

ECVS LA Case-based Mock Exam_2024

Exam date: 7/15/2024 8:00:00 AM

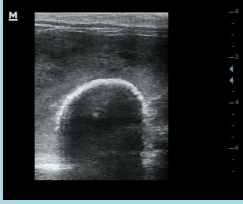
Type	Free text question, (Max: 2.00 Points)
Question-ID:	10455
Author	Martinez
Key Feature:	Master question
Randomized:	No
Block no.:	1
Block name:	
Order:	1

1. Question

Case 1

A 10-year-old Warmblood gelding presents with history of haematuria most evident after exercise. This ultrasound image was obtained by transrectal examination, cranial to the pelvic brim, with the ultrasound probe oriented ventrally.

1. What is the most likely diagnosis based on this ultrasound exam?




Correction notes

Maximum total amount of characters allowed for the answer
50

1. presence of calculus in the bladder/urolith or urolithiasis
2. (2 pts)

Type	Free text question, (Max: 2.00 Points)
Question-ID:	10456
Author	Martinez
Key Feature:	1. Subsequent question
Randomized:	No
Block no.:	1
Block name:	
Order:	2

2. Question
 2. The horse undergoes surgical removal of the calculi through a ventral parainguinal laparotomy. What is the effect of the technique shown in the image, which was undertaken during preparation of the surgical site?



Correction notes

Maximum total amount of characters allowed for the answer
 75

- 1. Distention and relaxation of the bladder for easy exteriorisation**
- 2. (2 pts)**

Type	Free text question, (Max: 2.00 Points)
Question-ID:	10457
Author	Martinez
Key Feature:	2. Subsequent question
Randomized:	No
Block no.:	1
Block name:	
Order:	3

3. Question
 3. Bladder hydrodistention and local anaesthesia instillation are used to facilitate removal of the calculus. What is the risk of using this technique if the syringe is held over 40cm above the table?

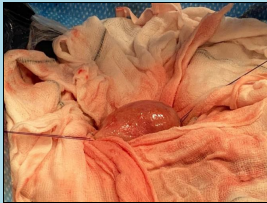
Correction notes

Maximum total amount of characters allowed for the answer
 25

- 1. Bladder rupture**
- 2. (2 pts)**

Type	Free text question, (Max: 2.00 Points)
Question-ID:	10458
Author	Martinez
Key Feature:	3. Subsequent question
Randomized:	No
Block no.:	1
Block name:	
Order:	4

4. Question
4. This image was obtained during the surgical procedure. Describe the nature and location of the cystotomy to be performed as the next surgical step. Be specific.



Correction notes

Maximum total amount of characters allowed for the answer
80

1. Full thickness (1 item) transverse (1 item) cystotomy across ventral (1 item) aspect of the bladder.
2. (0 pts for 1-2 items, 1 pt for 2 items, 2 pts for 3 items)

Type	Free text question, (Max: 2.00 Points)
Question-ID:	10459
Author	Martinez
Key Feature:	4. Subsequent question
Randomized:	No
Block no.:	1
Block name:	
Order:	5

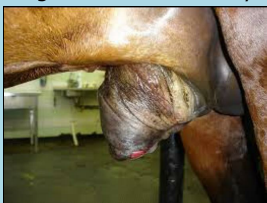
5. Question
5. Following removal of the calculus what two measures do you undertake intra-operatively to minimise risk of recurrence of calculi?

Correction notes

Maximum total amount of characters allowed for the answer
150

1. Flush bladder to remove all debris (1 point)
2. Do not penetrate mucosa with bladder wall sutures/ sutures should not enter the bladder lumen (1 point)
3. (2 pts)

Type	Free text question, (Max: 2.00 Points)
Question-ID:	10460
Author	Martinez
Key Feature:	5. Subsequent question
Randomized:	No
Block no.:	1
Block name:	
Order:	6
6. Question	
6. To minimise the risk of future incisional complications, which layer of the body wall do you need to ensure is incorporated in your parainguinal closure?	
Correction notes	
Maximum total amount of characters allowed for the answer	
60	
<ol style="list-style-type: none"> 1. Aponeurosis of external abdominal oblique muscle 2. (2 pts for all) 	

Type	Free text question, (Max: 2.00 Points)
Question-ID:	10461
Author	Martinez
Key Feature:	6. Subsequent question
Randomized:	No
Block no.:	1
Block name:	
Order:	7
7. Question	
7. A week after surgery the horse develops pyrexia (38.9°C) and moderate inflammation at parainguinal surgical site that extends to the preputial area as shown in the image. Apart from clinical examination and blood work, what single diagnostic test would you do next?	
	
