



Health Tips



Large Animal Veterinary Services

Tom Judd, D.V.M. 2 Halls Hill Road, Falmouth, Maine 207-797-9470 e-mail: tjuddvm@maine.rr.com

Newsletter Volume 1 Issue 1 Spring 2000

Spring is right around the corner, please contact the office early to schedule spring vaccinations and exams. We recommend the following to help prepare for summer activities:

Spring check up should include a complete physical and dental exam

Rabies, Eastern/Western Encephalomyelitis, Tetanus, Influenza and Rhinopneumonitis vaccinations. We also recommend evaluating your travel needs and vaccinate accordingly, i.e. Strangles and Potomac Horse Fever

Coggins status

Discuss conditioning

Crisis management plan

DEBIT CARDS AND CREDIT CARDS ARE NOW ACCEPTED ON THE FARM

As of March 2000 we will be accepting debit cards and credit cards for payment.

NEW ONLINE SHOPPING SERVICES

VetMall.com is a new retail shopping Web site that is offered in association with your Licensed Veterinarian. To check out the site, log on to VetMall.com and enter our Go To word: TomJuddDVM. Let us know what you think.

HorsePharm.com will be launched in early May, retailing over the counter equine medications and supplies.

Whether you have one horse or a stable, remember to create or update a contingency plan in the event of an emergency:

Veterinary contacts and supporting facilities
Post emergency phone numbers
(Fire, Rescue, Police, Transportation, etc.)
Post **clear** directions to your farm in plain view next to your phone.
Post a feeding routine, remember to include supplements and medications
Emergency transportation plan clearly defined (Driver, trailer etc.)
First Aid Kit

◆————◆
We are looking for client feedback on the following subjects:

1. Mail out deworming program
2. First Aid kit

If you have any interest or suggestions on the above items please contact the office by phone or e-mail.

PLEASE NOTE THE CHANGE IN OUR E-MAIL ADDRESS TO:

tjuddvm@maine.rr.com

Transition:

Kathleen Pride, who many of you have gotten to know over the last few years as the practice's technician and office manager, left the practice at the end of August 1999. She wanted to focus on her family and her new home.

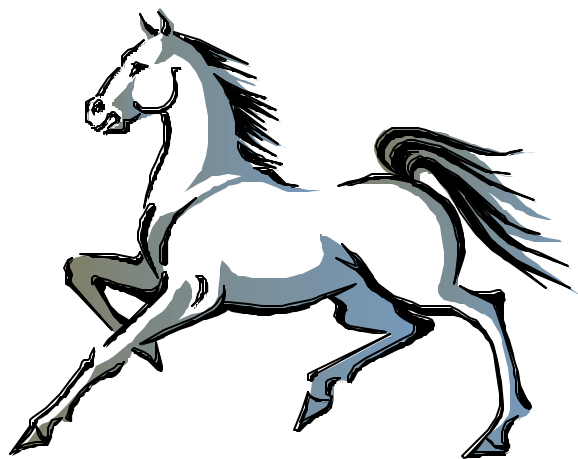
Vicki Coffin, who has been working part-time since March 1999, joined us full-time in September 1999. Vicki graduated from the University of Maine at Orono, and has been a Licensed Veterinary Technician for 9 years. She has worked primarily in small animal medicine and biotechnology. She has been involved with horses since childhood, and was an active member of 4-H. Vicki and her husband enjoy the company of Roo, their 6 year old Jack Russell Terrier and P.C., Vicki's 20 year old Quarter Horse/Thoroughbred Cross.

SMALL ANIMAL NEWS

This spring we will be offering preventative small animal care for dogs and cats on the farm. The following services will be available:

Vaccinations and exams
Heartworm testing
Heartworm preventative
Flea and tick control

This service will be limited only to preventative medicine. Due to time and equipment constraints, emergency and sick animal care cannot be provided. We recommend maintaining contact with a full service small animal hospital for these services.



