

## LIFESTORY SUMMARY OF GIPSY

Gipsy was born in England and eventually ended up at a Dutch riding school through a trader. He was not officially imported at the time, I arranged that myself with the RVO registration.

Gipsy is a beautiful but frightened horse and was at the bottom of the ranking at the equestrian riding school. After a week at the equestrian center, he became lame, got rest but the lameness did not improve.

Veterinarians of the riding school took pictures and scans, scans were clean, and X-rays showed mild osteoarthritis, but according to the vet, this didn't cause the lameness. Further research was needed, but the riding school had no money for that as Gipsy had been unusable for 9 months.

I was then allowed to take him over for 500 EUR. Once at home I started immediately with rehabilitating the condition of his feet. I happen to know the farrier from the riding school, and he told me in confidence that he was only allowed to come 3 or 4 times a year and then not even all the horses were actually attended to - only about half of the total amount of horses.

The farrier was happy that he went to me and was optimistic that Gipsy would be well again soon. The Farrier indicated that Gipsy had not started moving better with shoes than without, so immediately we removed the shoes and started trimming his feet every week.

He had quite long toes and underrun heels. Keeping the toe well short usually works out fine to address the NPA, but whatever I did, no matter how short the toe was, that heel kept sliding forward.

Colleagues have watched, but even though he now has nice short toes, the heels are underrun. When his hoof condition improved, he still didn't move any better, so this is when I reached out to another vet. She saw almost immediately that he had **ESPA / DSLD (Degenerative Suspensory Ligament Desmitis)**, a progressive connective tissue disease.

We discussed what we could do together, and I chose to have him treated by the vet. Unfortunately, that didn't help. Another professional did a thermography for him, and it showed that his first rib was crooked, but also the straightening of the rib and loosening the CTO area (Cervical Thoracic Junction), did not improve his condition.

I did take him for small walking rides out, but one day I started to notice that he ran away when we arrived with a halter, so we stopped doing that.

A few months later he started to act uglier to the other horses and I put him on pain medication. At first, he got even uglier against the others whereupon I unfortunately had to separate him with the youngest shetlander and from that followed the sad decision to put him to sleep.

Since so many vets overlook or label ESPA / DSLD as a rare disease, I thought it would be helpful to contact Equinestudies to see if it was possible to learn about ESPA / DSLD from Gipsy.

ESPA / DSLD is not a rare disease, but it is almost undiagnosed. I sincerely hope that many vets make use of the opportunity to learn so that Gipsy did not die for nothing at the age of 10.

He has lived the last 2 years of his life on a Paddock Paradise, where he could decide for himself how much he wanted to load himself, he ran, bucked, and played a bit. But now that playing without painkillers is no longer fun, I must make the difficult choice for him. With doubt in my heart, but somehow, I know that the results of the dissection will give me peace of mind that I made the right decision for him.

Bye dear Gipsy, we will miss you, love from Romance, Coco, Elfje and Draakje

