

PERFORMANCE EVALUATION (DEC 20, 2024)

Patient Information

Name:	Luna- Une Etoile De L'Eclipse
Breed (Species):	Belgian Warmblood (Equine)
Age (Birthday):	20 years 7 months 3 weeks (May 08, 2004)
Sex:	Mare
Color:	Bay
Chip:	
Weight:	

Owner Information

<u>Name</u>	<u>Address</u>	<u>Mobile</u>	<u>Home</u>	<u>Email</u>
Polly Kornblith	16 Nason Hill Lane, Sherborn, MA 01770	617-504-5299		pk@horsesenseability.org

Visit Information

Visit Date:	Dec 20, 2024
Provider:	Christy Cullen DVM

Subjective

History: Horse is 20 year old ex-show jumper mare. Had a street nail in LH in July of 2024 that required surgical debridement. Horse healed well but since then has had persistent distal limb edema. The edema goes down when horse exercises, increases with periods of rest.

Owners have been keeping horse in standing wraps when stalled.

For last few months, trainer has been bringing horse back to work. In the past week, trainer has noted a hind end weakness that has been more and more consistent with riding.

Horse has history of having coffin joints and stifles injected in the spring prior to street nail injury.

Objective

Lameness:

Left Front Palpation: No abnormal findings to palpation of front limbs.

Left Hind Palpation: Mild reactivity to palpation of hind suspensory origins.

Mild effusion of L MFTJ

Right Front Palpation: No abnormal findings to palpation of front limbs.

Right Hind Palpation: Mild reactivity to palpation of hind suspensory origins.

Mild effusion of R MFTJ

Neck & Back Palpation: On palpation, horse is sensitive to palpation at base of neck and through low back and SI. Range of motion is reduced laterally, and horse strongly resents palpation of

sternum to flex back dorsally. Reactive to palpation of back at T-L junction and cranial SI. Both LH and RH hamstring

musculature is extremely tight to palpation.

TMJ Palpation: Normal.

Cervical Range of Motion: Not examined.

Thoracic/Lumbar Range of Motion: Abnormal. See notes above

Pelvic Symmetry: Normal.

Observed in Motion: Watched horse under saddle: Horse has a consistent RH lameness, grade 2+/5, that is characterized by a shortened cranial and stance phase of stride. Horse tripped off of

RH several times during evaluation. Rider notes that horse prefers to be ridden more collected and resists moving long and low at a trot. When horse is asked to elongate trot stride, she breaks in to canter multiple times.

Flexion Tests: Flexions:

RH distal limb flexion 3+/5

RH Upper limb flexion 2/5

RH Stifle flexion 2/5

LH distal limb flexion 1/5 – almost negative

LH Upper limb flexion 2/5

LH Stifle flexion 2/5

Horse has reduced range of motion through LS joint on both RH and LH. Stiff to upper limb flexion but is able to hold flexions for a full minute.

Ultrasound: Ultrasound of RH distal limb:

Labs + Diagnostics:

Assessment

Notes: Acute injury of RH lateral suspensory branch and collateral ligaments.

Old, nonactive injury noted on bone origin of RH medial collateral ligament.

Plan

Notes: Rest for 1 month than recheck ultrasound. Medical paddock turnout with 1-2 10 minute hand walks in indoor arena.

Continue to wrap horse in standing wraps when in stall.

Medical Records

DEC 20, 2024



Ultrasound Exam- Distal Limb.
RH Susp



1 Unit(s) of Exam- Performance Exam.



0.2 mL of Butorphenol (torb) / mL.
Lot #: 20042243
Expiration: Nov 30, 2025



0.4 mL of Dormosedan 10mg/mL.
Lot #: 0.4 mL



1 Visit(s) of Farm Call Zone 3.
(Berlin, Sudbury, Sherborn, Medway, Boylston, Hudson, Stow, Maynard, Harvard if it's Sheriffmuir)