

LITTLETON EQUINE MEDICAL CENTER

Littleton Large Animal Clinic Since 1950



Imaging Results Two

Doctor: Dr. Kelly Tisher
 Owner: Felicity O'Herron (50899)
 Horse: [136099] Hubbell
 Color: Dark Bay
 Gender: Gelding

Age: 12 Years 1 Month Old
 Breed: Belgium Warmblood

Date: Apr 30, 2011

Exam Fees



Call

Radiology Consultation

\$201.5

Radiograph Interpretation: Report Review from Chaparral Veterinary Medical Clinic: Mild concern with right front lameness and foot conformation. Mild concern with antisymmetric pelvis.

Radiographs:

L Stifle:

Lateral 1: WNL

Lateral 2: WNL

AP: Mild flat on medial condyle

R Stifle:

Lateral 1: WNL

AP: WNL

Lateral 2: WNL

Lateral 3: WNL

Left Hock:

AP: WNL

OBL: Mild lipping TMT, DIT

Lat: WNL

OBL: Mild changes TMT, DIT

Right Hock:

AP: WNL

OBL: Mild thin spaces TMT< DIT

Lateral: Mild thin spaces TMT and DIT

OBL: Same as above

Left Front Foot: Lateral: flat foot. Mild derotation. AP: WNL,

Right Front Foot: AP: Shorter on lateral P1 (WNL), lateral: very mild pastern lipping dorsally

Left Front Foot: skyline nav: WNL, DV navicular 1: WNL, DV navicular 2: WNL, DV Navicular 3: WNL,

Right Front Foot: Skyline Navicular: Not good cortico to medullary junction or off angle. DV Navicular 1: Mild moth eaten border.

All images are JPEG's

Mild risk with right front lameness on exam. Moderate chance of needing hocks injected.

Good prognosis with management for use intended.

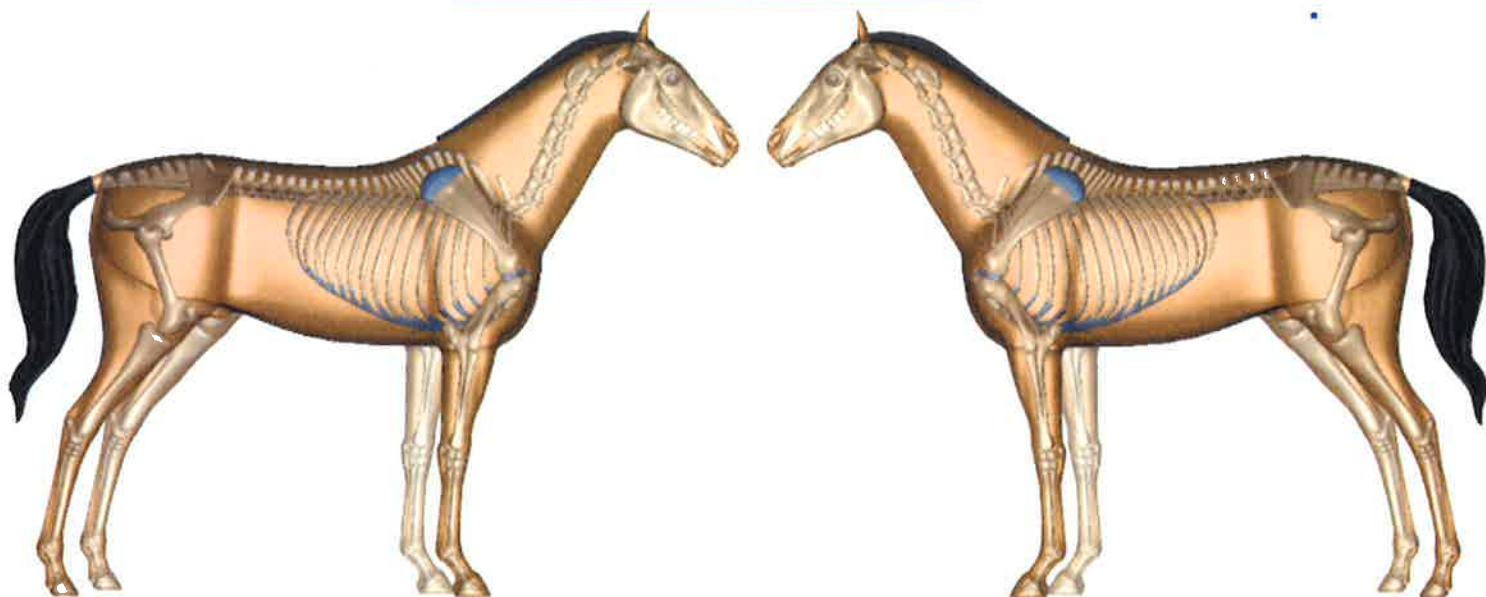
Exam Fees



Call

Radiology Consultation

\$124



Radiograph Interpretation: Radiographs of horse Fenwick taken 4/24/09 on a 6 year old horse now. Leno large animal veterinary services.

