CASE STUDY

Check Ligament Desmitis: Felina

August 7, 2025

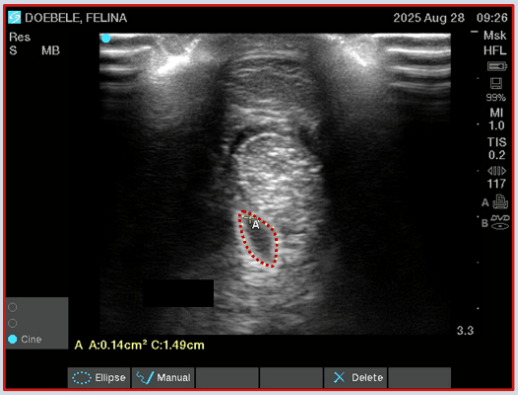
An 8-year-old Oldenburg mare presented with a suspected kick wound to the medial aspect of the right hind limb. The horse demonstrated a grade 3/5 right hind limb lameness that was exacerbated by application of pressure over the medial aspect of the hock and was more pronounced when tracking to the right. Radiographic examination of the right hind hock revealed synovitis affecting the medial aspect. The patient was discharged with a treatment plan consisting of two weeks of nonsteroidal anti-inflammatory medication and strict stall rest. The option of extracorporeal shockwave therapy was discussed.

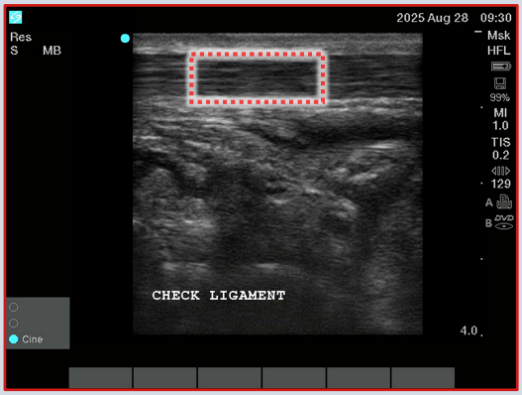
August 12, 2025

Extracorporeal shockwave therapy was performed on the medial aspect of the right hind hock. The patient was discharged with instructions to begin tack walking for 15–20 minutes daily while continuing stall rest. The patient was reported to progress well with the rehabilitation program for approximately two weeks; however, the lameness subsequently returned.

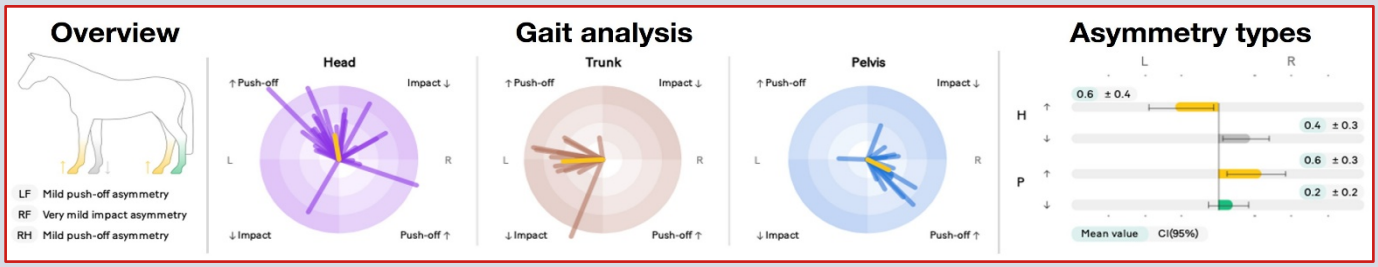
August 28, 2025

The patient was re-evaluated and demonstrated a grade 2/5 right hind limb lameness. Palpation and pressure applied over the insertion of the suspensory ligament elicited a pain response, including attempts to kick, and the horse trotted off with a grade 4/5 lameness. Ultrasonographic examination identified a core lesion within the right hind distal accessory ligament of the deep digital flexor tendon. The patient was discharged to continue nonsteroidal anti-inflammatory medication and stall rest, with plans to return for regenerative therapy.





September 4, 2025



SLEIP* Objective gait analysis using AI system identified a mild left forelimb push-off asymmetry, a very mild right forelimb impact asymmetry, and a mild right hind limb push-off asymmetry.

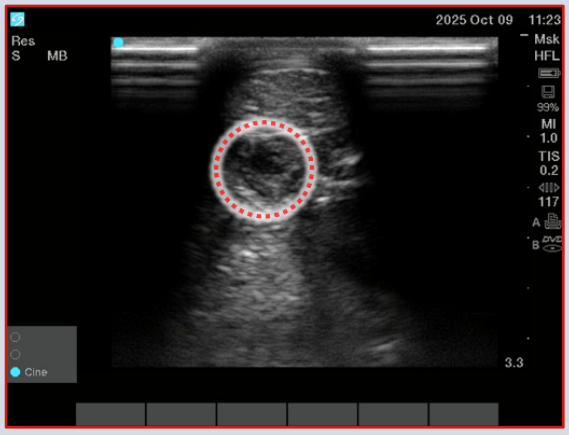
*Objective gait analysis was performed at multiple time points for each case using an artificial intelligence–based lameness detection system (SLEIP), which employs inertial motion sensors and machine-learning algorithms to quantify limb movement asymmetries during locomotion. Objective gait analysis systems such as SLEIP provide quantitative, unbiased assessment of equine lameness, addressing key limitations of subjective visual evaluation.

