

CASE STUDY

Meniscal Injury: Gloria McCain

April 02, 2026



A 16-year-old Appaloosa mare presented for evaluation of severe left hind limb lameness following return from pasture turnout. The owner requested both a lameness evaluation and quality-of-life assessment due to the mare's rapidly declining comfort.

Initial examination revealed a grade 4/5 left hind limb lameness accompanied by marked effusion within the medial compartment of the left hind stifle and significant pain on palpation. A complete gait evaluation could not be performed because the patient was unwilling to trot and was unable to tolerate hind limb flexion testing.

Ultrasonographic evaluation of the left hind stifle revealed marked synovial effusion within the medial femorotibial compartment, enlargement of the medial meniscus, and a central core lesion consistent with a severe meniscus injury.

Following discussion of treatment options, the owner elected to proceed with an injection of StrideGUARD™ on the same day as the examination. 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 and combined with 1 mL of sodium bicarbonate for a total volume of 3 mL. The preparation was injected into the medial pouch of the stifle joint using a 20-gauge 1-inch needle. The patient was discharged with a thirty-day course of non-steroidal anti-inflammatory medications and stall rest.

May 11, 2026



The patient returned for five-week re-evaluation at which time a second StrideGUARD™ injection was administered using the same protocol.

The owner reported substantial clinical improvement since the initial treatment. The patient was no longer consistently laying down and was comfortably tolerating controlled turnout sessions of 30 to 60 minutes daily.

Physical examination demonstrated marked improvement. Gait evaluation revealed a grade 2/5 left hind limb lameness while trotting comfortably in hand. Joint effusion within the medial femorotibial compartment had significantly decreased, and pain on palpation had resolved.

Repeated ultrasonography demonstrated near-complete resolution of synovial effusion. Although the medial meniscus remained mildly enlarged, approximately 80% filling in of the previously identified core lesion was present with progressive restoration of normal fiber architecture.

Following the second StrideGUARD™ treatment, the patient continued the prescribed rehabilitation program.

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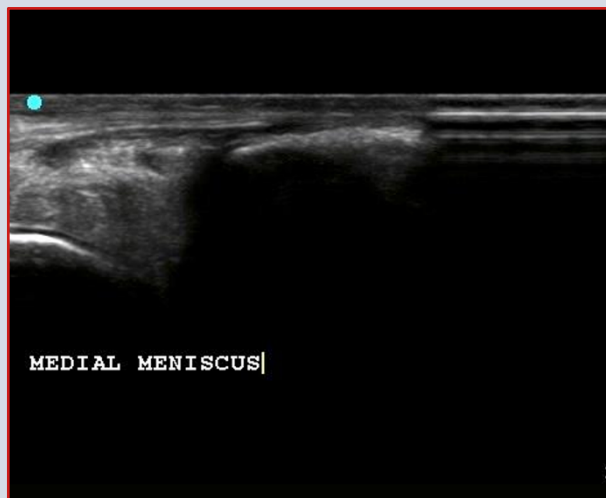
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June 30, 2026



The patient presented for twelve-week re-evaluation on June 30, 2026. On the physical exam, the patient had no effusion present within the medial compartment of left hind stifle and there was no pain on palpation or range of motion as well. Upon gait evaluation, the patient demonstrated a 1/5 lameness but was able to comfortably walk and jog in hand.

Ultrasound evaluation demonstrated that the medial meniscus was within normal parameters and the previously identified core lesion and restoration of normal ultrasonographic architecture.

At the time of re-evaluation, the patient had successfully completed the prescribed rehabilitation protocol and had returned to unrestricted pasture turnout.

Comparison to standard of care

Current management of equine meniscal injuries typically consists of conservative rehabilitation, intra-articular medication, and controlled exercise, with arthroscopy reserved for selected advanced or refractory cases. Despite treatment, prognosis for return to previous athletic function remains guarded, and published recovery periods commonly range from 6-12 months. In this case, the patient demonstrated rapid and progressive clinical improvement following treatment with StrideGUARD™. Within approximately five weeks, marked reductions in joint effusion, pain, and lameness were observed, accompanied by progressive restoration of normal fiber architecture within the medial meniscus on ultrasonographic examination. Continued improvement was documented following the second StrideGUARD™ treatment, culminating in complete ultrasonographic resolution of the previously identified core lesion and successful return to unrestricted turnout following completion of the rehabilitation program.

Prior to treatment, the severity of the patient's clinical presentation prompted discussion of euthanasia should meaningful improvement not be achieved. The rapid clinical recovery and documented ultrasonographic healing observed throughout this case highlights the potential role of StrideGUARD™ as part of the management strategy for equine meniscal injuries.

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