

Examination report

Number: E125103

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	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>
laryngoscopy performed	<input checked="" type="checkbox"/>	<input type="checkbox"/>
laryngoscopy findings	<input type="checkbox"/>	<input checked="" type="checkbox"/> not needed
Circulatory system		
peripheral circulation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
at rest	<input checked="" type="checkbox"/>	<input type="checkbox"/>
after exercise	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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"/>
condition reflexes	<input checked="" type="checkbox"/>	<input type="checkbox"/>
coordination	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Flexion tests:

Forced flexion:

LF not sensitive / <i>passive</i>	LF	+	+	++
RF not sensitive / <i>passive</i>	RF	+	+	++
LH not sensitive / <i>passive</i>	LH	+	+	++
RH not sensitive / <i>passive</i>	RH	+	+	++

Trailing after 1 min. flexion:

Radiological examination performed: yes no

Number of X rays: *2*

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"/>	

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	higher than
shoeing	no / front / front and hind	
type of shoeing	<i>normal</i>	

Radiological exam of other parts / extra findings:

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"/>	
Centering 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"/>	

Other remarks:

→ real fetlock little hind.
chronically no problem.