

**BEVA TRUST QUEEN MOTHER STUDENT TRAVEL REPORT,
Elective Placement in Baker & McVeigh,
Milnerton Training Centre,
Milnerton,
Cape Town,
South Africa.**

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Placement description

The Cape Town branch of Baker and McVeigh, is based in Milnerton, just north of Cape Town itself. Milnerton is owned by Gold Circle and has around twenty trainers that rent stable blocks and the ability to use the former race track for training. The majority of these trainers have between 50-80 horses in training, however certain trainers will have in excess of 150 in training and rent more than one training block to facilitate these numbers. Outside of Milnerton, the vets travel to various large training facilities, mostly more than 100 horses in training, and they also visit a few studs in the vicinity to administer veterinary attention. Baker and McVeigh also attend sales (to perform sales vetting) and perform yearling screenings on a regular basis.

Due to the large number of race horses in Milnerton, the majority the work that the vets do is racehorse specific, however, there is a small proportion of pleasure industry work around 5% of the case load.

The practice, in Cape Town, has 5 full time vets, and their day is split up into, SOAP and necessary attention to the hospital cases, then visiting the trainers in Milnerton in the morning to perform lameness and fitness to race checks, along with the other necessary veterinary attention that might be required on the yard. Then usually two of the vets will travel out to the training facilities that are not based at Milnerton. The other vets remain in Milnerton and perform various individual tasks on the trainers yards and on the days when there is an operation, two vets will scrub in and the third vet will supervise the anaesthesia.

There are also a large number of grooms to assist the vet with their daily routine. One equine science degree holder that supervises the grooms and ensures that the horse and the theatre are fully prepared for the surgery and if there are any standing procedures happening she will also assist in these.

Purpose of Coming to Cape Town to complete my elective period

I organised myself to perform an external elective in Baker and McVeigh, as my knowledge of horses is biased towards the pleasure industry and during my time at Liverpool University I was increasing my knowledge of the pleasure industry but not lucky enough to experience enough of the racing industry side of veterinary. So I approached Professor Knottenbelt and he recommended that I visit Baker and McVeigh in South Africa. My main

objective was to get a greater understanding of the role of the vet within the racing industry and to understand the different pressures that are placed on vets in first opinion veterinary.

Many of the pathology seen in racing is quite specific and understanding the demands that are placed on the racehorse and the approaches this first opinion practice takes to maintain horses in racing fitness.

Although my aspirations are not to become a full time, 'race vet', I would however like to become an equine vet, therefore, I would like to appreciate all aspects of the equine industry.

Cases witnessed on the visit

There are two ways to approach the vast experience I received in Cape Town, firstly a standard day in Baker and McVeigh and then a short description of a few cases and key skills acquired.

Although it is hard to approach a standard day as every day is different, depending on which vet you are shadowing for that day.

6.30am- Get up and travel to Milnerton with the vets.

7am- Begin the visits to the various trainers, the majority of the visits involve trotting out 10-20 horses and examination of their legs for wounds, swellings and heat; then full flexion of each joint and the examination of joints for effusions. The vets are really amazing to watch doing this as they become so attuned to each horse and their individual quirks that every new thing is picked up and the ongoing problems are continually assessed. The horses back is also examined, as many of these young horses suffer from sore backs and their hindquarters can also become painful, especially on the day after fast work. The deep sand can protect from shin pains, however it does predispose the horses to fetlock, hock and stifle strains and joint pathology.

Upper airway endoscopy and tracheal washes are performed on a regular basis; during my stay there was a virus spreading around the yards causing a mucopurulent nasal discharge and a dry cough post exercise. All major pathogens were ruled out, via culture of swabs and washes, and the severely infected ones received a tracheal wash to ascertain if there was a secondary bacterial infection.

11am Back to the hospital to assist in a tie-back operation and a ventriculectomy, this horse had very sudden paralysis of the left arytenoid cartilage and therefore it was very interesting to feel the difference in the tone of the left cricoarytenoideus dorsalis muscle and the other horses that have had much greater atrophy of their muscle. Interestingly; before the horse was given a general anaesthetic and underwent its surgery, there was a full set of carpal radiographs taken to ascertain if there was any pathology in them, if there was any evidence of carpal bone



chips (and therefore the need for more surgery) then the horse was not to receive this operation. On days where there is not a general anaesthetic being performed during this time period there is generally one or two castrations being performed.

Fig.1. Maintenance of General Anaesthesia.

