

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 checked="" type="checkbox"/> no	<input type="checkbox"/> yes
larynx sensitivity	<input checked="" type="checkbox"/>	<input type="checkbox"/>
respiration after exercise	<input checked="" type="checkbox"/>	<input type="checkbox"/>
abnormal sounds	<input checked="" type="checkbox"/> no	<input type="checkbox"/> yes
laryngoscopy performed	<input checked="" type="checkbox"/> no	<input type="checkbox"/> yes
laryngoscopy findings	<input checked="" type="checkbox"/>	<input checked="" 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

	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"/> even	<input type="checkbox"/> uneven
shoeing	<input checked="" type="checkbox"/> no	<input type="checkbox"/> front / front and hind
type of shoeing	<u>NORMAL</u>	

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:		Trotting after 1 min. flexion:				
LF not sensitive / sensitive		LF	<input checked="" type="checkbox"/> -	<input type="checkbox"/> ±	<input type="checkbox"/> +	<input type="checkbox"/> ++
RF not sensitive / sensitive		RF	<input checked="" type="checkbox"/> -	<input type="checkbox"/> ±	<input type="checkbox"/> +	<input type="checkbox"/> ++
LH not sensitive / sensitive		LH	<input checked="" type="checkbox"/> -	<input type="checkbox"/> ±	<input type="checkbox"/> +	<input type="checkbox"/> ++
RH not sensitive / sensitive		RH	<input checked="" type="checkbox"/> -	<input type="checkbox"/> ±	<input type="checkbox"/> +	<input type="checkbox"/> ++

Radiological examination performed: yes no

Number of X rays: 20 (27-9-2021)

Assessment of radiographs:

	Grading			
Navicular bone	LF	<u>1-2</u>	RF	<u>1-2</u>
Fetlock joint	LF	<u>1</u>	RF	<u>1</u>
Sesamoid bones	LF	<u>1</u>	RF	<u>1</u>
Tarsal joint	LH	<u>1</u>	RH	<u>1</u>

	Fragments		Remarks	
	-	+		
Fetlock joint	LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Fetlock joint	RF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Stifle joint	LH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Stifle joint	RH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Tarsal joint	LH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Tarsal joint	RH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Fetlock joint	LH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Fetlock joint	RH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Radiological exam of other parts / extra findings:

Other remarks:

stitch in hoof LF

clinical no impact at all
