

MEDS

Quarterly



The inside track on the University of Florida's Mobile Equine Diagnostic Service



Message from Porter...

This issue of the MEDS newsletter marks exactly 2 years that the MEDS truck has been cruising the streets of North-central Florida. How time flies! I would like to extend a special thanks to all of you that have made MEDS what it is today and I look forward to seeing you in 2007.

Happy Holidays to all!

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Proximal Pharyngitis and Epiglottitis in a Yearling Filly

Student Case Study #1

By: Lynda Miller, Class of 2008

A yearling thoroughbred filly presented to the referring veterinarian on emergency for having been kicked and pushed into the fence. The filly had epistaxis and labored breathing. Since presentation, the filly showed interest in food, but was unwilling to eat. When she did attempt to eat, she would cough.



Lateral radiograph of the pharynx noting gas lucency dorsal to the arytenoids

Upon presentation to the MEDS service, the filly was bright, alert, and responsive. She had a heart rate of 40 beats per minute, a respiratory rate of 32 breaths per minute, and a body temperature of 100.5 F. Her mucous membranes were moist and pink with a capillary refill time of less than two seconds. Auscultation of her thorax was normal.

Endoscopic examination of the upper airways revealed mild pharyngeal lymphoid hyperplasia, an ulceration of the tip of the epiglottis, ulceration of the dorsal pharynx at entry into the esophagus, and dorsal displacement of the soft palate occurring during the examination at which time the characteristic gurgling noise was noted. Endoscopic examination of the esophagus revealed a normal esophagus. Radiographs of the pharyngeal region revealed a gas lucency surrounding the dorsal area of the arytenoids, which was consistent with the area of ulceration on the dorsal pharynx at entry into the esophagus noted on endoscopy.

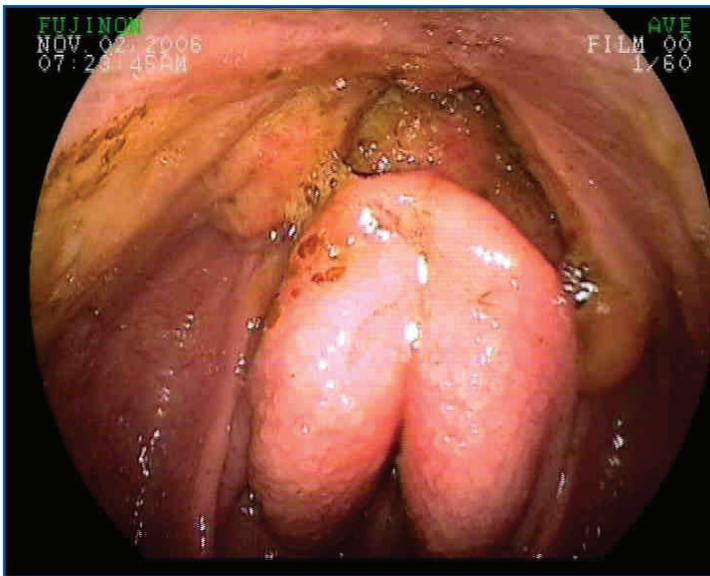
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The filly was diagnosed with proximal pharyngitis and epiglottitis with dorsal displacement of the soft palate. The treatment for this filly was: use of a throat wash to numb the area, stall rest, minimize hay consumption and attempt to feed a mash diet, Tucoprim for a total of 14 days, the option of using Sucralfate for 48 hours was left open for consideration at a later date.

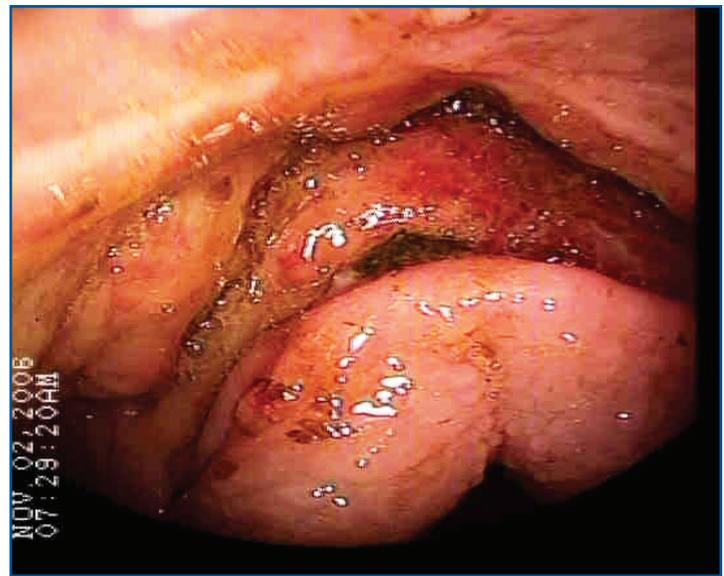
It was recommended that a follow-up endoscopy be performed after two to three weeks to recheck the ulcerations.



Moderate epiglottitis and pharyngitis



Rostral Pharynx noting significant inflammation dorsal to the arytenoids



Evidence of hemorrhage and soft tissue swelling in the rostral pharynx

Are you interested in the services of Dr. Porter and the MEDS unit? If so please call your primary care veterinarian or the UFVMC at (352) 392-4700 ext. 4036. The MEDS Unit travels all over Florida and into Southern Georgia.

Give your horse the very best in 2007!

Osseous Cyst-Like Lesion of the Stifle Joint

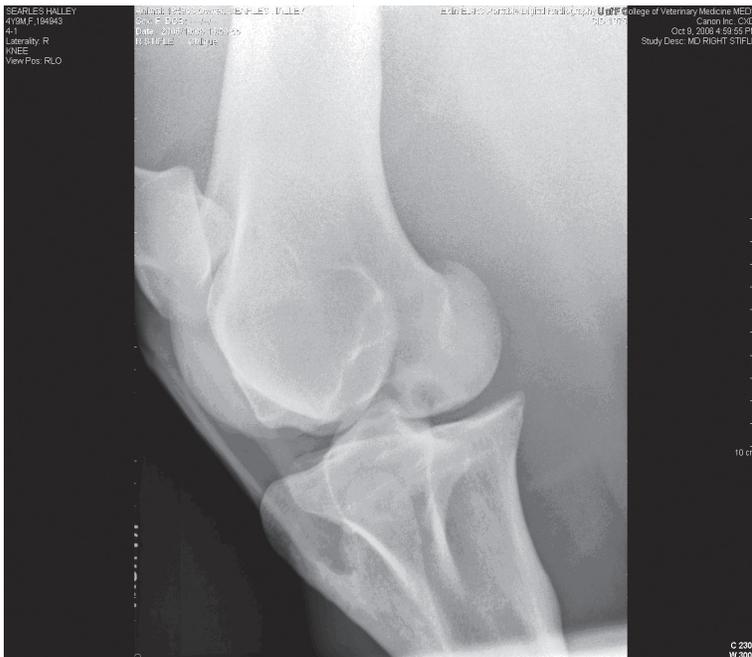
Student Case Study #2

By: Jeremy Campfield, Class of 2008

A 4 year old Quarter Horse filly was evaluated for abnormal gait following regular exercise. The problem had been intermittent since the horse's purchase by a new owner 1 year ago. The filly responded well to pasture rest and oral Phenylbutazone, but would show the same signs whenever she was ridden regularly, so an acceptable fitness level was not attainable. A thorough lameness exam did not reveal any obvious cause of the problem. The filly was not lame, but did show a shortened stride in the right hind. She would also drag the right toe consistently when longed to the right. The owner reported that the filly may have had a stifle injury or disorder prior to her purchase. Given the history and lameness exam findings, it was decided to pursue radiographs of the right stifle first.

Radiographs of the right stifle showed an area of decreased bone density within the medial condyle of the right femur (the upper bone of the stifle joint). The lesion was close to the joint cartilage, with incongruence in the subchondral bone immediately adjacent to the lesion. There were also arthritic changes on the medial tibia (the lower bone of the stifle joint). A radiograph of the left stifle was taken so that left and right could be compared. The two stifles were markedly different, with no significant abnormalities in the left stifle.

Osseous cyst-like lesions are most commonly diagnosed in the stifle, fetlock, pastern, coffin, and elbow joints. There is still debate as to whether these changes are caused by trauma, by a developmental defect, or a combination of both. They can be treated medically (intraarticular medications and systemic joint therapy) or surgically. The decision of how to treat the disease depends on which joint is involved, whether there is secondary joint disease (such as osteoarthritis or osteochondritis dessicans), and the age of the horse.



Above: Lateral oblique and craniocaudal radiographs of the right stifle show the osseous cyst-like lesion with the medial condyle of the femur as well as osteoarthritis of the medial tibial plateau.

Mobile Equine Diagnostic Service

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Two months ago, the MEDS program and the team of veterinarians at Surgi-Care Center for Horses in Brandon, Florida decided that it would be a great idea to have the MEDS unit visit Surgi-Care Center for Horses every Monday and provide a consistent internal medicine referral service. Since then, the number of cases has increased weekly and the relationship between MEDS and Surgi-Care has resulted in a great team.

Special recognition goes to:

Dr. Richard Kane
Dr. Leann Kuebelbeck
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Dr. Ted Broome
Dr. Joy Mordecai
Dr. Krista Zahn

All of the great staff at Surgi-Care!

www.surgi-carecenter.com

