



### PALM BEACH EQUINE CLINIC

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#### News, Horse Care Tips, and More From Palm Beach Equine Clinic

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#### PBEC Case Study: Ethmoid Hematoma

A horse was recently admitted to Palm Beach Equine Clinic (PBEC), based in Wellington, FL, with symptoms that included bleeding from the nostril. The patient's referring veterinarian had diagnosed the horse with an ethmoid hematoma, which in layman's terms is essentially a mass that fills with blood in the nose or sinus cavity.

The patient was placed under the care of PBEC's board-certified surgeon Dr. Weston Davis and Dr. Michael Myhre. They performed an airway endoscopy to locate and evaluate the hematoma that the referring veterinarian had identified. After confirming the diagnosis, Dr. Davis and Dr. Myhre were eager to ensure that it was the one and only hematoma they were battling.



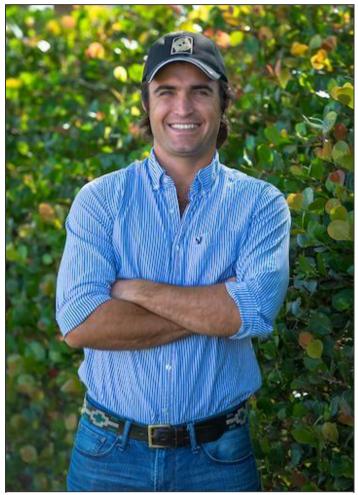
Dr. Michael Myrhe and Dr. Weston Davis performing the Ethmoid Hematoma procedure. **Photo courtesy of PBEC** 

PBEC is one of an elite group of equine veterinary clinics to have a computed tomography (CT) machine in their arsenal of diagnostic imaging equipment. A CT gives veterinarians a unique look at the head, neck, and spine of a horse that they would never be able to accomplish with other imaging modalities. After a CT of the patient's sinuses, more masses were indeed identified.

"This was a fairly typical presentation of an ethmoid hematoma, but there were certainly more masses than normal," said Dr. Myhre. "It's for this reason that the CT was very useful. If we were not able to obtain the scans that we did, we may have missed the masses that were located deeper in the sinus."

**<u>Click here</u>** to watch the CT scan that spotted the additional masses in progress!

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Dr. Santiago Demierre.



Dr. Santiago Demierre on the job at PBEC. Photos by Erin Gilmore

Click to learn more about Dr. Santiago Demierre! At first glance, Dr. Santiago Demierre appears to be a young veterinarian making a name for himself in the field of equine medicine. A closer look, however, reveals that he is not only that, but also an exceptional example of diligence; he's also working to become an extraordinary veterinarian while speaking a second language all in a country that is 5,000 miles from his home.

Born in San Antonio de Areco, a small town in the countryside outside Buenos Aires, Argentina, Dr. Demierre is now a 32-year-old veterinarian working with some of the most cutting-edge veterinary technology in the industry at Palm Beach Equine Clinic (PBEC) in Wellington, FL. He attended vet school at Universidad de Buenos Aires and graduated as Medico Veterinario in 2012 before setting a goal to validate his degree in the U.S. While mastering the English language, he enrolled in a certification program called the Educational Commission for Foreign Veterinary Graduates (ECFVG) through the American Veterinary Medicine Association and officially validated his degree in the U.S. in January 2017.

Today, Dr. Demierre is one of 40 veterinarians on staff at PBEC, which includes six boarded specialists and more than 80 technicians and staff members, making it one of the largest sport horse practices in the world.

# Internal Medicine: What's it all about?

PBEC President Dr. Scott Swerdlin often says, "If you want to attract equine veterinary specialists, you have to have impressive facilities and technology in place." PBEC is one of the few veterinary clinics in the country to offer their clients the talents of boardcertified specialists in nearly every branch of equine veterinary medicine. One such specialist is Dr. Peter Heidmann, a graduate of Tufts University School of Veterinary Medicine, who joined the PBEC team in 2016.



#### Meet the Team: Dr. Santiago Demierre

"What it really entails is a way of analyzing problems specific to the organ systems. It can be all over the map, and that's part of what makes the specialty so fun and interesting." ~ Dr. Peter Heidmann on equine internal medicine

Dr. Peter Heidmann speaking about equine internal medicine at the 2018 Winter Equestrian Festival in Wellington, FL. **Photo by <u>Jump Media</u>** 

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#### Vet Talk with Dr. Richard Wheeler

Note: The following is an excerpt from Dr. Wheeler's "Vet Talk" column printed in Sidelines Magazine.

Q: My vet recently told me that my horse had the beginnings of a quarter crack in his hoof. Do you have any tips about how I could treat his hooves, and prevent them from further cracking?

