

Question #1

A 5-year-old Thoroughbred is presented following being hit by a falling tree. As part of the examination, nuclear scintigraphy (**Image 1**) and radiographic (**Image 2**) studies are performed.

A. List the abnormalities in Image 1. **Be specific** (2 pts)

B. List **three** radiographic abnormalities in **Image 2**. (3 pts)

1. _____

2. _____

3. _____

C. Name one additional non-invasive diagnostic procedure that you should perform to evaluate the extent of the injuries in this horse. (1 pts)

D. State the locations of your arthroscopic portal incisions to completely evaluate these lesions. **Be specific** (2 pts)

E. State the most appropriate location for your incision for removal of the largest fragment in **Image 2**. **Be specific** (2 pts)

F. Based on the landmark study by Dyson et al (Vet Radiol Ultrasound, 2007), what were the conclusions regarding scintigraphic uptake in the stifle region in horses with forelimb lameness? **Be specific** (2 pts)

Question #2

A 10-month old Thoroughbred colt is presented with a history of mild to moderate chronic intermittent colic refractory to medical management. An abdominal ultrasound is performed. The **Image** depicts the ultrasonographic findings.

A. What is the diagnosis? **Be specific.** (2 pts)

B. Identify the **three (3)** structures labeled in the image. (3 pts)

A. _____

B. _____

C. _____

C. List **three (3)** suspected predisposing factors for this condition: (3 pts)

1. _____

2. _____

3. _____

D. List **two (2)** treatment options for this condition: (2 pts)

1. _____

2. _____

E. What was the main conclusion in the study by Freeman and Schaeffer (EVJ 2011) comparing continuous and interrupted Lembert pattern for one-layer jejunojejunostomy? (1 pt)

F. In the article by Colbath *et al* (EVJ 2014) what specific closure method was associated with a lower incidence of post-operative incisional drainage following exploratory laparotomy? (1 pt)

Answers:

Q1:

- A. Focal intense radiopharmaceutical uptake in the proximal caudal patella and distal femoral condyle.
- B. Large fragment in femoropatellar joint compartment; fragmentation of distal femoral condyle; fracture of proximal caudal aspect of patella.
- C. Ultrasonography of the femorotibial and femoropatellar joints.
- D. Femoropatellar joint – midway between tibial crest and distal patella between middle and lateral patellar ligaments.
- E. Medial femorotibial joint – Cranial approach between middle and medial patellar ligaments, 2cm proximal to tibial crest; Lateral approach caudal to lateral patellar ligament, 2cm proximal to tibial crest.
- F. Longitudinal incision in distal aspect of quadriceps into suprapatellar pouch.
- G. Uptake patterns unaffected by forelimb lameness. Repeatable uptake patterns in both immature and mature horses.

Q2:

- A. Small intestinal intussusception.
- B. A. Intussusceptum. B. Inner layer in intussusciens – edematous. C. Outer layer of intussusciens.
- C. Enteritis; parasitic burden (ascariasis, tapeworm, strongyles), dietary changes.
- D. Manual reduction with or without bypass to cecum if ileum involved and bowel is viable; Resection and anastomosis if bowel is non-viable or irreducible.
- E. Both Lembert patterns performed well clinically but continuous pattern had better long-term outcomes.
- F. A 2 layer, modified subcuticular pattern.