

Horse: Staro Queens 19-1612  
Patient ID: 2722503  
Owner: Staro International AB  
Referring Veterinarian: Håkan Ahlström  
9 April 2020

**Surgery report:**

The patient was anesthetized and placed into dorsal recumbency. Both tarsi were clipped, aseptically prepared and draped as routine. The arthroscope was introduced to the dorsomedial aspect of the left tarsocrural joint as routine. The radiographically identified lesion was confirmed at the distal intermediate ridge of the tibia. The osteochondral fragments (Figure 1) were removed through a dorsolateral instrument portal, the bed debrided (Figure 2) and the joint lavaged. The joint was in otherwise good condition.

The procedure was repeated as above for the right tarsus (Figures 3 and 4). A second radiographically identified lesion was present on the medial malleolus of the right tibia (Figure 5). The lesion was removed, the bed debrided (Figure 6) and the joint lavaged. The portals were closed with simple interrupted sutures and the limbs bandaged.

See attached images below.

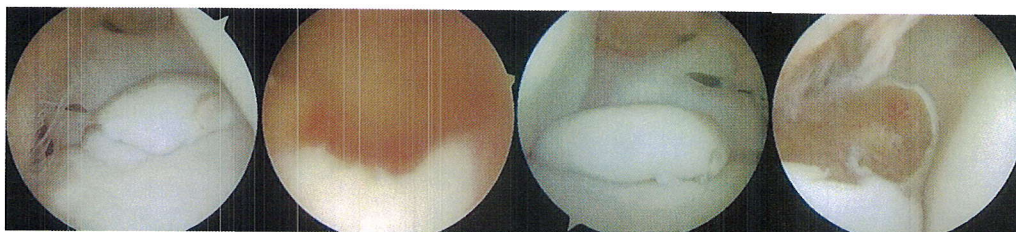


Figure 1

Figure 2

Figure 3

Figure 4

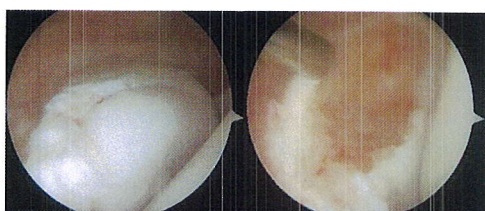


Figure 5

Figure 6

**Diagnosis:**

-Left tarsocrural joint

Osteochondritis Dissecans – distal intermediate ridge of the tibia

-Right tarsocrural joint

Osteochondritis Dissecans – distal intermediate ridge of the tibia

Osteochondritis Dissecans - medial malleolus of the tibia

**Prognosis:** Good

**Post-operative recommendations:**

Strict stall rest until suture removal. Suture removal in 10-14 days from surgery. Metacam (350 kg dosage) orally for 10 days. Bandage limbs until 3-4 days after suture removal, changing every 3-4 days or more frequently if the bandage slips or becomes soiled. Following suture removal, box rest with hand walking for 4 weeks, followed by turnout as normal for another 30 days.

Kind regards,

Philip J. Kieffer DVM

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