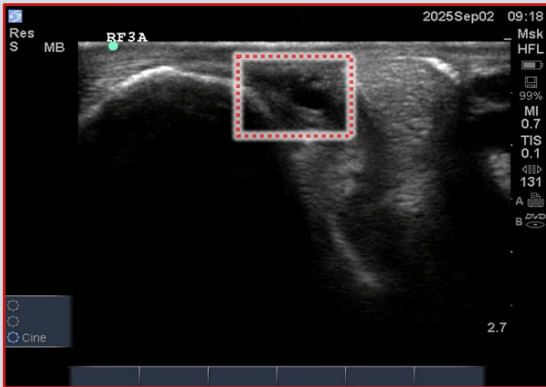


## CASE STUDY

# Lesion in Suspensory Ligament: Daisy

**July 24, 2025**

A 14-year-old American Quarter Horse mare presented for gait evaluation due to a history of intermittent right forelimb lameness that improved with rest. Baseline examination revealed a grade 3/5 right forelimb lameness, which was exacerbated when circling in both directions. Diagnostic analgesia resulted in approximately 50% improvement following a palmar digital nerve block and complete resolution of lameness following an abaxial sesamoid nerve block.



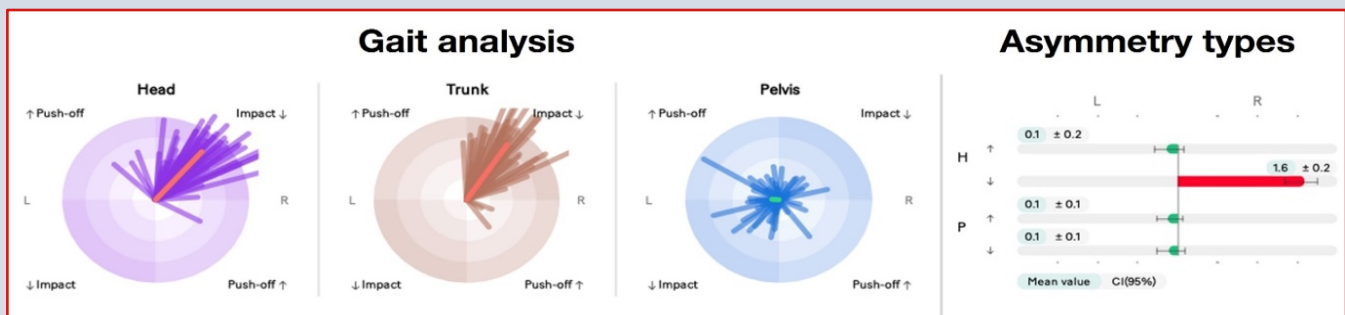
**July 30, 2025**

The patient was treated with intra-articular injections of betamethasone and Arthramid® into both coffin joints. The horse was prescribed ten days of rest following treatment.

**September 2, 2025**

The patient returned for re-evaluation approximately 30 days post-injection. Physical examination revealed effusion of the distal digital flexor tendon sheath and firm soft-tissue swelling localized to the region of the medial sesamoid attachment. Gait evaluation demonstrated a grade 4/5 right forelimb lameness, which worsened when circling to the right. Repeat abaxial sesamoid nerve block resulted in complete resolution of lameness. Ultrasonographic examination identified a core lesion within the medial branch of the suspensory ligament. The patient was discharged with instructions for 30 days of stall rest, with plans to return for biologic therapy.

**October 1, 2025,**



\*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

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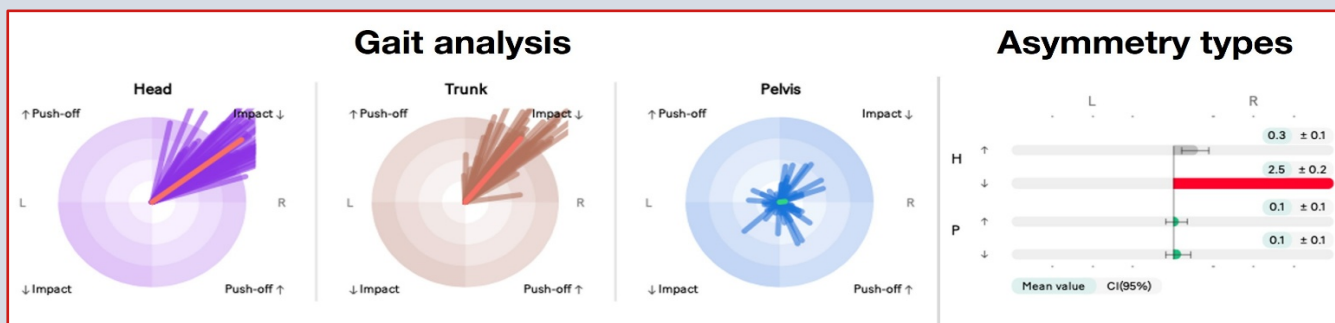
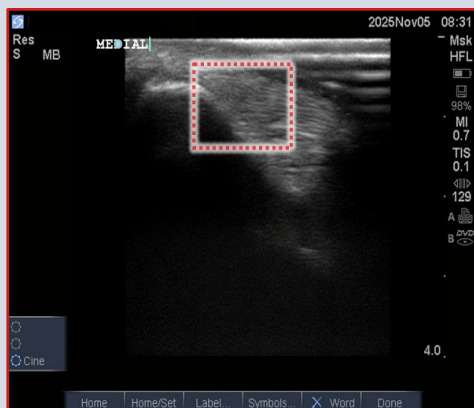
StrideGUARD™ is a trademark of EPONA Biosciences, LLC.

