

Examination report

General and clinical examination

conformation and stance	normal	abnormal
condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
skin and coat	<input checked="" type="checkbox"/>	<input type="checkbox"/>
mucous membranes	<input checked="" type="checkbox"/>	<input type="checkbox"/>
lymph nodes	<input checked="" type="checkbox"/>	<input type="checkbox"/>
eyes and eyelids	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Respiratory system		
respiration at rest	<input checked="" type="checkbox"/>	<input type="checkbox"/>
type of respiration	<input checked="" type="checkbox"/>	<input type="checkbox"/>
spontaneous coughing	no	yes
larynx sensitivity	<input checked="" type="checkbox"/>	<input type="checkbox"/>
respiration after exercise	<input checked="" type="checkbox"/>	<input type="checkbox"/>
abnormal sounds	no	yes
laryngoscopy performed	no	yes
laryngoscopy findings	<input type="checkbox"/>	<input type="checkbox"/>
Circulatory system		
peripheral circulation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
heart at rest	<input checked="" type="checkbox"/>	<input type="checkbox"/>
heart after exercise	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Digest. system (ext. insp.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
mouth, teeth, tongue	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Urogen. system (ext. insp.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Nervous system		
tail tone	<input checked="" type="checkbox"/>	<input type="checkbox"/>
correction reflexes	<input checked="" type="checkbox"/>	<input type="checkbox"/>
coordination	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Inspection, palpation and eventual percussion

head	normal	abnormal
neck	<input checked="" type="checkbox"/>	<input type="checkbox"/>
withers	<input checked="" type="checkbox"/>	<input type="checkbox"/>
back	<input checked="" type="checkbox"/>	<input type="checkbox"/>
croup	<input checked="" type="checkbox"/>	<input type="checkbox"/>
left frontlimb	<input checked="" type="checkbox"/>	<input type="checkbox"/>
right frontlimb	<input checked="" type="checkbox"/>	<input type="checkbox"/>
left hindlimb	<input checked="" type="checkbox"/>	<input type="checkbox"/>
right hindlimb	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hooves		
horn quality	<input checked="" type="checkbox"/>	<input type="checkbox"/>
hoof percussion	<input checked="" type="checkbox"/>	<input type="checkbox"/>
hoof shape	even	uneven
shoeing	no / front / front and hind	higher than
type of shoeing		

Walk, trot and canter

Walking on hard surface	normal	abnormal
straight line	<input checked="" type="checkbox"/>	<input type="checkbox"/>
small circle on the left	<input checked="" type="checkbox"/>	<input type="checkbox"/>
small circle on the right	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Trotting on hard surface		
straight line	<input checked="" type="checkbox"/>	<input type="checkbox"/>
small circle on the left	<input checked="" type="checkbox"/>	<input type="checkbox"/>
small circle on the right	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Trotting on soft surface		
small circle on the left	<input checked="" type="checkbox"/>	<input type="checkbox"/>
small circle on the right	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cantering on soft surface		
small circle on the left	<input checked="" type="checkbox"/>	<input type="checkbox"/>
small circle on the right	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Number: E127253

Flexion tests:

Forelimbs:

LF (not sensitive)	<input checked="" type="checkbox"/>	sensitive	<input type="checkbox"/>
RH (not sensitive)	<input checked="" type="checkbox"/>	sensitive	<input type="checkbox"/>
LH (not sensitive)	<input checked="" type="checkbox"/>	sensitive	<input type="checkbox"/>
RH (not sensitive)	<input checked="" type="checkbox"/>	sensitive	<input type="checkbox"/>

Trotting after 1 min. reaction:

LF	+	+	+	+
RH	+	+	+	+
LH	+	+	+	+
RH	+	+	+	+

Radiological examination performed:

Number of X-rays:

LF	+	+	+	+
RH	+	+	+	+
LH	+	+	+	+
RH	+	+	+	+

Assessment of radiographs:

Navicular bone	LF	Grading	RF
Fetlock joint	LF	1-2	RF 1-2
Sesamoid bones	LF	2	RF 2
Tarsal joint	LF	1-2	RF 1-2
	LH	1-2	RH 1-2
			RH 1-2
Fragments			Remarks
Fetlock joint	LF	+	
Fetlock joint	RF	<input checked="" type="checkbox"/>	
Stifle joint	LH	<input checked="" type="checkbox"/>	
Stifle joint	RH	<input checked="" type="checkbox"/>	
Tarsal joint	LH	<input checked="" type="checkbox"/>	
Tarsal joint	RH	<input checked="" type="checkbox"/>	
Fetlock joint	LH	<input checked="" type="checkbox"/>	
Fetlock joint	RH	<input checked="" type="checkbox"/>	

Radiological exam of other parts / extra findings:

Other remarks: