

Examination report

Number: E 126329

General and clinical examination

| | | |
|-------------------------------------|-------------------------------------|--|
| | normal | abnormal |
| conformation and stance 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 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 type="checkbox"/> no | <input type="checkbox"/> yes |
| laryngoscopy performed | <input type="checkbox"/> no | <input type="checkbox"/> yes |
| laryngoscopy findings | <input type="checkbox"/> | <input checked="" type="checkbox"/> <i>NO indication</i> |
| 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.) | | |
| mouth, teeth, tongue | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Urogen. system (ext. insp.) | | |
| <input checked="" type="checkbox"/> | <input 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"/> | <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"/> |
| Hooves | | |
| horn quality | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| hoof percussion | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| hoof shape | <input type="checkbox"/> even | <input type="checkbox"/> uneven higher than |
| shoeing | <input type="checkbox"/> no / front | <input type="checkbox"/> front and hind |
| type of shoeing | <input checked="" type="checkbox"/> | <input type="checkbox"/> <i>normal</i> |

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"/> |
| 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: Trotting after 1 min. flexion:

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

Other remarks:
