

My Approach To The Prepurchase Examination

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My Approach To The Prepurchase Examination

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The Prepurchase Examination

- ▶ “Point in time” evaluation
- ▶ Identify problems that may hinder performance
- ▶ Risk assessment survey and not “pass / fail” examination
- ▶ Provide information to buyer to make informed decision



The Prepurchase Examination



- Recognized findings evaluated in light of:
- ▶ Intended use
 - ▶ Potential impact on performance
 - ▶ Scientific data
 - ▶ Buyers willingness to accept risk

Philosophy of the Prepurchase Examination

- ▶ Important part of practice and equine industry
- ▶ Must enjoy risk assessment evaluation
- ▶ Communication is important
- ▶ Veterinarian works for the buyer/buyer's agent
- ▶ Decision to purchase rests with buyer
- ▶ Implied conflict of interest must be dealt with
- ▶ Extent of examination determined initially

Philosophy of the Prepurchase Examination

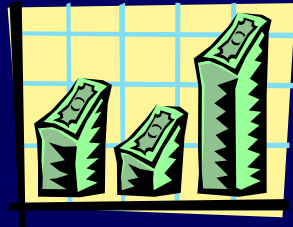
- ▶ Full disclosure from seller important- can be challenging
- ▶ Identify current problems and assess relative clinical significance
- ▶ Identify "areas of concern" that may have potential limit to performance
- ▶ Perform all procedures necessary to acquire adequate information

Philosophy of the Prepurchase Examination

- ▶ Buyer or agent available for communication
- ▶ Verbal summary and detailed written report provided to buyer should include:
 - Opinion on the medical aspects of the horse and how they may impact intended use
 - Opinion based on experience, scientific data, experience of other practitioners, and instinctive aspect of "fit" for the horse

Philosophy of the Prepurchase Examination

- Financial remuneration:
- ▶ Time for examination
 - ▶ Personnel utilized
 - ▶ Technology
 - ▶ Ancillary testing
 - ▶ Information compilation and dissemination



The Prepurchase Examination

- ▶ Major considerations
 - Allow sufficient time
 - Assistance personnel
 - Adequate and safe area
 - Buyer and seller information with appropriate contacts, including agents



The Prepurchase Examination

- ▶ Horse information with photos
- ▶ Current and intended use
- ▶ History- past and current
 - Medical
 - Lameness
 - Surgical
- ▶ Medication?
- ▶ Shoeing



The Prepurchase Examination

- Behavioral aspects:
- ▶ Intended use
 - ▶ During examination
 - ▶ Specific items
 - ▶ Vices
 - ▶ Liability?
 - ▶ Can be deal breaker



The Prepurchase Examination

- ▶ Systematic examination
 - Mouth and ophthalmic
 - Respiratory
 - Cardiovascular
 - Gastrointestinal
 - Neurologic
 - Musculoskeletal
 - ▶ Feet and shoes



The Prepurchase Examination

Musculoskeletal:

- ▶ At rest vs. movement
 - Personal preference
 - Insight into concerns
 - Systematic approach
 - Systems analysis



- ▶ Risk Assessment

The Prepurchase Examination

▶ Examination at rest:

- Conformation
- Hoof testers
- Muscle symmetry
- Palpation neck, back and pelvis
- Palpation of tendons and ligaments
- Assessment of joints
- Passive flexion



The Prepurchase Examination

Examination at movement:

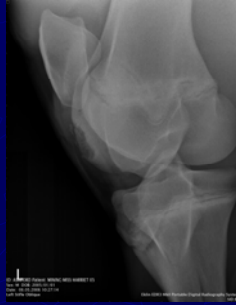
- ▶ In hand
- ▶ Lunge line
- ▶ Dynamic flexion tests
- ▶ Ridden or harness
- ▶ Competition or schooling at intended level
- ▶ Gait analysis systems
- ▶ Post movement exam



The Problem Prepurchase Examination

Liability issues relating to findings or non-findings:

- ▶ Missing a relevant condition
- ▶ Not informing of a condition or a finding
- ▶ Improper assessment of a finding



The Problem Prepurchase Examination

- ▶ Release of examination results/ information
- ▶ Injury to horse
- ▶ Injury to persons