Correction notes	
Maximum total amount of characters allowed for the answer	
60	
<ol style="list-style-type: none"> 1. Ultrasound examination of the abdomen/surgical site 2. (2 pts for all) 	

Type	Free text question, (Max: 2.00 Points)
Question-ID:	10462
Author	Martinez
Key Feature:	7. Subsequent question
Randomized:	No
Block no.:	1
Block name:	
Order:	8

8. Question

Ultrasound examination confirms inflammation at the surgical site, and blood work reveals mild inflammatory changes. The horse responds well to administration of non-steroidal anti-inflammatory drugs. However, over the next 12 hours the horse develops the condition seen in the image.

8. There are many ways that can be used to manage this condition: list 3 ways in which you could manage this condition.



Correction notes

1. Penile support (sutures, towel clamps) (1 item)
2. Nylon net/hosiery (1 item)
3. Compressive bandage/massaging (1 item)
4. Application of non-irritating, hydrophilic agent (glycerine...) (1 item)
5. Hydrotherapy (cooling...) (1 item)
6. Antimicrobial ointment (1 item)
7. Systemic nonsteroidal anti-inflammatory drugs (1 item)
8. 2% testosterone cream/udder cream (1 item)
9. Light exercise (1 item)
10. Use Pro-bang device (1 item)
11. (0 pts for 0-1 items, 1 pt for 2 items, 2 pts for 3 items)

Type	Free text question, (Max: 2.00 Points)
Question-ID:	10463
Author	Martinez
Key Feature:	8. Subsequent question
Randomized:	No
Block no.:	1
Block name:	
Order:	9

9. Question

9. The preputial and penile swelling resolves; however, the horse has developed penile paralysis. Which 3 surgical techniques can be performed to specifically treat this condition?

Correction notes

Maximum total amount of characters allowed for the answer
100

1. Extensive postectomy (1 item)
2. Bolz procedure (phallopexy) (1 item)
3. Partial phallectomy with or without retroversion (1 item)
4. (0 pts for 0-1 items, 1 pt for 2 items, 2 pts for 3 items)

Type	Free text question, (Max: 2.00 Points)
Question-ID:	10464
Author	Martinez
Key Feature:	9. Subsequent question
Randomized:	No
Block no.:	1
Block name:	
Order:	10

10. Question

10. As an alternative treatment for urolithiasis you consider electrohydraulic shockwave lithotripsy. Based on the image shown what is necessary for the shockwave forces to be effective?

--- End of Case 1 ---



Correction notes

Maximum total amount of characters allowed for the answer

60

1. The calculus must be submerged in fluid including urine
2. (2 pts for all)

Type	Free text question, (Max: 2.00 Points)
Question-ID:	10485
Author	James
Key Feature:	Master question
Randomized:	No
Block no.:	1
Block name:	
Order:	11

11. Question

Case 5

This dorsoplantar radiograph of a 2 year-old Thoroughbred colt was obtained by the referring vet. The colt presented non-weightbearing right hind lame after exercise that morning.

1. Apart from taking any alternative projections, why is this radiograph inadequate in assessing this injury?



Correction notes

no points for Hornoff/flexed DP/dorsal 120° proximo-plantar distal oblique alone

Maximum total amount of characters allowed for the answer


50

1. Doesn't include the proximal articulation (TMT)
2. (2 pts for all)

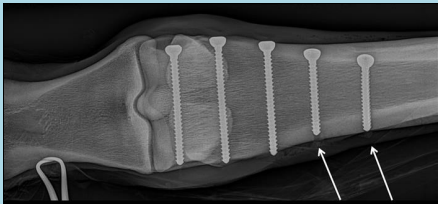
Type	Free text question, (Max: 2.00 Points)
Question-ID:	10486
Author	James
Key Feature:	1. Subsequent question
Randomized:	No
Block no.:	1
Block name:	
Order:	12
12. Question	
2. Based on the fracture configuration, why is a Kimzey splint inappropriate for stabilising this horse for transport?	
Correction notes	
Maximum total amount of characters allowed for the answer	
75	
<ul style="list-style-type: none"> 1. Doesn't counteract mediolateral forces/no mediolateral stability 2. (2 pts) 	

