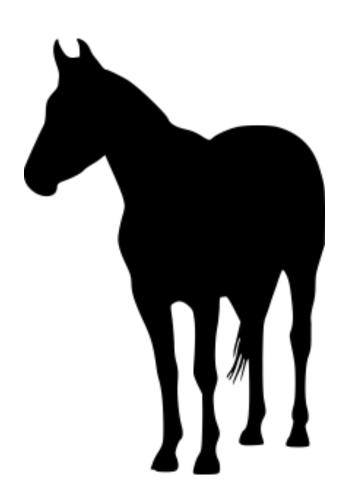


Gold – Induced - Cytokines







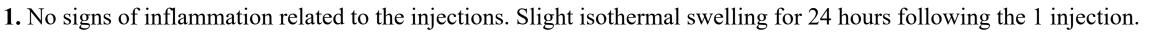






History: Jumping horse / CSO, 13-year-old mare, Acute desmite external branch of the fetlock suspensor - Left front. Protocol: Ultrasound-guided local injections intra-lesional (intra-ligamentaire), série of 4 GOLDIC ND injections (large Kit used) once a week.

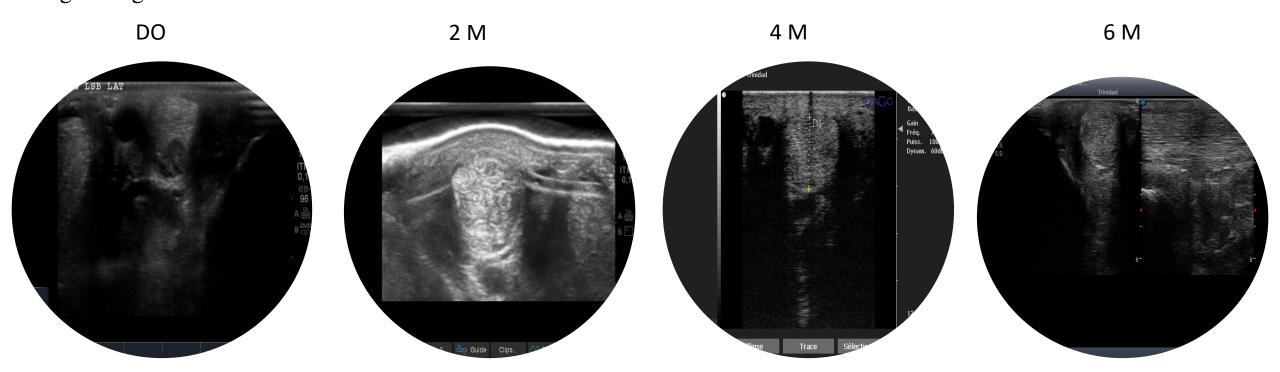
Observation & Result:



- 2. Local analgesia at treatment points; Notable palpatory comfort at 2 weeks (after second injection).
- 3. Return to work at 4 months.

4. Excellent healing of the deep lesion and good evolution of the iatrogenic pathway. Ligament slightly thicker but flexible and linear.

5. Progressive and positive evolution of the lesion after the treatment. Long-lasting effect without recurrence at 6 months.





History: Running trotter chronic arthropathy of the fetlock and acute desmitis suspensory branch of the fetlock.

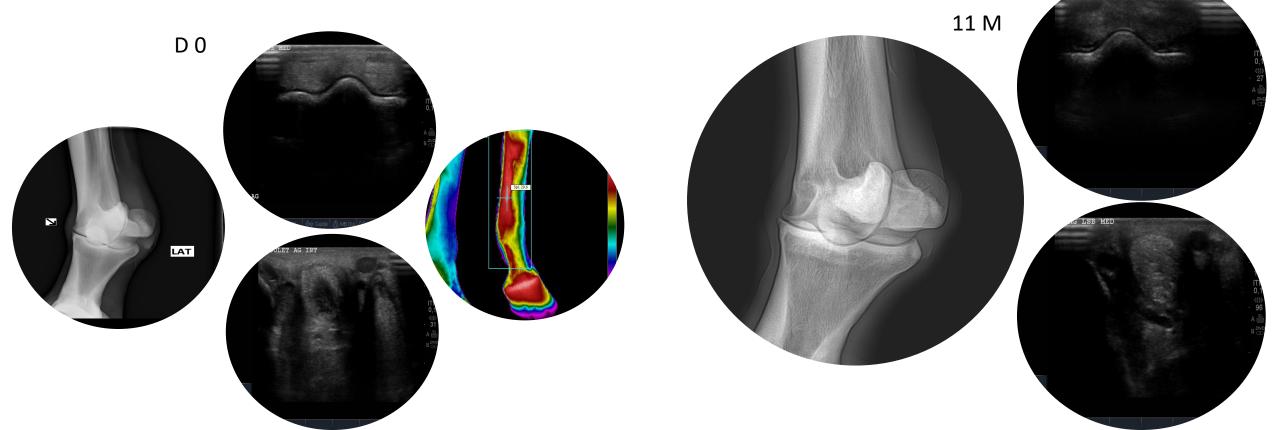
Protocol: Ultrasound-guided local injections intralesional and perilesional, and intraarticular; series of 4 GOLDIC ND injections (large Kit used) once a week.

Observation & Result:

- 1. No signs of inflammation related to the injections.
- 2. Local analgesia at treatment points; flexion comfort at 15 days.
- 3. Return to competition at 6 months: 3 group 3 victories in the following 5 months!

4. Excellent ligament healing (thick but flexible and resistant) and improvement in cartilage thickness and general joint comfort,

very satisfactory throughout the career.



Dtr GC Fr



History: Thoroughbred race 2 years lame 2/5 with severe joint inflammation and synovitis synovial sheath chronic carpal lateral extensor following former external foal trauma reported. Local infiltrations based on of corticosteroids carried out, allowing a successful career in the summer of his 2 years. The reported chronic lameness linked to a major flexion amplitude defect (45° max) was not improved following a last local infiltration of corticosteroids, with severe secondary reaction (severe reactive synovitis).

Protocol: Joint infiltrations (mediocarpal) and lateral synovial sheath series of 4 GOLDIC ND injections (small Kit used) once a week with maintenance of sports activity adapted according to comfort.

Observation & Result:

- 1. Rapid regression of inflammation and secondary infection and rapid reduction of locomotor discomfort from the 1st week.
- 2. Full and satisfactory work from the 15th day of treatment; painless full range of flexion 3rd week
- 3. Resumption of career following treatment: 4 races, 4 places, over the following 6 months (in progress).
- 4. Chronic flexible synovitis and full flexion amplitude without recurrence of lasting locomotor discomfort.





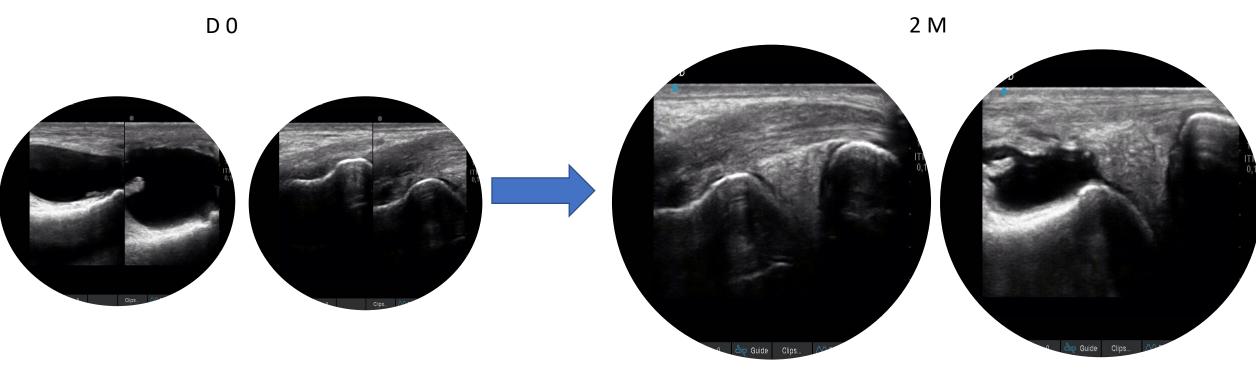
Dtr GC Fr

History: Running trotter, M, 6 years old, chronic desmatitis medial collateral ligament stifle and secondary synovitis. Irregularity after work.

Protocol: Local tracer injections perilesional (2 ml) and intra-articular (AFTm) 3 ml series of 4 GOLDIC ND injections once a week.

Observation & Result:

- 1. Injection site swelling resolved in 24/48 hours, non-inflammatory.
- 2. Noticeable improvement in posterior propulsion after 1 month.
- 3. Resumption of full work at 3 months. No recurrence.
- 4. Marked reduction of joint synovitis, painless ligament.





History: Chronic running trotter tendonitis of the superficial flexor tendon of the finger. No evolution following local revulsives and hydrotherapy.

