

GLOSSARY OF CLINICAL SIGNS IN LABORATORY ANIMALS

- by system and with definition, clinical appearance, parameters for reporting and background information -

Please note that for practical use (clinical records) common terminology in any language can be applied.

For further guidance, please refer to:

The reporting of clinical signs in laboratory animals, FELASA Working Group Report
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<i>Clinical sign</i>	<i>Definition</i>	<i>Clinical description</i>	<i>Detailed reporting</i>	<i>Background information</i>
General signs				
Haemorrhage <i>haemorrhagic</i>	The escape of blood from a ruptured vessel. It may be external or internal.	External haemorrhage is manifest by overt bleeding. Internal haemorrhage may be detectable if blood escapes from a natural orifice or accumulates under the skin or a mucosal membrane.	Indicate the site of the bleeding (body part, wound or orifice) and the chronicity (has the bleeding stopped).	Bleeding usually is the result of trauma or clotting disorder. It can be external but also occur in a hollow organ (e.g., intestine) or body cavity (thorax, abdomen) where it may not be directly clinically manifest.

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Hyperaemia <i>hyperemic</i>	Increased blood flow in a part of the body.	Hyperaemia can be observed when close to the surface of the body (hairless skin, mucous membranes). Hyperaemia will persist or reappear after gentle pressure. The affected area is warm to touch and more red in colour.	Indicate the body part and the size of the affected area, as well as the chronicity.	Generalized hyperaemia may be a sign of excitement (e.g. fear). Focal hyperaemia may be inflammatory or congestive.
Hyperthermia <i>hyperthermic</i>	Body temperature above normal.	Animal may feel warmer in handling than normal. Some (not all) species may sweat. Hyperthermic animals avoid close body contact with other animals or cage furniture. Many species will open-mouth breathe when hyperthermic.	Body temperature can be measured objectively (thermometer). Body (surface) temperature can be measured for detailed reporting. Behavioural symptoms should be reported as well.	Normal body temperature differs among species and according to age. The condition can have different backgrounds, such as fever or endocrine disorders. Hyperthermia is physiological during exercise.
Hypothermia <i>hypothermic</i>	Body temperature below normal, can be restricted to the extremities (nose, ears, tail, feet).	Animal may feel colder in handling than normal. Hypothermia is aggravated by colder environmental conditions. Hypothermic animals may huddle together or seek better insulation using cage furniture such as nesting material or shelter. They tend to show piloerection and reduced activity.	Body temperature can be measured objectively (thermometer). Body (surface) temperature can be measured for detailed reporting.	Normal body temperature differs among species and according to age. The condition can have different backgrounds, such as poor metabolic state, poor circulation, or endocrine disorder. It normally occurs in anaesthetized animals.
Dysphoria <i>dysphoric</i>	An unpleasant state of stress or fear or anxiety.	The animal may appear more passive or aggressive or restless compared to other cage mates.	Indicate what kind signs or behaviour of the animal suggests the state of dysphoria.	An objective evaluation of the observer about the well being of animals. It may also suggest a subclinical manifestation of an upcoming disorder.
Apathy <i>apathetic</i>	A state or indifference or lack of excitement and motivation.	The animal is more passive than normal and may have a reduced response to external stimuli. It may isolate itself from the social group.	Describe actual signs clearly (including the external stimuli that provoke a response) and indicate chronicity.	This is a general or behavioural sign that may reflect a variety of different causes. Physiological causes would be fatigue (e.g., after exercise) or recent sleep.

