CAVE CREEK EQUINE
Sports Medicine & Surgery

+ Martin Vidal, BVSc, MS, PhD, Diplomate ACVS & ACVSMR
+ Fabio Aristizabal, DVM, MS, Diplomate ACVS
+ Lea Walker, DVM, Diplomate ACVSMR

Admission:	**July 23rd, 2025**			**Discharge:**		**July 28th, 2025**	
Patient:	**Maestro Djinto**			**Owner:**		**Jessica Cowan**	
Breed:	**Warmblood**			**Referring Vet:**		**Dr. Chauncey Smith**	
Age:	**8yr**	**Sex:**	**Gelding**	**Use:**	**Jumper**	**Color:**	**Bay**

VISIT SUMMARY

HISTORY: Maestro presented for evaluation of right hindlimb lameness and performance issues characterized by unwillingness to go forward under saddle, initially going from trot to canter and progressing to the trot to canter transition.

LAMENESS EXAMINATION:

Standing: There is no significant sensitivity or abnormalities associated with palpation of the forelimbs bilaterally (soft tissue structures, joint fluid, range of motion, etc.). In the hindlimbs, there is mild to moderate sensitivity to palpation of the soft tissues on the plantar proximal metatarsus in the right hindlimb. There is a lack of appropriate musculature through the pelvic region

Dynamic: At the trot in hand, Maestro showed a grade 2+/5 right hindlimb lameness that was positive to upper limb flexion and digital pressure over the proximal metatarsus. The right hindlimb abducts during the anterior phase of stride while at the trot. When worked in the round pen, he showed a right hindlimb lameness and had difficulty maintaining the canter tracking both directions, L>R and did occasionally cross-fire.

IMAGING:

- **Radiography**: In the cervical spine, there is mild osteoarthrosis associated with the articular facet joints at C6/7 bilaterally without superimposition over the intervertebral foramen. The ventral lamina of the transverse processes of C6 are present bilaterally. The comparative sagittal ratios of the vertebral canal to the vertebral bodies are >52% at all levels.
- **Nuclear Scintigraphy:**
  - **Soft Tissue Phase:** There is no significant increased radiopharmaceutical uptake (IRU) associated with metatarsi bilaterally.
  - **Bone Phase:**
    - **Front Feet-** There is diffuse and mildly intense IRU associated with the coffin bones of the front feet bilaterally, R>L.
    - **Proximal Forelimbs-** There is no significant IRU associated with the carpi, elbows or shoulders bilaterally.
    - **Hindlimbs-** There is diffuse and mildly intense IRU associated with the lateral articular margins of the distal femur and proximal tibia in the stifles bilaterally. There is focal and mildly intense IRU associated with the lateral dorsal margin of the RH fetlock and diffuse moderately intense IRU associated with the coffin bones of the hind feet bilaterally, R>L.

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- **Cervical Spine-** There is focal and moderately intense IRU associated with the vertebral body of C6 and C7, R>L. There is no significant IRU associated with the articular facet joints or skull.
- **Thoracic Spine-** There is no significant IRU associated with the thoracolumbar spine vertebral bodies or articular facet joints bilaterally.
- **Pelvis-** There is diffuse and moderately intense IRU associated with the right sacroiliac joint. There is diffuse and mildly intense IRU associated with the musculature between the proximal femur and the tuber ischium in the right gluteal region. There is focal and very intense IRU associated with the left mid femur in the region of the 3rd trochanter..

- **Ultrasonography**: There are no overt abnormalities associated with the ilium bilaterally, with the tuber sacrale, tuber coxae, tuber ischium or coxofemoral joints bilaterally. There is mild roughening of the greater trochanter of the right proximal femur. In the left hindlimb, there is significant roughening at the muscular enthesis just distal to the 3rd trochanter without evidence of overt fracture.

TREATMENT: None prescribed at this time.

COMMENTS: Maestro has several regions of IRU on the bone scan that are likely associated with his current performance issues and right hindlimb lameness, most significantly associated with the pelvic region. The faint IRU in the pelvic musculature in the right gluteal region does not appear to be associated with significant abnormalities on the bone scan but based on location is correlated with the abductor and stabilizer group of muscles of the right hip joint (biceps femoris, quadratus femoris, etc.) and is consistent with the gait abnormality identified on examination. For this reason and with lack of discrete muscle tearing, the most beneficial therapy at this time may be physiotherapy in the form of a professional rehabilitation program with Equine Sports Medicine and Rehabilitation. During his rehabilitation, specific modalities such as focal shockwave therapy, regional injection of anti-inflammatories, and systemic anti-inflammatories may support his efforts by modulating pain and allowing him to regain normal mechanical function of this muscle group. Additionally of interest on the bone scan is the focal and very intense IRU associated with the mid-shaft femur in the left hindlimb. Ultrasonographically, there is enthesious remodeling just distal to the 3rd trochanter and is likely part of the same injury process and may require focal attention while in rehabilitation as well with some of the previously mentioned modalities. Maestro should be under the care of Dr. Chauncy Smith once he returns home to continue monitoring his comfort and if any additional therapies are warranted. Rehabilitation from a condition such as this may require an extended period of time in a professional setting (60-120 days) and specific recommendations

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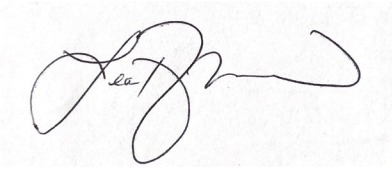
regarding continued therapy and training once he returns home will be more tailored to his specific needs as he progresses through the program.

RECOMMENDATIONS:

- Treatment: Focal shockwave therapy as determined by need for pain modulation while in rehabilitation with ESMR.
- Further Imaging: None recommended at this time.
- Shoeing: No changes recommended at this time.
- Rehabilitation: Per Dr. Sherry Johnson and Dr. Gabby GrandPre at ESMR-AZ.
- Monitoring: Increased lameness in any limb, particularly lameness at the walk.

Thank you very much for trusting Cave Creek Equine Sports Medicine and Surgery for evaluation and treatment. In case you have any further questions, please always feel free to call anytime.

Sincerely,



Dr. Lea A Walker
Diplomate, American College of Veterinary Sports Medicine and Rehabilitation (Equine)

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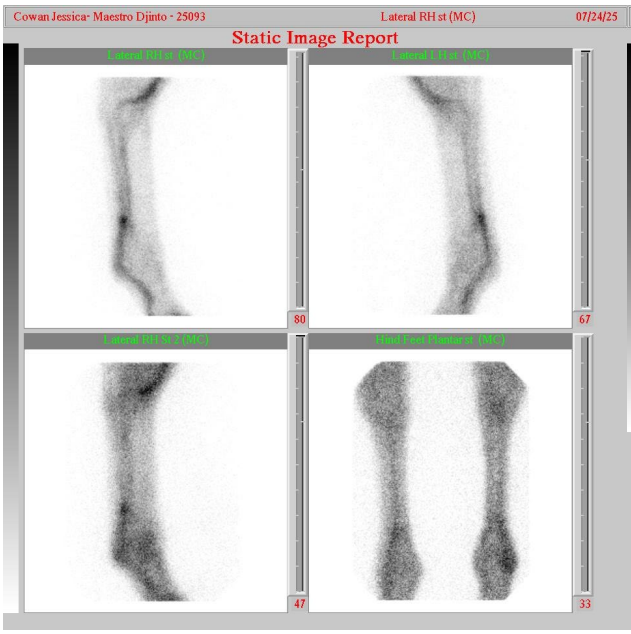
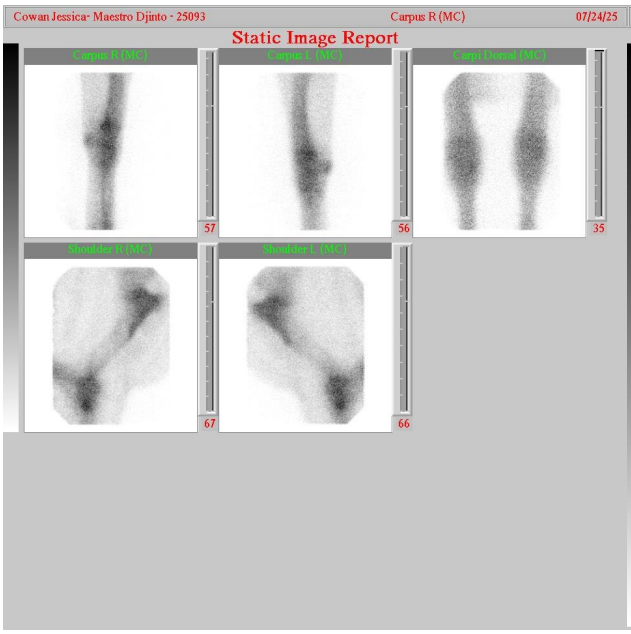
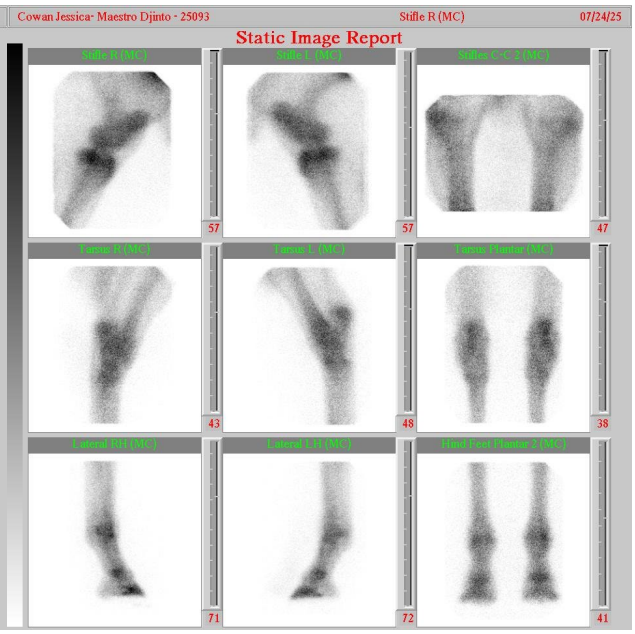


Soft Tissue Phase

Front Feet



Proximal Forelimbs



Hind Limbs

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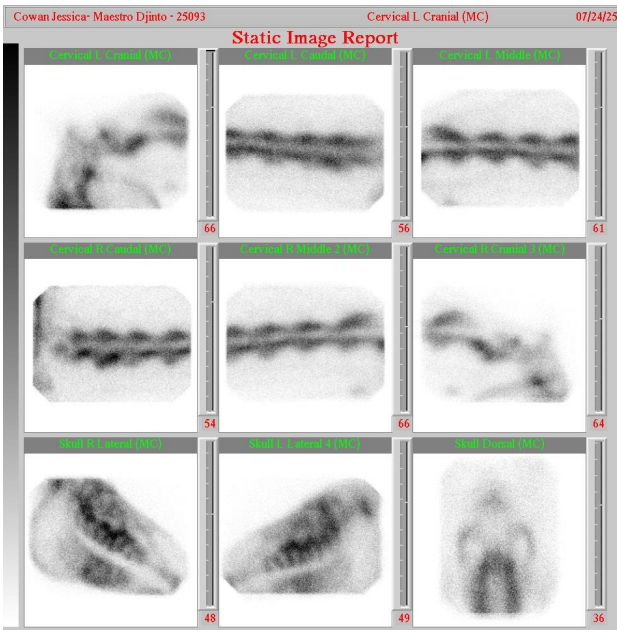
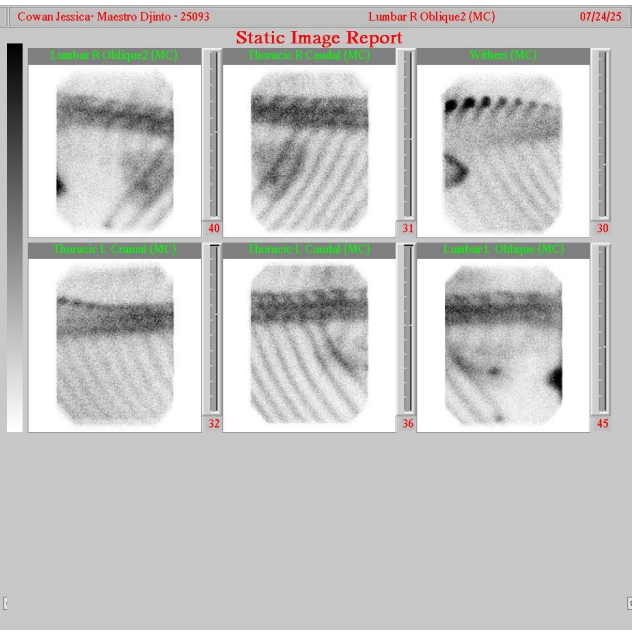
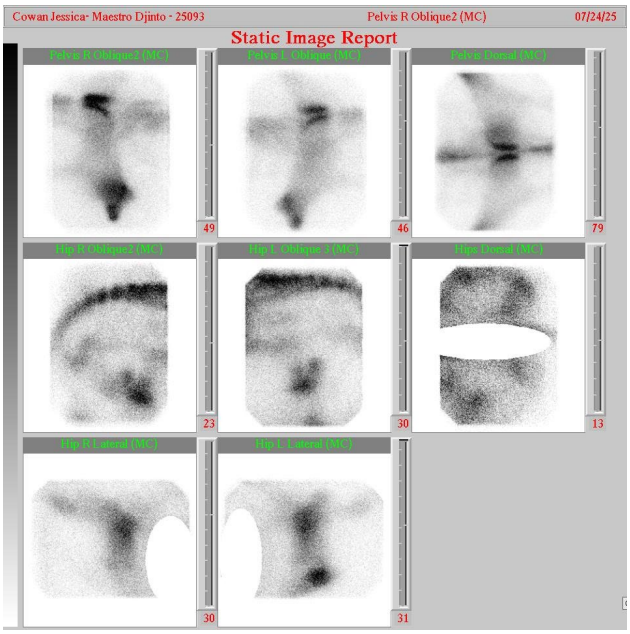


Cervical Spine



Thoracolumbar Spine



Pelvis

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