Protocol: Local ultrasound-guided intralesional and perilesional injections;

NB: iatrogenic tendon lesion necessary for access to the deep circumscribed site, managed by tracings on the way out of the needle. Series of 4 GOLDIC ND injections (small Kit used) once a week.

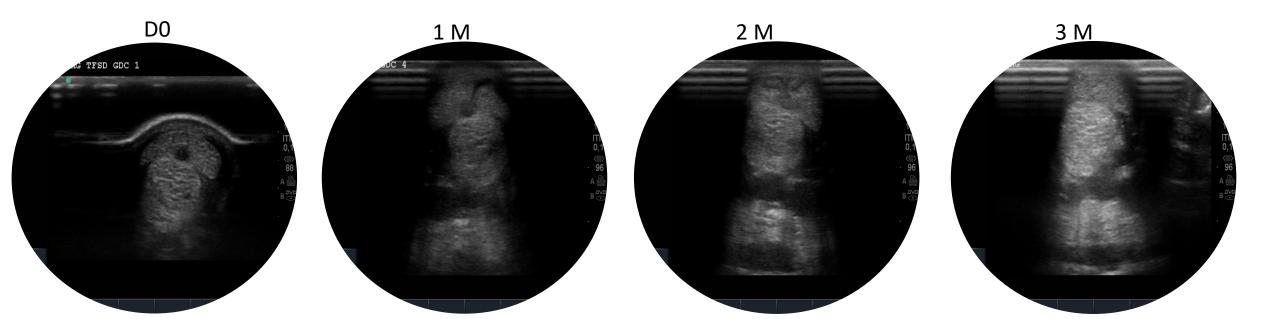
Observation & Result:

1. No signs of inflammation related to the injections. Slight isothermal swelling for 24 hours following the treatments.

- 2. Local analgesia at treatment points; Notable palpatory comfort at 3 weeks.
- 3. Return to competition at 6 months.

4. Excellent healing of the chronic deep lesion and good evolution of the introgenic pathway. Tendon slightly thicker but flexible and linear.

Dtr GC Fr





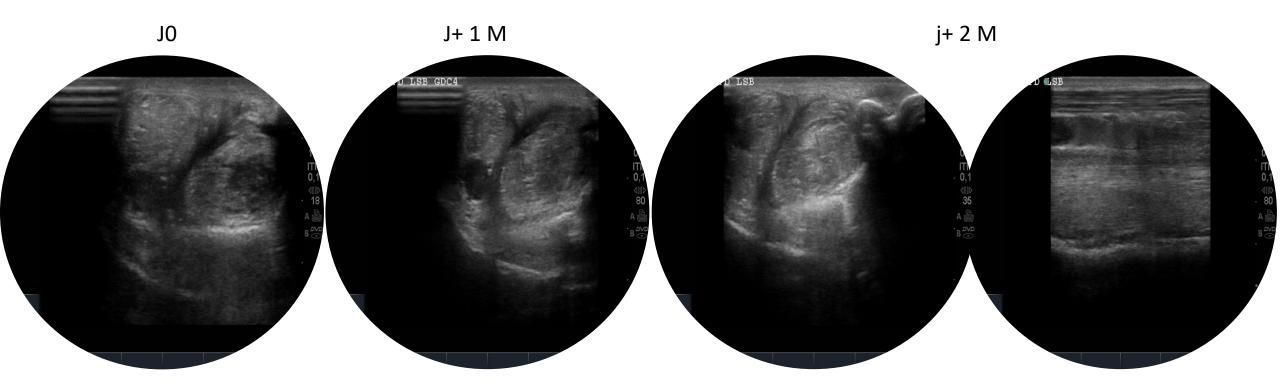
History: Running trotter, M, 6 years old, moderate right posterior proximal suspensor desmitis. Lameness 2/5. Suspensor pressure test: 4/5.

Protocol: Intra (2) and perilesional (2) tracer injections, 1 x per week, 4 times.

Observation & Result:

- 1. No significant side effects to the injections.
- 2. Palpation not sensitive 4th week.
- 3. Early lesional filling, perilesional fibrillar changes visible and evolving over time.
- 4. Discrete, non-sensitive and linear scarring deformation.
- 5. Return to competition at 6 months: efficient, no locomotor irregularities.



