#### WEBINAR 10 Ways Ultrasound Helped My Equine Veterinary Practice

December 6, 2020





#### Your Host



#### **Genese Castonguay**

**Vice President** 

**Clarius Mobile Health** 



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Clarius Ultrasound

 Equine Veterinary sports medicine and rehabilitation specialist

#### Racing & Sport horse



American College of Veterinary Sports Medicine and Rehabilitation<sup>°</sup>

# Making the Most of Scanning the Superficial Digital Flexor Tendon

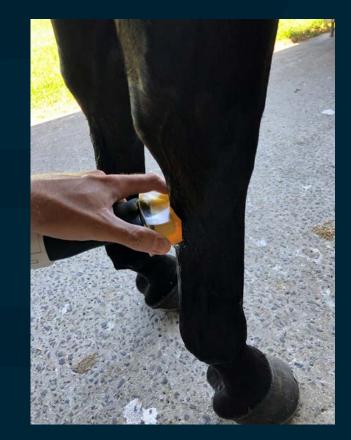


# Making the Most of Scanning the Superficial Digital Flexor Tendon

Best practice

Set yourself apart from the crowd

- High quality equipment
- High quality images
- High quality reports





## Ultrasound of the Superficial Digital Flexor Tendon (SDFT)

- Palpation
- Preparation
- Scanning Techniques
- Measurements & Recording Images
- Tips for Quality Reports



#### Palpation

Always palpate weight bearing and non-weight bearing





## Palpation

Improve your palpation technique by comparing ultrasound findings to palpation findings





- Sedation
- Clippers
- Gel
- Cloth











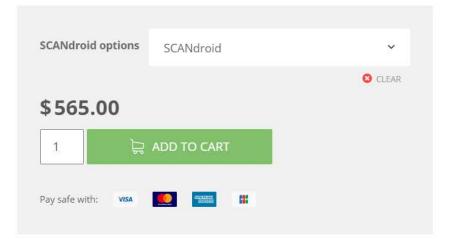




#### SCANdroid

The ideal, height-adjustable scan stool for the mobile veterinarian to transport to the job site or for clinic use. The SCANdroid has great stability with a total of 5 castor wheels, 2 of which with a locking device.

The gas spring allows for stageless height-adjustment.







#### SCANster

The optimal ultrasound solution for creating the ideal working height at all times. Especially designed for the portable ultrasound. An optional Proberack can be ordered to store a total of 2 ultrasound probes, gel bottle and Standoff PAD.

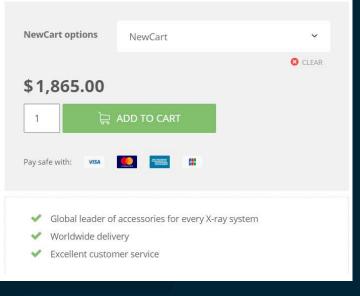
SCANster options	SCANster	CLEAR
\$895.00		- ALLAN
1	ADD TO CART	
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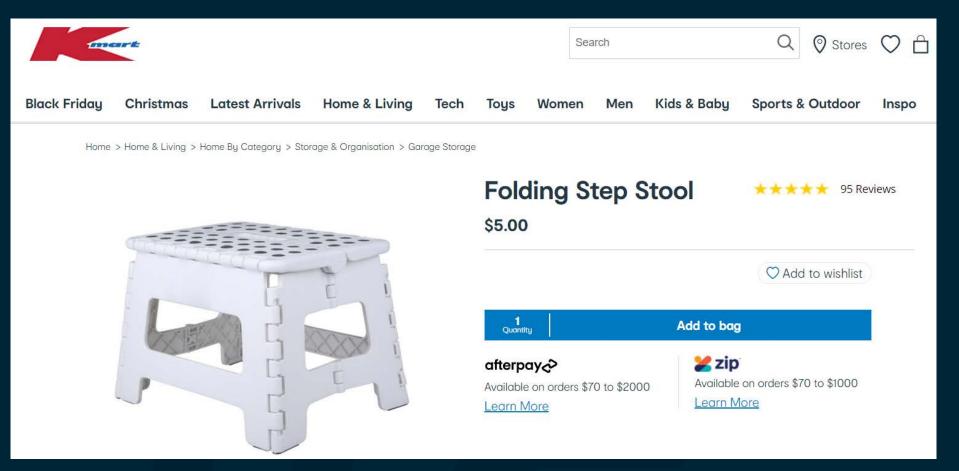


#### NewCart

Durable, in height adjustable cart for all small and big machines or equipment. Accomodated with gas spring for variable, stageless height-adjustment and storage space in bottom reservoirs. Easy transport position with the pull-out handle, easy storage in vertical position. The optional Proberack can also be ordered separately.









- Be ergonomic
- Be comfy





- Clip leg
- Wipe clean
- Gel

PROPER PREPARATION PREVENTS PISS POOR PERFORMANCE





• Set up machine





# Scanning Technique

- Top to bottom
- Systematic
- Start with a preliminary survey scan
- Representative images at regular intervals
- Lesion orientated images
- Cross Section and Longitudinal







## Scanning Technique

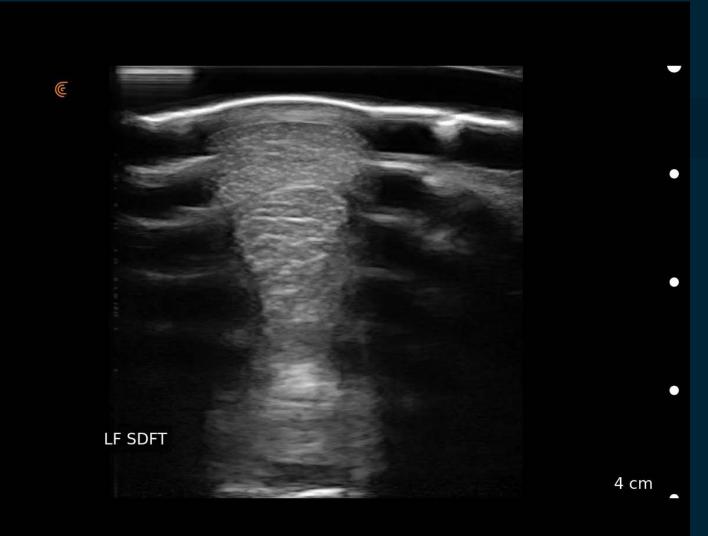
4yo TB Racehorse





## Scanning Technique

3yo TB Racehorse





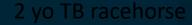
 Measure and record every 2-4cms distal to the accessory carpal bone

