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Bal a Bali Makes a Comeback with Palm Beach Equine Clinic *by Lauren Fisher, Jump Media*



Bal a Bali.

Thoroughbred Brazilian Triple Crown winner Bal a Bali was admitted to Palm Beach Equine Clinic (PBEC) on August 3, 2014. The elite athlete was treated for life threatening laminitis by Staff Surgeon Dr. Weston Davis of PBEC in conjunction with Dr. Vernon Dryden just months after his Triple Crown win in March of that year.

Brazil's 2014 Horse of the Year, Bal a Bali (Put It Back—In My Side, by Clackson) took an impressive win in the Grande Premio Cruzeiro do Sul (Brz-I) to become the country's 12th Triple Crown winner. He finished the race in track-record time at Gavea racecourse.

Following his last start in June 2014, Bal a Bali was purchased by Fox Hill Farm and Siena Farm and imported to the U.S. in late summer,

but unfortunately contracted laminitis during his travels. Bal a Bali was in a Florida quarantine scheduled to fly to trainer Richard Mandella's stable in California when the problems developed.

Bal a Bali was quickly moved to Palm Beach Equine Clinic where he was received by Dr. Weston Davis, who would oversee his care in hospital for the next three months. PBEC set aside a barn as a quarantine unit to meet the horse's final import requirements where he was treated with aggressive cryotherapy – a gold standard of laminitis care. Hospital Staff monitored Bal a Bali in the cold-water spa continuously for the next several days through the severe acute phase of his disease, and then he was gradually weaned out of the spa as he

improved clinically.

On two occasions, Dr. Davis performed Intravenous Regional Perfusions of the feet with state of the art Stem Cells. A myriad of other medical therapies were administered though the course of his stay. Progression of laminitis was monitored closely with the use of radiographs, and advanced farrier management for the optimal sole support and mechanics to decrease strain on his fragile lamina. By October, the horse was cleared to travel to Siena Farm in Kentucky. There, Dr. Dryden continued to treat the horse and he was then flown to California in January.

After a nine-month recovery process, Bal a Bali made a miraculous return to the track for his North American debut in May 2015. He cruised to victory in the \$100,000 American (G3), a one-mile turf race for three-year-olds and up at Santa Anita Park. At that point, the five-year-old horse had captured 12 of 13 career starts and earned \$570,078. Bal a Bali's comeback was no doubt a result of the outstanding care he received at Palm Beach Equine Clinic under the extraordinary supervision of Dr. Weston Davis and Dr. Vernon Dryden. Thank you Fox Hill Farm and Siena Farm for the trust you placed in Palm Beach Equine Clinic.

Get to Know PBEC's Newest Addition: Dr. Jamie McAnly *by Lauren Fisher, Jump Media*



Dr. Jamie McAnly with Curlin, the highest North American money earner in Thoroughbred racehorse history and three-time horse of the year.



Dr. Jamie McAnly with Rachel Alexandra, who beat the boys in the Preakness Stakes and for Horse of Year.

Where are you from?

I am a fourth generation Floridian, from Arcadia, a small agriculture community in central Florida.

Where did you go to school?

I attended University of Florida for my undergraduate studies and then Ross University School of Veterinary Medicine.

Did you work anywhere else before?

I completed my internship and remained as an associate for 2 years at Equine Services, PSC, in Shelbyville, KY. After 3 years in Kentucky, I longed to return to FL and took a position as a thoroughbred racetrack practitioner with Yarbrough & Rabenstein DVM. For the past 7 years, I have wintered at the Palm Meadows Training Center in Boynton Beach and spent my summers at Monmouth Park and most recently, the historic Saratoga Racecourse.

What is your specialty? What will be your role at PBEC?

After 7 years of focusing on the thoroughbred racehorse my strengths are sports medicine, lameness diagnosis, and diagnostic imaging.

When and why did you decide to become a vet?

I cannot remember when I decided to become a vet because there was never a time that I did not know that this is what I wanted to do.

What is your experience with horses?

I think my history is very similar to all of us in the horse industry. The passion for horses is something we are born with. I was obsessed with horses and luckily I had an aunt who is a world champion APHA (American Paint Horse Association) rider and trainer. I took after her and showed western pleasure, along with trail riding in my family's orange grove on our quarter horses.

What are some of your other hobbies or interests?

I enjoy spending time with my family, friends, and 3 dogs (Max, Tucker, and Lucy). I enjoy yoga.

What are you most looking forward to about working at PBEC?

