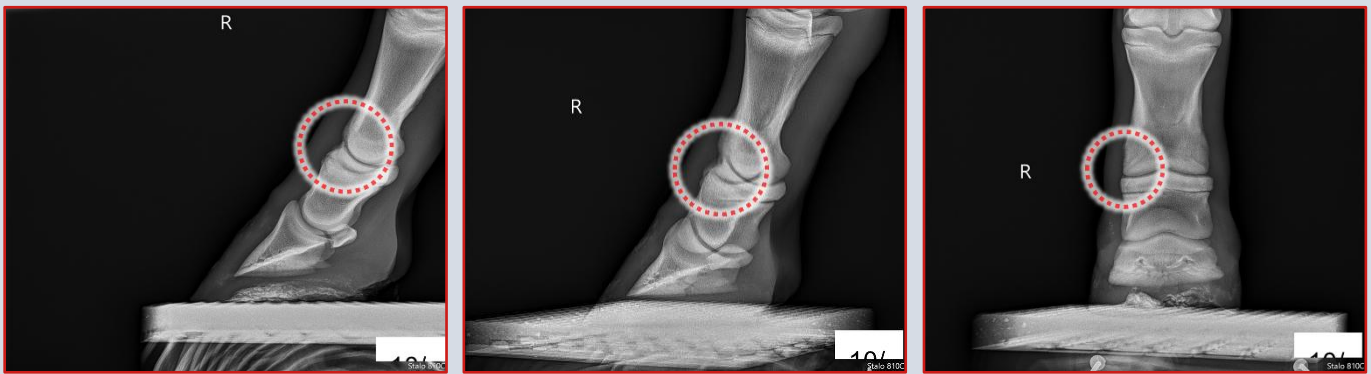


CASE STUDY

Early Juvenile Osteoarthritis in Pastern Joint: Baby G

October 14, 2025

A 6-month-old colt was presented for evaluation of a two-week history of swelling involving the right hind pastern. Physical examination revealed no pain or heat on palpation; however, a mild decrease in range of motion along with thickening associated with the pastern joint was noted. Due to the patient's age, a limited gait evaluation was performed, and no overt lameness was appreciated. Radiographic examination of the right hind pastern demonstrated changes consistent with early juvenile osteoarthritis of the pastern joint characterized by irregular articular margins with bony proliferation involving both the dorsal and plantar aspects of the joint. Radiographs were reviewed in surgical consultation, with continued monitoring recommended and pastern arthrodesis to be considered if lameness develops, given a guarded athletic prognosis and an estimated 70% likelihood of suitability for light riding.



December 3, 2025

The patient returned 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. Due to narrow joint spacing in this case, only 0.5 mL was injected into the right hind pastern joint via a lateral approach using a 20-gauge, 1.0-inch needle. A distal limb bandage was then applied for 24 hours, and discharge instructions included small paddock turnout with 10–15 minutes of hand walking daily until re-evaluation in 30–45 days.

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 **EPONA**

January 14, 2026

The patient presented for a second StrideGUARD™ injection. Physical examination revealed decreased swelling of the right hind pastern and normal range of motion on manipulation. The same injection protocol was followed and, in this case, the total volume of 1.5 mL was successfully injected in its entirety into the pastern joint from a lateral approach using a 20-gauge, 1.0-inch needle. A distal limb bandage was applied for 24 hours. Discharge instructions included small paddock turnout for seven days, followed by return to large turnout. A re-evaluation with repeat radiographs is planned for five to six weeks following the second injection. Radiographic examination demonstrates marked improvement in bony changes following StrideGUARD™ injections, with decreased articular roughening and increased joint space.



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February 17, 2026

A follow-up radiographic evaluation performed on February 17, 2026 revealed continued improvement in bony changes after StrideGUARD™ treatment, with decreased articular roughening and increased joint space.



Comparison to standard of care

Standard management of juvenile osteoarthritis emphasizes careful control of exercise and joint inflammation during skeletal development with typically needing surgical intervention at some point to allow for further athletic use. Prognosis for return to riding is variable and dependent on response to treatment. For this case, administering of StrideGUARD™ was associated with great clinical improvement including reduced joint effusion and inflammation, stabilization of bony changes and increased joint space.

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