned sheared heels

RECOMMENDATIONS

Medications:

- **Previcox 227mg tablets:** give ¼ tab orally once a day for 1 week

Housing/Exercise: Stall or small paddock rest for one month (no riding/exercising). Start hand-walking for 10 minutes once a day (no small circle or sharp turns). Slowly increase amount of hand-walking by 5 minutes each week.

Hoof trimming: Please have your farrier trim Oscar's hooves to slowly correct his medial to lateral imbalance and sheared heels.

Monitoring:

- If you notice an increase in lameness or have other concerns, discontinue hand-walking and please call Dr. King at (360) 568-3111.

Recheck: In one month.

Prognosis: Based on our exam and radiographic findings today, Oscar's lameness is most likely due to a soft tissue injury below the fetlock joint (such as the collateral ligaments, sesamoidean ligaments, or suspensory extensor branches). Definitive diagnosis would require further diagnostic testing (possibly MRI), but all of these injuries would require the same treatment, which we have instituted with stall rest and hand-walking. His prognosis will greatly depend on his response to rest. Some soft tissue injuries respond well to treatment, but others require long periods of time to heal (3-9 months) or never heal completely. Oscar's sheared heels are most likely due to overloading the medial (inside) portion of his hoof (which can be observed in his movement and while standing). Whether his hoof conformational change is due to his soft tissue injury, or the injury is secondary to this conformational change, is difficult to say. However, this should be greatly improved with good foot trimming over time.

Annie King, DVM

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