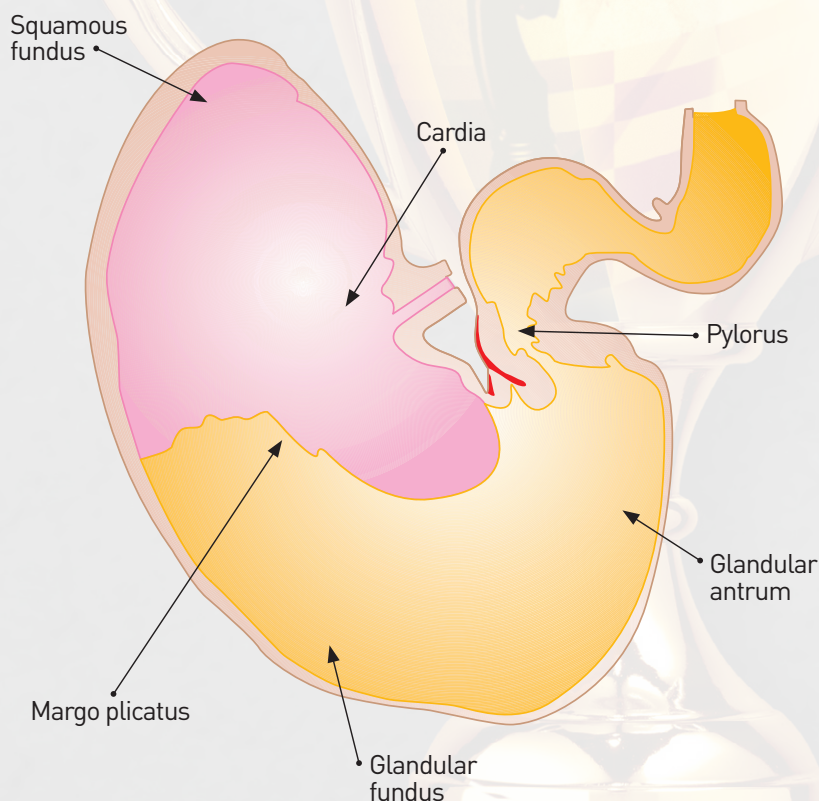


Gastroscopy Report and Treatment Plan

Details

Name of horse:
Owner:
Date:
Age:
Breed:
Vet:

Annotate ulcer location on stomach



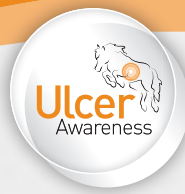
Gastroscopy Report

Tick here if **SQUAMOUS** ulceration is present

Squamous ulceration grade	Cardia	Squamous fundus	Margo plicatus
0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tick here if **GLANDULAR** ulceration is present

Glandular ulceration description	Glandular fundus	Margo plicatus	Pyloric antrum	Pylorus
Flat and haemorrhagic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flat and fibrinosuppurative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Raised and haemorrhagic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Raised and fibrinosuppurative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depressed +/- blood clot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depressed and fibrinosuppurative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Gastroscopy Report and Treatment Plan

History

Previous history of gastric ulceration?	Y <input type="checkbox"/> N <input type="checkbox"/>
Gastroscopy performed?	Y <input type="checkbox"/> N <input type="checkbox"/>
Date of previous diagnosis:	
Date of previous resolution:	N/A <input type="checkbox"/>
Previous treatment plan:	
Current or recent medication:	
Current feeding pattern:	

Symptoms

Clinical signs?	Y <input type="checkbox"/> N <input type="checkbox"/>
Poor performance?	Y <input type="checkbox"/> N <input type="checkbox"/>
Changes in behaviour?	Y <input type="checkbox"/> N <input type="checkbox"/>
Colic?	Y <input type="checkbox"/> N <input type="checkbox"/>
Girthing pain?	Y <input type="checkbox"/> N <input type="checkbox"/>
Poor coat condition?	Y <input type="checkbox"/> N <input type="checkbox"/>
Weight loss / failure to maintain condition?	Y <input type="checkbox"/> N <input type="checkbox"/>
Other:	

Treatment Plan

Treatment	Dose	Start	End

Management Suggestions

Feeding
Exercise
Turn out
Stress factors