The Problem Prepurchase Examination

Dissatisfaction from buyer/buyer's agent:

- ▶ Communication problem
- ▶ Reports not timely
- ▶ Lack of follow through with examination items
 - Insurance forms
 - Bloodwork results- Drugs
 - Information to regular vet or second opinion
- ▶ Omission of requested service
- ▶ Price of examination- rare

The Problem Prepurchase Examination

Dissatisfaction from seller/seller's agent:

- ▶ Impression that veterinarian was cause of horse not selling
- ▶ Examination was too strenuous/rigid/tough
- ▶ Not given access to examination findings
- ▶ Veterinarian unaware of performance requirements of intended use.

PPE Case - WB, 10yr, Geld, Hunter



PPE Case 1

- ▶ Buyer tried horse 2X at show- actively competing last four months
- ▶ Buyer- "perfect fit for my daughter"
- ▶ Buyer- "has to be done before we leave on Sunday"



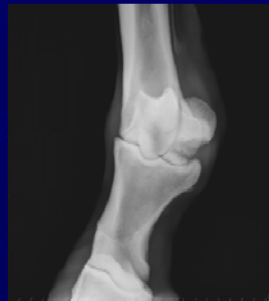
PPE Case 1

- ▶ Horse given 500mg Banamine ~ 33 hr previous
- ▶ Blood draw for PPE medication screen
- ▶ No apparent lameness present on hard or soft ground, or when observed ridden on show ring surface
- ▶ All flexion tests considered negative



PPE Case 1

- ▶ Radiographs- RH fetlock osteochondral fragment caudal eminence of proximal P1
- ▶ Similar in appearance to radiographs from 3 years previous (seller "forgot" she had rads of area)
- ▶ Opinion to buyer- findings of low risk for complications at intended use
- ▶ Rads and PPE findings sent to buyer's veterinarian

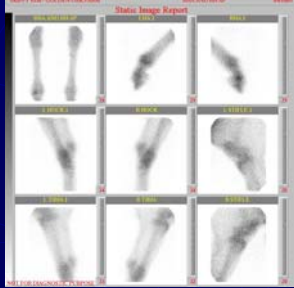


PPE Case 1

- ▶ Bloodwork- positive for Banamine
- ▶ Buyer's veterinarian
 - "Major concern" with OCD fragment present
 - Consulted with surgeon- "immediate" surgical removal recommended for future soundness
- ▶ Buyer "torn" – really wants horse
- ▶ Offer nuclear scintigraphy for physiologic assessment of inflammation to area

PPE Case 1

- ▶ Bone Scan results- no significantly increased uptake of isotope in RH fetlock (slightly more diffuse LH fetlock uptake)
- ▶ Clinical re-examination-
 - No lameness present, flexion tests- negative



PPE Case 1

- ▶ Buyer purchases horse
 - Champion at 1st show
 - Reserve Champion at 2nd show
 - Champion at 3rd show



PPE Case 1

- ▶ Three (3) months post PPE- Buyer calls seller's agent-
 - "Horse refused at fences twice with her daughter- must be OCD chips"
 - Horse had not been examined by veterinarian
 - Threatens lawsuit and discrediting of seller's agent (trainer) as a representative of sale horses
- ▶ Horse returned to/taken back by seller

PPE Case 2

12 yr, DWB, Fe,
Jumper



PPE Case 2

- ▶ Horse to continue at Jr Jumper- 4'6"-4'9"
- ▶ Treated by same veterinary practice last 3 ½ yrs
- ▶ Horse moved to new trainer 14+ months ago
- ▶ PPE at horse show- competed well for 3 consecutive weeks
 - Seller's agent (trainer) to supply medical history
 - Injected Stifles, hocks, front coffin joints ~ 5 wks ago
 - Shoeing changes recently at show

PPE Case 2

- ▶ No medication last 60 hrs- showed on ReguMate, medroxyprogesterone, estrone sulfate, Bute, Ketofen, Dexamethasone (1st wk only), Magnesium chloride (1st wk only), Adequan/Legend weekly
- ▶ Buyer obtained competition records last 3 years- similar "success" and no "gaps" in competition schedule

