

What's your Diagnosis?

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Jake Ohmes, 15y/o gelding

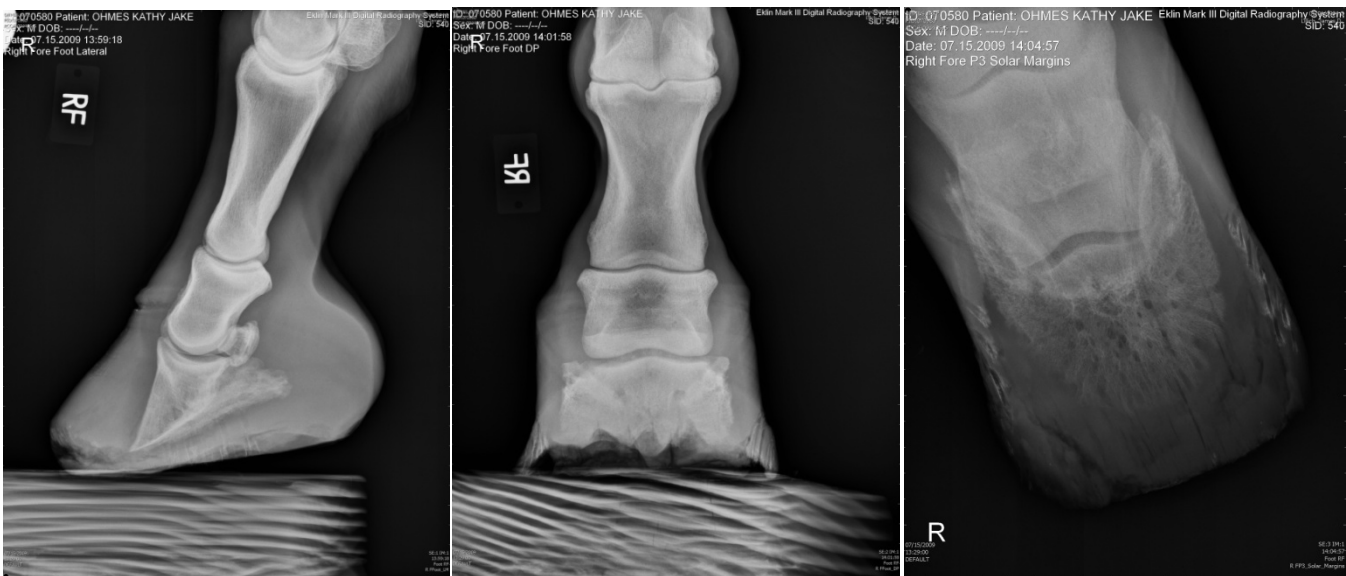
Physical Exam:

- Body temperature: 98 degrees, Heart rate 60, Resp Rate 40, Bright and alert
- Grade 4/5 Lameness on right fore foot upon presentation
- Presented in corrective shoe with 2 inch heel elevation

History:

- Laceration to the left front pastern in 2007 resulting in digital septic tendon sheath
- Chronic laminitis of right fore foot
- Deep digital flexor tenotomy of right fore foot in 2008

Radiographs:



- Radiographs of right front distal limb. Severe palmar rotation of P3 relative to dorsal hoof wall is present. (22 degrees) Proximal dorsal hoof wall measure 2.6 cm and distal measures 4.1 cm. These findings are consistent with severe rotational laminitis.

- Distal limb venogram was performed on the right front distal limb.



- Contrast was administered into the medial palmar digital vein. There was adequate perfusion of the vessels on the palmar aspect of the foot. There was an absence of filling of the proximal half of dorsal lamellar vessels (coronary plexus).

Results of study:

- The distal limb venogram demonstrated that there was inadequate perfusion of the dorsal aspect of the hoof wall on the right front foot. There was an abrupt discontinuation of blood flow at the level of the coronary band on the dorsal aspect of the hoof. There was adequate perfusion on both the medial and lateral aspects of the hoof. There also appears to be inadequate perfusion at the distal toe of P3.
- This study was consistent with laminitis and confirmed the likelihood of necrotic lamella being present at the dorsal aspect of the hoofwall. These necrotic laminae will need to be reduced which can be done with corrective trimming and shoeing.

Treatment:

- Jake was placed on Phenylbutazone (1gm BID PO)
- Jake was placed on Gabapentin (7800 mg PO TID)
- A deep digital flexor tenotomy was performed on the right fore foot
 - This will minimize further rotation of P3
- Corrective shoe placement on right fore foot