We recently read an article in the August 1999 issue of *Horse & Rider* magazine that we felt offered some very sound advice on some issues our clients often encounter when considering the purchase of a new horse. We hope you enjoy the information from this article that the folks at *Horse & Rider* generously agreed to allow us to reprint.

To Buy or Not To Buy

Should you or shouldn't you buy a good horse "deal" with a problem?

Use our risk-assessment chart to make an educated decision.

Written by *Barb Crabbe, DVM*

YOU'VE HEARD THE SAYING "There's no such thing as a perfect horse." After a long search for that just-right prospect, you're inclined to agree. You've found attractive horses that were training-impaired, and well-trained horses that were homely. You've looked at sound horses that were lousy movers, and lovely movers that had crooked legs. But then you finally find one that has eye-appeal, temperament, training-and price tag- you're looking for and arrange for your veterinarian to perform a prepurchase exam.

But, as you await the results, you wonder whether this horse is too good to be true. After all, you know that in today's market, one with his training, breeding, looks and experience should cost more. A call from your vet with the prepurchase results confirms that nagging doubt. The horse has a chronic problem. The good news is that it is not life-threatening. The bad news is that it leaves you in the murky void that lurks between clear-cut buying decisions. Maybe it's a heart murmur, or some changes in the horse's navicular bones - even though he's currently sound. Do you go ahead and write the check? Or do you pass on this one and keep looking?

Don't give up on that dream horse yet. In my experience, a chronic problem can be a blessing in disguise. There are lots of not-so-perfect horses out there that are perfect for somebody. For instance, a horse with a touch of arthritis might not work out for barrel racing, but he may be great on trail. On the flip side, you can save big bucks on a horse that's a real "deal", then spend twice that savings in vet bills and upkeep. So, how do you determine what problems you can live with in a horse - and those that will haunt you like a bad dream?

To help you make the right choice, I've charted out 18 common problems you and your vet are likely to come across during a thorough prepurchase exam. (More about the exam in a minute.) To keep things simple, I'll assume your vet made the correct diagnosis, and that none of the conditions listed are in the severe stage. I'll give you the best- and worst- case scenarios you

can expect with each problem, and any additional information you might need to obtain before you make a buying decision. I'll also give you factors that can make each problem more or less risky, and what I would do if faced with such a buying decision.

Getting Prepared

Like it or not, horse trading can be a "buyer beware" business. Therein lies the value of a prepurchase exam, in which a veterinarian of your choosing examines your prospective purchase then relates to you the animal's good points, bad points, and the significance of abnormalities to his intended use. I strongly recommend that you don't buy a horse without a prepurchase exam. Sure it will cost you money (see cost breakdown, below) and yes, it's no guarantee that your prospect won't drop dead tomorrow. But it's a way to get a professional's studied opinion.

A basic prepurchase exam will include some if not all of the following; a thorough physical exam, evaluation of the horse at work, and additional testing, such as radiographs or ultrasound if your vet finds something of concern during the clinical exam. Expect to pay around \$150 for the basic exam, not including the farm call. If you decide to take radiographs, you'll spend as much as \$80 to \$100 per joint. (Cost may vary in your area of the country.) Here's a basic outline of what you can expect, though your vet may add or delete certain steps, depending on his or her experience or the specific horse.

A thorough history: Your vet will ask the seller for a detailed summary of the horse's medical and performance background. This will help identify potential problem areas, and provide additional information about abnormalities that show up during the examination. (If the seller is honest, she'll be a real help during the exam. If not, you'll have her dishonest reply on paper. If you're a victim of willful deceit, you'll find that her signature might give you some leverage in resolving the issue.)

A basic physical exam: Your vet will take the horse's temperature, heart rate, and respiratory rate. He or she will use a stethoscope to listen for heart, lung, and gut abnormalities.

Ophthalmic exam: Using an ophthalmoscope in a darkened stall, your vet will check the horse for eye abnormalities.

