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Doc Nick's vet Report

It's a great opportunity and honor for me to present the opening veterinary article which coincidentally overlaps my 30th year in practice. I have lots of experience which means that at times I've made the same mistakes over and over again. I do eventually clue in as my third (and final) wife will attest to. What am I going to ramble on about? I thought performance issues revolving around lameness would be a place to start.

Let's jump right in and discuss "How to find out where the horse is off" or why he is "not right" The term lame is generally used by horsemen for more serious lameness such as a fracture or foot abscess. There is a grading scale from 1 – 5 developed by the AAEP. For example a grade 3 is an obvious lameness in a straight line at the jog or trot.

OK so your horse has a subtle grade 2 lameness (only seen on a circle). Before you can fix it you need to find out where it is - *or do you?* Many subtle lamenesses do respond to anti-inflammatory medications such as aspirin, phenylbutazone (Bute), ibuprofen etc. If a lameness can't be localized or finances don't allow for further diagnostics we can make a diagnosis of "bute deficiency". If responsive every one is happy unless it quits working. A friend of mine purchased her first horse when she was still in public school. The friendly old guy that sold her the horse donated a container of "vitamins" that had to be given every day before she rode. Funny enough the horse went lame after the "vitamins" ran out a month later. Also at present horses can't race on Bute or other anti-inflammatories. Ultimately a response to an anti-inflammatory helps a bit with a diagnosis since it tells us that somewhere a tissue is producing inflammation. If there is a chip or mild tendon issue than continuing training can injure the area more. One dose of Bute actually hangs around for greater than 24 hrs so continual (long term) use can lead to accumulation leading to kidney issues and ulcers.

OK- Your horse has this "hitch in the giddy up" so how do you go about figuring it out. Generally one can ask numerous individuals for opinions – some experienced and trained, some inexperienced but trained and others that are neither but carry a lot of mystique. I am in constant amazement at how normal intelligent people rely on veterinary recommendations from this latter group of "horse whisperers" or self proclaimed professionals. I am reminded of my first lecture on equine nutrition from Dr. Tyznik (who actually went on to develop Tizwiz). His lecture started with the statement on nutritional advice " Everyone in this room is in one of 2 categories – a shaftor or a shaftee". That may be too pessimistic but when it comes to assessing your horse a critical approach may be more productive.

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So, you've decided to have a vet look at your horse. In the next article I will discuss how an exam is useful followed by imaging. I will also try to address the question of which of the newer technologies to use in trying to diagnose a lameness problem.