PPE Case 2

- ▶ Shoes
 - Front- bar shoes w/ frog support pads and pour-in acrylic
 - Hind- square toes, small wedge pad, LH mildly reactive to tongs medial heel
- ▶ Muscle spasms to palpation lower back/croup- mild to moderate bilaterally
- ▶ Slight decreased ROM to left with neck
- ▶ Mild increased effusion L tibiotarsal joint

PPE Case 2

- ▶ No lameness hard or soft ground on lunge
 - Fluid, forward, balanced stride
- ▶ No lameness/gait variations when ridden
 - Solid stride with no change from lunge
 - Lead changes, transitions fluid
- ▶ RF lower leg flexion- (1/5) for 3 strides



PPE Case 2

- ▶ Radiographic findings-
 - Mild OA distal tarsal joints bilaterally
 - Small osteochondral fragment DIRT left tarsus
 - Mild bony remodeling bilateral front fetlock joint margins
 - Symmetrical changes bilateral navicular bones
 - Smooth exostosis right and left front MC2
- ▶ Ultrasonographic findings-
 - Neck/back- mild sporadic vertebral facet changes
- ▶ Bloodwork- normal, no drugs detected

PPE Case 2

- ▶ Medical history (3 ½ yrs ago to 14 months ago)
 - Hocks injected 2X
 - Front coffin joints injected 3X
 - LF fetlock lameness- injected, meds and rest
 - RF foot abscess
 - Adequan- 2X/month
 - Legend- 1X/month
 - Routine preventative care plus one colic episode and one laceration

PPE Case 2

- ▶ Musculoskeletal treatments (recent 14 months)
 - Hocks injected 3X, Hind fetlocks injected 2X
 - Front coffin joints injected 2X
 - Navicular bursas injected 1X
 - Neck vertebral articular facets injected 2X
 - Sacroiliac injected 1X, Back injected 2X, Mesotherapy 3X
 - Patellar ligaments blistered 2X, Gluteal muscles blistered 1X
 - Stifles injected 2X, Left coxofemoral joint injected 1X, Left sciatic nerve region injected 1X
 - Shockwave therapy (back and splints)- 11 treatments
 - Subdermal injection treatment- shoulders 1X

PPE Case 2

- ▶ Presenting complaints with recent treatments
 - No lameness > (1/5), No flexion test > (1+-2/5)
 - Stiffness to right, Hard to turn, Swapping leads, "Catching stifles", Jumping to the right, Landing "backed off", "weak" off the ground, No push from behind, Sore-footed after shoeing, Left hind shortness and not coming under herself, Won't round up in her work, "Tight" in her back, Lacks freedom in front end/pulled rails, Jumping flat, Doesn't feel even/comes out stiff, "Bearing down" on the front end, "Loose" stifles, Trouble carrying herself over fences
- ▶ Discussion ?

PPE Case 2

Buyer declined purchase!



PPE Case 3



PPE Case 3

- ▶ 10 year old NZL TB recently brought into the USA for resale
- ▶ Moderate to severe response to palpation of the back during the PPE
- ▶ Trainer reported gelding acted “cold backed” when being tacked up
- ▶ Limited flexibility to back under saddle

PPE Case 3



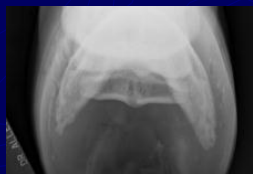
PPE CASE 4

- ▶ 9 year old upper level dressage WB gelding recently sent to USA from Germany for resale
- ▶ •Moderate effusion palpated within medial femorotibial joint of R stifle
- ▶ •Shortened anterior phase of the RH stride in both directions under saddle
- ▶ •Some difficulty maintaining canter leads



PPE Case 5

- ▶ 15 yr old WB Grand Prix dressage schoolmaster in active competition
- ▶ •Mild to moderate effusion noted in both front coffin joints
- ▶ •Moderate response to flexion of both lower forelimbs
- ▶ •Navicular films raised considerable concerns



The Prepurchase Examination Summary

- ▶ Frequent part of Sport Horse practice
- ▶ Can elect to do or not do
- ▶ Be thorough in all aspects
- ▶ Develop your own parameters in assessing risk management for the intended use
- ▶ Keep good records and access to results of all other imaging, testing

Questions?