Oral exam: The horse's teeth, gums, and tongue will be evaluated. Your vet will

identify and dental abnormalities, and confirm the horse's age by evaluating his teeth.

Neurologic exam: Your vet will put the horse through a series of simple tests, including spinning him in a tight circle and asking him to back up, to help determine that he has normal coordination.

Palpation: By palpating the horse's back and legs, your vet will check for signs of pain, heat, or swelling. He or she will note any unusual scars, enlarged tendons, swollen joints, or other abnormalities. He or she will also palpate and manipulate all four legs in an effort to detect signs of pain.

Hoof testers: These large metal pinchers will be used to apply pressure to areas of the horse's feet. Your vet will be looking for a pain response indicating sensitivity, and thus a potential problem.

Flexion tests: During flexion or "stress tests," your vet will hold the horse's leg up with a specific joint flexed for 1 to 2 minutes. He or she will then ask you to trot the horse away. If the horse limps, it is considered a "positive" test, and could indicate a joint problem.

Longeing on soft ground: Your vet will longe the horse at the walk, trot, and lope on good footing, watching for unevenness in stride that could indicate a lameness. He or she will also listen to how the horse breathes, and will note any abnormalities. Finally, he or she will take a horse's heart and respiratory rates after working, and will monitor his recovery rate to help determine his exercise tolerance.

Longeing on hard ground: Your vet will watch the horse longe in a small circle on a hard surface at the walk and trot. A horse with sore feet will appear lamer on hard ground than on a soft surface; subtle lameness problems often show up best on hard surfaces.

Work under saddle: You or the seller may be asked to ride the horse, so your vet can watch him perform under saddle. That's not only because some lameness problems are more pronounced with the weight of a rider, but also because performance issues can signal a soundness problem. For instance, if the horse swaps leads in his back end it could point to a back or hock soreness. A reluctance to bend in one direction could indicate front-foot soreness.

Additional Testing

Once the basic examination is complete, your vet may recommend additional testing to evaluate

certain problems he or she uncovered. In some cases (for an expensive horse, one that will perform at a high level, or one that you anticipate reselling), you may want to request additional testing, such as radiographs or blood work, even if the basic exam looks good. That way, you'll have a better chance at uncovering problems not easily detected during a basic exam. Your vet can help you determine what tests may address any concerns you might have about an individual horse. The following tests are common.

Blood tests: A complete blood test checks the function of the liver, kidney, and other organs, while also checking for anemia and problems with the white blood cells. Your vet might recommend blood tests if the horse has a cough, is underweight, or is otherwise in poor overall condition. *Cost:* For basic blood tests, approximately \$70 to \$80. Blood tests also can be run to screen tranquilizers or such non-steroidal anti-inflammatory drugs as bute or Banamine. If you have any suspicion about the seller's history, ask for these tests. Cost for drug testing varies depending on the number of drugs you test for, beginning at around \$200 for three or four common drugs.

Radiographs: Radiographs, or x-rays, allow your vet to look for bone and joint abnormalities. (In my practice, folks routinely x-ray a horse's feet, hocks and fetlocks during a prepurchase exam.) Consider opting for them if you're looking at a high-level performance prospect, to rule out undetectable underlying bone problems like early arthritis. Consider them, too, if your prospect had a positive flexion test, joint swelling, or pain with joint manipulation. If the horse is sensitive to hoof testers or exhibits lameness on hard ground, you may want to x-ray his feet. *Cost:* About \$80 to \$100 per joint.

Ultrasound: Ultrasound allows your vet to look at soft tissue (tendon and ligament) structures for signs of abnormalities. A soft tissue swelling – especially in the area of flexor tendons – would be a reason for you to request an ultrasound exam. *Cost:* Between \$100 to \$200.

Endoscopy: Endoscopy allows your vet to look at structures in the horse's throat. If the horse makes an abnormal respiratory noise while working, an endoscopic examination will help determine why. *Cost:* Between \$100 and \$200.