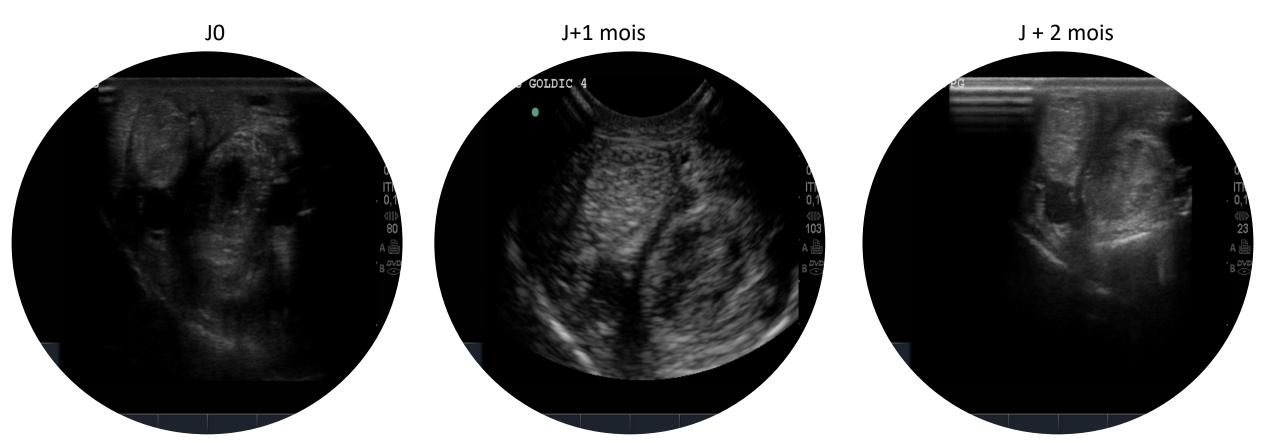


History: Running trotter, M, 5 years old, proximal desmitis posterior fetlock suspensory ligament

Protocol: Ultrasound-guided local intralesional injections in the standing horse, limb in support. Series 4 GOLDIC ND injections once a week.

Observation & Result:

- 1. Progressive lesional filling. No noticeable local reaction to treatment.
- 2. Satisfactory echogenicity at 2 months, discreetly sensitive palpation.
- 3. Progressive return to work at 4 months. No recurrence. Resorted, won...
- 4. Inconspicuous and moderate residual ligament thickening.



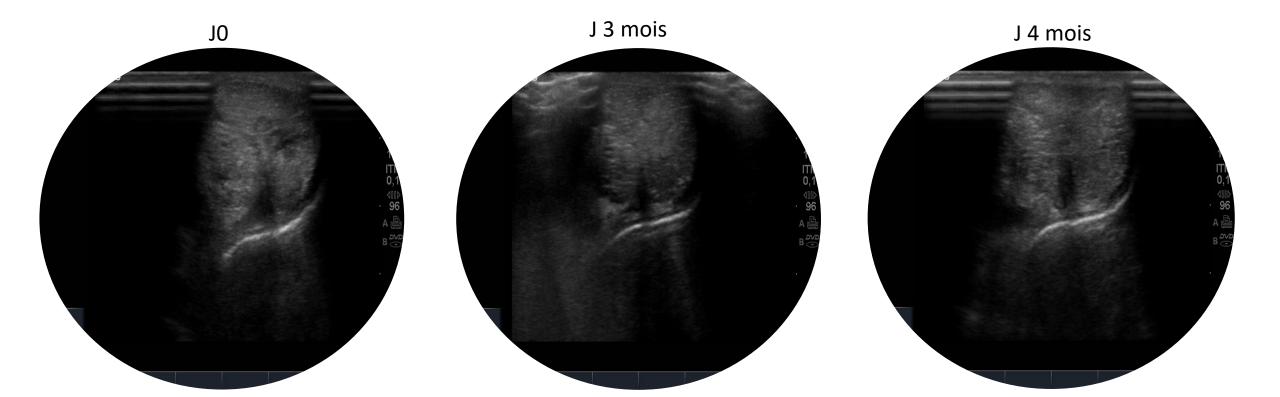


History: Thoroughbred flat race, gelding, 4 years old, chronic tendonitis of the superficial flexor tendon of the finger. No evolution following local revulsives and hydrotherapy.

Protocol: Ultrasound-guided local intra-lesional and peri-lesional injections. Series of 4 GOLDIC ND injections (small Kit used) once a week.

Observation & Result:

- 1. No over-inflammatory signs related to the injections. Slight isothermal swelling for 24 hours following the treatments.
- 2. Local analgesia at treatment points; Notable palpatory comfort at 4 weeks.
- 3. Return to competition at 6 months.
- 4. Excellent healing of the chronic deep diffuse lesion, early satisfactory echogenicity.





History: Thoroughbred race flat, M, 7 years old, acute desmitis suspensory ligament (branch) fore finger.

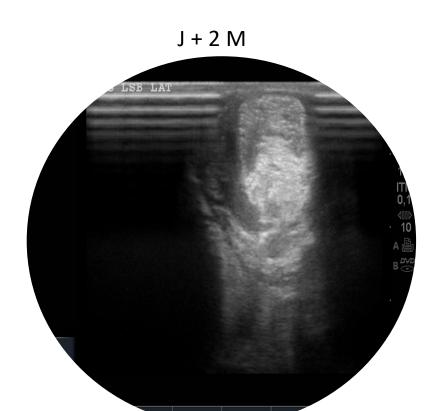
Protocol: Local ultrasound-guided intralesional and perilesional injections; series of 4 GOLDIC ND injections once a week.

Observation & Result:

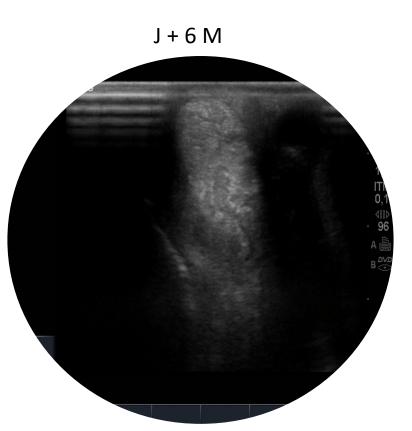
- **1.** Easy lesion filling and peri-wound tracing.
- 2. Local analgesia; Notable palpatory comfort at 4 weeks.
- 3. Return to competition at 5 months. No recurrence.
- 4. Excellent lesional filling at 2 months.

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5. Marked insensitive ligament thickening, then gradual reduction at work.







History: Running trotter, M, 6 years old, anterior fetlock suspensory branch desmite. Anterior irregularity, Flexion test + 2/5

Protocol: Ultrasound-guided injections twice then tracing twice. Series 4 GOLDIC ND injections once a week.

Observation & Result:

1. Moderate but flexible thickening of the ligament.

- 2. No heat or noticeable discomfort during injections.
- 3. Significant reduction in adjacent metacarpophalangeal joint effusion.

4. Work maintenance during treatments, progressive work over 2 months and balneotherapy. Complete locomotor improvement. Resorted, won...





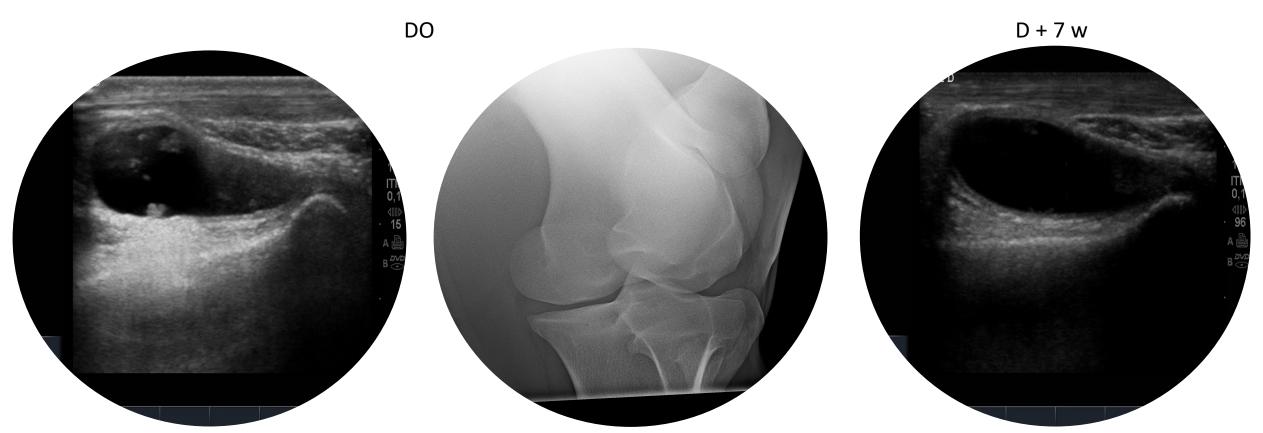
History: Running trotter, M, 5 years old, chronic stifle arthropathy. Foal bone cyst follow-up, managed infiltrations and IRAP, intermittent recurrences irregular pace.

Protocol: Right stifle injections 1 x per week, 4 times.

Observation & Result:

- 1. Moderate synovial volume increase between injections.
- 2. No heat or noticeable discomfort during injections.
- 3. Reduction of chronic synovitis and volume stable effusion at 5 months.

4. Work maintenance during treatment, complete work at 2 months. Noticeable and lasting locomotor improvement after more than 6 months. Resorted, won... Dr GC Fr





History: SF, 25 years, M, multiple recurrent sarcoids. Operated locally, cryotherapies, laser once a year, for 5 years. Significant discomfort 2 front feet (chronic navicular)

Protocol: IV jugular treatment for immune targeting, management of exuberant tumor masses by cerclage.Series 4 GOLDIC ND injections once a week. (Large kit)Orthopedic fittings indicated preserved.

Observation & Result:

- 1. Good evolution of managed wounds, no visible peripheral outbreak.
- 2. Reported noticeable improvement in foot comfort.
- 3. Return to work mounted at 2 months, comfortable.

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4. Follow-up: saw remarkable lesion stabilization, new Goldic IV treatment 1 year later; no recurrence reported 2 years later.

Dr. GC Fr







D + 2M

When in June 2016 our champion, winner of the Cornulier prize at the start of the year, was arrested following severe tendinitis, it seemed that he had to resolve to imagine the end of his sporting career. We then decided to use the GOLDIC® therapy. Two and a half months after his accident Scarlet Turgot made a return to racing at the highest level and in both disciplines, totaling 5 outings in 4 months for 4 places and 1 victory, equaling his long distance kilometer record from his second recovery race. for his farewell to Vincennes on 24/12/16. I would like to thank again the whole team which accompanied the recovery and the sports management of our champion, as well as the company Med-i-vet which made Scarlet Turgot the first mare in France to benefit from this innovative treatment, which exceeded all our hopes!

Mr HOST, owner / breeder







Boss Du Meleuc



Vicking Blue



On the wise advice of my veterinarian Doctor Gilles Courtin, some of my good horses have benefited from GOLDIC® therapy for tendon and joint lesions and the results have been more than satisfactory in the sports management of their careers." IUKSECHOUN OLYMPIA harlotte

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Keeping our animals healthy

For horses and dogs suffering from injury, Goldic offers a new, powerful, side-effect-free treatment

E all love our animals – whether they're companions, service animals or top-level competitors – so

maintaining their health is paramount. Like humans, animals unfortunately also suffer with wear and tear in joints, spinal injury and degenerative diseases — at one point or another, most athletic horses and many dogs suffer some type of musculoskeletal injury, regardless of their performance level.

regardless of their performance level. According to the Royal Veterinary College (RVC), tendon over-strain injuries are the most common orthopaedic injury in all equine disciplines, and 25% of National Hunt horses

"Goldic enables natural, antiinflammatory and regenerative action"

in training have evidence of superficial digital flexor tendinopathy — the most frequent type of tendon injury in performance horses.

Meanwhile, shoulder and spinal injuries are common in dogs, and the RVC reports the prevalence of hip and elbow osteoarthritis increasing in some purebred dogs. Tendons and ligaments do attempt to heal,

but instead of simply repairing or replacing

injured fibres, the body produces scar tissue. Scar tissue has far less elasticity and strength, explaining why tendon and ligament re-injury rates are so high.

NEXT-GENERATION TECHNOLOGY

GOLDIC is a new generation of "regenerative medicine" that offers a new, side-effect-free, fast and effective recovery. It is a medical device that creates a powerful regenerative serum from the animal's own blood, which is then injected back into the body according to veterinary diagnosis of the issue.

Goldic is supported by gold particles, which act as catalyst to increase the production of important cytokines. It enables natural, anti-inflammatory action by upregulating the body's growth factors and instructing the existing stem cells to differentiate and regenerate damaged tissue t fall competitive performance.

Goldic has demonstrated success in recovery from lameness, joint disorder, spinal disorder (including wobbler syndrome in dogs), allergies and more. Due to its broad applicability, Goldic can be described as a platform technology – helping veterinarians to treat multiple syndromes.

to treat multiple synthesis a kit (Goldie Goldie is now available as a kit (Goldie Equine Set, Goldie Canine and Small Animal for veterinary use. **H&H**

 For more information visit patient-choice-international.com or contact us at info@ patient-choiceinternational.com or 0800 038 5110

Yannick-Alain Briand