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Lethargy <i>lethargic</i>	A state where the animal has no spontaneous activity but can be aroused by stimuli.	This condition is intermediate between apathy and coma. The animal is sluggish.	Describe actual signs clearly (including the external stimuli that provoke a response) and indicate chronicity.	This is a general sign that may reflect a variety of different pathological causes.
Coma <i>comatose</i>	A state of unconsciousness from which the animal cannot be aroused, even by stimuli that would normally be painful.	Unconsciousness in the presence of vital signs such as respiration and circulation.	Describe actual signs clearly (including other accompanying signs such as abnormal body temperature) and indicate chronicity.	This is a neurological sign that may reflect a variety of different pathological causes. A comatose state is typically induced by general anaesthesia.
Tremor	A continuous or repetitive involuntary trembling of skeletal muscles.	Tremors are visible by the trembling of body parts or of muscles under the skin.	Describe which body parts are involved, and the pattern over time (continuous or interrupted, any direct association with intentional movements) and the chronicity.	In case of a neuromuscular insult it should be classified as a neurological condition, but it may also be caused by general conditions such as fever, fear, excitement, anaemia or electrolyte imbalances. Animals may also shiver or shake when cold.
Emaciation <i>emaciated</i>	Excessive leanness characterized by lack of body fat and muscle mass.	An animal has an abnormally low body weight for its size or a very low body condition score.	Weight loss should be further differentiated for severity and chronicity.	The condition can be caused by malnutrition (including lack of appetite) and may reflect a disease (wide range of conditions).
Cachexia <i>cachectic</i>	Severe loss of body weight. A marked and generalized poor condition.	Lack of subcutaneous fat combined with severe muscle atrophy. One can see or feel the bony structures protruding, especially at the pelvis and spine.	Severe weight loss should be further differentiated for chronicity and related to other clinical observations, e.g. appetite.	The condition is pathologic by definition but may have a wide variety of causes including malnutrition.
Obesity <i>obese</i>	Excessive accumulation of fat in the body. Body weight exceeds beyond that considered normal with regard to age, size and bone structure.	Excess body fat will accumulate in specific parts of the body dependent on species, sex and age. It conceals underlying muscle and bone structures.	Objective measures (body size, body weight, thickness of subcutaneous fat) can be measured. Other associated signs, such as eating and activity patterns should be reported.	Obesity can be caused by the diet or behavioural disorders, as well as pathological conditions such as endocrine disorders. Moderate obesity is physiological in pregnant animals.

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Dwarfism/ Dwarf	An abnormally undersized animal.	The animal is significantly smaller than normally developed conspecifics of similar breed, sex and age.	A description should include the affected body parts (head and facial structures, trunk and limbs) and any distortions.	Dwarfism may be the result of a developmental anomaly of the skeleton, of nutritional or hormonal disorders, or of other diseases.
Anorexia <i>anorectic</i>	Lack or loss of appetite for food.	Food leftovers, no interest in food offered. Animal may have signs of weight loss.	The condition of the animal and eating behaviour can be described in more detail, and food intake can be measured.	Anorexia can be an aspecific sign of disease or a response to the quality of the feed offered (e.g., diet change).
Oligophagia <i>oligophagic</i>	A state of insufficient feed intake.	Food leftovers. Animal may have signs of weight loss.	The condition of the animal and eating behaviour can be described in more detail, and food intake can be measured.	Oligophagia can be an aspecific sign of disease or a response to the quality of the feed offered (e.g., diet change).
Polyphagia <i>polyphagic</i>	Excessive ingestion of food.	Animals may appear obese, emaciated or may retain their normal physiological body weight.	Describe eating pattern in more detail, e.g. selective appetite. Food intake can be measured.	It may be a sign of metabolic disease in which the nutritional requirements are greater than normal, e.g. diabetes mellitus, Cushing syndrome, hyperthyroidism. Relative dietary insufficiencies may also cause excessive or abnormal feed intake, as may lack of environmental stimuli (boredom).
Cannibalism	Eating of flesh of an animal by another of its own species.	The animal that is being eaten can be alive or (almost) dead. Sometimes, there are no remnants left.	Identify and report the animal that is cannibalizing, and the animal(s) cannibalized, and if this occurred in life or after death.	This occurs typically in rodents where the mother may eat puppies that are not vital, or when stressed (infantophagia). Also, dead cage mates may be eaten. This occurs in many species.
Oligodipsia <i>oligodipsic</i>	Abnormally diminished water intake.	Water left in bowl or bottle. This is hard to observe when automatic watering devices are used. Little production of urine can be expected in the absence of another source of fluid.	Indicate the amount of water intake, replace automatic device by bowl or bottle for measuring.	Thirst may be diminished in case of food with high water content, poor water quality, the application of intravenous fluids, or disease. Also, animals that eat little don't drink much. Animals may not know how to use a novel drinking device.

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Polydipsia <i>polydipsic</i>	Excessive water intake.	Excess water consumed from bowl or bottle (hard to observe when automatic watering devices are used), often accompanied by increased urination.	Indicate the amount of water intake, and ensure to discriminate from water spilled.	It may be compensatory by an obligatory polyuria as may occur with endocrine or renal disorders or it may be diet-or drug-induced or even psychogenic.
Kyphosis <i>kyphotic</i>	Abnormally increased convexity in the curvature of the thoracic and lumbar spine.	Hunched back. An animal in kyphotic posture keeps its head down and limbs underneath the body. In case the front limbs are extended forward, the animal is in 'praying position'.	Indicate the pattern of the condition (episodic or continuous) and the chronicity.	It is a sign of a painful and stressful condition. Animals may appear apathetic or hyperkinetic and may vocalize. It may also be a sign of metabolic bone disease.
Rearing	Abnormal sitting posture.	Animal sits in an immobile state on its rear haunches with one or both forepaws extended.	Indicate the pattern of the condition (episodic or continuous) and the chronicity.	It is a sign of a painful and stressful condition. Animals may appear apathetic or hyperkinetic and may vocalize. In some species, an episodic sitting position may be physiological.
Piloerection	Erection of hairs.	Hairs are more upright and may be separated into little clumps. The skin may look normal, greasy or dry. A spiky fur may be referred to as 'staring' or 'starey'.	Indicate the pattern of the condition (episodic or continuous) and the chronicity, as well as the actual appearance of the fur and the body parts involved.	Piloerection helps the animal to keep warm (cold adaptation); it is physiological in some species in threatening or dominating behaviour (e.g. dog, cat). Or it may reflect illness.
Dehydration <i>dehydrated</i>	Diminished (subnormal) water content of the body.	Moderate dehydration results in dry mucosal membranes, sunken eyes, wrinkled skin and weight loss. To identify dehydration gently pick up a fold of loose skin (its presence and location is species-dependent) and demonstrate a slow return to its normal position ('tenting'). In mild dehydration (less than 5% of b.w.): the skin is relatively inelastic. In moderate dehydration (7-12% of b.w.): the skin is clearly inelastic and there is presence of mild enophthalmos and cold extremities. In severe dehydration (12-15% of b.w.) the previous signs are more pronounced.	Assess and report the degree of dehydration and chronicity.	The state where fluid loss exceeds water intake (a negative fluid balance). Dehydration may be caused by a lack of drinking water available or oligodipsia, result from excess sweating or panting, or occur secondary to another pathological condition such as heart failure, liver cirrhosis etc.

