# ROOD AND RIDDLE EQUINE HOSPITAL

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DICTATED/NOT EDITED

This summary case report was dictated. It will be edited and become part of the medical record. There are likely to be transcription inaccuracies. If any have occurred in areas that create confusion, please call our office and we will edit the report and clear the confusion. We are sending this unedited report to get this information to you in a more prompt manner.

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| Patient Name: | HOLY KNIGHT |
| Owner: | Adena Springs Farm |
| RDVM: | Dr. Daniel Duncan |
| Surgery Date: | March 24, 2008 |
| Surgeon: | L.R. Bramlage, DVM MS |
| Diagnosis: | Left front distal lateral radius chip fracture, right front distal lateral radius non-displaced chip fracture |
| Procedure: | Arthroscopic removal |
| Note: | On the preoperative films when we checked the opposite side as we always do, we found a non-displaced fragment coming off in the right knee in the same location as the left knee as is not unusual. I tried to reach Dr. Duncan but missed him so we proceeded to remove both fragments at the same time as the risk of not removing the fragment in the right knee is that we will just resume training and the one in the right knee will come free. Therefore the only bad move is not to take it out. |

Description:
With the horse in left lateral recumbency and both knees draped for aseptic surgery, the arthroscope was inserted into the lateral aspect of the right radial carpal joint. The non-displaced distal lateral radius chip fracture was readily identifiable. The fragment was grasped with a Ferris-Smith rongeur and removed. The fragment was more an area of soft, crumbling bone that was beginning to separate rather than one large chunk of bone but would have resulted in a large debris shedding chip fracture in short order. After removal of the fragments and all the debris, inspection of the rest of the joint showed no additional lesions. The joint was thoroughly lavaged and the arthroscope inserted into the medial aspect of the left radial carpal joint. The distal lateral radius chip fracture was removed in that knee. The underlying softened and inflamed bone was debrided until healthy bone with well attached cartilage remained. The lesion in the right knee was 1cm wide by 6mm deep. The lesion in the left knee was 1.5cm by 1cm tall by 8mm deep within the joint. After removal of the fragment and all the debris, inspection of the rest of the joint showed no additional lesions. The stab incisions of both joints were then closed with steri-strips, sterile bandages placed on both limbs and the horse taken to the recovery stall.

Assessment:
Removal of the fragments solves them as a problem. Postoperatively the horse needs two weeks of stall rest, three weeks of hand walking and then as soon as his knee is quiet and Dr. Duncan feels that he is ready to resume training, we can return to exercise. Fragments from this location do not require a long layoff if the horse's knee quiets down and resolves its inflammation in short order. Therefore if everything is in good order at 35 days, we can gradually return to exercise under tack as per Dr. Duncan's guidance. Alternatively he could turn out if his schedule indicates. The prognosis is favorable to race without evidence of having had the chip fractures or the surgery to remove them.
jg/jg