Cardiac examination: Let's say the prepurchase exam uncovered a heart murmur or *arrhythmia* (abnormal heart rhythm). A full heart evaluation would include an ultrasound that

allows you vet to visualize the heart directly, and an electrocardiogram (EKG) that measures the heart's electrical activity. *Cost:* Between \$150 to \$300.

Making The Deal

You've discovered a problem, but you still love the horse. Should you take the risk? Some sellers may be willing to work out a creative sales agreement – after all, they're faced with a prepurchase problem that may affect any future sale. Consider these options:

A follow-up exam. If the horse has a problem that could be a result of isolated event (such as a positive flexion test because he stressed his fetlock in the pasture that morning, or sore front feet on hard ground because he was just reshod), your vet may recommend minor treatments (such as bute and a few days rest) with a follow-up examination in 1 to 2 weeks. If the problem has resolved, the sale can be completed.

A right-of-first refusal. If the horse has a problem that you hope will resolve quickly, such as a cough that may simply be the result of a respiratory virus, wait to finalize the sale until the problem is gone. If the seller wants to continue marketing the horse, ask for a right-of-first refusal – you have the option to buy the horse “as is” if the seller has another buyer with his checkbook open.

A lease to buy. The seller might offer you a short-term lease with option to buy at the end of the lease period. This would give you the chance to decide whether you can “live with” a problem you know exists. For example, if you've fallen in love with a horse that roars but had a normal endoscopic examination, the seller might be willing to give you 3 to 6 months to decide whether you can live with the noise.

A guarantee. Although no one is going to guarantee a horse, many sellers will offer you a limited-time guarantee on a specific problem. For example, if you're concerned about a positive flexion test or hock changes on radiographs, a seller might agree to guarantee the horse's soundness related to his hocks for a period of time. If the horse goes lame because his hocks are bothering him, he goes back to the seller. If he goes lame for any other reason though, he's yours to keep!

Make The Most Of A Prepurchase Exam

Maximize the benefit of a prepurchase exam by taking the following steps:

Get a thorough history. Ask the seller specific questions about the horse's medical history. Has he ever been lame? Has he ever colicked? Has he ever had any injury or illness? Is he on a regular vaccination and deworming program? (Ask for dates). This information will help you decide whether there are specific concerns your vet should address. Ask, too, whether you can contact the horse's regular vet and farrier, and ask for treatment records. Be leery of reluctance on the seller's part to supply that information.

Provide a suitable exam location. Your vet will need an area where the horse can be worked on two types of surfaces: an arena with good footing and on a hard surface, such as a paved parking area. Electricity should be available for taking radiographs if they're needed. (If facilities are lacking, your vet may not be able to examine the horse adequately, and a serious problem could be overlooked.

Examine the horse yourself. You'll avoid multiple prepurchase exams if you learn to eliminate horses with obvious problems. Look over each prospect carefully for scars or abnormal lumps and bumps that you should bring to your vet's attention. Watch the horse work on both soft and hard ground. Avoid scheduling an exam if the horse is obviously lame or sick – even if the seller says it's a temporary problem. If you're still interested in purchasing such a horse, ask the seller to have his or her vet diagnose and treat the problem. Schedule a prepurchase examination only when the horse is healthy.

Have the seller present. Schedule the exam when both you and the seller can be present. By being there yourself, you'll find it much easier to understand problems if they do arise. And having the seller available to answer questions will help your vet. *Bonus:* The seller will be more willing to work with you on price if he's there to see for himself any potential problems.

Pass Or Fail?

Your veterinarian won't give you a "pass" or "fail" grade at the completion of a prepurchase examination. That's because it's up to you to make that final determination. He or she will identify any potential problems, and will present you with as much detail as possible to help you make an informed decision. To help you sort through what you've learned during such an exam, refer to my comprehensive "Risk-Assessment Chart." It'll help you make the final buy-wise decision.