Type	Free text question, (Max: 2.00 Points)
Question-ID:	10487
Author	James
Key Feature:	2. Subsequent question
Randomized:	No
Block no.:	1
Block name:	
Order:	13
13. Question	
A series of standard radiographic views (dorsoplantar, lateromedial, DLPMO and DMPLO) of metatarsal III encompassing the entire diaphysis of the bone confirm a medial condylar fracture of MTIII, which spirals in the mid-diaphysis.	
3. Give 3 surgical approaches to repair this fracture.	
Correction notes	
Maximum total amount of characters allowed for the answer	
200	
<ul style="list-style-type: none"> 1. Standing lag screw repair (1 item) 2. GA spiral lag screw repair (open or minimally invasive with CT mapping) (1 item) 3. Distal lag screw fixation in combination with plate fixation (straight dorsolateral or spiral) (1 item) 4. (0 pts for 0-1 items, 1 pt for 2 items, 2 pts for 3 items) 	

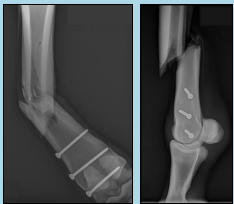
Type	Free text question, (Max: 2.00 Points)
Question-ID:	10488
Author	James
Key Feature:	3. Subsequent question
Randomized:	No
Block no.:	1
Block name:	
Order:	14
14. Question	
Based on pre-operative computed tomography of the limb you elect to perform lag screw fixation under general anaesthesia in left lateral recumbency.	
4. What alteration in hind limb position can you expect when the horse is placed in lateral recumbency, that will influence the accuracy of your implant placement?	
Correction notes	
Maximum total amount of characters allowed for the answer	
50	
<ol style="list-style-type: none"> 1. (natural) external rotation of hind limbs 2. (2 pts) 	

Type	Free text question, (Max: 2.00 Points)
Question-ID:	10489
Author	James
Key Feature:	4. Subsequent question
Randomized:	No
Block no.:	1
Block name:	
Order:	15
15. Question	
An intra-operative dorsoplantar radiograph is shown with a needle in place to assess correct placement of the first screw in this repair.	
5. Give the landmarks for insertion of the screw indicated by the needle.	
	
Correction notes	
(or drill hole is halfway along a line between the plantar eminence of proximal P1 and the most dorsal aspect of the lateral condyle - Auer definition)	
OR	
junction of the proximal-mid third epicondylar fossa (New Nixon fracture repair definition)	
Maximum total amount of characters allowed for the answer	
75	
<ol style="list-style-type: none"> 1. Centrally within the epicondylar (or lateral condylar) fossa 2. (2 pts) 	


Type	Free text question, (Max: 2.00 Points)
Question-ID:	10490
Author	James
Key Feature:	5. Subsequent question
Randomized:	No
Block no.:	1
Block name:	
Order:	16
16. Question	
In spite of inserting one of the screws perpendicular to the fracture in lag fashion, inadequate compression across the fracture line is noted on intra-operative radiographs. Self-tapping screws were not available.	
6. Aside from incomplete tightening of the screw, give five technical errors that could have led to this problem.	
Correction notes	
also accept drilling glide hole all the way across the bone	
<ol style="list-style-type: none"> 1. Incomplete drilling of pilot / thread hole through the trans cortex / far cortex "blind hole" (1 item) 2. Incomplete tapping of the trans cortex / far cortex (1 item) 3. Incorrect screw length - too short (1 item) 4. Glide hole doesn't cross the fracture line (1 item) 5. Screw has stripped/tap hole stripped (the threads) (1 item) 6. (0 pts for 0-2 items, 1 pt for 3-4 items, 2 pts for 5 items) 	

Type	Free text question, (Max: 2.00 Points)
Question-ID:	10491
Author	James
Key Feature:	6. Subsequent question
Randomized:	No
Block no.:	1
Block name:	
Order:	17
17. Question	
7. Give 3 technical steps, which should have been performed during screw insertion to avoid accumulation of the radiopaque material highlighted by the white arrows in the image.	
	
Correction notes	
is part 3: counterrotation of tap a more discriminating part of this question?	
<ol style="list-style-type: none"> 1. adequate cleaning of the drill bit to remove swath during drilling (1 item) 2. flush drill hole at end of tapping to remove debris (1 item) 3. counterclockwise rotation of tap (1 x 1/2 turn to each 3 x 1/2 clockwise turns) to encourage swath into the tap flutes (1 item) 4. (0 pts for 0-1 items, 1 pt for 2 items, 2 pts for 3 items) 	

Type	Free text question, (Max: 2.00 Points)
Question-ID:	10492
Author	James
Key Feature:	7. Subsequent question
Randomized:	No
Block no.:	1
Block name:	
Order:	18
18. Question	
The horse recovers well from anaesthesia and due to the nature of the fracture the cast is scheduled to be maintained for the initial 28 days post-operatively. However on day 16 post-operatively, the patient's comfort rapidly deteriorates.	
8. Apart from infection, give the three most likely differential diagnoses for decreased comfort on the affected leg in this patient.	
Correction notes	
Maximum total amount of characters allowed for the answer 100	
<ul style="list-style-type: none"> 1. Cast sores (1 item) 2. Failure of fixation/implants (1 item) 3. Propagation of fracture above the repair (1 item) 4. (0 pts for 0-1 items, 1 pt for 2 items, 2 pts for 3 items) 	

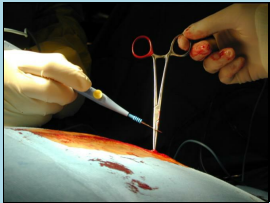
Type	Free text question, (Max: 2.00 Points)
Question-ID:	10493
Author	James
Key Feature:	8. Subsequent question
Randomized:	No
Block no.:	1
Block name:	
Order:	19
19. Question	
The radiographs shown were obtained from a different 2 year old Thoroughbred colt that underwent successful standing screw placement for treatment of a medial spiral condylar fracture.	
9. In order to manage this fracture, what form of internal fixation do you undertake? Be specific.	
	
Correction notes	
No additional credit for screws: 5.5mm cortical screws (1 item) combined with 5.0mm locking screws (1 item); 4.5mm cortex screws	
<ul style="list-style-type: none"> 1. Double plate fixation (1 point) using two broad plates (LCP) (1 point or similar suitable plate e.g. DCS/distal femoral plate etc) 2. 1 point each; total 2 points 	

Type	Free text question, (Max: 2.00 Points)
Question-ID:	10494
Author	James
Key Feature:	9. Subsequent question
Randomized:	No
Block no.:	1
Block name:	
Order:	20
20. Question	
You decide to repair the fracture using two broad plates (LCP) and 5.5mm cortical screws combined with 5.0mm locking screws.	
10. When considering the screw, why is the 5.0mm locking screw more resistant to bending forces than the 5.5mm cortical screw?	
--- End of Case 5 ---	
Correction notes	
5.0mm LCP = 4.4mm core; 5.5mm cortical screw = 3.9mm	
Maximum total amount of characters allowed for the answer	
25	
<ol style="list-style-type: none"> 1. Larger core diameter 2. (2 pts) 	

Type	Free text question, (Max: 2.00 Points)
Question-ID:	10465
Author	Martinez
Key Feature:	Master question
Randomized:	No
Block no.:	1
Block name:	
Order:	21
21. Question	
Case 6	
A 5-month old male weanling presents with mild to moderate, intermittent abdominal pain. The colt had history of intermittent discomfort of 8 days duration and loose faeces. You perform a routine diagnostic work up. The ultrasonographic image shown was obtained in the right paralumbar fossa. Dorsal is to the left of the image.	
1. What is the most likely diagnosis? Be anatomically specific.	
	
Correction notes	
Maximum total amount of characters allowed for the answer	
60	
<ol style="list-style-type: none"> 1. Large intestinal intussusception 2. Caecocaecal or caecocolic 3. (2 pts) 	

Type	Free text question, (Max: 2.00 Points)
Question-ID:	10466
Author	Martinez
Key Feature:	1. Subsequent question
Randomized:	No
Block no.:	1
Block name:	
Order:	22

22. Question
 2. An exploratory laparotomy through ventral midline is performed. What technique to minimise incisional haemorrhage is being employed in the image shown?




Correction notes

Maximum total amount of characters allowed for the answer
 75

- 1. **Monopolar (1 item) electrosurgery/electrocautery (1 item) in an indirect contact (2 items)**
- 2. **(0 pts for 0-2 items, 1 pt for 3 items, 2 pts for 4 items)**

Type	Free text question, (Max: 2.00 Points)
Question-ID:	10467
Author	Martinez
Key Feature:	2. Subsequent question
Randomized:	No
Block no.:	1
Block name:	
Order:	23

23. Question
 3. During exploration of the abdomen the image on the slide is encountered. Describe how you would manage the complication shown. Be specific.



Correction notes
 specific structure (i.e. dorsal colon vs caecum) not required due to lack of specific clarity of image

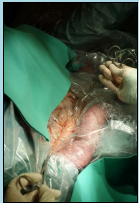
Maximum total amount of characters allowed for the answer
 80

- 1. **Inverting suture in seromuscular layer (accept any interrupted vs continuous; one layer vs 2 layer)**
- 2. **2 points for all**

Type	Free text question, (Max: 2.00 Points)
Question-ID:	10468
Author	Martinez
Key Feature:	3. Subsequent question
Randomized:	No
Block no.:	1
Block name:	
Order:	24

24. Question

4. A caecocolic intussusception is identified but cannot be manually reduced. Following the preparatory steps shown, what specific procedure will be performed to facilitate correction of the intussusception? Be specific.



Correction notes


Maximum total amount of characters allowed for the answer
40

1. Right ventral colotomy (or similar description)
2. (2 pts)

Type	Free text question, (Max: 2.00 Points)
Question-ID:	10469
Author	Martinez
Key Feature:	4. Subsequent question
Randomized:	No
Block no.:	1
Block name:	
Order:	25

25. Question

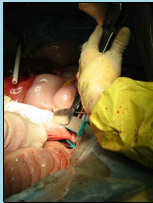
5. This image shows the lumen of the caecum. What is your diagnosis? Be specific.



Correction notes

Maximum total amount of characters allowed for the answer
50

1. Anoplocephala perfoliata infestation
2. (2 pts for all)

Type	Free text question, (Max: 2.00 Points)
Question-ID:	10470
Author	Martinez
Key Feature:	5. Subsequent question
Randomized:	No
Block no.:	1
Block name:	
Order:	26
26. Question	
6. Give a detailed description of the surgical procedure being performed in the image provided including the structure and specific instrumentation being used. Be specific.	
	
Correction notes	
Maximum total amount of characters allowed for the answer	
100	
<ol style="list-style-type: none"> 1. Occlusion or amputation (1 item) of the small intestine (accept ileum) (1 item) by application of TA(-90) stapling (1 item) with 4.8mm staples (1 item) 2. (0 pts for 0-2 items, 1 pt for 3 items, 2 pts for 4 items) 	

Type	Free text question, (Max: 2.00 Points)
Question-ID:	10471
Author	Martinez
Key Feature:	6. Subsequent question
Randomized:	No
Block no.:	1
Block name:	
Order:	27
27. Question	
7. An appropriate stapling device is not available to perform the transection of the ileum. What suture pattern should be used as an alternative hand-sewn technique?	
Correction notes	
Maximum total amount of characters allowed for the answer	
60	
<ol style="list-style-type: none"> 1. Parker-Kerr 2. also purse string with inverting layer over the top 3. (2 pts) 	

Type	Free text question, (Max: 2.00 Points)
Question-ID:	10472
Author	Martinez
Key Feature:	7. Subsequent question
Randomized:	No
Block no.:	1
Block name:	
Order:	28

28. Question

8. Describe the surgical procedure that has been performed in this image including specific name and anatomical location. Be specific.



Correction notes

No points for "caecal bypass"
should specify complete OR transection of ileum/jejunum

Maximum total amount of characters allowed for the answer

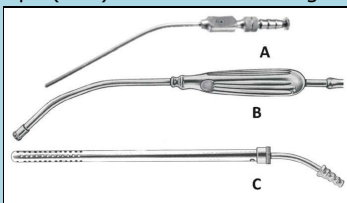
175

1. Side-to-side (1 item) ileocolic (1 item) (also accept jejunocolic) anastomosis (1 item) between the lateral and medial free bands (1 item) of the right ventral colon (1 item) with ileal/jejunal transection or complete (1 item)
2. (0 pts for 0-3 items, 1 pt for 4-6 items, 2 pts for 7 items)

Type	Free text question, (Max: 2.00 Points)
Question-ID:	10473
Author	Martinez
Key Feature:	8. Subsequent question
Randomized:	No
Block no.:	1
Block name:	
Order:	29

29. Question

9. Following completion of the ileocolic anastomosis you perform a large volume abdominal lavage. Which of the suction tips (A-C) shown in the image is ideal for use within the abdomen and what is it called?