Left Stifle: 2 views WNL

right Stifle: 2 views WNL

Left Hock: WNL 2 views

Right hock: mild thin spaces distally 2 view.s

Left front foot: slightly broken back axis. Navicular bone WNL: 4 views

Right front foot: 4 views WNL

Additional information does not change original prognosis. From recent set of films.

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Wound II

Doctor: Dr. Kelly Tisher
 Owner: Felicity O'Herron (50899)
 Horse: [136099] Hubbell
 Color: Dark Bay
 Gender: Gelding

Age: 12 Years 1 Month Old
 Breed: Belgium Warmblood

Date: Jun 20, 2012

Account Management

Call Fee	Office Visit/Acct Management	Emergency Call Fee
+ Part Call-H/S-Minimum Call	Partial Call Fee Zone 2 - Horse Show	

Examination/Diagnostic Procedures

+ Exam/Sedation	Wound Exam
+ Diagnostics/Radiology	Clean Wound
+ Treatment	Sedation IV
+ Bandages	Laceration / Wound Repair - 4-8

History: Laceration to forehead in the last 2 hours before examination.

Wound Description: "V" incision over dorsal forehead - left side is approximately 3 inches long, and right side is one inch. Through skin only.

Treatment and Plan: Blocked with 15 mls Carbocaine.

Repaired wound with 2-0 PDS with a combinatino of simple interrupted and cruciate sutures.

Monitor for drainage and begin antibiotics if necessary.
 Removal in 10-12 days.



Lameness Exam XI

Doctor: Dr. Kelly Tisher
 Owner: Felicity O'Herron (50899)
 Horse: [136099] Hubbell
 Color: Dark Bay
 Gender: Gelding

Age: 12 Years 1 Month Old
 Breed: Belgium Warmblood

Date: Jun 27, 2012

Account Administration

Call Fee

+ Part Call-H/S-Minimum Call

Partial Call Fee Zone 3 - Boarding F...

Office Visit/Acct Management

Emergency Call Fee

Examination/Diagnostics

+ Exam

Lameness Exam

+ Diagnostic Blocks

Inject Hock - Two Joints - Bilateral

Lameness Evaluation

History, Exam, Treatment, and Plan

History: Feels lame to the right

Neck Palpation: Within Normal Limits

Back Palpation: Within Normal Limits

Limb Palpation: Within Normal Limits

RH - Worse in Inside Circle 1+/5

+ - Limb and Grade

LF Flexion - Distal Limb 0 1 2 3 4

LH Flexion - Distal Limb 0 1 2 3

LH Flexion - Tarsus 0 1 2 3 4 5

LH Flexion - Stifle 0 1 2 3 4 5

RF Flexion - Distal Limb 0 1 2 3 4

RH Flexion - Distal Limb 0 1 2

RH Flexion - Tarsus 0 1 2 3 4 5

RH Flexion - Stifle 0 1 2 3 4 5

Treatment: Injected hocks

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Littleton Large Animal Clinic Since 1950

Lameness Exam

Doctor: Dr. G Marvin Beeman

Owner: Felicity O'Herron (50899)

Horse: [136099] Hubbell

Age: 12 Years 1 Month Old

Breed: Belgium Warmblood

Color: Dark Bay

Gender: Gelding

Date: Nov 30, 2012

Lameness Examination

History: Hubbell has been off in his hind for a number of months according to his trainer. Today his lameness is much worse. His degree of lameness has varied and has not correlated with shoeing cycles. Hubbell was schooled mid-week last week. He has been turned out daily.

Palpation: No resentment to palpation, hyperflexion or hyperextension of both hind legs.
Moderate tendon sheath effusion in both hind tendon sheaths, worse on the right.
Mild stifle effusion bilaterally.
Good movement of thoraco-lumbar and lumbosacral joints. Sacro-iliac joints have decreased motion bilaterally.

