

Examination report

Number: E 125813

General and clinical examination

	yes	no
conformation and stance		
condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
skin and coat	<input checked="" type="checkbox"/>	<input type="checkbox"/>
muscle mass	<input checked="" type="checkbox"/>	<input type="checkbox"/>
teeth and eyes	<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"/>
acute 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"/>
temperature performed	<input checked="" type="checkbox"/>	<input type="checkbox"/>
temperature findings	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Circulatory system		
postural 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 (incl. temp.)		
mouth, teeth, tongue	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Urogen. system (incl. temp.)		
Nervous system		
lat time	<input checked="" type="checkbox"/>	<input type="checkbox"/>
convulsion reflexes	<input checked="" type="checkbox"/>	<input type="checkbox"/>
coordination	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Inspection, palpation and eventual percussion

	yes	no
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"/>
chest	<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"/>
left hindlimb	<input checked="" type="checkbox"/>	<input type="checkbox"/>
right hindlimb	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Knees		
form quality	<input checked="" type="checkbox"/>	<input type="checkbox"/>
hind percussion	<input checked="" type="checkbox"/>	<input type="checkbox"/>
hind shape	<input checked="" type="checkbox"/>	<input type="checkbox"/>
shinny	<input checked="" type="checkbox"/>	<input type="checkbox"/>
type of shinny	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Walk, trot and canter

	yes	no
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"/>
Typing 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"/>

Flexion tests

Flexion test	Trailing after 1 min. flexion
LF not sensitive / quality	<input checked="" type="checkbox"/>
RF not sensitive / quality	<input checked="" type="checkbox"/>
LF not sensitive / quantity	<input checked="" type="checkbox"/>
RF not sensitive / quantity	<input checked="" type="checkbox"/>

Radiological examination performed: yes no
 Number of X-rays: 2013 (17.05.22)

Assessment of radiographs

	LF	RF
Forelimb bones	1	1
Forelimb joints	1	1.2
Shoulder bones	1.2	1.2
Tarsal joint	1.2	1

	LF	RF
Forelimb joints	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Forelimb joints	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Forelimb joints	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Forelimb joints	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Forelimb joints	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Forelimb joints	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Forelimb joints	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Radiological exam of other parts / extra findings

3 X Rays of the back
 no cartilage of all

Other remarks