

## Examination report

Number: E 120370

## 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 type="checkbox"/>	<input type="checkbox"/>
type of respiration	<input type="checkbox"/>	<input type="checkbox"/>
spontaneous coughing	<input checked="" type="checkbox"/>	yes
larynx sensitivity	<input type="checkbox"/>	<input type="checkbox"/>
respiration after exercise	<input type="checkbox"/>	<input type="checkbox"/>
abnormal sounds	<input checked="" type="checkbox"/>	yes
laryngoscopy performed	<input checked="" type="checkbox"/>	yes
laryngoscopy findings	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Circulatory system</b>		
peripheral circulation	<input type="checkbox"/>	<input type="checkbox"/>
heart at rest	<input type="checkbox"/>	<input type="checkbox"/>
heart after exercise	<input type="checkbox"/>	<input type="checkbox"/>
<b>Digest. system (ext. insp.)</b>		
mouth, teeth, tongue	<input type="checkbox"/>	<input type="checkbox"/>
<b>Urogen. system (ext. insp.)</b>		<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 type="checkbox"/>	<input type="checkbox"/>
hoof percussion	<input type="checkbox"/>	<input type="checkbox"/>
hoof shape	<input checked="" type="checkbox"/>	even / uneven _____ higher than <input checked="" type="checkbox"/> front / front and hind
shoeing	<input type="checkbox"/>	
type of shoeing	<input type="checkbox"/>	

## 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:	LF	<input checked="" type="checkbox"/>	±	+	++
RF not sensitive / sensitive	RF	<input checked="" type="checkbox"/>	±	+	++
LH not sensitive / sensitive	LH	<input checked="" type="checkbox"/>	±	+	++
RH not sensitive / sensitive	RH	<input checked="" type="checkbox"/>	±	+	++

Radiological examination performed:  yes  no  
Number of X rays: 20 (7-7-2022)

## Assessment of radiographs:

## Grading

Navicular bone	LF	1-2	RF	2
Fetlock joint	LF	1-2	RF	1-2
Sesamoid bones	LF	1-2	RF	1-2
Tarsal joint	LH	1	RH	1

## Fragments Remarks

	-	+	
Fetlock joint	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Fetlock joint	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Stifle joint	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Stifle joint	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Tarsal joint	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Tarsal joint	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Fetlock joint	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Fetlock joint	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

## Radiological exam of other parts / extra findings:

(multiple lines for writing)

## Other remarks:

(multiple lines for writing)