

**Veterinary Medical Teaching Hospital**  
**Texas A&M University**  
**(979) 845-3541**

<http://vethospital.tamu.edu>

Equine Orthopedic Surgery Discharge Summary

**Owner:**

Judy Santerre  
836 Cottletown Road  
Smithville, TX 78957  
Home Phone: 512-480-5670

**Admission Date:** December 04, 2013

**Discharge Date:** December 31, 2013

**Recheck Date:** as needed

**Patient:** #723517, Harvey  
DOB: 03/16/03  
Weight: 1140 lb, 517.1 kg

**Senior Clinician:** Ashlee Watts, DVM PhD  
DACVS

**Attending Clinician:** Kati Glass, DVM

**Referring Veterinarian:**

Lucy Pustejovsky, DVM  
Bastrop Veterinary Hospital  
2900 Highway 95 North  
Bastrop, TX 78602  
Phone: 512-321-5386  
Fax: 512-321-6994

**Student:**

**Presenting complaint:** 2.5 month old laceration injury on fetlock, swollen and lame

**History:** Harvey, a 12-year-old Quarter Horse gelding, was presented to TAMU Orthopedic Service on 12/4/13 for a possible septic fetlock of about 3 months' duration.

**Physical Examination:** T: 99.7 \*F      P: 56bpm      R: 24bpm

At presentation Harvey was nearly non-weight bearing on the right front limb. A sweat wrap was on the right forelimb. He had received 2 grams of bute that morning and 500 mg of Banamine the previous day. There was an upside-down 'V' shaped scar on the lateral aspect of the RF fetlock. The RF fetlock joint was markedly thickened and swollen and there was very little range of motion of the joint. Otherwise he was bright and alert and his physical examination was within normal limits.

**Diagnostic Tests & Results:**

Ultrasound exam - there was diffuse and marked thickening of the synovium and joint capsule. There was very little synovial fluid present and the majority of the joint

appeared to be filled with thickened tissue. Ultrasound guidance was used to collect a joint wash for cytology.

Joint wash cytology - the joint wash was composed of 98% neutrophils, confirming joint sepsis. Cytologic synovial fluid analysis from the right front fetlock was performed periodically following surgery to monitor resolution of the sepsis.

Radiographic exam - there was diffuse osteopenia of the right forelimb, osteoarthritis of the fetlock joint with joint space narrowing, axial sesamoiditis and abaxial displacement of the proximal sesamoid bones. The LF foot was within normal limits.

Repeat radiographs on 12/16 and 12/24 revealed progression of the fetlock osteoarthritis and fetlock joint collapse. The axial sesamoiditis did not appear to be progressing. Repeat radiographs on 12/31 of the LF foot were within normal limits.

Culture of synovial biopsies - negative

Bloodwork - initial CBC and chemistry were within normal limits. Periodic bloodwork was performed to monitor kidney function. His creatinine remained within normal limits throughout his hospitalization.

**Diagnosis:** Septic fetlock joint, right forelimb; septic axial sesamoiditis (medial worse than lateral), right forelimb; severe fetlock osteoarthritis, right forelimb

**Prognosis:** fair for survival, grave for athletic function. As we have discussed, Harvey's lameness is severe and may improve somewhat with time as the soft tissues around and in the joint continue to fibrose (scar) and stabilize the joint. At his current level of lameness, Harvey is still at risk for support limb laminitis. Currently, the plan is for Harvey to return to the hospital in 3 months for fetlock arthrodesis. This amount of time is to minimize the risk of low grade infection persisting and causing infection of the surgical implants used for fetlock arthrodesis. If Harvey's lameness worsens during the next 3 months due to progression of the osteoarthritis, we may need to consider performing fetlock arthrodesis sooner.

**Treatment:** Right front fetlock arthroscopy for joint lavage, synovectomy, arthrotomies and debridement of the intersesamoidean ligament and axial sesamoiditis was performed on 12/5/13. An indwelling continuous infusion pump was placed during surgery into the right front fetlock joint to dispense amikacin continuously following surgery. The pump was weighed daily to confirm continued function. The pump dispensed an average of 8ml of amikacin (125mg/ml) per day. Harvey was anesthetized with injectable anesthesia (GKX) every 2 to 3 days following surgery for a total of 4 additional fetlock lavages. The continuous infusion pump and all sutures were removed on 12/19/13. Harvey was switched to oral antibiotics only (doxycycline) on 12/27.

### Instructions to Owner

**Medications:** doxycycline - give 1 packet, orally, twice daily for 1 month.

bute - give 1 gram, orally, twice daily. If Harvey improves, you may be able to reduce the dose of bute.

**Housing:** stall confinement in a deeply bedded stall for the next 2 weeks. If Harvey is walking the same or better in 2 weeks, you may allow access to a very small paddock (same size as the stall) to allow him to be outside. The paddock should be deep sand (do not allow Harvey to eat off the sand). You may take Harvey out of the stall for handgrazing each day, but no handwalking.

This level of confinement should be continued until the lameness is significantly improved.

**Wrapping and boots:** you may wean Harvey out of the standing wrap (quilt and polo) over the next week. The soft ride boots should be checked daily for rub sores. The left front boot should be checked without picking up the foot.

**Monitoring:** for increase swelling of the RF fetlock

- for change in posture (pointing the RF limb)
- for change in the amount of time laying down
- for increased digital pulses or heat in the LF foot

**Diet:** normal

**Call If:** there is increased lameness, increased swelling, or if Harvey refuses to turn or move or begins to lie down more frequently as this may indicate laminitis in the left forelimb.

**Thank you for bringing Harvey to Texas A&M University. Please call if you have any questions or concerns!**

**\*\*\*\*IF YOU HAVE ANY QUESTIONS OR PROBLEMS,  
PLEASE DO NOT HESITATE TO CALL – (979) 845-3541\*\*\*\***

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Clinician

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Student