

Horse D

Invoiced? ☐

Insurance? ☐

Vet Report? ☐

EqWest Vet

Clinic / Visit

Name of Client and Address:

# LAMENESS INVESTIGATION REPORT

Date of examination

Name of horse

19/08/09.

DAVID

Contact numbers:

Insured, if so which company

Referring Vet

Farrier

E mail address

Donated for equine research

## HISTORY

PPE? ☐

## CLINICAL EXAMINATION

Body weight

Areas of heat/swelling

Body condition

Abnormal conformation

Muscle wastage

Favours one limb

Pain on palpation

Muscle spasm

Flexibility TL spine

L foot hoof crack lat st @ve hoof testers

RF foot medial spur - old

LH foot mild PP effusion upright E rolled toes

RH foot upright & rolled toes

Percussion/pressure hoof testers st @ve LF adj to crack

Digital pulse amplitude

Turned L

Turned R

Sacked

## EXAMINATION AT EXERCISE

Walk

Not straight line mild bilateral PLE/cameras L > R, short-shod forelimb gait

COST?

R45 / E95 / ?E

etlock flexion

LF NAD

Proximal flexion

LF NAD

RF NAD

RF NAD

LH NAD

LH not done

RH NAD

RH not done

unge - soft

Lunge - hard

L rein

R rein

L rein 4/10 LF L rein 3/10 LH

R rein 1/10 RH R rein 2/10 RH

unshod!!