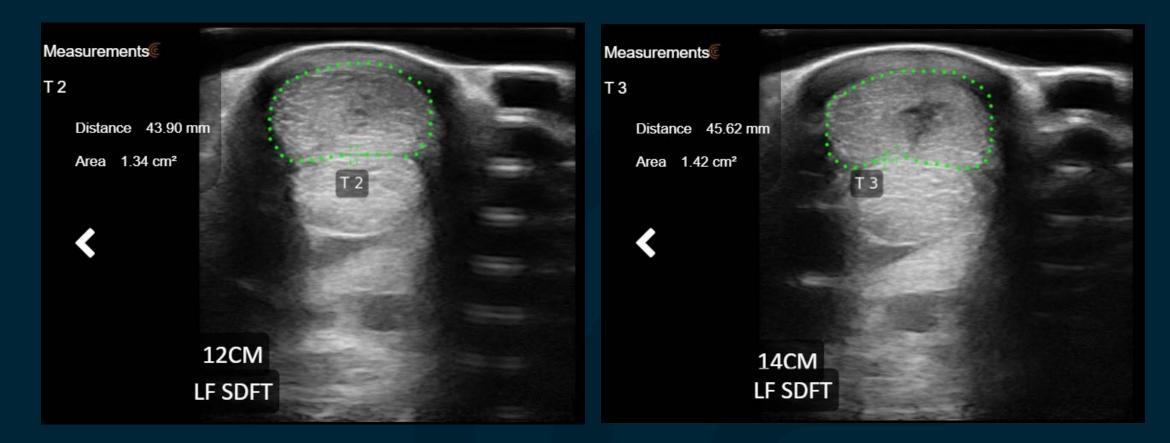




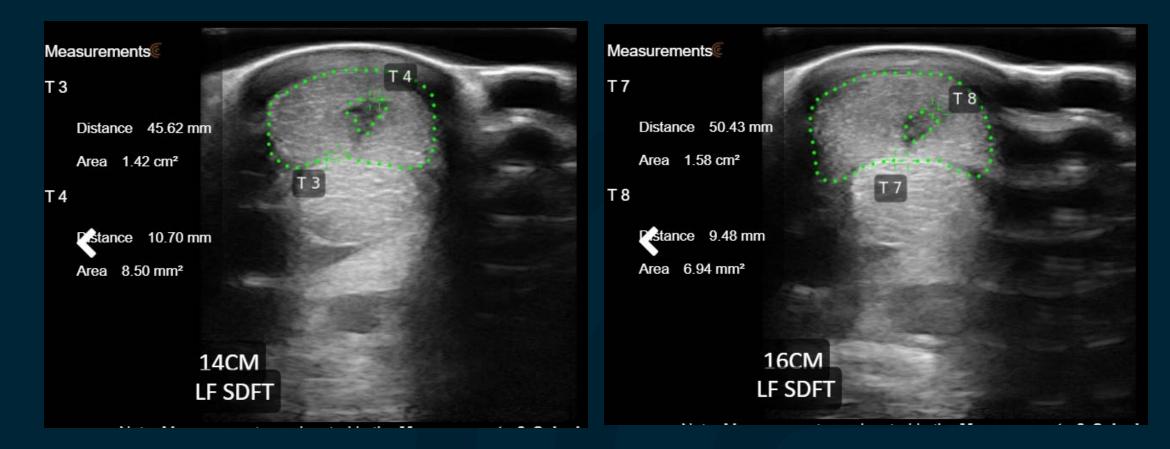




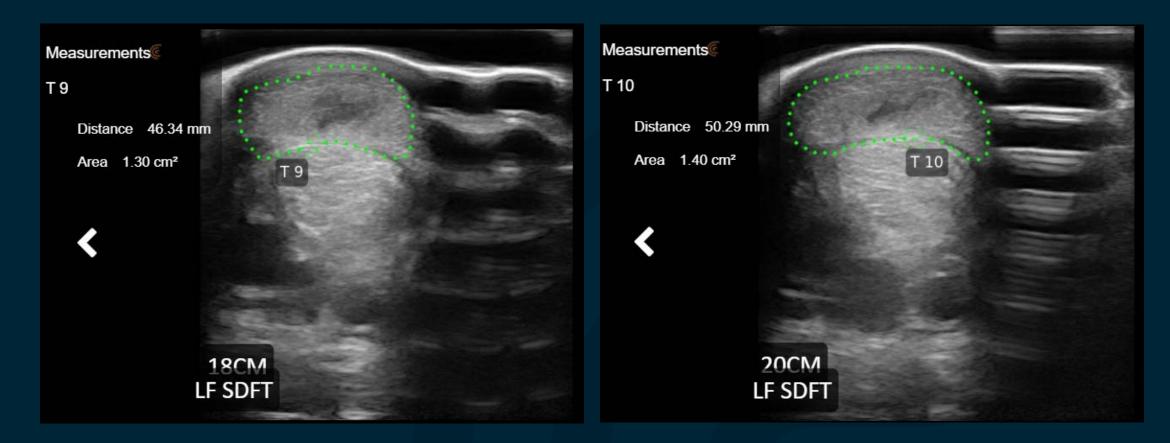




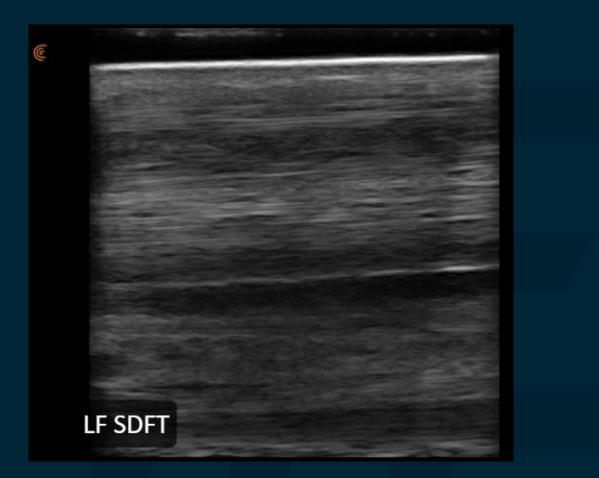




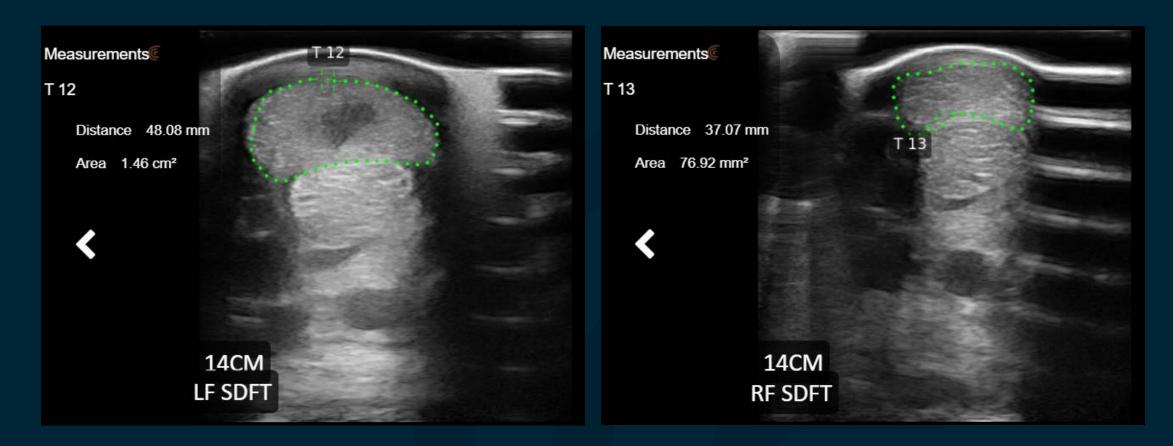














• Reason: allows for monitoring during rehab

• Take your time to record quality images

 Take pride in your images so that you would be happy for other veterinarian to view them



#### Measurements and Recording

- Distal to Accessory Carpal Bone (DACB)
  - Every 2-4cm
- Cross Sectional Area (CSA)
  - Total CSA vs Lesion CSA
- Cross Sectional and Longitudinal
- Images and Videos



Elliott Equine

26/8/2020

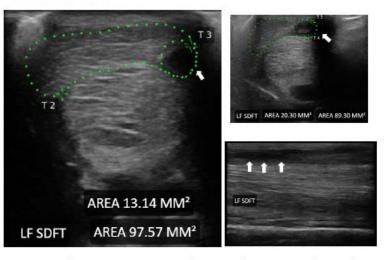
#### Veterinary Report

Stephen Lee Racing

Hallow Crown Filly

On the 26<sup>th</sup> August 2020 the "Hallow Crown Filly" was examined at the stables of Mr Stephen Lee in Ballina for assessment of thickening to the lateral edge of the Left Fore superficial digital flexor tendon (SDFT). Palpation revealed moderate thickening and loss of definition of the lateral edge of the tendon with a mild pain response when squeezed.

Ultrasonography revealed a grade III/IV edge lesion of the Left Fore SDFT measuring approximately 4cm in length located in the middle  $1/3^{rd}$  of the tendon. The lesion involves damage to approximately 22% of the cross-sectional area of the tendon at the most severe point. The overall size of the affected tendon is within normal measurement limits and similar the opposite unaffected leg.



Ultrasound images of the Left Fore SDFT in cross section (left and top right) and in longitudinal section (lower right) showing the edge lesion injury (arrows).

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# Picture says a thousand words

26/8/2020



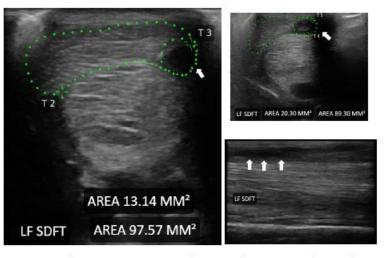
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On the 14<sup>th</sup> September 2020 the chestnut "Jimmy Creed Filly" was examined at the stables of Daniel Bowen in Lismore for assessment of enlargement to the Left Fore Superficial Digital Flexor Tendons (SDFT).

Palpation of the Left Fore SDFT revealed mild heat, moderate enlargement and mild pain on manipulation.

Ultrasonography revealed a grade 2/4 core lesion present in the Left Fore SDFT that extends from 8cm to 20cm distal to the accessory carpal bone (below the back of the knee).

At its most severe point (16cm distal to the accessory carpal bone) the damaged Left SDFT is exactly twice the size of the unaffected Right SDFT. The core lesion at this location involves damage to 8% of the tendon.



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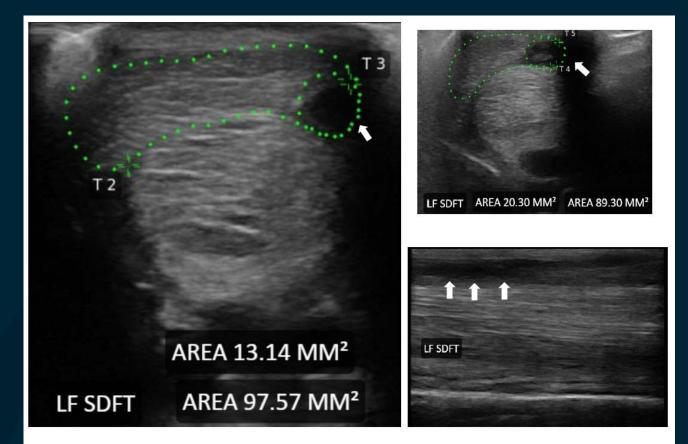
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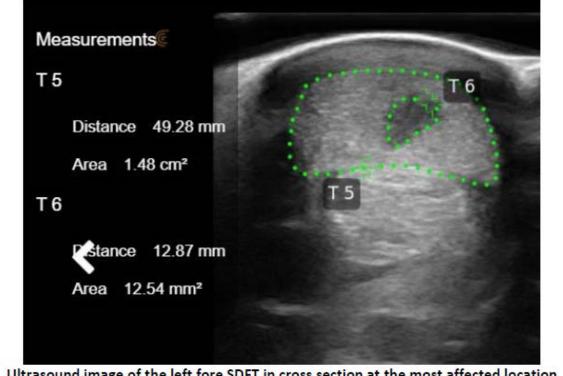






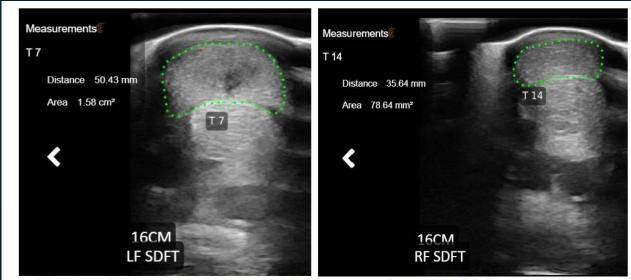
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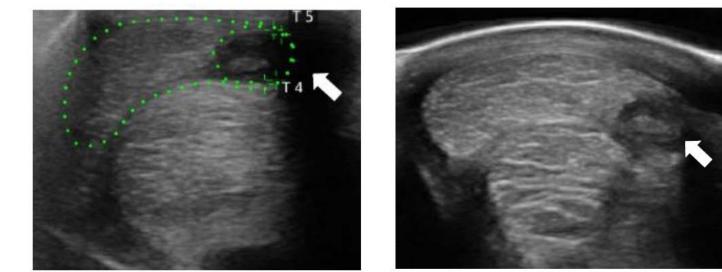
Ultrasound image of the left fore SDFT in cross section at the most affected location showing a core lesion of tendon damage (smaller circle) within a grossly enlarged tendon.





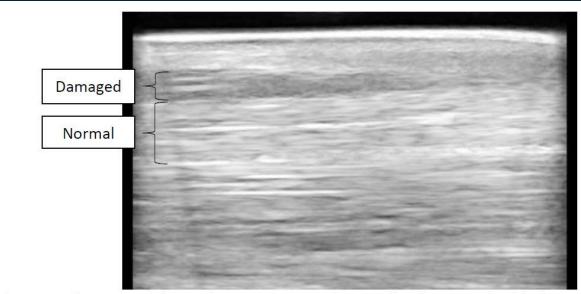
Ultrasound images of both front SDFTs in cross section at a point 16cm distal to the accessory carpal bone (back of the knee). The Right Fore SDFT measures twice the size of the unaffected Left Fore SDFT.





26/8/2020 14/11/2020 Ultrasound images of the left fore SDFT (at the same location) showing an edge lesion (arrows). The left images is the original lesion and the right images is from today. Unfortuntley the lesion is not showing enough healing at this stage to allow for a return to race training.





Ultrasound image of the Right Fore SDFT in longitudinal section highlighting the damaged tendon fibres and loss of normal structure.



### Recommended rehabilitation programme for 'NAME':

### Month 1

### Box rest

- Administer 10ml phenylbutazone orally once daily for 7 days followed by 5ml orally once daily for 7 days.
- · Leg to remain bandaged (changed daily to prevent rubbing) for the first 2 weeks.
- Ice the left fore limb for 20 minutes once daily for the first 2 weeks (at time of bandage change).
- Hand walk for 15 minutes twice daily.

### Month 2

- Box rest.
- Hand walk for 30 minutes daily.

### Month 3

- Box rest.
- Hand walk for 40 minutes daily.
- Repeat clinical and ultrasound examination at the end of month 3.

### Month 4

- Box rest with access to small yard (up to the size of a stable only (4mx4m)).
- · Hand walk for 60 minutes daily.
- · Addition of walking on a water walker for up to 5 minutes daily.

### Month 5

- · Box rest with access to small yard (up to the size of a stable only (4mx4m)).
- · Walking under saddle for 20-30 minutes daily.
- · Walking on a water walker for up to 10 minutes daily.

### Month 6

- · Box rest with access to small yard (up to the size of a stable only (4mx4m)).
- · Walking under saddle for 30 minutes daily.
- · Walking on a water walker for up to 15 minutes daily.
- · Repeat clinical and ultrasound examination at the end of month 6.

### Month 7

- Small yard rest (up to 5mx5m).
- Walking under saddle for 45-60 minutes daily.
- · Walking on a water walker for up to 20 minutes daily.

### Month 8

- Small yard rest (up to 5mx5m).
- Walking under saddle for 45-60 minutes daily.
- Walking on a water walker for up to 20 minutes daily. Decrease this to three times weekly as trotting increases.
- Addition of 5 minutes trotting under saddle daily, increasing by 5 minutes every 2 weeks (so 10 minutes daily by the end of month 8).

### Month 9

- Small yard rest (up to 5mx5m).
- Walking under saddle for 45-60 minutes daily.
- Walking on a water walker for up to 20 minutes daily. Decrease this to three times weekly as trotting increases.
- Addition of 5 minutes trotting under saddle every 2 weeks (so 20 minutes daily by the end of month 9).
- Repeat ultrasound examination at the end of month 9.

### Month 10

- Small yard rest (up to 7mx7m).
- Walking under saddle for 45-60 minutes daily.
- Walking on a water walker for up to 20 minutes three times weekly.
- Trotting under saddle for up to 20 minutes daily.
- Addition of 5 minutes catering under saddle daily, increasing by 5 minutes every 2 weeks (so 10 minutes daily by the end of month 10).

### Month 11

- Small yard rest (up to 7mx7m).
- Walking under saddle for 45-60 minutes daily.
- Walking on a water walker for up to 20 minutes three times weekly.
- Trotting under saddle for up to 20 minutes daily.
- Addition of 5 minutes catering under saddle daily, increasing by 5 minutes every 2 weeks (so 20 minutes daily by the end of month 11).

### Month 12

- Paddock turn out.
- Walking under saddle for 45-60 minutes daily.
- · Walking on a water walker for up to 20 minutes three times weekly.
- Trotting under saddle for up to 20 minutes daily.
- Canter under saddle for up to 20 minutes daily.
- Addition of fast work on the flat (half pace approximately 3 times a week).
- Repeat ultrasound examination at the end of month 12. Fast gallop work and jumping should not be done before the repeat ultrasound and clinical examination after 12 months.
- Please note that this protocol is a guide and must be varied according to the tendons' clinical and ultrasonographic appearance. If any repeat clinical or ultrasound examination shows poor healing then the horse may have to stay at the current exercise stage for a further 4-8 weeks before a repeat examination to see if increasing exercise is appropriate.
- Ensuring good foot balance and regular trimming/shoeing is essential to reduce the risk of repeat injury. Shoes with a wide toe and bevelled narrow branches are recommended to reduce stress on the SDFT. The wide front support aims to limit sinking of the toe into the ground, while the <u>narrow-bevelled</u> branches promote sinking of the heels. A slightly bevelled outer rim on the toe will also promote rolling.
- All work should be done on a firm, even surface where possible. Deep, uneven and wet tracks should be avoided.
- The horse should be kept in relatively light body condition to avoid putting excessive strain on the tendons.



