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19th January, 2020

RADIOGRAPHY REPORT

Disclaimer: This report and the findings contained herein are solely for the requester and may not be used or relied upon by any other person or entity without the express written consent of Dr Chris Lawler BVSc. The interpretation of radiographic findings, and video endoscopic recordings, may vary with the examiner, method of examination and a horse's changing condition. This is a report of the undersigned's findings on the date indicated. This report is limited to the findings contained herein and no other findings or opinions should be inferred beyond those expressly set forth herein. This report does not constitute a warranty or guarantee of any kind by Dr Chris Lawler BVSc.

Lot: 672

Horse: Hinchinbrook x I Presume

Signalment: Bay yearling colt Left = s inside C Right = 38 over 8

Examined at: New Zealand Bloodstock Karaka Sales, January 2020

Vendor: Cambridge Stud

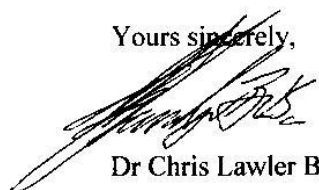
Requester: Mr Henry Plumptre

Radiographer: Cambridge Equine Hospital – Dr Rob Hitchcock

Left Fore Hoof: No significant findings.
Left Fore Fetlock: No significant findings.
Left Fore Knee: No significant findings.
Right Fore Hoof: No significant findings.
Right Fore Fetlock: No significant findings.
Right Fore Knee: No significant findings.
Left Hind Fetlock: No significant findings.
Left Hind Hock: No significant findings.
Left Hind Stifle: No significant findings.
Right Hind Fetlock: No significant findings.
Right Hind Hock: No significant findings.
Right Hind Stifle: There is a 14 x 17.5mm bone cyst in the medial femoral condyle with surrounding sclerosis.

Comment : Rating this horse as a low, moderate or high risk to develop lameness in one of the radiographed joints or areas I would rate this horse as a **moderate** risk. Approximately 7% of bone cysts in the medial femoral condyles will progress to cause a chronic lameness. The remaining 93% will remain sound. Unfortunately we cannot tell from radiographs which horses will fall into the 7 % category – hence the **moderate** rating.

Yours sincerely,



Dr Chris Lawler BVSc