## October 2, 2025

The patient presented for the first StrideGUARD™ injection. The horse was adequately sedated, and the injection site was aseptically prepared. The product was thawed and drawn up under sterile conditions using an 18-gauge needle, then combined with 1.0 mL of sodium bicarbonate for a total volume of 1.5 mL. Under ultrasound guidance, the preparation was injected into three separate sites within the medial branch of the suspensory ligament using a 20-gauge, 1.5-inch needle. A distal limb bandage was applied, and the patient was discharged with a three-day course of nonsteroidal anti-inflammatory medication. Post-treatment management included 30 days of stall rest with small-pen turnout and 10 minutes of hand walking daily.

## November 5, 2025

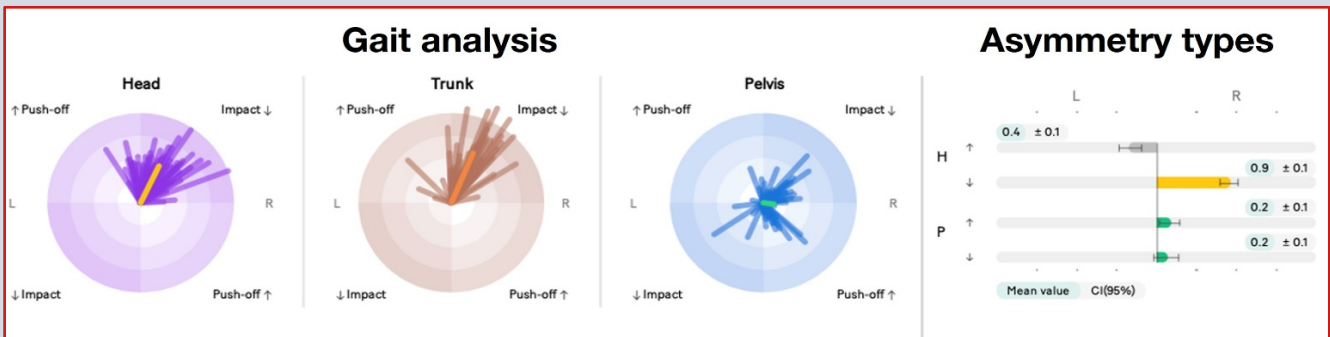
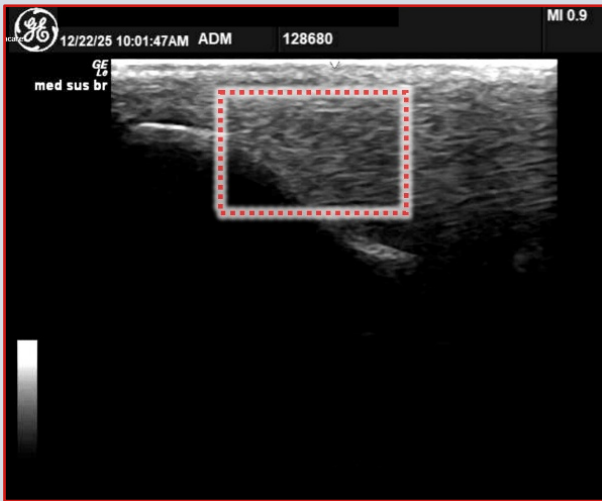
The patient returned for a second StrideGUARD™ injection. Gait evaluation revealed a persistent grade 4/5 right forelimb lameness, evident in both directions when circling. Ultrasonographic examination demonstrated approximately 80% filling of the previously identified core lesion. For the second StrideGUARD™ injection, the patient was sedated and the site aseptically prepared. A total of 1.5 mL was drawn under sterile conditions using an 18-gauge needle (no sodium bicarbonate added) and administered into two intraligamentous sites, with a third injection into the associated tendon sheath. The patient was discharged with a three-day course of nonsteroidal anti-inflammatory medication and maintained on strict stall rest with small-pen turnout and 10 minutes of hand walking daily. In addition, objective gait analysis still demonstrated significant right front head asymmetry when circling to the right.



\*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/

**December 22, 2025**

The patient presented for re-evaluation six weeks following the second StrideGUARD™ injection. The horse had remained on stall rest with small-pen turnout and daily hand walking since the previous visit. Gait evaluation demonstrated a grade 4/5 right forelimb lameness when tracking left but greatly improved to 1/5 right front lameness tracking to the right. Ultrasonographic image demonstrated 100% filling in of the previously identified core lesion. Objective lameness analysis with the AI system demonstrated 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. The patient was discharged with a plan to gradually increase turnout size and initiate a controlled rehabilitation program.



SLEIP\* final assessment demonstrates moderate right front head asymmetry when circling to the right, with marked improvement following the second StrideGUARD™ injection.

\*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.

## Comparison to standard of care

Standard management of core lesions within the medial branch of the suspensory ligament typically includes a prolonged period of stall rest, anti-inflammatory medication, and adjunctive modalities. Typical timelines for return to ridden work is commonly between 4-8 months and clinical improvement is variable. In the present case, treatment with StrideGUARD™ was associated with earlier return to functional use (3 months) compared to expected timeline along with complete resolution of the lesion via ultrasound imaging.

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