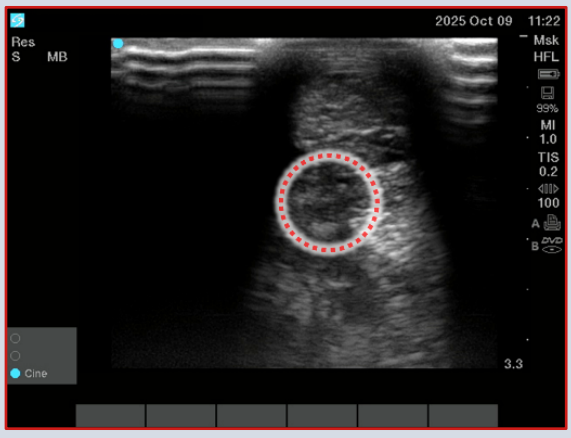
September 5, 2025

The patient presented for the first StrideGUARD™ injection. The patient was adequately sedated, and the injection site was aseptically prepared. Using an 18-gauge needle, the product was drawn up under sterile conditions for a total volume of 1.5 mL and administered into the core lesion using ultrasound-guided technique. The patient was discharged with continued nonsteroidal anti-inflammatory medication, stall rest, and 10–15 minutes of hand walking daily.

October 9, 2025

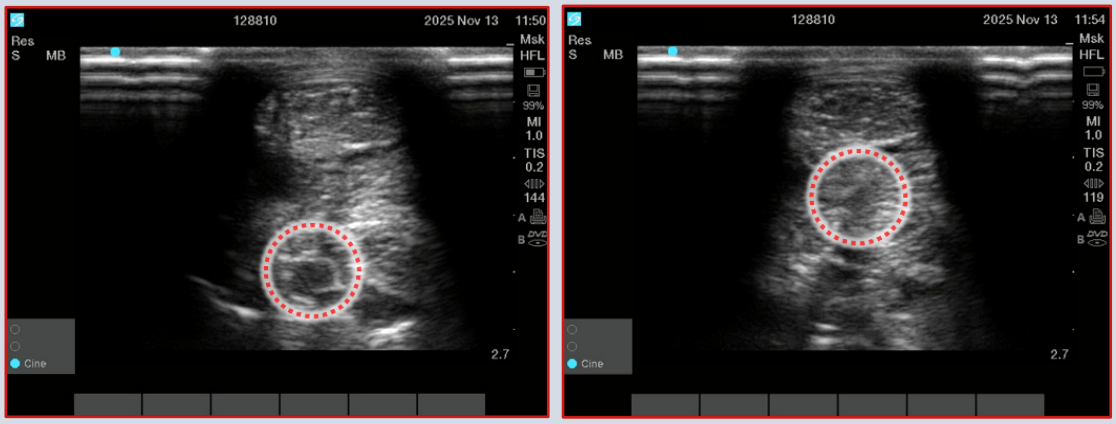
The patient returned for the second StrideGUARD™ injection, which was performed following the same protocol. Ultrasonographic examination demonstrated improvement of the core lesion with a reduction in lesion diameter. The patient was discharged with continued stall rest and was permitted to begin tack walking for 10–15 minutes one to two times per week while continuing scheduled hand walking.





November 13, 2025

A re-examination was performed and ultrasonographic evaluation revealed 80% filling in of the core lesion with continued progression of healing. Gait evaluation demonstrated a grade 1/5 right hind limb lameness. In addition, objective gait analysis identified only a very mild left forelimb push-off asymmetry and a mild right hind limb push-off asymmetry. A slowly progressive under-saddle rehabilitation program was then initiated.



Objective lameness analysis from the SLEIP* AI system. Pre-injection data show pronounced right hind push-off asymmetry with mild impact asymmetry. Post-treatment assessments demonstrate progressive reduction in both impact and push-off asymmetries, culminating in only very mild residual asymmetry by the final evaluation, consistent with a marked improvement in gait symmetry.

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December 30, 2025

The patient had returned to full work, and no lameness was appreciated on gait evaluation. A final ultrasonographic evaluation was planned for February prior to allowing the patient to return to full turnout.

Comparison to standard of care

Standard management of check ligament desmitis typically consists of a prolonged period of stall rest, anti-inflammatory therapy, and adjunctive modalities such as extracorporeal shockwave therapy. Reported and expected timelines for return to ridden work ranges from 4 to 6 months depending on response to rehabilitation. Typical improvement is gradual and variable. In this present case, treatment with StrideGUARD™ resulted in the patient returning to work within three months and accelerated ultrasonic healing when compared with the expected progression under standard management alone.