RW: Quarter cracks are commonly seen in a variety of equine athletes and can result in lameness, bleeding, infection and reduced performance. They usually originate at the coronary band and extend distally (toward the ground); a true quarter crack will extend into the submural (inner) tissue of the hoof.

There are several causes of quarter cracks, including trauma and other underlying hoof conditions. In my experience, they are most commonly associated with underlying abnormal hoof conformation and/or an abnormal landing pattern of the hoof, both of which lead to abnormal loading forces through the hoof capsule.



PBEC veterinarian Dr. Richard Wheeler. **Photo by** Jump Media



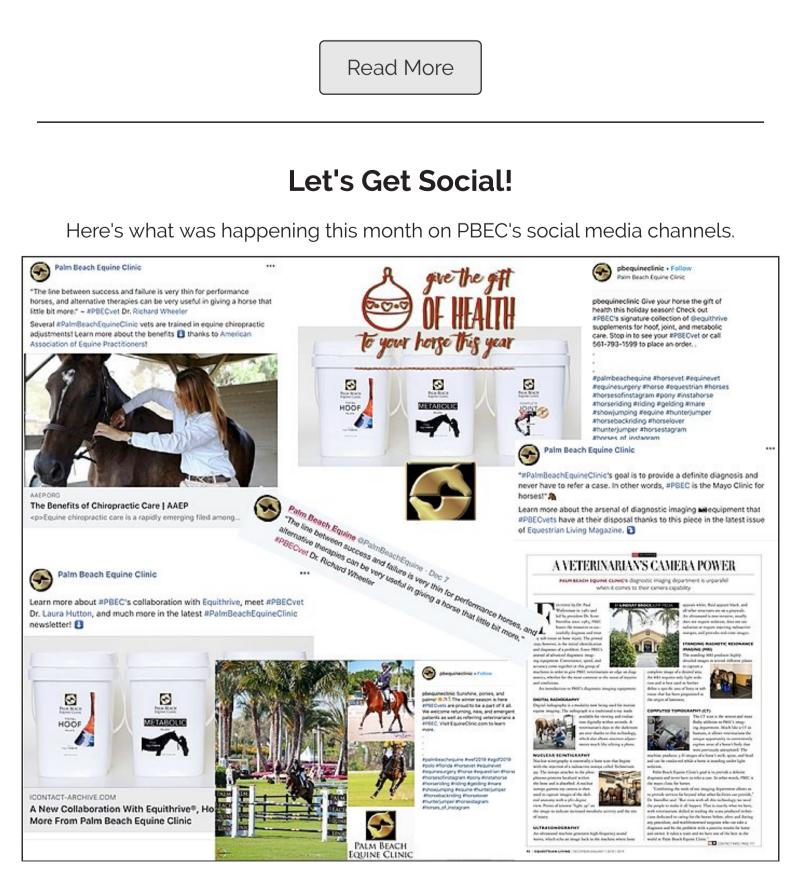
In the acute phase, hemorrhage, pain and inflammation are addressed. Generally I try to reduce weightbearing forces through the heel quarter and treat the area topically. In some cases, nonsteroidal anti-inflammatory drugs (NSAIDs) and antibiotics may be indicated.

With regard to more long-term resolution, the first, and in my opinion most important step, is to address any underlying unbalance in hoof structure and loading. This will involve careful attention by your farrier and veterinarian. I would recommend hoof balance radiographs. Often, in these cases, we observe such conditions as sheared heels, abnormal heel conformation and improper landing. Such corrections may take time, and I generally recommend a hoof supplement to encourage hoof growth during this period.

There are many opinions regarding the best approach to addressing the hoof defect itself and I have seen successful outcomes with several techniques. In my opinion, the best approach is to stabilize the hoof capsule using a bar shoe and remove the shearing forces through the affected quarter by unloading the weight-bearing surface. In some mild cases, I've seen good resolution following rebalance and unloading of the quarter, without further intervention.

Some more significant cases may require further stabilization of the crack itself. Again, there are a variety of techniques and I'm not aware of one that is superior. The aim of the implant is to stabilize and reduce shearing forces through the crack. Common techniques involve suturing with wire, either drilled through the hoof wall or attached using screws either side of the defect; the application of an adhesive resin can add to the strength of the repair. It's important that the product used is somewhat flexible to allow for normal hoof capsule movement and that it adheres well to the hoof wall.

However the quarter crack is repaired, it will take several months to grow out. The rate of resolution generally depends on how well the underlying cause has been resolved and the quality of the horse's hoof growth. In many cases, it's possible for the horse to continue exercise, often showing during the repair.



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