

Signalment & History

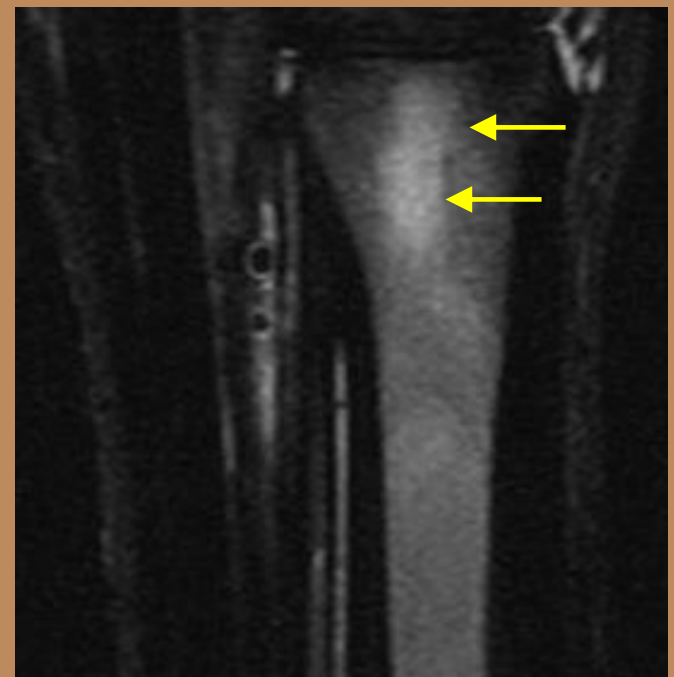
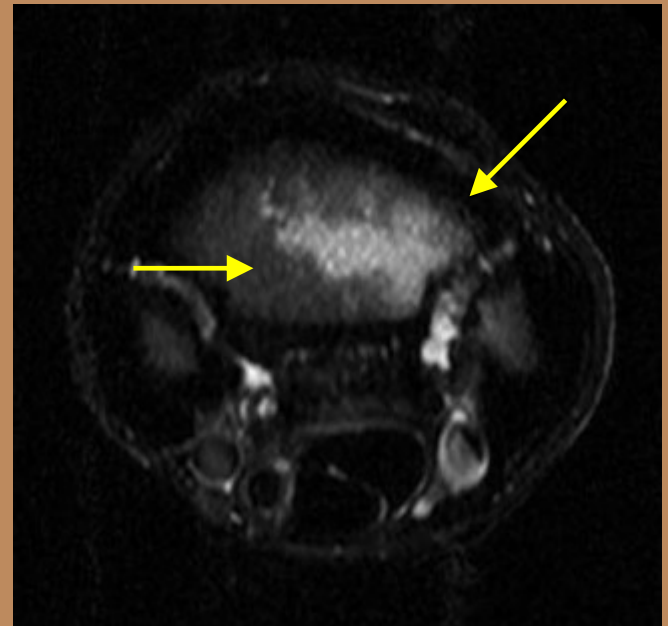
- * 2 year old QH stallion used for reining.
- * 2+ /5 LF lameness when circling to the right since May 2009. Sound after high four point block. U/S proximal suspensory ligament—within normal limits. ESWT and rest resulted in no improvement.
- * Perineural anesthesia 5 months later, lameness improved after high four point block.

Referral to Pioneer Equine Hospital

- * No palpable swelling, pain, or effusion in the distal limb (LF).
- * 2/5 LF lameness only when circling to right. Mildly positive to LF fetlock flexion.
- * LF middle carpal joint block— Minimal improvement at 15 min; 70% improvement after 25 min.
- * Abaxial nerve block— 20-30% improvement. Foot radiographs— NSF.
- * Radiology of LF proximal metacarpus— NSF.
- * U/S LF metacarpus— Similar measurement of proximal suspensory ligament when compared to RF. NSF to carpal canal, SDFT, DDFT, or ICL in metacarpal region.

For questions and comments, or to remove your name from our mailing list, email pioneerequine@gmail.com.

MRI Case Study 3



Top: Axial STIR image demonstrating moderate amount of fluid in medial aspect of proximal third metacarpal ; Bottom: Sagittal STIR image showing fluid in the bone not associated with the origin of the proximal suspensory ligament.



Summary of MRI Findings:

Left Front Metacarpal Region

- * Moderate fluid in the proximal medial aspect of the third metacarpal bone, indicating edema, contusion and/or osteonecrosis.
- * The fluid extends proximally to the subchondral bone of CMC joint and endosteal surface of third metacarpal bone.
- * Mild fraying and fibrillation at palmar aspect of medial interosseous ligament.
- * Mild diffuse sclerosis of proximal aspect of third metacarpal bone.
- * No abnormalities were identified in the suspensory ligament.

Take Home Message

- * Due to the proximal extent of the bone fluid, microfracture of subchondral bone could be present and would not necessarily be visible on the study.
- * Uncomplicated contusion of the third metacarpal bone will resolve with rest.
- * Microfracture of subchondral bone associated with the joint could be a source of continued lameness.

Therapeutic Plan

- * Tildren® (bisphosphonate) was recommended to the client and was to be administered by rDVM.
- * Rest for 3-6 months to allow healing of bone contusion. Rest should consist of stall and small paddock with 15-20 min of hand walking daily.
- * Recommend repeat MRI in 2-3 months to assess healing of the injury and make further rehabilitation recommendations.

For more information about Pioneer's MRI or to refer a case, feel free to contact Dr. Luke Bass at Pioneer Equine Hospital, Inc.

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