

CASE STUDY

Fetlock Injury: Felina

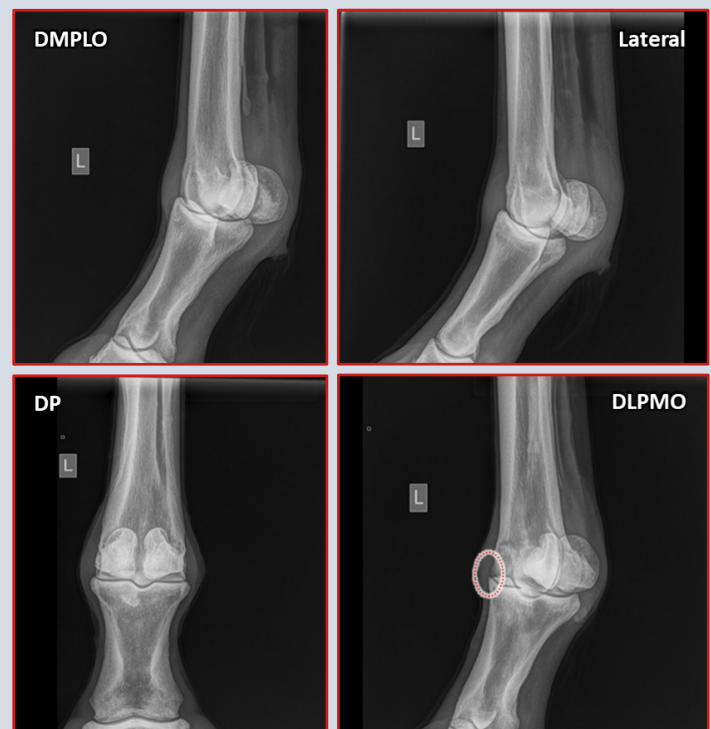
April 14, 2026



A 9-year-old Oldenburg mare presented for a routine gait evaluation prior to the start of the competition season. The owner reported that a previous pre-purchase examination performed in 2024 identified degenerative changes within the left front fetlock joint, and requested treatment with StrideGUARD™. Gait evaluation revealed a baseline grade 1/5 right hind lameness on straight line. The patient was mildly positive to flexion testing of the left front fetlock and right hind hock. Radiographs of the right tarsus and left front fetlock were obtained for further evaluation.

Full series of right tarsal radiographs shown on the left demonstrate mild irregularity with bone spur formation along distal intertarsal/tarsometatarsal region, prominently dorsolaterally and best visualized on DMPLO view.

Full series of left front fetlock radiographs (shown on the right) demonstrate mild osseous roughening/irregularity present along articular margin. There is a small mineralized fragment opacity associated at the margin that is best seen on DLPMO view. The fragment appears nondisplaced and chronic in nature, consistent with findings previously identified during the 2024 pre-purchase examination.



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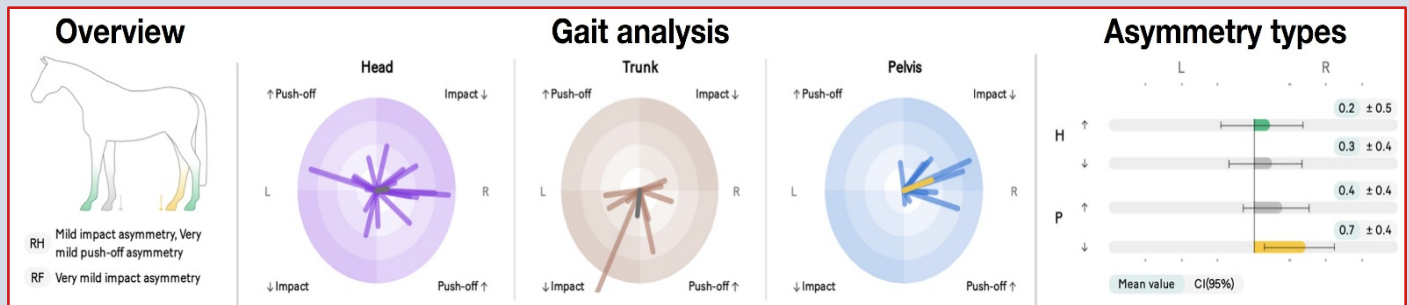
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April 14, 2026 (continued)

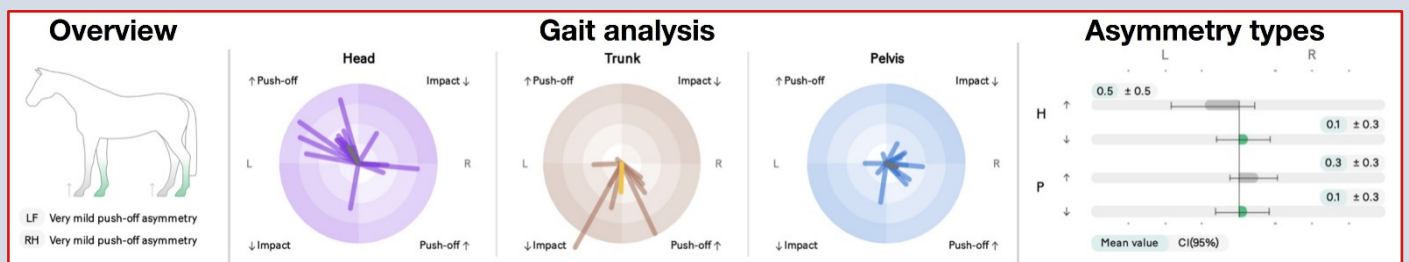
Objective gait analysis was performed at multiple time points for this patient using an artificial intelligence-based lameness detection system (SLEIP), which employs inertial motion sensors and machine-learning algorithms to quantify limb movement asymmetries during locomotion. Objective gait analysis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



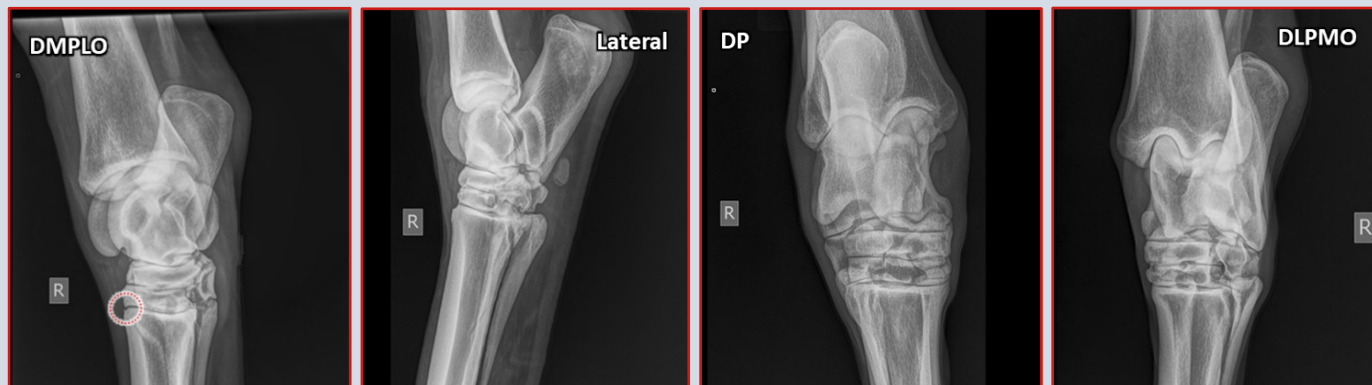
On April 14, 2026, objective gait analysis demonstrated a baseline grade 1/5 right hind lameness on a straight line, with a mild right hind impact asymmetry, a very mild right hind push-off asymmetry, and a very mild right forelimb impact asymmetry. The decision was made to inject using StrideGUARD™ in both tarsal joints (DIT and TMT joints) and front left fetlock joint. 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 1.0 mL of sodium bicarbonate for a total volume of 3.0 mL. The preparation was injected into TMT and DIT of both hocks and the lateral aspect of the left front fetlock using a 20-gauge 1-inch needle for fetlock and TMT joints and then 25-gauge 5/8-inch needle for DIT. The patient was discharged with a four-day course of non-steroidal anti-inflammatory medications and three days off from riding then slow return over the following four days to return to normal routine.

May 19, 2026

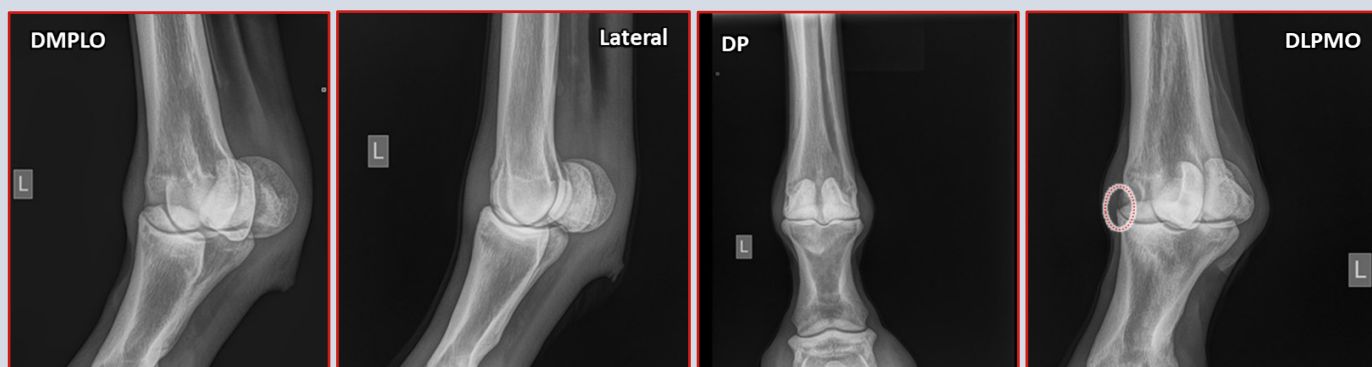
At the follow-up examination in May 2026, repeat radiographs and objective gait analysis were performed. Gait evaluation demonstrated marked improvement, with no evidence of lameness, while flexion testing did not elicit an adverse response. Objective gait analysis showed only a very mild left forelimb push-off asymmetry and a very mild right hind limb push-off asymmetry.



May 19, 2026 (continued)



Radiographs were repeated and full series of right tarsal radiographs shown on the left demonstrate mild irregularity with bone spur formation along distal intertarsal/tarsometatarsal region, prominently dorsolaterally and best seen on DMPLO view. The irregularities are showing improvement when compared to radiographs taken approximately one month ago.



Full series of front left fetlock radiographs shown on the right demonstrate mild osseous roughening/irregularity present along articular margin, with the previously identified fragment no longer visible. The irregularities are showing improvement when compared to radiographs taken approximately one month ago.

Comparison to standard of care

Conventional management of equine osteoarthritis has been focused on therapies where the primary mechanism is symptom control rather than biologic restoration of the joint environment. With StrideGUARD™ the focus is aimed to decrease inflammation, rebuild and support modulation of the joint environment while maintaining long-term joint health. While radiographic improvement is uncommon in such cases, comparison of the pre- and post-treatment radiographs demonstrated smoothing of the articular margins with minimal progression of osteoarthritic changes, indicating overall radiographic stability of the affected joint.

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