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Introduction The clinical examination The purpose of the clinical examination is to identify the clinical abnormalities that are present and the risk factors that determine the occurrence of the disease in the individual or population. From this information the most likely cause can be determined. In addition, the organs or systems involved, the location, type of lesion present, the pathophysiological processes occurring and the severity of the disease can be deduced from the information gained during the clinical examination. There are several different approaches to the clinical examination. The complete clinical examination consists of checking for the presence or absence of all the clinical abnormalities and predisposing disease risk factors. From this information a ranked list of differential diagnoses is deduced. This is a fail-safe method and ensures no abnormality or risk factor is missed. The problem orientated method hypotheticodeductive method combines clinical examination and differential diagnosis. This results in a limited but very focused examination. The success of the method relies heavily on the knowledge of the clinician and usually assumes a single condition is responsible for the abnormalities. Many clinicians begin their examination by performing a general examination which includes a broad search for abnormalities. The clinical examination ideally proceeds through a number of steps Table 1. Observations of the patient and environment are performed next. Finally a clinical examination of the patient occurs, followed by additional investigations if required. It may also indicate the urgency of the problem. The owner may include the history of the patient and the signalment in the complaint. Stockpersons usually know their animals in detail, and reported subtle changes in behaviour should not be dismissed. However, opinions expressed regarding the aetiology should be viewed with caution as these can be misleading. The extent of the problem or the exact nature of the problem may not be appreciated by the owner, and the clinician should attempt to maintain an objective view. The animals may be housed or outside. Observation of the animal at a distance History of the patient s Disease information Disease information should include the group s affected, the numbers of animal affected morbidity and the identities of the animals affected; the number of animals that have died mortality should be established. Information regarding the course of the disease should be obtained including the signs observed. These may include the origin of the stock, current disease control programmes vaccination, anthelmintic programmes, biosecurity and nutrition. Ideally this procedure should be performed with the patient in its normal environment. This enables its behaviour and activities to be monitored without restraint or excitement. These can be compared with those of other member of the group and relative to accepted normal patterns. However, sick animals have often been separated from their group and assembled in collecting yards or holding pens awaiting examination. Observations are most frequently made in this situation; they may include feeding, eating, urinating, defaecation, interactions between group members and responses to external stimuli. The patient can be made to rise and walk. The posture, contours and gait can be assessed, and gross clinical abnormalities detected. Useful information is often derived from these observations and this stage in the clinical examination should not be hurried. Response to treatment Clinical improvement following treatment may support a tentative diagnosis. History of the farm The disease history of the farm will indicate diseases that should be considered carefully and may indicate some of the local disease risk factors operating. The sources of information may include farm records, practice records, colleagues and the owner. Husbandry standards, production records, biosecurity protocols, vaccination and anthelmintic programmes may all be relevant. Closer observation of the patient may detect smaller and more subtle abnormalities. Examination of the animal Restraint is usually necessary for the examination and to ensure the safety of the animal and clinician. Principles of Clinical Examination normal sounds can be detected. Stethoscopes are often used to increase the acuity. Each topographical area may encompass several components of the different body systems and these are examined concurrently Table 1. Frequently the topographical approach is used to identify major clinical abnormalities which are then examined in a more detailed manner using a systems approach. Further investigations Further

investigations may be required before a diagnosis can be made. These may include laboratory tests, post-mortem examination, and a wide range of advanced techniques. Careful consideration should be given to the additional cost and what additional diagnostic or prognostic information will be gained from the additional procedures. Techniques used during a physical examination

Palpation touching Changes in shape, size, consistency, position, temperature and sensitivity to touch pain response can be assessed by palpation.

Percussion tapping The resonance of an object can be determined by the vibrations produced within it by the application of a sharp force. The sound produced provides information regarding the shape, size and density of the object.

Manipulation moving Manipulation of a structure indicates the resistance and the range of movements possible. Abnormal sounds may be produced, and the pain produced in response to the movement can be assessed. This enables the presence or character of an internal structure to be assessed.

Visual inspection This is used to identify abnormalities of conformation, gait, contour and posture. Visual appraisal may help determine the size and character of a lesion.

Olfactory inspection Auscultation listening Changes in the frequency, rhythm and intensity of This is used to identify and characterise abnormal smells which may be associated with disease. A quiet word as the patient is approached will often help to reassure the animal and calm an anxious owner. A thorough examination of the patient should always be carried out. The consequences of not doing so can be embarrassing and potentially dangerous. Quiet animals can be held using a halter or head collar. Unhandled cattle may be caught with a lasso if no crush is available. Additional control can be achieved using bulldogs or the nose ring in the case of a bull. An antikick bar may also be useful.

