

Can you live with it?

Condition	What it is	Cause
Bone chip in a joint	A piece of bone that breaks loose.	Trauma, or developmental bone disease.
Bowed tendon	Strain and/or tear to the cord-like tendons behind the cannon bone.	Trauma; conformation/shoeing problems can contribute to the risk.
Cataracts	Abnormal scarring in the eye lens.	Congenital (present since birth); trauma; uveitis.
Colic surgery	Horse has had past surgery due to colic.	Colic can be due to heavy parasite load; inadequate diet; motility problems; stress; other unknown causes.
EPM	Equine protozoal myeloencephalitis, as evidenced by seller disclosure or via neurological tests during the PPE.	An infection of the central nervous system caused by a protozoal parasite found nationwide.

Points to keep in mind	Buy the horse?	Red flag
<p>It depends on which joint the chip is in, and where it is in the joint; chips in the knee are harder to maintain than those in the front part of a fetlock; if the chip is near the joint's moving parts, it can be more of an issue (although arthroscopic surgery can potentially fix it with minimal trauma and downtime).</p>	<p>Maybe, if: the chip has been there for some time (as evident by x-rays or seller's disclosure); it's NOT causing painful symptoms (such as lameness, positive flexions, heat/swelling); and you accept that it <i>could</i> cause problems down the road, as explained by your PPE vet.</p>	<p>A chip that's causing painful symptoms.</p>
<p>They aren't aesthetically pleasing.</p>	<p>Yes, if: the bow is old and set; the horse is currently sound and working at the level you'll be expecting him to; he has good scar tissue around the site (visible via ultrasound).</p>	<p>Any sign of soreness, lameness, or heat related to the site.</p>
<p>Size matters: large cataracts can adversely affect vision. Also, cataracts can indicate a more insidious problem: uveitis (continue chart for more information on this condition).</p>	<p>Yes, if: it's limited to small scars on the cornea (which is common); they're not inflamed or acute (fresh); are the result of trauma (injury); are only a blemish; and shouldn't hinder eyesight in the future.</p>	<p>Inflammation and/or fresh scarring, which could indicate an inflammatory condition.</p>
<p>If the horse is insured, surgery should be indicated in the records.</p>	<p>Careful consideration is required. A detailed history is key for future care needs and insurance purposes—insurance companies frequently won't cover additional colic treatment/surgery within a certain time period following the initial surgery (usually a year or two without another colic episode).</p>	<p>Any colic episode following the surgery; horses that've undergone previous colic surgeries may be prone to repeat bouts of surgical colic or secondary complications (adhesions) from the first surgery.</p>
<p>Clinically affected/infected horses can be prone to recurrences.</p>	<p>I'd only <i>carefully</i> consider it if the horse was showing absolutely no signs of the disease, and even then I'd want to review a thorough history. I'd want to know how long ago the horse had been treated (the longer ago, the better), and what method was used to positively diagnose the EPM.</p>	<p>Any signs of lingering neurological problems—not good in a performance horse, and potentially unsafe.</p>

Can you live with it? (continued)

Condition	What it is	Cause
Equine recurrent uveitis	Chronic/periodic inflammatory condition of the eye that can lead to blindness.	Immune mediated; can result from trauma or unknown triggers.
Heart murmur	Blood moving through the heart makes an abnormal sound.	Can be “normal” in large horses with big hearts (due to blood bouncing around) and in physically fit horses. Or, it can indicate a problem, such as a leaky valve.
Hock changes	Bone spur or arthritic changes in hock, as revealed via x-rays.	Wear and tear; conformation; trauma.
Long-toe, low-heel (LTLH)	A medial-lateral balance issue in the hooves, resulting in an overly long toe and underslung heel.	Natural hoof conformation, and/or poor trimming/shoeing.
Melanoma	Slow-growing skin cancer.	Changes in pigment-producing cells, called melanocytes.
Navicular changes	X-rays reveal changes to the navicular bone in your horse’s front foot or feet, which can lead to chronic lameness.	Bad shoeing/trimming; conformation; excessive work.

Points to keep in mind	Buy the horse?	Red flag
ERU can be troublesome to treat/control; potentially performance limiting; can cause permanent damage; and can be expensive to manage/treat (some horses have frequent flare-ups). There is no cure.	Due to all the potential downsides, it would require careful consideration.	Any sign of ocular inflammation.
A murmur due to an abnormality can lead to exercise intolerance (and eventual heart failure).	Only if the murmur is determined to be non-pathologic (“normal”).	A murmur determined to be caused by a pathology.
It depends on where it’s located. (For more info see “The Arthritis Factor,” page 137.	Yes, if: the changes are mild; limited to the lower two hock joints (which are low-motion joints); your vet says they can be managed, say, with periodic joint injections of anti-inflammatory drugs; <i>and</i> the horse is currently/consistently performing the job you’ll want him to do.	Arthritis in the upper hock joint, which is a high-motion joint; trouble here can be career-ending.
Usually occurs in the front hooves, and causes the most problems there.	Maybe, if x-rays determine it’s a shoeing problem, rather than due to bad foot conformation.	LTLH coupled with major navicular changes; LTLH can be a contributing factor in navicular problems.
Commonly seen in gray (and bay) horses, under the tail, adjacent to ears, and around genitalia; severity varies by number, location, and age of horse (more common in older horses).	It depends on severity/location. While melanoma can be locally invasive, these are not the malignant tumors they are in humans. They can usually be easily removed if their location interferes with movement/tack.	I’d be wary if there were a lot of tumors present.
I see more and more sound horses with mild-to-moderate radiographic changes, likely because digital x-ray technology makes them more visible. Keep in mind these changes won’t go away, so will be present in any resale PPE.	Possibly, if: the change is in only one foot; the horse is sound; he’s currently (and consistently) doing the job you’ll want him to do; and he’s negative to hoof testers. Still, discuss the pros and cons with your vet.	Walk away if this horse just got pulled up from a pasture and hasn’t been working. That’s a big clue that he’s likely been lame—and laid off.

Can you live with it? (continued)

Condition	What it is	Cause
OCD lesion	A bone cyst or portion of dead bone in a joint that can cause lameness/pain.	Developmental problems; trauma.
Ringbone	Bony changes in the high or low pastern area evident as a bump or scar; verified with x-rays.	Conformation, overuse, or injury/trauma.
Roaring	Whistling respiratory noise when horse lope/canters.	Paralysis of a laryngeal fold, which partially obstructs the airway.
Sarcoid	Dry, flat, or wart-like skin growths.	A tissue-invading virus.
Sidebone	Calcification of collateral cartilages of the pedal bone, found on either side of the foot protruding above the coronary band; verified with x-rays.	Concussion; conformation; poor shoeing.
Splints	Hard, raised bumps along inside foreleg cannon bones, visible with and without x-rays.	Trauma or conformation issues resulting in inflammation and eventual fusion between cannon bone and sliver-like splint bones.

Points to keep in mind	Buy the horse?	Red flag
<p>OCD lesions are most commonly found in the hocks, though with new technology we're getting better at finding them in stifles and fetlocks; they can require surgery.</p>	<p>It depends on the type and location. In theory, small, shallow lesions may be managed without surgery. I'd consider buying only if the horse is older, sound to flexion tests, and soundly and consistently performing his job.</p>	<p>A bigger, deeper lesion; this is a big red flag, especially in a young horse.</p>
<p>This is typically an older-horse disease; it's generally a progressive one (especially if conformation is to blame).</p>	<p><i>Only</i> if he's a young horse (5 or under) with a scar, meaning it's injury—not conformation—related, <i>and</i> he's sound and consistently working.</p>	<p>A horse that's 6 or older, and/or that has any associated arthritic changes.</p>
<p>Horses such as reiners, hunters, jumpers, and speed-event horses need a clean airway, both aesthetically (for judged events) and practically speaking.</p>	<p>It depends on the horse's proposed use. For instance, mild roaring for a recreational trail horse would likely be okay. Plus, surgical correction is an option.</p>	<p>Complications can arise from the surgical correction/treatment of this condition. It may be best to have the seller address/treat the condition first, then re-examine following healing.</p>
<p>Locally invasive, but won't spread internally or all over the body. Can be aesthetically displeasing, and/or interfere with tack. Can be troublesome to treat, depending on location and size.</p>	<p>Perhaps, if lesion isn't located near a high-motion area, or other troublesome spot (near the eyes, nose, and sheath).</p>	<p>A sarcoid located in a trouble spot.</p>
<p>Potential for problems depends on the horse's age and the size of the sidebone—when they get big, they can fracture.</p>	<p>Yes, if: The horse is older, sound, in work, and the sidebone isn't huge.</p>	<p>He's young (4 and under), and has a big one.</p>
<p>Usually this is an aesthetic problem (blemish), though fresh splints may result in soreness.</p>	<p>A fused, "cold" splint is almost always a thumbs up.</p>	<p>N/A; splints are very common and usually only cosmetic.</p>