Lameness: 3/5 LH worse on hard ground in a circle to the left

Flexions: RH: stifle - NSF, distal - NSF, hock - 1, abduction -1, adduction - 1
LH: stifle - NSF, distal - NSF, hock - 1, abduction - 2, adduction - 1

Hoof Testers: Thoracic limbs - NSF
Pelvic limbs - sore bilaterally over both heel bulbs

Diagnostic Blocks: none performed

Radiology Result not performed

Ultrasound Result: not performed

Diagnosis: Primary LH lameness

Prognosis:

Treatment: Apply DMSO/furacin foot sweat to both hind limbs for 5 days
Give 2 g bute PO SID for three days then give 1 g Bute PO SID for an additional 3 days.

Plan: Stall rest with handwalking until recheck.
Recheck exam with Dr. Beeman following rest and Bute therapy.

Injection Note: none

Shoeing Suggestions: none

Account Administration

Call Fee

Emergency Call Fee

Office Visit/Acct Management

+ Part Call-H/S-Minimum Call

Partial Call Fee Zone 3 - 2 Clients

Diagnostics and Treatment

+ Lameness Exam and Sedation

+ Lameness Blocks

+ Radiology and Ultrasound Charges

+ Treatment and Injections

+ Other Injections and Sedation

+ Other Treatment and Exams

+ Dispensed Items

Lameness Exam

Phenylbutazone / Bute Paste

LITTLETON EQUINE MEDICAL CENTER



Littleton Large Animal Clinic Since 1950

Lameness Exam

Doctor: Dr. G Marvin Beeman

Owner: Felicity O'Herron (50899)

Horse: [136099] Hubbell

Age: 12 Years 1 Month Old

Color: Dark Bay

Breed: Belgium Warmblood

Gender: Gelding

Date: Dec 11, 2012

Lameness Examination

History: Examined on 11/30/12 by Dr. Carter. Was sore with hoof testers over the heels and middle third of frog on both hind. Butazoladin and sweating both hind feet was initiated. Have only been ride walking and gets turned out. Not much change in lameness while on Butazoladin. Hocks injected 6/27/12.

Palpation: Examined at Studio Farms

- Stifles palpate normally and equal
- Femoral artery is uniform
- Front feet are cold and hind feet have two times more heat

Right Hind:

- Tendon of origin of peroneus tertius and long digital extensor tendon is 70% larger than the right hind
- 2+ increase in heat; digital pulses increased to a 2
- Palpation of pastern 2+ response

Left Hind:

- 2+ increase in heat; digital pulse increased 1+
- Palpation of pastern negative

Lameness: Head, Neck & Body:

- Left tuber sacrale is 2cm higher than right
- Significant difference in tuber ischii position

Right Hind:

3/5 lame, warmed out of it some

Flexions: Right Hind:

- Stifle 3+, then improved
- Hock 2+
- Phalangeal 3+ and changed flight of the foot. Abducted and shortened anterior stride length
- SI - 3+ increase, even more than stifle response

Left Hind:

- Stifle 1+ (only a few strides)
- Hock negative
- Phalangeal negative
- SI 1+

Back:

- Right mid gluteal/SI 3+ (strange turning of head to the painful side)
- Left mid gluteal/SI 2+ (strange turning of head to the painful side)
- Flexion/extension 1 time, then splinted and turned his head
- Right and left lateral movement-would not move

Neck:

- Normal right and left flexion

Reduction of flexion responses after block is attributed to the reciprocal apparatus

Hoof Testers: Right Hind:

- Negative

Left Hind:

- Negative (apparently the soaking and Butazoladin removed the pain from the feet)

Diagnostic Blocks: Right Hind 6 Point Nerve Block:

- Blocked with 30cc of 2% carbocaine after prepping with alcohol/nolvasan
- Block eliminated 50% of lameness on lunge line and 95% of lameness traveling straight in aisle way
- Block also eliminated all of the phalangeal flexion response and the hock and stifle flexion significantly improved

Plan: Radiograph right hock and right hind pastern, then decide the plan for the upper right hind leg.

Lameness Progress

Doctor: Dr. G Marvin Beeman
Owner: Felicity O'Herron (50899)
Horse: [136099] Hubbell
Color: Dark Bay
Gender: Gelding

Age: 12 Years 1 Month Old
Breed: Belgium Warmblood

Date: Dec 27, 2012

Lameness Examination

History: Right rear lameness exam 12/11/12; a 6 point block eliminated 50% of lameness in a circle and 95% of lameness traveling straight (has issues above the fetlock pastern). Radiographs of pastern taken 12/12/12 demonstrated significant osteophyte formation on the proximal joint margin. Sweated right hind pastern with DMSO and Panalog for a few days and did a 10 day series of Equioxx (finished 12/21). Have been ride walking.