Respiratory rate Detailed observation This should be counted over a period of 1 minute before the animal is caught or restrained for examination. In cold weather exhaled breaths can be counted. Mouth breathing is abnormal in cattle and is usually an indication of very poor lung function or a failing circulation. Once the animal has been restrained it should be visually examined more closely to see if any further abnormalities can be detected at close quarters. A small eye lesion that might not be spotted from a distance in an animal with profuse epiphora excessive production of tears may now be readily visible. Any swelling or other lesions on the body seen earlier can now be inspected more closely and palpated. Calves are usually held by an assistant with one arm round their necks and may be backed into to a corner. Adult cattle can be restrained in a crush if available or less satis-

The body temperature is taken using a mercury or digital electronic thermometer placed carefully into the rectum. The thermometer should be lubricated before insertion and checked in the case of a mercury thermometer to ensure that the mercury column has been shaken down before use. It should be held whilst it is in the rectum. Sudden antiperistaltic movements in the rectum may pull the thermometer out of reach towards the colon. The thermometer is left in position for at least 30 seconds; the clinician should ensure the instrument is in contact with the 9 CHAPTER 2 rectal mucosa, especially if a lower than expected reading is obtained. The thermometer must be cleaned after removal from the patient. Alternative sites are the median artery or the digital arteries of the forelegs. The median artery is palpable as it runs subcutaneously on the medial aspect of the forelimb at the level of the elbow joint. The digital arteries are palpable on the lateral aspect of the forelimb just caudal to the metacarpus. In calves the femoral artery can be used. It is located on the medial aspect of the thigh between the gracilis and sartorius muscles. If a peripheral pulse is not palpable direct measurement of the heart rate can be used " by auscultating the heart and counting the beats per minute. The pulse rate can rise rapidly in nervous animals or those which have undergone strenuous exercise. In such cases the pulse should be checked again after a period of rest lasting 5 to 10 minutes. In both methods the 10 eyelids are everted as the eye protected by the eyelids is gently pushed into the orbit. The colour of the mucosa of the conjunctiva is revealed. Alternative accessible mucosae are the vulva in the female and the mouth in both sexes. The ocular and other visible mucosae should be salmon pink in colour. Pallor of the mucous membranes may indicate anaemia caused by direct blood loss or by haemolysis " in the latter case the pallor may be accompanied by jaundice. A yellow colour is a sign of jaundice. Bright red colouration of the conjunctiva is often seen, for example, in cases of bovine respiratory syncytial virus infection. A cherry-red colouration may be a feature of carbon monoxide poisoning. In healthy animals the CRT should be less than 2 seconds. A CRT of more than 5 seconds is abnormal, and between 2 and 5 seconds it may indicate a developing problem. An increase in CRT may indicate a poor or failing circulation causing reduced peripheral

perfusion of the tissues by the blood. Further examination It is essential that every case is examined fully, and for this reason a routine system for examination of the patient should be adopted. The clinician then moves on to examine every body system and region to identify any abnormality of form or function. As mentioned in Chapter 1, the clinician can start the examination anywhere in the body. Many clinicians start at the head or the tail of the patient and then target their examination systematically over the whole body so that nothing is missed. In such cases it is important to be sure that it has not died from anthrax. Pressure should be applied after collection to ensure that blood does not escape from the vein. Anthrax bacilli are often found in chains.

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Clinical examination is a fundamental part of the process of veterinary diagnosis. Without a proficient clinical examination and an accurate diagnosis it is unlikely that the treatment, control, prognosis and welfare of animals will be optimised.

Clinical Examination Routine The Tail End Most cattle especially dairy cattle are used to being approached from behind, and are less likely to object to this than examination of the head. However, bear in mind that the animal cannot see directly behind them - so if you are first making contact with the animal from the tail end, make sure that you talk to the animal and gently place your hand on the rump before starting the examination so the animal knows that you are there. **General appearance** Before going in to start the hands-on examination, take a step back and look at the animal. Is there any evidence of asymmetry in the abdomen that might indicate a bloat? Does the abdomen appear apple shaped, which might indicate a bilateral dorsal distension? Faecal staining down the hindlimbs indicates a degree of diarrhoea. Evidence of bloat on the right hand side notice the swelling ventrally. **Rectal Temperature** An elevated rectal temperature may indicate an active systemic infection. It is essential that you take a rectal temperature prior to any rectal examination! If you are going to examine the testicles or penis, ensure that the animal is adequately restrained and that there is a bar behind the hindlimbs to prevent you being kicked. A fertility exam will also involve rectal examination to palpate the relevant structures, and a semen evaluation. **The Female Reproductive Tract** If the animal has calved recently, then an examination of the female reproductive tract is essential. Carefully examine the udder, feeling for heat or swellings in any of the quarters. It may be beneficial to strip some milk out of each quarter to perform a California milk test more information, but it is best not to do this as part of a routine examination because of the risk of allowing bacteria into the teat canal. Gentle stroking of the skin underneath the vulva is likely to prompt the animal to urinate which can be useful if a sample is needed watch video. It is far more difficult to do this successfully if she has recently urinated, so it is wise to collect a urine sample at the start of the clinical examination - a urine dipstick test at the start may also reveal information that will guide the rest of the clinical examination. **Circulatory System** In female animals, make a note of the mucous membranes in the vulva. Do they appear congested, or cyanotic? Make a note of the quality of the pulse. **Condition Score** Make sure you assess the body condition score of the animal that you are working with. For cattle, the most reliable way to do this is assessment of the thickness of the fat covering the tailhead area and the transverse processes of the sacrum. We use a scoring system between 1 a very thin cow and 5 a very fat cow with half point intervals, but other clinicians use a scale. The most important thing is that you are consistent in your own scoring system. If you need to perform a rectal examination on a fractious animal, then it is best to turn sideways to the cow and get in close to reduce the potential impact of being kicked. Make sure that there is no bar between you and the floor to cause you damage if the cow goes down while you are rectalling her, and never lean down with your head near the legs or feet - even with a calm animal.

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The purpose of this book is to assist clinicians in performing a detailed clinical examination of the individual animal and to increase the awareness of more advanced techniques used in further investigations.

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