I am very excited about working with the diversity of breeds and disciplines that Palm Beach County can offer. I am also excited about working with such a large organization with doctors on staff with specialties other than my own, that I can learn from and broaden my practice of veterinary medicine.

Who has been an influence in your life or career?

I must give credit to my first employer, Dr. Scott Bennett of Equine Services, PSC. Those first 3 years I spent in Kentucky, I learned what it really meant to be an equine veterinarian. Going days without sleep during foal season, traveling around the country to horse shows, rushing into emergency colic surgery, triaging emergencies. I was exposed to so many situations and he was an outstanding mentor.

What do you love about your job?

What I love about my job most is problem solving, whether it be a difficult lameness or a fever of unknown origin, it is very rewarding to use my skill set and knowledge to figure it out. There is no better feeling than knowing you were able to help the client and the horse.

Advances in Imaging at PBEC: MRI vs. Nuclear Scintigraphy

by Lauren Fisher, Jump Media



Palm Beach Equine Clinic prides itself as a consistent leader in horse sport medicine and recently upgraded its scanning technologies to provide better equine diagnostic imaging services for their clients.

Last fall, PBEC installed a state-of-the-art MRI lab containing the Equine Standing MRI manufactured by Hallmarq, which allows scans of the equine foot and distal limb to be imaged in a standing position requiring only light sedation.

Also, last summer PBEC renovated the existing Nuclear Scintigraphy lab, including the installation of the new top-of-the-line MiE Equine Nuclear Scintigraphy camera. This new gamma ray camera is designed with sharper contours for more precise imaging and lameness diagnosis. The advanced technology software provides the ability to acquire high quality images regardless of small patient movements, alleviating the necessity for re-scans and reduces the time required to complete a scan.

Both MRI and Nuclear Scintigraphy can be extremely useful in diagnosing lameness origins and determining appropriate, effective treatment for your horse; but it is important to know the difference between the two imaging modalities and how both are most effectively utilized.

Nuclear Scintigraphy, also known as a bone scan, is typically used to diagnosis the injuries or bone remodeling within the skeletal anatomy of the horse. In comparison, MRI can be more useful to further diagnose a known lameness origin to acquire more defined, precise images of both bony and soft tissue structures.

The process of a Nuclear Scintigraphy scan begins with the horse injected with a radioactive isotope, specifically named Technetium 99, which attaches to the phosphorous proteins localized within the bone. The absorption of the isotope into the bones takes several hours. After the isotope has been absorbed, a specialized nuclear isotope gamma ray camera is used to capture images of the skeletal anatomy and produce diagnostic images. Points of interest on the images that "light up" are defined as areas of increased metabolic activity indicating a site of injury or active bone remodeling. Depending on the amount of uptake within an area it can indicate the severity of the injury, from a fracture to mild exercise induced remodeling within a joint.

Bone scans are also very useful in defining multi limb lameness origins. Our gamma ray camera has the capability to allow for 360 degree imaging around the horse, including dorsal views

(images looking down from above the horse, i.e. full pelvis images). The camera has a wide range of view as well as capabilities for easy imaging of the cervical vertebrae (neck), and pelvic views of which are difficult to capture with standard radiographs. Typically, Nuclear Scintigraphy scans isolate points of injury to be identified further with other diagnostic techniques.

The process of Magnetic Resonance Imaging, also known as MRI, works based off of basic physics: aligning atoms created by frequency pulses omitted from the magnetic field within the lab equipment. MRI produces highly detailed images in several different planes (sagittal, transverse and frontal views) and varying slice thickness to image a desired area completely. The biggest difference between a bone scan and MRI is that MRI is best used to further define an injury/ specific area that your veterinarian has already pinpointed as the origin of lameness. An exploratory MRI scan to diagnose the entire distal limb is not the most economical for diagnosis. For example, if your veterinarian notes an irregularity within the tendons surrounding the Right Fore Fetlock, PBEC would scan the right fore fetlock region to better identify the confirmed irregularity noted on the Ultrasound.

PBEC has both MRI and Nuclear Scintigraphy labs on site at the hospital that can assist with the complete diagnosis of your horse's lameness. We are also one of very few equine practices in the U.S. with a Board Certified Radiologist on staff. World-renowned Radiologist, Dr. Sarah Puchalski, is on site during our busiest season to interpret images so clients have results as quickly as possible as well as to make sure the client has a complete, diagnostic study prior to the horse leaving the clinic.