

Examination report

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 membrane	<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"/>	_____
Circulatory system			
heart at rest	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
heart after exercise	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
peripheral circulation	<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"/>	yes	_____
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"/>	yes	_____
laryngoscopy performed	<input checked="" type="checkbox"/>	yes	_____
laryngoscopy findings	<input type="checkbox"/>	<input type="checkbox"/>	_____
Digestive system			
external inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Urogenital system			
external inspection	<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			
testa	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
collo	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
spalle	<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 forelimb	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
right forelimb	<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	even	uneven	_____
shoeing	no	yes	only in front
type of shoeing	ADL PAK		_____

Examination report

Dynamic examination

	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			
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"/>	_____
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 test (trotting after 1 min. forced flexion)

LF distal limb	<input checked="" type="checkbox"/>	±	+	++
RF distal limb	<input checked="" type="checkbox"/>	±	+	++
LF proximal limb	<input checked="" type="checkbox"/>	±	+	++
RF proximal limb	<input checked="" type="checkbox"/>	±	+	++
LH distal limb	<input checked="" type="checkbox"/>	±	+	++
RH distal limb	<input checked="" type="checkbox"/>	±	+	++
LH proximal limb	<input checked="" type="checkbox"/>	±	+	++
RH proximal limb	<input checked="" type="checkbox"/>	±	+	++

Radiological examination performed: yes no

Number of X rays: 22 VIEWS

Assessment of radiographs:

	Grading	
Navicular bone	LF <u>2</u>	RF <u>2</u>
Phalangeal joint	LF <u>1</u>	RF <u>1</u>
Fetlock joint	LF <u>1</u>	RF <u>1</u> LH <u>1/2</u> RH <u>1/2</u>
Tarsal joint		LH <u>1/2</u> RH <u>1</u>
Stifle joint		LH <u>1</u> RH <u>1</u>

- 1=Good
- 2=Satisfactory
- 3=Increased risk
- 4=Not acceptable

Handwritten signature of Filippo Boesso

OCD/Fragments

		negative	positive	remarks
Fetlock joint	LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Fetlock joint	RF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Fetlock joint	LH	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SMALL DORSAL OCD SIGLS
Fetlock joint	RH	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SMALL DORSAL OCD CHIP FRAG.
Tarsal Joint	LH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Tarsal Joint	RH	<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"/>	

Radiological exam of other parts/ extra findings

~~_____~~
~~_____~~
~~_____~~
~~_____~~

Other remarks:

~~_____~~
~~_____~~
~~_____~~
~~_____~~

Blood collected and put into custody by examining veterinary surgeon? Yes No
 Blood sample tested for prohibited substances at client's request? Yes No

CONCLUSION:

ON THE BASIS OF THE CLINICAL EXAMINATION
AND THE DIAGNOSTIC TESTS CARRIED OUT, THE
EXAMINED SUBJECT IS CONSIDERED TO HAVE
A LOW RISK PROFILE FOR THE REQUIRED
SPORT ACTIVITY.

Thus examined and reported by me:

Dott. FILIPPO BOESSO
MEDICO VETERINARIO
 Ord. Med. Vet. di PD n. 624

This report can relate only to the appearance on the date of examination:

18/08/2022

Signature of examining veterinary surgeon:

Filippo Boesso

FILIPPO BOESSO
MEDICO VETERINARIO
 Ord. Med. Vet. di PD n. 624