Correction notes

Maximum total amount of characters allowed for the answer

15

1. C: Poole tip
2. (2 pts)

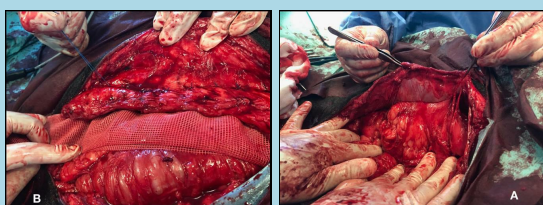
Type	Free text question, (Max: 2.00 Points)
Question-ID:	10474
Author	Martinez
Key Feature:	9. Subsequent question
Randomized:	No
Block no.:	1
Block name:	
Order:	30

30. Question

The colt develops a large incisional hernia following post-operative incisional infection. Three months later herniorrhaphy is undertaken.

10. What is the name of the technique for mesh placement that is being employed in the images shown?

--- End of Case 6 ---



Correction notes

Maximum total amount of characters allowed for the answer

25

1. Preperitoneal sublay
2. (2 pts)

Type	Free text question, (Max: 2.00 Points)
Question-ID:	11642
Author	Cramp
Key Feature:	Master question
Randomized:	No
Block no.:	1
Block name:	
Order:	31

31. Question

Case 5

You are called out to a flat racing yard in the UK where a 2-year-old Thoroughbred filly has started fast work training (galloping). She has pulled up lame at the top of the gallops. Upon arrival you examine the filly and find her to be AAEP grade 4/5 lame with pain on flexion and effusion of the right front fetlock.


1. What is your next diagnostic step? Be specific.


Correction notes

Maximum total amount of characters allowed for the answer

50

1. Radiography of the right front fetlock
2. (2 pts for all)

Type	Free text question, (Max: 2.00 Points)
Question-ID:	11643
Author	Cramp
Key Feature:	1. Subsequent question
Randomized:	No
Block no.:	1
Block name:	
Order:	32
32. Question	
You perform radiography of the right front fetlock and see the following images.	
2. What is your diagnosis? Be specific.	
	
Correction notes	
Maximum total amount of characters allowed for the answer	
150	
<ul style="list-style-type: none"> 1. Fracture (1 item) of P1/first phalanx (1 item) (must be in answer to get points) 2. Incomplete (1 item) 3. Sagittal (1 item) 4. Non-displaced/minimally displaced (1 item) 5. Uniarticular/articular (1 item) (accept articular, closed or acute as fifth item) 6. (0 pts for 3, 1 point for 4-5, 2 points for 6) 	

Type	Free text question, (Max: 2.00 Points)
Question-ID:	11644
Author	Cramp
Key Feature:	2. Subsequent question
Randomized:	No
Block no.:	1
Block name:	
Order:	33
33. Question	
Based on the information that you have you recommend that internal fixation of the fracture is performed under standing sedation. The image shown is an intra-operative image, the first screw is being placed.	
3. Please state the surgical technique that is being employed. Be specific.	
	
Correction notes	
Maximum total amount of characters allowed for the answer	
150	
<ul style="list-style-type: none"> 1. Repair of a uniarticular parasagittal proximal phalanx fracture with the triangular screw technique. 2. (2 pts for all) 	

Type	Free text question, (Max: 2.00 Points)
Question-ID:	11645
Author	Cramp
Key Feature:	3. Subsequent question
Randomized:	No
Block no.:	1
Block name:	
Order:	34

34. Question

4. From the series of lateromedial radiographs taken intraoperatively with drill guide in place. Which 2 criticisms of the repair would you make? Be specific.



Correction notes

Maximum total amount of characters allowed for the answer

160

1. The direction of both holes has been drilled in a converging direction (palmar one directed dorsally and the dorsal one directed palmarly)
2. Too distal positioning of the screws, not enough compression at joint surface
3. (2 pts for all)

Type	Free text question, (Max: 2.00 Points)
Question-ID:	11646
Author	Cramp
Key Feature:	4. Subsequent question
Randomized:	No
Block no.:	1
Block name:	
Order:	35

35. Question

The images shown are taken intra-operatively. When placing the dorsoproximal screw you felt that it made contact with the palmar proximal screw which had been placed first. It was not possible to completely reduce the fracture when tightening the dorsoproximal screw.

5. Based on the radiographs what is your suggestion to improve the repair? Be specific.



Correction notes

Maximum total amount of characters allowed for the answer

100

1. Replace (redrill) either one of the proximal screws
2. Remove one of the proximal screws
3. (2 pts for an option to improve the repair)

Type	Free text question, (Max: 2.00 Points)
Question-ID:	11647
Author	Cramp
Key Feature:	5. Subsequent question
Randomized:	No
Block no.:	1
Block name:	
Order:	36

36. Question

Six weeks later the horse is reported to be comfortable at walk but there is marked swelling of the pastern region. Radiographs are taken and are shown.

6. Please identify the reason for the new bone formation on the dorsal aspect of the first phalanx and also the new bone formation on the distolateral aspect of the first phalanx. Be specific.



Correction notes

Maximum total amount of characters allowed for the answer

200

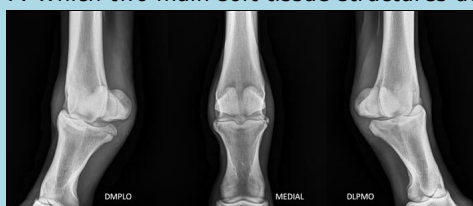
1. Dorsal aspect: Instability of the fracture repair leading to excessive callus formation.
2. Lateral aspect: Propagation of the fracture line to exit at the distolateral aspect of P1.
3. (2 pts for all)

Type	Free text question, (Max: 2.00 Points)
Question-ID:	11648
Author	Cramp
Key Feature:	6. Subsequent question
Randomized:	No
Block no.:	1
Block name:	
Order:	37

37. Question

Despite a protracted rehabilitation period and intra-articular medication of the fetlock joint, she returns to racing as a 4 year old. In her last run, which she won, she was reported to have stumbled and pulled up very lame with swelling of the left hind fetlock. The referring vet takes a set of radiographs and sends them to you for your opinion, they are shown.

7. Which two main soft tissue structures do you need to consider with a fracture in this location? Be specific.



Correction notes

Maximum total amount of characters allowed for the answer

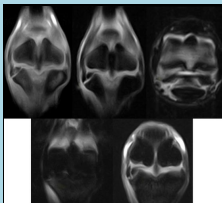
75

1. Distal sesamoidean ligaments
2. Medial collateral ligament
3. (2 pts for both)

Type	Free text question, (Max: 2.00 Points)
Question-ID:	11649
Author	Cramp
Key Feature:	7. Subsequent question
Randomized:	No
Block no.:	1
Block name:	
Order:	38

38. Question
 You perform low field MRI under standing sedation and determine that there is a partial avulsion of the distal enthesis of the medial collateral ligament.

8. From the selected images shown what other important aspect of the fracture can you determine? Be specific.



Correction notes

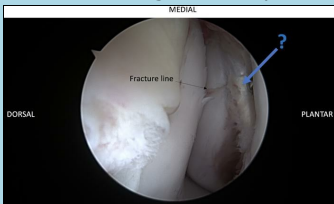
Maximum total amount of characters allowed for the answer
 100

1. **Comminution of the fragment at the medial aspect of the plantar proximal phalanx.**
2. **(2 pts for all)**

Type	Free text question, (Max: 2.00 Points)
Question-ID:	11650
Author	Cramp
Key Feature:	8. Subsequent question
Randomized:	No
Block no.:	1
Block name:	
Order:	39

39. Question
 Due to the fact that the fracture appears comminuted and involving part of the medial collateral ligament you elect to perform arthroscopy with the horse in lateral recumbency and the scope placed in the proximoplantar synovial recess to further evaluate the orientation of the fracture and the overall condition of the joint. The arthroscope is directed distally.

9. On the image shown please identify the structure marked by the blue arrow. Be specific.



Correction notes
 Do not accept Collateral Ligament

Maximum total amount of characters allowed for the answer
 50

1. **Distal sesamoidean ligaments (or medial oblique distal sesamoidean ligament)**
2. **(2 pts)**

Type	Free text question, (Max: 2.00 Points)
Question-ID:	11651
Author	Cramp
Key Feature:	9. Subsequent question
Randomized:	No
Block no.:	1
Block name:	
Order:	40

40. Question

10. Compared with removal of the fracture fragment as a treatment option, list 2 reasons why the repair shown in the images is advantageous. Be specific.

--- End of Case ---



Correction notes

1. To oppose distracting forces from the distal sesamoidean ligaments when the fetlock is in extension
2. To reduce the fracture to obtain the best articular congruency.
3. (2 pts for all)