

Examination report

Number: E 125949

General and clinical examination

- | | | |
|-------------------------|-------------------------------------|--------------------------|
| | normal | abnormal |
| conformation and stance | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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 | <input type="checkbox"/> | <input type="checkbox"/> |
| larynx sensitivity | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| respiration after exercise | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| abnormal sounds | <input type="checkbox"/> | <input type="checkbox"/> |
| laryngoscopy performed | <input type="checkbox"/> | <input type="checkbox"/> |
| laryngoscopy findings | <input checked="" 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.)

- | | | |
|----------------------|-------------------------------------|--------------------------|
| 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

- | | | |
|-----------------|-------------------------------------|--------------------------|
| | normal | abnormal |
| head | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| shoeing | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| type of shoeing | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Walk, trot and canter

- | | | |
|----------------------------------|-------------------------------------|--------------------------|
| | normal | abnormal |
| Walking 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 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"/> |

Flexion tests:

- Forced flexion:
- | | | | | |
|------------------------------|----|---|---|----|
| LF not sensitive / sensitive | LF | ± | + | ++ |
| RF not sensitive / sensitive | RF | ± | + | ++ |
| LH not sensitive / sensitive | LH | ± | + | ++ |
| RH not sensitive / sensitive | RH | ± | + | ++ |

Trotting after 1 min. flexion:

- Radiological examination performed: yes no
 Number of X rays: _____

Assessment of radiographs:

Grading

- | | | |
|----------------|----|----|
| Navicular bone | LF | RF |
| Fetlock joint | LF | RF |
| Sesamoid bones | LF | RF |
| Tarsal joint | LH | RH |

Fragments

- | | | | |
|---------------|----|-------------------------------------|---------|
| | - | + | Remarks |
| Fetlock joint | LF | <input type="checkbox"/> | |
| Fetlock joint | RF | <input 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 type="checkbox"/> | |
| Fetlock joint | RH | <input type="checkbox"/> | |

Radiological exam of other parts / extra findings:

Other remarks: