

# Basic Sheep/Goat Physical Exam: *Performing the SR RUMBA*

Modified from Dairy Cattle Husbandry 302 <http://dairynutrient.wisc.edu/302/page.php?id=28> SMP 9/7/2010

Below are the major steps for performing a basic adult sheep/goat physical exam and provides examples of questions to ask with the reason for asking them. Use this sheet to practice the basic physical exam and diagnostic process.

Item	Y/N	- Ok +	Information Use
<b>1 - History</b>			
How long has she been sick?			Is this a sudden and severe (acute) or is this a "slow and progressive" (chronic) disease?
Is she the only one sick? History of CAE, OPP, CL, Scrapie in flock Genotype			An individual animal problem vs. flock problem?
Pregnant?			Last month: hypocalcemia/hypomagnesemia, preg toxemia, mastitis, indigestion, etc. Post partum: metritis, cystitis, hypocalcemia, hypomagnesemia, mastitis
Vaccination history?			Usually CD/T only
Parity / Age ?			Parity > 1 = higher risk of hypoCa/Mg & pregnancy toxemia
Treatment received, if any?			Allergic reaction to a drug or its carrier?
Diet? DMI = "dry matter intake How has she been eating lately? Recent feed change? Pasture or prepared feed, mineral supple			How much effort did she make to eat compared to penmates? Partial drop in DMI → Developing preg toxemia, metabolic Not eating at all → systemic state/toxic

<b>2 – GENERAL VISUAL APPEARANCE</b>			
Haircoat, wool and abdominal fill			Clean vs. soiled, wool breaks, shed, off color, patchy; normal vs. distended or gaunt
BCS (Body Condition Score)			Excessively fat → Preg toxemia pre partum Excessively thin → chronic condition – thin ewe/doe syndromes
Alertness, ear and head position			Ear(s) down and dull → Not feeling good, head tilt
Abnormal nose, eye, or vaginal discharges			Infectious condition or irritation
Skin lumps, bumps or sores			SQ abscess - CL, lymphoma, or parasite/lice/keds?

<b>3 - MUSCULAR-SKELETAL</b>			
Uneven weight distribution on feet			→ Hoof, foot or leg problems (lameness score)
Arched back when standing or walking			→ foot problems primary or secondary systemic state – laminitis
Swollen joints – CAE, OPP			Flock status

<b>4 - TPR (Temperature Pulse Respiration)</b>			
Temp (100 – 103.5)			Low grade temp (>103.5) → chronic inflammation due to mastitis, peritonitis, metritis, assoc weight loss. High fever (temp > 104) → systemic state, pneumonia, acute mastitis, metritis
Respiration rate (12-36 breath/min)			Upper or lower airway dyspnea, pneumonia - choppy, forced breathing with high temp
Heart rate (70-90 beat/min)			Listen for heart murmur, jugular pulse, CRT, MM color

<b>5 - LEFT SIDE EXAM</b>			
Breathing (see above)			Breathing should appear effortless when standing calmly
View from behind			Papple?

Rumen contraction 3/2 min (1-2/min)			No contraction → pain, acidosis, hypocalcemia, systemic state
Rumen feel (doughy, gas)			Distinct liquid, solid and gas layers → healthy rumen function.

## 6 - UDDER

Red, swollen, painful and hot quarter			→ Acute mastitis
Cold and hard quarter			→ Gangrene
Milk appearance			Watery, garget (clots) → clinical mastitis
CMT (California Mastitis Test)			Positive test → Subclinical or clinical mastitis

## 7- RIGHT SIDE EXAM

Percuss and auscultate			Normal gut sounds, fluid slosh
Right paramedian area			Heavy – abomasal emptying defect
Pain on percussion/ballotment			Local septic or inflamed site

## 8 - HEAD AND NECK

Sunken eyes, pupils			→ Dehydration and / or pain, abnormal strabismus
Teeth – incisors, molars			Teeth normal, bite, broken mouth
Teeth grinding			→ Acute pain often abdominal
Licking, compulsive chewing			→ Nervous ketosis
Nostril discharge – uni- or bilateral, character of discharge- serous to pus, smell			→ off feed, not feeling well, possible respiratory diseases
Lymph nodes			→ Chronic infection, CL, tumor
Lump on jaw (Bottle Jaw)			→ Hypoalbuminemia, Congestive heart failure, kidney disorder or infection
Droopy ears (and arched back)			→ acute disease
Cold ears			→ Shock – decreased cardiac output, check calcium

## 9 – Mucous Membranes

Color			Pink, icterus, muddy
Moisture			Normal moist, tacky - dehydration
Vaginal or prepuce			Color, odor, ulcer/scab – Pizzle rot

## 10 – MANURE / RECTAL / UTERINE EXAM

Amount of feces			No feces → anorexia, obstruction
Firm, smaller than normal pelleted feces			→ decreased transit, emptying defect
Color			Stool reflects diet
Watery (diarrhea)			→ Rumen acidosis / Poisoning / Infections/parasites
Watery and smelly with elevated Temp			Salmonella, dysentery,
Fecal blood – “tarry” (brown/black)			→ Coagulated blood from upper gi tract infection/ulcer
Fecal blood – “Red”			→ Frank hemorrhage - rectal or colonic bleeding
Rectal palpation/digital - Pelvic canal and lower color			→ feces present or not, mucus

## 11 - URINE

Keto stick			If purple → Ketosis
Ph measurement			Anionic balance
Urine character – color, turbidity,			Clear, yellow, turbid? blood? fibrin clots? Consider reproductive

## 12 – SAMPLING for further CULTURE and DIAGNOSTIC TESTS

Milk/Mastitis			→ Staphylococcus, Pasteurella,
Skin scraping/Culture			Mites, fungus
Feces			→ Parasite exam, Johnes' disease

Urine			→ Bladder infection/reproductive tract
Blood			→ CBC, Chemistry, mineral profile, serology diagnostic lab
Nasal swab			→ Viral/bacteria

**Common disorders that you are well on your way to diagnosing after completing the above steps:**

- Pregnancy toxemia
- Pneumonia (bacterial, virus, OPP respiratory infection)
- Caeceous lymphadenitis
- Hypomagnesemia/hypocalcemia
- Metritis
- Acute or chronic mastitis
- Thin Ewe Syndrome – abscesses, retrovirus
- Acute or subacute rumen acidosis
- Laminitis, foot disease
- Any combination of the above disorders