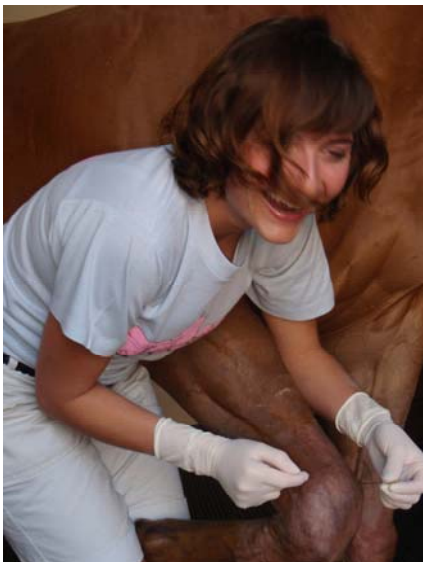


Fig.2. The sutures being placed in a Tie-back.

2pm Head out to Philippi, to another training centre. Several horses are given a lameness assessment; also there were a few required intra articular joint injections. Strict sepsis is required for this and there are several protocols of drugs used depending on the ability of the horse and the severity of the pathology. IRAP has been frequently used; however the most common protocol is the use of steroids and herbal tincture along with antibiotic. Having not seen this used much at home (Northern Ireland) or at Leahurst; I was impressed by

the effectiveness of this treatment on the improvement of lameness. Usually there are a few tendons to be scanned and one or two abnormal things, like the treatment of a corneal ulcer, or a wound/laceration.

Fig.3. Me placing an intra-articular medication Fig.4. A laceration that needed stitching.



5pm Back to Milnerton to check the hospital patients and administer any overnight protocols, i.e. a colic surgery horse that had begun to colic again. The person on call that night would discuss with the vets any specific problems they were having with their in-patients. The cars are restocked and if there are any pressing problems on the training yards the vet on call that evening will take charge of it.

CASE 1

Three horses arrived from Durban, their transportation has been delayed by several hours, therefore they have now been travelling over 24 hours. Normally post-travel treatment is not administered, only pre-travel, however because

of the heat it is decided to take their temperature regularly 4 hourly, administer 5 litres of fluids, 2l of which contain electrolytes, via a stomach tube; flunixin (1.1 mg/kg I.V.), and oxytetracycline (6.6mg/kg I.V.). The major complications of travelling long distances with horses is, dehydration leading to impaction colic, pleuropneumonia and laminitis, hence prophylactic treatment and in this particular situation to post travel treatment as well.

During my stay there was a case of pleuropneumonia, **Fig.5.**, however, this was not associated with recent travel, a drain was inserted into the pleural space on both sides after ultrasonic confirmation of pleural fluid.



Fig 5



Fig 6

CASE 2



Fig.6. Arthroscopy on the intercarpal joint and the removal of several bone chips from the third carpal bone. The horse presented with chronic lameness and radiographical examination of the carpus indicated that there was at least one large chip that required removal. This is a fairly common race injury as the compressive forces placed on the carpal bones, leads to fissures and fractures forming. The most common site for carpal chip fractures is the distal radio-carpal bone and the proximal third intercarpal bone.

Sweeney, **Fig.7.**, a yearling with the classic signs of

Sweeney. The onset of this condition started after being turned out at weaning, where there must have been some trauma to the suprascapular nerve. As you can see from the picture, there is outward rotation of the shoulder and obvious supraspinatus, and infraspinatus muscle atrophy, with the scapular spine prominent.

List of other interesting Cases,

- Ultrasound examinations and evaluations of tendon lesions, sesamoid ligament/bone pathology and thoracic fluid.
- Several yearling sale screenings, 36 plate radiographs of the distal limbs.
- Sale screenings of the yearlings upper airways, examination of many upper airways including Tracheal washes.
- Assisting in castrations.
- Assisting in vaccination and the administration of analgesia.
- Eye examinations and medications.
- Management of foot abscesses.
- Bandaging, mainly knees and distal limbs.
- Manage back pain, and treatment options.
- Fracture diagnosis and management (P3, P1 and Growth plate fracture of femur).

Conclusions

Firstly I can't believe how much I have learned in the time I have been at Baker and McVeigh, my knowledge of orthopaedic problems and the work up of respiratory cases, has definitely improved. Being the only student there really assisted in my learning as you are having a one to one session the whole time with very experienced clinicians. I fully enjoyed my time although the case load is heavy but you definitely see plenty of interesting cases. The digital radiography and ultrasound facilities were as good as at Liverpool so my learning of identifying structures and pathology of the fore limb and thorax has greatly improved. I have gained many important skills that I will be able to take with me in my future veterinary career, like the ability to perform an endoscopic examination of the upper respiratory tract and a tracheal wash, and pass a stomach tube and rectal colic. I think the placement has prepared me for a first opinion equine practice first job. Assessing the placement in hindsight is interesting as it allows you to compound exactly how much you have learnt, keeping a diary certainly helped.

I would like to take the opportunity to thank BEVA and the Queen Mother Travel Award trustees for the necessary funding to get me to South Africa. Also extend my gratitude to Baker and McVeigh, in particular Dr Alisdair Cameron who firstly allowed me to perform my elective in the Cape and secondly for taking the time to teach me so much.