NEWSLETTER JUNE 2020

Positive Buff and racing are back!

Since March I have been through a microcosm of my career from wondering if the practice would survive; driving myself and doing all my visits that there were with no help; being back on night duty and back in the office doing sums and chasing debts. Slowly things have improved.

Now I can see all should be fine just who knows how fine as long as we survive this disease. There is light to see at the end of the tunnel. It is not so far away now but how bright it will be?!

My time in the office has been productive. Thank you, thank you, thank you to our amazing clients who have paid so promptly allowing me to keep my promise of full wages to all Summerhill employees. Steve is back off furlough and the rest should follow soon enough if work picks up as expected.

I can now work with another vet and the new regime, while work is not so busy, is that they do the work and I take it easy - we'll see how long it lasts!

The economy has changed, maybe for a long time so we are preparing to rise out of the ashes of Covid like a phoenix. Summerhill Vets have increased skill sets; more efficient billing and hopefully an office that can rival the skill level of the vets. We need to be keen, lean and efficient - the pressure to produce results at a price is on.

While we are not so busy we are working on some in house studies using our own extensive data; client information sheets and writing up some interesting cases on an anonymous basis.

The Weatherby's app for TB vaccines has arrived in our lives quite suddenly in an effort to facilitate social distancing at the races - details can be found on their website. Trainers need to register any of us likely to vaccinate in their yard - see the footer for how to spell our names. Buffy aka Elizabeth Shirley-Beavan for one!

Steve has been sharpening his skills and ultrasound scanning feet - the working man's MRI. He has an interesting case to describe involving an injury to the deep digital flexor tendon in the foot.

Case Study – Deep digital flexor tendon (DDFT) injury in the foot.

This horse was examined for a moderate intermittent left fore lameness of several months duration.

The lameness was eliminated following a palmar digital (PD) nerve block. The PD nerve block desensitizes the heel/navicular region and is sometimes referred to as a heel block.

X-rays of the foot showed a defect in the navicular bone.

Defect in middle of navicular bone

Due to an obvious lesion seen on x-rays, ultrasound was carried out. In the navicular region, there are important and commonly injured soft tissue structures in close proximity to the navicular bone. The bone and soft tissue structures are

called the navicular or podotrochlear apparatus. The DDFT passes behind the navicular bone and the navicular bursa. The navicular bursa is a fluid filled sac that permits gliding of the DDFT over the navicular bone.
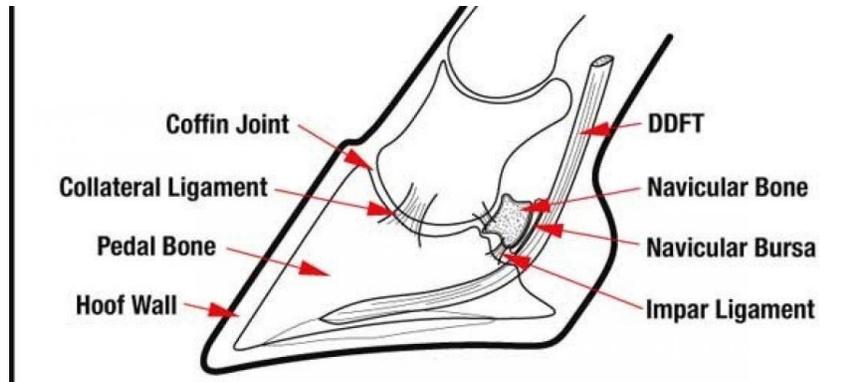
Anatomy of the navicular apparatus

Ultrasound was performed using a small microconvex probe. This probe allows for focal and deep penetration of the ultrasound beam and permits visualisation of most of the navicular region and is different from the regular linear probe used to perform ultrasound on tendons. The horse's foot is rested on the vet's knee and a longitudinal image is obtained by directing the probe between the heel bulbs towards the navicular region.

Linear probe   Microconvex probe


By using ultrasound, many structures can be assessed including

- The surface or cortex of the majority of the navicular bone.
- Several of the ligaments of the navicular bone.

- The two lobes of the DDFT
- Ligaments of the digital sheath
- Navicular bursa

In this case, ultrasound showed scar tissue in one lobe of the DDFT. The scar tissue was causing lysis or erosion of the navicular bone hence the change seen on x-rays. This indicated that the horse was recovering from an injury to his DDFT.
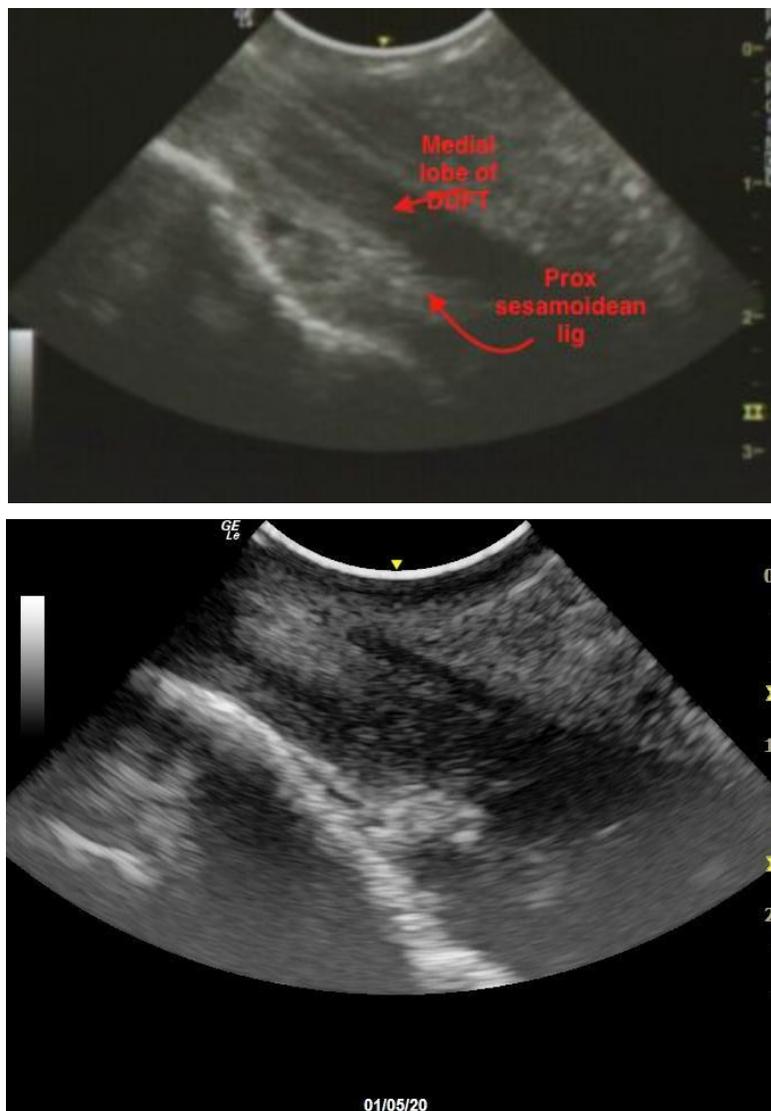
The top picture shows a normal tendon. Note the scar tissue in the DDFT in the bottom photo.