### Month 4-6 (walk)

- Depending on the results of the ultrasound performed at the end of Month 3, the 4<sup>th</sup> to 6<sup>th</sup> month will involve gradual increasing amounts of controlled walking exercise.
- Exercise will begin at 30mins total walking per day, gradually increasing to 60mins walking exercise per day.
- The use of a water-walker and swimming can be started at this stage.
- Repeat ultrasound examination at the end of month 6 will determine if the horse can progress to the next stage of rehabilitation.

### Month 6-9 (trot)

- Months 6 thru 9 involve the gradual introduction of trot work, building up to a total of 20-30mins trot work on top of normal walking exercise.
- Exact details of the structured and gradual increase will be provided closer to the time.
- Repeat ultrasound examination at the end of month 9 will determine if the horse can progress to the next stage of rehabilitation.

### Month 9-12 (canter)

- Months 9 thru 12 are aimed at building strength and fitness towards achieving full fast work.
- Like trot, canter is gradually introduced in a structured manner. Exact details will be given closer to the time.
- Repeat ultrasound examination at the end of month 12 will determine if/when the horse can return to full race training.



- Please note that this protocol is a guide and must be varied according to the tendons' clinical and ultrasonographic appearance. If any repeat clinical or ultrasound examination shows poor healing then the horse may have to stay at the current exercise stage for a further 4-8 weeks before a repeat examination to see if increasing exercise is appropriate.
- Good farriery is vital. Ensuring good foot balance and regular trimming/shoeing is essential to reduce the risk of repeat injury.
- All work should be done on a firm, even surface where possible. Deep, uneven and wet tracks should be avoided.
- The filly should be kept in relatively light body condition to avoid putting excessive strain on the tendons.



# Reporting Tips

- Great reports set you apart from the pack
- Helpful to trainers/managers
  - Especially when horse likely to move to different location for rehab
- Take pride in your report so that you would be happy for other veterinarians to read



# 10 Ways Ultrasound Helped My Equine Veterinary Practice

- 1. Wireless ultrasound provides really clear images.
- 2. Handheld ultrasound is so affordable.
- 3. Every veterinarian can have one in their car.
- 4. You get good quality images without clipping hair.
- 5. Wireless ultrasound is better than some traditional machines.



# 10 Ways Ultrasound Helped My Equine Veterinary Practice

6. Billing for ultrasound helps pay for it quickly.

- 7. You don't need an X-Ray machine.
- 8. It fits in my pocket and I can take it anywhere.

9. Wireless ultrasound makes us faster and efficient.
10. Having new technology helps build credibility.





### **Clarius HD Vet**

Wireless Freedom High-Definition Imaging Easy App for iOS & Android Dedicated Equine Presets Affordable Scanner No Subscription Fees Free Clarius Cloud **Unlimited Users** 



### Poll

# What additional information would you like?

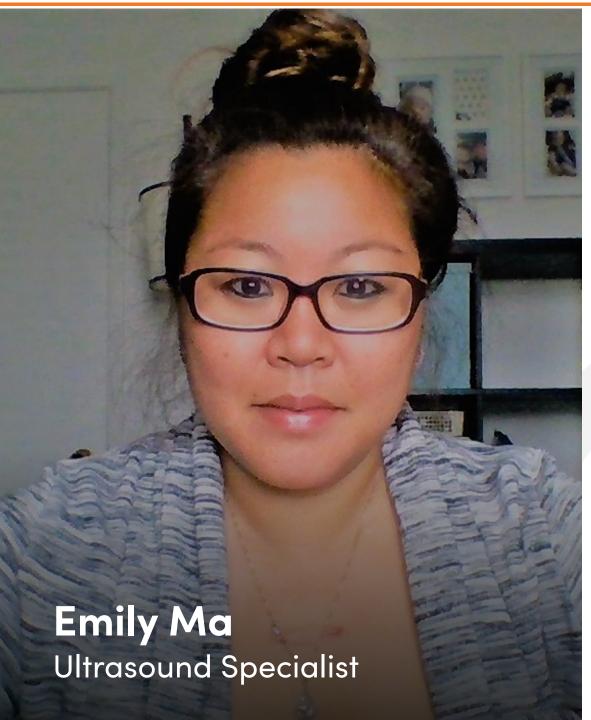
### **Questions?**



### Dr. Chris Elliott

### **Genese Castonguay**





### Join us at AAEP!

Visit our virtual booth or join us for a live ultrasound demo.

December 7-9<sup>th</sup>, 1-6 PM EST <u>www.clarius.com/aaep</u>





### **Thank you!**

