

## Examination report

Number: E125897

## 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 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"/>	<input type="checkbox"/>
laryngoscopy findings	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**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"/>
<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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	even	/ uneven	higher than
shoeing	<input checked="" type="checkbox"/>	front	front and hind
type of shoeing	<input checked="" type="checkbox"/>		

## Walk, trot and canter

	normal	abnormal
<b>Walking on hard surface</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<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>Cantering on soft surface</b>	<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"/>

## Flexion tests:

Forced flexion:	LF		±	+	++
LF not sensitive / sensitive	RF		±	+	++
RF not sensitive / sensitive	LH		±	+	++
LH not sensitive / sensitive	RH		±	+	++

Radiological examination performed:  yes  no  
Number of X rays: 2013 47-5-2022

## Assessment of radiographs:

## Grading

Navicular bone	LF		1	RF		1
Fetlock joint	LF		1	RF		1-2
Sesamoid bones	LF		1-2	RF		1-2
Tarsal joint	LH		1-2	RH		1

## Fragments Remarks

Fetlock joint	LF		-	+
Fetlock joint	RF			
Stifle joint	LH			
Stifle joint	RH			
Tarsal joint	LH			
Tarsal joint	RH			
Fetlock joint	LF			
Fetlock joint	RH			

## Radiological exam of other parts / extra findings:

3 X rays off the back  
all ok

## Other remarks: