

Examination report

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"/>
<b>Respiratory system</b>		
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 type="checkbox"/>	<input type="checkbox"/> not induced
<b>Circulatory system</b>		
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"/>
<b>Digest. system</b> (ext. insp.)		
mouth, teeth, tongue	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Urogen. system</b> (ext. insp.)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>Nervous system</b>		
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"/>
<b>Hooves</b>		
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 / front	<input type="checkbox"/> front and hind
type of shoeing		

Walk, trot and canter

	normal	abnormal
<b>Walking on hard surface</b>		
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"/>
<b>Trotting on hard surface</b>		
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"/>
<b>Trotting on soft surface</b>		
small circle on the left	<input checked="" type="checkbox"/>	<input type="checkbox"/>
small circle on the right	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Cantering on soft surface</b>		
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	<input checked="" type="checkbox"/>	LF <input checked="" type="checkbox"/> ± + ++
RF not sensitive / sensitive	<input checked="" type="checkbox"/>	RF <input checked="" type="checkbox"/> ± + ++
LH not sensitive / sensitive	<input checked="" type="checkbox"/>	LH <input checked="" type="checkbox"/> ± + ++
RH not sensitive / sensitive	<input checked="" type="checkbox"/>	RH <input checked="" type="checkbox"/> ± + ++

Radiological examination performed:  yes  no  
 Number of X rays: \_\_\_\_\_

Assessment of radiographs:

		Grading	
Navicular bone	LF	<input type="checkbox"/>	RF <input type="checkbox"/>
Fetlock joint	LF	<input type="checkbox"/>	RF <input type="checkbox"/>
Sesamoid bones	LF	<input type="checkbox"/>	RF <input type="checkbox"/>
Tarsal joint	LH	<input type="checkbox"/>	RH <input type="checkbox"/>

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

Radiological exam of other parts / extra findings:

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Other remarks:

p.s. air sucker