

ECVS Mock Exam – Large Animal – Case-based

Question 1

An 8-year-old Warmblood gelding used for showjumping presents for evaluation of a progressively worsening lameness. Physical examination reveals no significant abnormalities. The video shows the horse being evaluated under saddle as part of your lameness examination.

Identify the lame limb shown in the video.

LH

Question 2

According to Maliye et al (2016 JAVMA), what is the clinical manifestation of the compensatory load redistribution caused by unilateral hind limb lameness?

Ipsilateral forelimb lameness

Question 3

You decide to block the tarsometatarsal joint but the horse has signs of a local skin infection over the region of the head of the lateral splint bone.

Provide the landmarks for the recently described alternative approach to the joint by Canonici et al (2019 AJVR).

between MT2 and MT3 until the TMT joint was reached. At that location, the site for injection was palpated as a small circular depression distal to the fused first and second tarsal bones and plantar to the proximal edge of MT3

Alternatively, the site for injection of the centrodistal joint can be identified and the needle inserted at a point 1 cm distal and 1 cm plantar to the joint via a medial approach.

Question 4

The horse improves significantly after intra-articular anaesthesia of the tarsometatarsal joint. This lateromedial radiograph of the hock is obtained.

List the radiographic abnormalities:

Periarticular osteophytes dorsoproximal MTIII and T3

Subchondral bone lucency within tarsometatarsal joint

Increased opacity/sclerosis/loss of normal trabecular pattern within central tarsal bone, third tarsal bone and dorsoproximal MT III

Enthesious new bone dorsal MTIII

Question 5

What are the reported surgical options for arthrodesis of the tarsometatarsal and distal intertarsal joints?

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Laser ankylosis
LCP T-plate
Kerf cylinder implant (single or double)
Transarticular drilling

Question 6

You elect to perform arthrodesis of the tarsometatarsal joint using the transarticular drilling technique.

Describe the landmarks for the entry point of the drill site. Be specific.

Drill site: in a line midway between groove prox MTIII & MTII and most dorsal aspect of the limb/distal tarsus, at the level of the TMT

Question 7

Describe the orientation and depth of the drill tracts used in this technique.

1. 20mm long directed toward head MT IV
2. 20mm angled at 30° to first drill tract in a plantar direction
3. 35mm depth angled at 30° dorsal to the first drill tract

Question 8

During the procedure, marked haemorrhage is noted from the drill tracts.

What is the likely explanation and the source of the haemorrhage?

Drill tract too deep/long

Disruption of the perforating branch of the cranial tibial artery (within the tarsal canal)

Question 9

The horse recovers well from anaesthesia but the video shows the horse's gait on return to stall.

Describe the most likely diagnosis.

Right femoral nerve paralysis

Question 10

What is the most likely cause of femoral nerve paralysis in horses in dorsal recumbency?

Prolonged caudal extension of the limb