Dr Andrew Watts BVSc Equine Veterinarian 422 Grandview Rd. Pullenvale Qld 4069 Australia: 0406 060 960



## **VETERINARY REPORT**

**HORSE: XXXXXXX** 

DATE OF EXAMINATION: 23RD MAR / 17TH AUG 22

PLACE: XXXXXXXXX FARM

## **Clinical Examination:**

XXXXXX was examined on Aug 17<sup>th</sup> and found to be sound at the trot. The left front hoof was packed with Solepack CS. The horse has been racing successfully and has been turned out for a spell and re evaluation.

# **Radiographic Examination:**

Radiographs of the left front hoof show considerable consolidation of the ventral sole at the toe with incremental heel height and a positive PA. Radiographic sign of original abscess on 23<sup>rd</sup> Mar have dissipated.

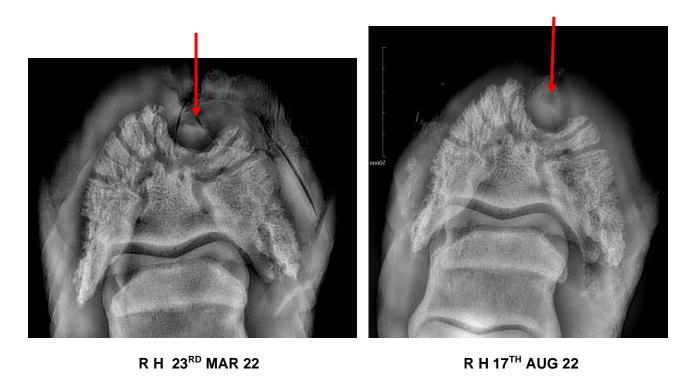




L FR 23<sup>RD</sup> MAR 22

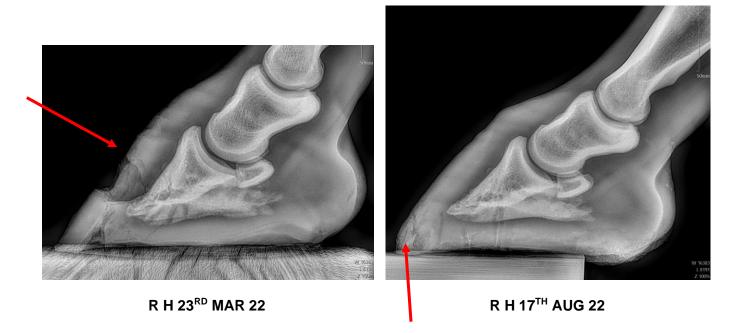
**L FR 17<sup>TH</sup> AUG 22** 

Radiographs of the right hind since March show incremental density of P3 solar margin either side of the previous surgery site where there has been substantial bone loss. On the 55 DPR DPAL view, margins are more rounded and appear less active with a reduction in vascular channel width and increased radiodensity of P3 indicating a reduction in pedal osteitis.



Lateral views show a remarkable <u>64.2mm of dorsal hoof wall growth in 5 months – nearly 13mm/per month.</u>

The surgical resection site is now fully grown out as seen on 17<sup>th</sup> Aug Lat view.



### **Comments:**

International Equine publications indicate expected hoof growth is approximately 2.5mm – 5mm/30 days. XXXXXXX has radiographically demonstrated growth of 13mm/30days

#### Recommendations:

The horse not be left barefoot and should remain shod with quarter clips only all round. Sole pack CS should be applied to the sole of the L Fr and R H as required.

The prognosis for return for racing is good

The horse has been on Bone Gold subsequent to surgery in Mar and should remain on 3 x scoops once per day to maintain hoof growth, wall and P3 integrity.

Please do not hesitate to contact me if you have any further queries,

Yours Sincerely,



Dr Andrew Watts B.V.Sc.