

Examination report

Number: E 126311

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 type="checkbox"/>	<input checked="" type="checkbox"/>
larynx sensitivity	<input checked="" type="checkbox"/>	<input type="checkbox"/>
respiration after exercise	<input checked="" type="checkbox"/>	<input type="checkbox"/>
abnormal sounds	<input type="checkbox"/>	<input checked="" type="checkbox"/>
laryngoscopy performed	<input type="checkbox"/>	<input checked="" type="checkbox"/>
laryngoscopy findings	<input checked="" type="checkbox"/>	<input 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"/>
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 checked="" type="checkbox"/>	<input type="checkbox"/>
shoeing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
type of shoeing	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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	LF - ± + ++	
RF not sensitive / sensitive	RF - ± + ++	
LH not sensitive / sensitive	LH - ± + ++	
RH not sensitive / sensitive	RH - ± + ++	

Radiological examination performed: yes no
 Number of X rays: *24 views*

Assessment of radiographs:

	Grading			
Navicular bone	LF	<i>1-2</i>	RF	<i>1-2</i>
Fetlock joint	LF	<i>1</i>	RF	<i>1</i>
Sesamoid bones	LF	<i>1</i>	RF	<i>1</i>
Tarsal joint	LH	<i>1</i>	RH	<i>1</i>

	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"/>	<i>3 OCD fragments late Ridges</i>
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"/>	

Radiological exam of other parts / extra findings:

back & neck: no abnormalities

Other remarks: