

Examination report

Number: E N^o 102203

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"/>	<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 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.)	<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"/>	□ _____
neck	<input checked="" type="checkbox"/>	□ _____
wITHERS	<input checked="" type="checkbox"/>	□ _____
back	<input checked="" type="checkbox"/>	□ _____
croup	<input checked="" type="checkbox"/>	□ _____
left frontlimb	<input checked="" type="checkbox"/>	□ _____
right frontlimb	<input checked="" type="checkbox"/>	□ _____
left hindlimb	<input checked="" type="checkbox"/>	□ _____
right hindlimb	<input checked="" type="checkbox"/>	□ _____
Hooves		
horn quality	<input checked="" type="checkbox"/>	□ _____
hoof percussion	<input checked="" type="checkbox"/>	□ _____
hoof shape		even / uneven _____ higher than _____
shoeing		no / front / front and hind
type of shoeing		_____

Walk, trot and canter

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	-	\pm	+	++
RF not sensitive / sensitive	RF	-	\pm	+	++
LH not sensitive / sensitive	LH	-	\pm	+	++
RH not sensitive / sensitive	RH	-	\pm	+	++

Radiological examination performed: yes no

Number of X rays:

Assessment of radiographs:

Grading

Navicular bone	LF	1	RF	1
Fetlock joint	LF	1	RF	1
Sesamoid bones	LF	1	RF	1
Tarsal joint	LH	1	RH	1

	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"/>

oc-Flattening

Radiological exam of other parts / extra findings:

Other remarks: