

**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"/>	
<b>Respiratory system</b>			
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"/>	
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"/>	<input type="checkbox"/>	
laryngoscopy performed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
laryngoscopy findings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>Circulatory system</b>			
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"/>	
<b>Digest. system (ext. insp.)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
mouth, teeth, tongue	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>Urogen. system (ext. insp.)</b>	<input checked="" type="checkbox"/>	<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 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	
<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	RF	LH	RH	Trotting after 1 min. flexion:
LF not sensitive / sensitive	-	±	+	++	<del>LF</del>
RF not sensitive / sensitive	-	±	+	++	<del>RF</del>
LH not sensitive / sensitive	-	±	+	++	<del>LH</del>
RH not sensitive / sensitive	-	±	+	++	<del>RH</del>

**Radiological examination performed:**  yes  noNumber of X rays: 22 views**Assessment of radiographs:****Grading**

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

**Fragments Remarks**

Fetlock joint	LF <input checked="" type="checkbox"/>	RF <input type="checkbox"/>	+ <input type="checkbox"/>
Fetlock joint	RF <input checked="" type="checkbox"/>	LH <input checked="" type="checkbox"/>	<input type="checkbox"/>
Stifle joint	LH <input checked="" type="checkbox"/>	RH <input checked="" type="checkbox"/>	<input type="checkbox"/>
Stifle joint	RH <input checked="" type="checkbox"/>	LH <input checked="" type="checkbox"/>	<input type="checkbox"/>
Tarsal joint	LH <input checked="" type="checkbox"/>	RF <input type="checkbox"/>	<input type="checkbox"/>
Tarsal joint	RH <input checked="" type="checkbox"/>	LH <input checked="" type="checkbox"/>	<input type="checkbox"/>
Fetlock joint	LH <input checked="" type="checkbox"/>	RF <input type="checkbox"/>	<input type="checkbox"/>
Fetlock joint	RH <input checked="" type="checkbox"/>	LH <input checked="" type="checkbox"/>	<input type="checkbox"/>

**Radiological exam of other parts / extra findings:**

even / uneven LF higher than RF (slight)

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**Other remarks:**


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