



DSLD/IESPA
SUSPENSORY LIGAMENT
EXAMINATION FORM
Revised 12/March/2006

Date of Exam: 17.5.18
Owner(s): Impressum
Name of Horse: Rolie Pirel
Breed: _____
Color / Markings: _____
Age: _____
Previous Exam Dates: _____
Owner Address: _____

1. Medical History:
Please note duration of signs, any changes in behavior, any changes in gait, etc.

2. Physical Exam:

A. Conformation changes to fetlocks/suspensory ligaments - check all that apply

	Fetlock Enlargement	SI Enlargement	Wind Puffs
Left Front			
Left Rear			
Right Front			
Right Rear	<input checked="" type="checkbox"/>		

B. Angle of Fetlock During Weight Bearing - please check

	Upright (100 degrees)	Fetlock (75 degrees)	Hyperextended (greater than 100 degrees)
Left Front			
Left Rear			
Right Front			
Right Rear			<input checked="" type="checkbox"/>

Name of Horse: _____

Owner(s): _____

C. Palpation of Suspensory Ligaments - Note severity of signs as 1-5/5, zero for none present

	Pain	Enlargement	Thickening
Left Front			
lat branch			
med branch			
body			
Left Rear			
lat branch			
med branch			
body			
Right Front			
lat branch			
med branch			
body			
Right Rear			
lat branch			
med branch			
body			

D. Baseline Lameness - Note severity of lameness as 1-5/5, zero for none present

Left Front	
Left Rear	
Right Front	
Right Rear	

E. Flexion Tests of Fetlocks - Note severity from 1-5, zero for no response

Left Front	
Left Rear	
Right Front	
Right Rear	

3. Ultrasound Measurements of Suspensory Ligaments - in cm. Area measurements in cm² performed, indicate lateral to medial and dorsal to palmar/plantar. Note any areas of thickening or irregularity. If the examiner so chooses, only the suspensory ligament body at mid-cannon and the suspensory ligament branches at mid-length or in Zones 3A or 4A are needed. Measurements in these areas, particularly for Peruvian Passes, should not exceed 1.3 cm for the suspensory body and .7 cm² or 1.1 cm in a two-dimensional plane for the suspensory ligament branches.

A. Front Limbs - Zones

	Left Front	Right Front
Origin 1A		
Body 1B		
Body 2A		
Body 2B		
Lat Branch 3A		
Lat Branch 3B		
Med Branch 3A		
Med Branch 3B		

Name of Horse: _____

Owner(s): _____

Name of Horse: _____

Owner(s): _____

B. Rear Limbs - Zones

	Left Rear	Right Rear
Origin 1A		
Body 1B		8,6
Body 2A		
Body 2B		8,3
Lat Branch 3A		
Lat Branch 3B		13,7
Med Branch 3A		
Med Branch 3B		

4. Ultrasound Comments
Note lesions indicate hypoechogenicity (white), poor fiber patterns, discrete hypochoic (black) lesions and any other structures such as flexor tendons that may be abnormal.

Fascioperitoneal free fluid
and moderate inguinal
lymphadenopathy
Schweissblase b. inguinal abg

5. Signature of Examining Veterinarian

Signature of Examining Veterinarian
State _____ License # _____

Please attach ultrasound pictures to the back of this form when possible. We strongly encourage re-exams at 3-6 month intervals. Re-exams are the best method to differentiate injury from DSLD and to identify early onset cases.