

High Beam

Stewards' Summary

Review of race:

High Beam dropped back early in the race, began being pulled up approaching the ½ mile pole and collapsed on the racetrack.

Trainer:

William Bradley stated that the horse had never bled externally, but was treated with Lasix for his races and works, as is standard for his horses. He said that Calvin Borel had worked the horse one week prior to the race with no issue noted.

Jockey:

Calvin Borel stated that he had ridden the horse quite a few times in prior races and had worked the horse one week prior to this race. He said that the horse warmed up fine and he had no concern about him in the post parade. Borel stated that the horse began to falter early in the race and he attempted to quickly pull him up.

Veterinary Summary

- This 5-year-old gelding, trained by William “Buff” Bradley and owned by Susan Sommer-Luarca, pulled up, collapsed, and died near the ½ pole during the running of the 8th race at Churchill Downs on June 13, 2019, a \$30,000 Maiden Claiming at one mile over a fast dirt surface.
- Blood was collected by KHRC veterinarians for submission to Industrial Laboratories for analysis.
- The body was transported to the University of Kentucky Veterinary Diagnostic Laboratory and submitted for necropsy.

Findings:

- Review of pre-race exam findings and exam history

This horse’s fatal condition was unrelated to musculoskeletal injury. Review of pre-race exam findings and exam history is not informative in this case.

- Review of treatment records

This horse was treated with furosemide (Lasix) on breeze days as prophylaxis for Exercise Induced Pulmonary Hemorrhage (EIPH). There were no post-breeze treatments recorded. This suggests that the horse demonstrated no evidence for EIPH, respiratory dysfunction or musculoskeletal disease post work. No endoscopic examinations were performed post-race or post-work. This further supports the conclusion that the horse demonstrated no signs of EIPH, respiratory dysfunction, poor performance, or exercise intolerance—any or all of which would have resulted in an endoscopic examination. Pre-race medication was conservative and targeted at maintaining musculoskeletal health.

- Analysis of risk factors and other criteria (Case horse compared to uninjured cohorts in the same race)

Risk factors identified by Parkin and others are related to musculoskeletal injury which was not related to this horse's cause of death. (See Necropsy Report summary below). From the American College of Veterinary Internal Medicine's Consensus Statement on EIPH (Journal of Veterinary Internal Medicine 2015; 29:743-758),

Although pulmonary hemorrhage can be present in horses that die suddenly, it is unclear if pulmonary hemorrhage is the primary cause of death or is secondary to another cause of death (e.g. acute heart failure resulting in sudden death and pulmonary hemorrhage). The risk of sudden death in horses with EIPH has not been determined in that an association between EIPH and subsequent sudden death during racing is unclear. Finding: There is low quality evidence that EIPH is causally associated with sudden death in racehorses and we could locate no evidence of increased risk of sudden death in horses with EIPH.

- Review of necropsy report and drug testing results
 - Drug testing: No prohibited substances detected. No therapeutic medications detected above regulatory threshold concentrations.

Note: Only blood was submitted for analysis. Urine collection typically does not occur for horses post-mortem. The diagnostic laboratory is instructed to collect urine if it is present in the horse's bladder, but it rarely is. So while a blood-only sample is subjected to the broadest scope of analysis possible, that scope is reduced compared to what can be applied to a paired (blood and urine) sample.

- Necropsy report:

Lung: Variable amounts of acute hemorrhage throughout the lungs. Pulmonary blood vessels are congested with spill-over into the aveoli (air sacs). There is rare alveolar histocytosis and hemosiderosis. No pathogenic bacteria were cultured.

Heart: Mild, multifocal, acute, subepicardial and subendocardial hemorrhage.

Toxicology: Negative for anticoagulants (including rodenticides); normal ranges for heavy metals in liver tissue.

The pathologist commented: *It cannot be determined if the massive pulmonary hemorrhage observed is a primary or secondary process but is severe enough to be the likely cause of death. There is little evidence of previous bouts of EIPH.*