

**Cow 5:** You are presented with a lame heifer. The lameness seems acute; there is no history of any trauma, as far as the farmer knows. The animal is lame on the left hind leg and has an arched back, both at rest and when moving. When bearing weight on the affected limb as well as when non weight-bearing, the heifer seems to be in pain. On examination the coronary band and coffin joint are slightly distended; there are no sole ulcers or white line lesions.

Management: includes preventive foot trimming of the herd twice a year. Foot baths are used regularly. The floors of the buildings and walkways are even (concrete) and not slippery.

If you expect that the cause is:	and you find that:	Then the diagnostic hypothesis is:				
		-2	-1	0	+1	+2
a. mechanical overload of the outer claw	the interdigital skin is sensitive when touched	0	0	0	0	0
b. fracture of the pedal bone	in the interdigital space no other clinical abnormalities can be found	0	0	0	0	0
c. foul-in-the-foot (interdigital dermatitis)	the temperature of the animal is 38,5 °C	0	0	0	0	0
-2 = very unlikely -1 = less unlikely 0 = not more and not less likely +1 = more likely; +2 = very likely.						

If you consider as a treatment:	And during further investigation it seems that the cause is:	Then this option for treatment is:				
		-2	-1	0	+1	+2
a. drying-/cleaning and 3 days tetracycline spray treatment	Mortellarro (digital dermatitis)	0	0	0	0	0
b. increasing the preventive foot trimming to 3 times a year	interdigital dermatitis	0	0	0	0	0
c. foot trimming to unburden the painful claw	fracture of the pedal bone	0	0	0	0	0
-2 = contraindicated -1 = less advisable 0 = not less or more significant/meaningful +1 = advisable +2 = indicated.						

**Horse 1:** For the second time in one month you are called out to a nine years old mare with symptoms of recurring colic. At the first consultation it seemed that this was caused by an impaction of the left ventral colon, which was treated with an analgesic and mineral oil / liquid paraffin. After two days the constipation appeared to resolve; nevertheless the horse continued to have symptoms of mild diarrhoea and reduced appetite. Since yesterday it seems that the horse has symptoms of colic again (pawing at the ground, flank watching, intermittently lying down / standing up). During your examination you find among other things: some abdominal distension and you hear spontaneous gut sounds. Rectal examination reveals no abnormalities. General examination: the horse is restless, some sweating, pulse rate 52 /min., temp 38,2°, yellow discolouration of the conjunctiva and sclera, and poor coat.

If you expect that the cause is:	and you find that:	Then the diagnostic hypothesis is:				
		-2	-1	0	+1	+2
a. a severe infection with cestodes	No parasitic infection can be determined on faecal examination	0	0	0	0	0
b. strangulating obstruction of the colon	Apart from a few days of fasting following the first treatment of the colic, there have been no recent changes in the diet	0	0	0	0	0
c. sand colic	The horse is kept in a small field with three other horses (end of the summer; poor pasture)	0	0	0	0	0
-2 = very unlikely -1 = less unlikely 0 = not more and not less likely +1 = more likely; +2 = very likely.						

If, you consider as further action / as a treatment:	And you discover that	Then this option for further action/ treatment is:				
		-2	-1	0	+1	+2
a. paracentesis	The colic increases during riding	0	0	0	0	0
b. analgesic treatment + referral	There are hooks on several molars / back teeth	0	0	0	0	0
c. Psyllium diet	There is at most one spoon of sand in the faeces	0	0	0	0	0
-2 = contraindicated -1 = less advisable 0 = not less and not more significant / meaningful +1 = advisable +2 = indicated						