Palpation: Examined at Studio Farms

Head, Neck & Body:

- Asymmetry of tubersacrali (left increased) the same
- Flexion and extension; right and left lateral improved significantly
- No pain with digital pressure over left gluteal region barely a 1+ over right (Note: did not turn his head to the painful side at all)

Right Hind:

No pain with digital pressure

Lameness: Right Hind:

- Not lame traveling straight, did not pursue further because of rehab program (including trotting after 1 minute of hyperflexion)

Flexion: Right Hind:

- No pain from hyperflexion
- Delayed hock flexion, will evaluate in 2-3 weeks; consider injecting

Treatment: Clipped pastern for correct application of Surpass.

Plan: Surpass right hind pastern twice daily for 10 days. Start on Robaxin 30 tabs twice daily for at least 2 weeks, depending upon progress.

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Lameness Progress

Doctor: Dr. G Marvin Beeman
 Owner: Felicity O'Herron (50899)
 Horse: [136099] Hubbell
 Color: Dark Bay
 Gender: Gelding

Age: 12 Years 1 Month Old
 Breed: Belgium Warmblood

Date: Jan 14, 2013

Lameness Examination

History: Last progress exam done on 12/27/12, did 10 days of Surpass on right hind pastern and Robaxin for 2 weeks. Has only been getting turned out, not ridden.

Palpation: Examined at Studio Farms and Diane Nunn helped today since Michael was at Stock Show

Head, Neck & Body:

- Tuber sacrale is still uneven and muscle mass is smaller on the right
- Flexion/extension good right and left
- Lateral 1+ restricted without pain
- 1+ pain over right SI region with deep digital pressure

Right Hind:

- No pain or heat over heels
- Tendon of origin of the fibularis tertius and the long digital extensor is larger than the left upon palpation
- MFT has 1+ increase in synovial effusion
- Pelvis size is smaller

Lameness: Shod with squared toe shoes

Right Hind:

- No lameness straight or on lunge line

Flexion: Right Hind:

- Stifle negative
- Hock negative
- Phalangeal negative

Plan: Horse is traveling well. Can go back to work. Repeat Surpass on right rear pastern, twice daily for 10 days. Robaxin 28 tabs once daily for 3 weeks. Prescribed a series of Adequan IM. Prevention is important because of asymmetrical upper rear limbs (right is smaller than left).

Lameness Evaluation

Doctor: Dr. Kelly Tisher
 Owner: Felicity O'Herron (50899)
 Horse: [136099] Hubbell
 Color: Dark Bay
 Gender: Gelding

Age: 12 Years 1 Month Old
 Breed: Belgium Warmblood

Date: Jan 23, 2013

History, Exam, Treatment, and Plan

History: Recheck, still lame. Dr. Beemant treated right hind fetlock area - now sore again.

Head, Neck, & Poll Palpation: No abnormal heat, pain or swelling noted.

Withers, Back including DSP's, Hind Quarters Palpation: No abnormal pain, swelling, or heat noted.

Shoulders, Elbow, Carpus Palpation: No abnormal pain, swelling, or heat noted.

Forelimb Palpation: No abnormal pain, swelling or heat noted. Passive flexion and rotation normal.

Hind Limb Palpation: No abnormal pain, swelling or heat noted. Passive flexion and rotation normal: RH are that was sore is no longer sore.

LF Flexion - Distal Limb 0 1 2 3 4

LH Flexion - Distal Limb 0 1 2 3

LH Flexion - Tarsus 0 1 2 3 4 5

LH Flexion - Stifle 0 1 2 3 4 5

RF Flexion - Distal Limb 0 1 2 3 4

RH Flexion - Distal Limb 0 1 2

RH Flexion - Tarsus 0 1 2 3 4 5

RH Flexion - Stifle 0 1 2 3 4 5

Treatment: Routine injections of the DIT/TMT joints bilaterally.

Examination/Diagnostics

 Call Charge/Office Visit

Lameness - Progress Exam

Inject Hock - Two Joints - Bilateral

**LITTLETON EQUINE
MEDICAL CENTER** 
Littleton Large Animal Clinic Since 1950

Lameness Exam

Doctor: Dr. G Marvin Beeman

Owner: Felicity O'Herron (50899)

Horse: [136099] Hubbell

Age: 12 Years 1 Month Old

Color: Dark Bay

Breed: Belgium Warmblood

Gender: Gelding

Date: Jan 31, 2013

Lameness Examination

History: Examined two weeks ago by Dr. Beeman and horse was sound. Was lame last week (1/23/13) and examined by Dr. Tisher, who injected bilateral hocks. Michael hacked him yesterday and he is still lame and even worse today.

Palpation: Examined at Studio Farms with Michael present for exam

Head, Neck & Body:

- Significant discomfort with flexion and extension
- Right and left lateral - no movement
- 3+ with left tubercosae pull
- 2+ pain over both SI

Left Hind:

- No effusion in MFT or hock

Lameness: Left Hind:

- 4/5 lame; anterior stride does not pass other foot
- No increase in digital pulses
- Administered 10cc of Banamine IV at 12:10pm and at 1:26pm, horse had improved 90%

Flexions: Left Hind:

- SI - would not trot off
- Stifle - would not trot off
- Hock - would not trot off
- Phalangeal - no pain with hyperflexion or rotation, did not change condition

Hoof Testers: Left Hind:

- Negative

Treatment: Administered 10cc of Butazoladin IV (owner medication).

Plan: Extensive exam - very unusual history and symptoms. Strongly suspect has fallen, blanket has marks supporting this. Elected to medicate, control exercise (walk 10 minutes 4-5 times daily). NO TURNOUT. Administer Butazoladin - 2 grams once daily for 5 days, off 3 days, on 5, off 3, on 5. Recheck exam 2/28/13 at 1pm at Studio Farms. If significantly painful when off of Butazoladin, he should be seen. Depending upon response, ultrasound would be the next diagnostic modality.

Lameness Progress

Doctor: Dr. G Marvin Beeman
Owner: Felicity O'Herron (50899)
Horse: [136099] Hubbell
Color: Dark Bay
Gender: Gelding

Age: 12 Years 1 Month Old
Breed: Belgium Warmblood

Date: Mar 5, 2013

Lameness Examination

History: See previous worksheets. Very suspicious of falling down 1/31/13. Was very lame in left rear and prior to that he was lame in the right rear, mostly lower limb before 12/11/12.

Palpation: Examined at CHP

Very unusual response to back exam, same asymmetry

1. No flexion or extension
2. Right gluteal area, caudal portion; 1+ pain with digital pressure mid gluteal next to spine; very positive reaction to scratching (liked it); would exaggerate flexion to the right
3. Left back same response to scratching; no pain with digital pressure over gluteal area

Lameness: Trotted in hand and kicked out with left hind, more like playing than pain. Administered 0.9cc AcePromazine and waited.
Lunged - 1/5 lame right rear for one turn then OK.
Left hind not lame.

Flexion: Right Hind:

- Phalangeal flexion 1+ for 2 steps
- Hock flexion negative
- Stifle flexion negative

Left Hind:

- Phalangeal flexion

Plan: Exercise: Ride walk for 30 minutes daily. No turn out.

Continue Robaxin at 28 tabs by mouth twice daily. Apply another Surpass treatment (twice daily for 10 days) to right rear pastern. Is improving, but will need at least 30 more days. Ultrasound of back/pelvis would provide additional information.



Consultation

Doctor: Dr. G Marvin Beeman
Owner: Felicity O'Herron (50899)
Horse: [136099] Hubbell
Color: Dark Bay
Gender: Gelding

Age: 12 Years 1 Month Old
Breed: Belgium Warmblood

Date: Mar 15, 2013

Consultation Notes

History: Suspicious of a fall 1/31/13 causing a 4/5 lameness in the left rear and significant back pain.

Exam: Most recent examination 3/5/13 demonstrated a very unusual response to the back examination. There was an unusual response to trotting by kicking up with the left rear. Lameness evident in the right rear. Significant pain over the right gluteal region next to sacral spines. The asymmetry of the pelvic girdle, the right smaller than the left. November 2012 lame in the left hind. December was lame in the right hind with most of pain isolated to the lower limb and demonstrating pain in his back. There was reasonable response to therapy; however, lameness has not resolved.

Plan: Because of the past history and the recent clinical manifestations, it is my opinion that a nuclear scan is the first step in the diagnostic modalities to determine pathological sites in the spinal column, the pelvic girdle and the lower limbs. Depending upon the results of the nuclear scan, further diagnostics (ie ultrasound and possibly back radiographs) may become necessary.