

Examination report

Number: E 125718

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 checked="" type="checkbox"/>	<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 checked="" type="checkbox"/>	<input type="checkbox"/> no
laryngoscopy performed	<input checked="" type="checkbox"/>	<input type="checkbox"/> yes
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"/>
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"/> even / uneven	<input type="checkbox"/> higher than <input checked="" type="checkbox"/> no / front / front and hind
shoeing	<input type="checkbox"/>	<input type="checkbox"/>
type of shoeing	<input 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:	LF	RF	±	+	++
LF not sensitive / sensitive	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
RF not sensitive / sensitive	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
LH not sensitive / sensitive	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
RH not sensitive / sensitive	<input checked="" type="checkbox"/>	<input type="checkbox"/>			

Radiological examination performed: yes no
Number of X rays: 20 (25-4-2022)

Assessment of radiographs:

Grading

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

Fragments Remarks

	-	+
Fetlock joint	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fetlock joint	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Stifle joint	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Stifle joint	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tarsal joint	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tarsal joint	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fetlock joint	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fetlock joint	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Radiological exam of other parts / extra findings:

Other remarks: