

EQUINE LEGAL AND VETERINARY JOURNAL

by Equestes and European Equine Lawyers

EQUESTES VETERINARY EXAMINATION

As you may have read in our previous article, Equestes has developed an international inspection protocol in cooperation with several veterinarians from different countries around the world. In this article and the next, the vet check report will be explained in greater detail. The examination starts with a detailed identification of the horse followed by a full clinical inspection protocol, which may include observation of the horse during exercise.

In this article, the various radiographic images will be discussed in more detail: what are the points of attention and what are the most common abnormalities?

RADIOGRAPHIC EXAMINATION OF THE LOWER LEGS

These radiographs are only made of the lower front legs, for the simple reason that clinically relevant abnormalities in the lower hind legs are extremely rare. Radiographs are made from three angles, lateral, dorsal in a bent position on the block and a skyline image of the navicular bone. The following elements of the lateral images are examined:

- position and shape of the coffin bone (tilt, abnormal shape, etc.), shape and structure of the navicular bone (structure of the upper edge, etc.)
- quittor
- osteoarthritis

- fragments of coffin joint and pastern joint
- other, additional findings are assessed, for example calcification of the soft tissues, etc.

NAVICULAR BONE

On the dorsal image, the navicular bone is assessed for navicular infection. Does the navicular bone have any abnormal feeders, are there any flake fragments, is there any spur formation (hooks at the ends of the navicular bone). In addition, the coffin bone and the short pastern are examined on this image and the space of the coffin joint is compared with that of the pastern joint.

SKYLINE IMAGE

Finally, a skyline image is made. To this end, the horse's foot is placed on the plate and a radiograph is made of the back of the foot from above, where we can see the navicular bone from above. This image provides us with a good view of the back rim, i.e. the sliding surface of the deep flexor tendon and we can also evaluate the structure of the navicular bone. A healthy navicular bone has a clear delineation between the cortex (outer rim of the bone) and the medulla (the medullar cavity of the bone) which shows up as a white border around a gray area.

FETLOCK JOINTS

After the forefeet, we continue with the fetlock joints. Radiographs are made from the front as well as the hind legs. Four images are taken of each fetlock. The emphasis is of course particularly on the fetlock joint. The degree of arthritis is evaluated. The shape and structure of the sesamoid bones are assessed and fragments are examined. In the fetlock joint, we may see OCD fragments (hereditary) and flake fragments (caused by trauma). Depending on their size, shape (irregular and rough versus tightly defined and round) and location (at the front or at the back) they will or will not cause problems in the future of a sport horse.

Additional findings are considered as well. These include for instance abnormalities in the shape, bone cysts or exostosis/ bone structure of the talus, abnormalities at the level of the soft tissues, abnormalities of the pencil legs if visible, etc.

A dorsal image is made of the carpus (foreknee). On this image, especially the area just below the carpus is evaluated, namely the area where the proximal tendo interosseus is attached. Chronic injuries of this tendon are sometimes visible as a radiodense (whiter) area on the cannon bone. In addition, we can assess arthritis, OCD and other abnormalities of the carpus and we can see the proximal / upper parts of the pencil legs. If there is any doubt, a supplementary examination is conducted.

FOUR PROJECTIONS ARE TAKEN OF EACH HOCK.

When we check the hock, we look for OCD, whereby fragments can occur in 5 different locations. The radiographs are examined for bone spavin (osteoarthritis). As was done for the foreleg, the proximal insertion of the tendo interosseus (supporting tendon) is also examined. In addition, any additional findings such as abnormalities of the calcaneus (heel bone), abnormalities at the soft tissue level etc. are examined.

KNEE JOINTS

Two radiographs are made, one lateral and one dorsal image of the knee joint. The images are examined for significant osteochondritic changes, OCD fragments of both joint roles and patella, bone cysts, abnormalities of the tibial plateau (which may indicate cruciate ligament injuries) and osteoarthritis. Obviously, any additional findings are also examined.

Any significant remarks and abnormalities on radiographic images must be noted on this page, as well as their relevance and risk. Besides radiological findings, the report also allows for ultrasound and other findings. Any significant remarks and abnormalities in regard to the ultrasound and other examinations, including a risk assessment, must be recorded. In addition to X-rays of the limbs, radiographs will also be made of the neck, but these will be discussed in more detail in the next article. A list of thumbnail radiographs is available at www.equestes.com to inform all vets of which specific radiographs should be made to complete the equestes standard set. www.equestes.com



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