Risk – Assessment Chart

When considering the “to buy or not to buy” question on any horse, recognize that there are countless variables that enter the equation, including your experience in managing chronic health problems; financial constraints; and your riding and/ or competitive goals. Our chart is designed to help you make that difficult decision, but risks do vary. Only you can decide just how much risk you’re willing to assume.

Problem	What It Is	Best-Case Scenario	Worst-Case Scenario	Additional Testing To Consider	Positive Deciding Factors (Consider Buying)	Negative Deciding Factors (Avoid Buying)	What I'd Do (If Horse Is Otherwise "Perfect")
History of Colic.	The horse has experienced a colic episode in the past.	It was an isolated event; the horse will never colic again.	The horse will experience repeated colic episodes that could require surgery and even have fatal consequences.	None.	Single, mild colic episode; good deworming history.	Multiple colic episodes; previous colic surgery; poor deworming history.	I'd buy a horse with a history of colic, and even previous colic surgery, if he hadn't experienced a colic episode following surgery or in more than 1 year, the horse was perfect for my needs, and I could accept the possibility that a fatal colic episode might occur. I might pass if the horse had colicked after having surgery, or had a colic episode in the past year that was severe enough to require treatment.
Heart murmur	Blood moving through the heart makes an abnormal “whooshing” sound.	It's normal for this horse: large horses with big hearts in which the blood bounces around when it enters the heart chambers can have a murmur.	It could indicate a leaky valve, a hole in one of the chambers' walls, or another abnormality that can cause exercise intolerance and eventual heart failure.	Ultrasound and an electro-cardiogram (EKG) can help determine whether an actual heart abnormality is present.	Murmur disappears with exercise, meaning the heart is most likely normal; ultrasound evaluation is normal.	Exercise intolerance is noticeable, meaning the murmur may be affecting the horse's ability to pump blood efficiently: ultrasound evaluation is abnormal.	I'd definitely ultrasound and perform an EKG on a horse with a heart murmur; I'd buy him without a question if the tests were normal. But if the ultrasound or EKG were <i>abnormal</i> , I might pass.
Heart arrhythmia	The horses' heart beats with an irregular rhythm.	It's normal for this horse; certain heart arrhythmias are common in horses with better-than-average athletic fitness.	It indicates a problem with the heart's functioning that could result in exercise intolerance, eventual heart failure, or sudden death.	An EKG can tell you what type of arrhythmia is present; ultrasound can help determine whether an actual heart abnormality is present.	Your vet tells you the arrhythmia is “second-degree heart block” that disappears with exercise, a common, normal finding; ultrasound is normal; the horse shows no exercise intolerance.	Ultrasound is abnormal, indicating there's an underlying heart abnormality; the horse shows exercise intolerance; EKG indicates a type of arrhythmia likely to cause problems.	I'd definitely ultrasound and perform an EKG on a horse with a heart arrhythmia; I'd buy him without a question if those tests were normal. But if the ultrasound or EKG were <i>abnormal</i> , I might give him a “thumbs down.” The only exception is an obvious second-degree block- I'd buy him without further testing.
Cataract.	The lens of the horse's eye has abnormal scarring.	The cataract is congenital (present since birth) or the result of trauma; it's small so it won't have a significant effect on the horse's vision and is unlikely to progress.	It's large, so can affect vision. It's a sign of <i>uveitis</i> or moonblindness, a progressive eye disease that's very painful and often leads to blindness.	Thorough history and ophthalmic examination.	A history of trauma, or knowledge that the cataract has been present since birth; doesn't cause a diminished “menace” response (the horse's reaction to a suddenly raised hand), indicating vision is normal; no additional eye abnormalities.	A history of intermittent eye problems, including swelling, squinting, watering, or other signs of uveitis; additional eye abnormalities (cataracts, degeneration of the retina) that would indicate uveitis.	I'd buy a horse with a cataract if he had a (trustworthy) history of eye trauma, and no other signs of uveitis. If he has other signs of uveitis, I'd steer clear.

Problem	What It Is	Best-Case Scenario	Worst-Case Scenario	Additional Testing To Consider	Positive Deciding Factors (Consider Buying)	Negative Deciding Factors (Avoid Buying)	What I'd Do (If Horse Is Otherwise "Perfect")
Corneal scarring.	The clear outer surface of the horse's eye has a white or cloudy spot.	It's the result of trauma and is small, so it won't have a significant effect on the horse's vision.	It's large, so can affect vision; corneal edema (fluid in the cornea that creates a cloudy spot) is a common sign of <i>uveitis</i> , a progressive eye disease that's very painful and often leads to blindness.	Thorough history and ophthalmic examination.	A history of trauma; doesn't cause a diminished "menace" response (the response to a suddenly raised hand), indicating vision is normal; no additional eye abnormalities.	A history of intermittent eye problems, including swelling, squinting, watering, or other signs of uveitis; additional eye abnormalities (cataracts, degeneration of the retina) that would indicate uveitis.	As with cataracts, I'd buy a horse with a corneal scar if he had a (trustworthy) history of eye trauma that explained the spot, and had no other signs of uveitis. If he had other signs of uveitis, I'd put away my checkbook.
Melanoma.	Skin tumors commonly found on gray horses.	They multiply over time, but never cause any significant problems.	They become very large and locally aggressive, or metastasize internally to become a life-threatening problem.	Although melanomas are easy to recognize visually, a biopsy would give you a definitive diagnosis if there's any doubt.	A small number of tumors, of small size- especially on a horse older than 10 years.	Many large tumors already present, especially on a horse younger than 5 years; tumors in a bad location, such as under the saddle or bridle, where they'd get in the way.	I'd buy a gray horse with melanomas without hesitation- it's rare for these tumors to cause problems before the horse is in his late teens or 20's, when he's no longer expected to perform at a high level. I'd be accepting the risk, though, that he could fall into that small percentage of horses in which melanomas become a serious problem.
Roaring.	Loud breathing noises heard during exercise.	It's the result of tension and not an underlying abnormality.	It's an obstruction in his pharynx, or opening to the windpipe, due to a polyp, cyst, or other abnormality; it indicates weakness or paralysis of the "arytenoid cartilages," the structures that open and close the windpipe during breathing; it causes exercise intolerance due to restriction of airflow to the lungs.	Endoscopic examination, which allows the pharyngeal area to be seen directly through a fiberoptic device.	Normal endoscopic examination; no exercise intolerance; a slight weakness or paralysis of the arytenoid cartilages isn't likely to affect the horse's ability to perform in most events, if you can stand the noise.	Exercise intolerance; severe paralysis of the arytenoid cartilages; a cyst or other abnormality that is obstructing airflow. (If you really love the horse, some of these conditions may be surgically correctable – ask your vet.)	I'd buy a roarer if the endoscopy was normal, or even if there was some paralysis of the throat cartilages, but <i>only</i> if the noise was fairly quiet. If the noise was loud and irritating, or the horse showed exercise intolerance, I'd keep shopping.
Coughing.	The horse coughs when you pull him out of the stall, or when he first begins exercise.	He's contracted a virus that's likely to completely resolve with time.	He has a dust sensitivity or allergy that could indicate <i>COPD</i> (chronic obstructive pulmonary disease) or <i>heaves</i> , a progressive and debilitating lung disease.	Thorough history and examination of the lungs with a stethoscope; blood work could help indicate a virus.	A trustworthy history that his cough just started; normal breathing patterns and no abnormal lung sounds; blood work shows a lowered white blood cell count, which could indicate a virus.	A history of a chronic cough that's worse at certain times of year; abnormal lung sounds.	If the cough was just a virus and resolved with time, I'd definitely buy. If I'd determined that the horse had a mild allergy, I might buy. But, I'd have second thoughts because I know that it could progress to heaves- a frustrating and difficult problem to manage.

Problem	What It Is	Best-Case Scenario	Worst-Case Scenario	Additional Testing To Consider	Positive Deciding Factors (Consider Buying)	Negative Deciding Factors (Avoid Buying)	What I'd Do (If Horse Is Otherwise "Perfect")
Clubfoot.	One front foot has abnormal, upright conformation.	It's a congenital abnormality that can be managed with good shoeing; there's no associated lameness, but the horse will always be asymmetrical and may move unevenly in the front.	The abnormal foot structure stresses the horse's coffin-joint, leading to coffin-joint arthritis. This can result in chronic, progressive lameness troubles.	Radiographs of the foot.	A mild deformity and normal radiographs; a degree of asymmetry in movement you can live with.	Obvious lameness; abnormal findings on radiographs indicating coffin-joint troubles have already begun; a severe deformity, or degree of asymmetry in movement that's unacceptable.	I'd buy a horse with a clubfoot if it was very, very mild and showed no abnormalities on radiographs. I'd shy away from severe deformity or a horse with coffin-joint disease already present.
Sidebone.	A palpable hardening of the cartilages on either side of the foot, with calcification of those cartilages seen on radiographs.	It's nothing more than a blemish, and causes no lameness.	It's large enough to cause a chronic low-grade lameness.	None.	No lameness.	Signs of lameness are present; sidebone is extremely large, indicating a greater chance that lameness could occur.	I'd buy a horse with sidebone without hesitation, as long as he was sound.
Enlarged tendon.	A palpable enlargement of the flexor tendon area of one leg.	It's simply edema or fluid outside of the critical structures due to a recent trauma or inflammation; it's an old tendon or ligament injury that's completely healed and it's unlikely to cause problems.	It's a recent tendon or ligament injury, or a serious old injury that may recur.	Ultrasound examination of the area will tell you whether the tendons or ligaments have been damaged and if so, the severity of the damage.	No lameness or pain during palpation of the swollen area; ultrasound exam reveals the swelling is simply edema, and tendons/ligaments are normal. Ultrasound exam reveals an old injury that's completely healed with good alignment of the tendon or ligament fibers.	Lameness is present; palpation of the swelling causes pain; ultrasound examination reveals a recent, acute injury or an old injury that's healed with poor alignment and a lot of scarring- indicating reinjury is a more likely possibility.	If an ultrasound exam showed that the tendon was well healed, I'd buy the horse. But if the injury appeared to be a new one, I'd pass on by.
Positive flexion test.	The horse trots off lame after your vet puts stress on a specific joint.	It has little significance. One study showed that a positive flexion test during a prepurchase examination had a zero predictive value for a horse's future soundness.	It indicates an underlying joint abnormality, such as arthritis.	Radiographs of the joint will tell you whether arthritis is present.	There is no lameness observed when the horse is working; radiographs are normal; there are no other signs of problems (such as swelling or heat) in the joint.	The horse is lame on the leg in question, even without stress being applied; radiographs indicate arthritis in the joint; there's heat or swelling in the joint.	I'd radiograph the joint in question, and would request a follow-up examination. If radiographs were normal, and the flexion test was no longer positive after 2 weeks, I'd buy the horse. If there were abnormalities on the radiographs, my decision would depend on the joint in question. (See abnormal hock, fetlock, and pastern radiographs, below.)
Hoof-tester sensitivity. <i>Information continued on following page.....</i>	The horse reacts when your vet applies hoof testers to a foot.	Indicates thin soles and sensitive feet- the horse probably won't be a candidate for being barefoot, but is likely to stay sound.	Indicates a navicular-area problem, such as degenerative navicular disease, navicular bursitis, or coffin-joint disease. Might also indicate a problem	Radiographs will show whether the navicular bone is degenerating, or if there are problems with the coffin joint or coffin	Normal radiographs; no sign of lameness.	Radiographic changes in the navicular bone or coffin bone; lameness.	If radiographs were normal, I'd buy a horse that was sensitive to hoof testers on the sole, even if it looked a little ouchy on hard ground. I'd be more concerned if hoof-tester sensitivity was present across the navicular area, and might pass unless the horse looked really

Problem	What It Is	Best-Case Scenario	Worst-Case Scenario	Additional Testing To Consider	Positive Deciding Factors (Consider Buying)	Negative Deciding Factors (Avoid Buying)	What I'd Do (If Horse Is Otherwise "Perfect")
Hoof –tester Sensitivity <i>Continued.</i>			such as <i>laminitis</i> (chronic founder) or <i>pedal osteitis</i> (coffin-bone degeneration.)	bone.			comfortable trotting on hard ground.
Sore on hard Ground.	The horse limps when longed on hard ground, but is sound in the arena.	Indicates thin soles and sensitive feet- the horse probably won't be a candidate for being barefoot, but is likely to stay sound.	Indicates a problem in the navicular area, such as degenerative navicular bursitis or coffin -joint disease. Might also indicate a problem such as <i>laminitis</i> or <i>pedal osteitis</i> .	Radiographs will show whether the navicular bone is degenerating, or if there are problems with the coffin joint or coffin bone.	Normal radiographs; may be a candidate for a follow-up exam, as soreness may be temporary.	Radiographic changes in the navicular bone or coffin bone.	If radiographs were normal, I might buy a horse that was a little sensitive on hard ground. First, though, I'd ask to treat his soles with a toughening agent, then reexamine the horse in a few weeks to see if the sensitivity improved.
Abnormal hock radiographs.	X-rays indicate degenerative joint disease or arthritis is present in the hock's lower joint spaces.	The horse never experiences any problems.	A persistent hind-limb lameness becomes a frustrating problem.	None.	No sign of lameness; negative flexion test; a history of performing hard and well.	A shortened stride with one hind leg; difficulty loping one direction- swings hindquarters out or loses a lead behind; positive flexion test.	I'd buy a horse with abnormal lower hock-joint radiographs if he'd been performing well for several years without any lameness problems. I might steer clear if the horse was young and not yet in work, especially if my plans included high-level performance demands.
Abnormal navicular radiographs.	X-rays indicate changes in the navicular bone that would be consistent with navicular disease.	The horse stays sound - many horses with navicular changes on radiographs never experience lameness problems.	Progressive, severe forelimb lameness.	None.	Negative response to hoof testers; sound when longeing on hard ground; comparison to old radiographs (taken at least 1 year prior to this exam) shows no progression.	Hoof-testers sensitivity; sore when longeing on hard ground; comparison to old radiographs shows progression.	I'd buy a horse with abnormal navicular radiographs if he'd been performing well with no history of lameness, had no sensitivity to hoof testers and appeared sound on hard ground. I'd likely keep shopping if there was sensitivity to hoof testers, or if the horse was sore on hard ground.
Abnormal fetlock radiographs.	X-rays indicate degenerative joint disease or arthritis is present.	He never experiences lameness.	Evolves into a frustrating, chronic forelimb lameness problem.	None.	Negative flexion test; no lameness; history of hard work with no problems.	Positive flexion test; lameness; limited work history.	I'd buy a horse with abnormal fetlock radiographs only if he'd been performing for several years without any lameness. Even then I'd hesitate. I'd carefully consider the demands I'd be placing on the horse's front end. And how long I hoped to keep him going. And then there's the question of resale....
Abnormal pastern radiographs.	X-rays reveal changes on the pasterns that would indicate degenerative joint disease or arthritis is present (also known as <i>ringbone</i>).	He has ringbone but never experiences lameness (although most will experience some discomfort when the condition progresses far enough).	It turns into a frustrating, chronic lameness problem that severely limits the horse's ability to work.	None.	Negative flexion test; no lameness; history of hard work with no problems.	Positive flexion test; lameness; limited work history.	I'd consider buying a horse with abnormal pastern radiographs only if his flexion test was negative, he was sound, and had a long, hard work history. Even then I'd hesitate, knowing he'd likely experience some degree of lameness eventually.