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Oedema <i>oedematous</i>	The abnormal accumulation of fluid in tissues.	Soft swelling of tissues, can be seen when it occurs in superficial tissues. Typically, oedematous tissue will pit when gently compressed and the tissue will remain compressed for a while after withdrawal of external pressure.	Indicate the site(s) and size of the lesion and its chronicity.	Oedema can occur in a variety of organs and tissues secondary to a traumatic or pathological cause. Superficial oedema typically occurs locally after trauma or by a systemic cause in places that vary by species. Systemic causes include circulatory failure or low blood protein concentration (hypoproteinaemia).
Distended abdomen	An abdomen abnormally enlarged.	The enlarged abdomen extends beyond normal body contours (best seen from the ventral or dorsal side of the animal).	It must be determined if it is a symmetrical or unsymmetrical, painful, rigid and (in larger animals) if there is a fluid thrill in percussion or not.	A distended abdomen is physiological in obesity or pregnancy. Pathological causes include fluid in the peritoneal cavity, intraabdominal cysts or masses, enlarged organs, or bloated gastrointestinal tract.
Ascites <i>ascitic</i>	Abnormal accumulation of fluid in the peritoneal cavity characterized by a distended abdomen and fluid thrill upon percussion.	A distended abdomen and fluid thrill upon gentle percussion of the abdomen.	Must be differentiated from other causes of distended abdomen (pregnancy, solid mass). If differentiation is not possible, report 'distended abdomen'.	Ascites may result from a condition primarily affecting the peritoneum or may be secondary to liver, cardiac or kidney disease.
Pallor (generalized) <i>pale</i>	Pallor is an abnormally light colour of skin or mucosae.	Generalized pallor is typically symmetric and may affect all parts of the body. Paleness can be observed in mucous membranes, the unpigmented eyes of albino animals and in hairless areas.	Record the location where paleness was most clearly observed. Indicate the degree of pallor and the chronicity of the condition, as well as any secondary signs such as weakness, exercise intolerance, cold extremities and tachycardia.	Pallor demonstrates a lack of peripheral blood circulation or anaemia. Anaemia can be diagnosed by blood analysis which can also reveal the nature of the condition (excessive loss or red blood cells or lack of blood cell formation).

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Icterus <i>icteric</i>	Generalized yellowish discoloration of skin, sclera and mucous membranes due to an accumulation of bilirubin.	A yellow colour is usually first noticeable in the normally off-white sclera of the eyes but can be seen on the skin and mucous membranes as well.	Indicate the degree of discoloration and its chronicity.	Icterus reflects the presence of excess bilirubin in the blood caused by excess haemolysis, a liver condition or lack of passage of bile.
Cyanosis <i>cyanotic</i>	Bluish discoloration of skin and mucous membranes.	Bluish or greyish discoloration of hairless skin and mucous membranes.	Record the location where cyanosis was most clearly observed, the degree of cyanosis and the chronicity.	Cyanosis reflects excess deoxygenated haemoglobin in the blood stream. Causes of cyanosis are classified into central or peripheral. A central origin is usually circulatory or respiratory.
Subcutaneous emphysema	Air or another gas in the subcutaneous tissues.	The characteristic lesion is a soft swelling which typically crackles under gentle pressure.	Indicate the exact site and size of the lesion, and its chronicity.	When located in the thoracic wall or neck it suggests tracheal or bronchial tears. It may also have an infectious origin.
Mass	Any solid structure that is normally absent.	Masses can be found subcutaneously or internally (when large).	Specify location, dimension, consistency, circumscribed or not, any adherence to specific body parts (e.g. skin or skeleton), chronicity, and any signs of pain (posture or response to touch).	A mass can represent a tumour, cyst, hernia, or an abscess or other inflammatory process, or combinations thereof. Its nature usually cannot be differentiated further by simple clinical assessment.
Trauma <i>traumatic</i>	Wound, injury or damage produced by an external force. The medium inflicting the trauma may be sharp or blunt.	A blunt trauma may be accompanied by pain, regional oedema, contusion, erythema, and ecchymosis and in severe cases by necrosis. A penetrating trauma inflicted by a sharp object is characterized by disruption of the skin and/or underlying tissues.	Indicate the nature (blunt or penetrating), the location, size and depth and any effluents (blood, serous fluid, pus).	In laboratory animals trauma can be caused by procedures (e.g. surgical trauma) or by other cage mates, especially by animals establishing dominance in the group. A penetrating trauma may be caused by biting and scratching (fight wound), while kicking in large ungulates may cause a blunt trauma. Sometimes trauma is self-inflicted.
ArthropHYma	Joint swelling.	The synovial pouch of the joint is swollen, this may be accompanied by deformation of bone or cartilage. A (sub)cutaneous lesion at the level of a joint is not joint swelling.	Indicate which joints are affected, whether the condition seems painful (avoidance of use, tender to touch), and onset and chronicity.	It may be a sign of inflammation (caused by micro-organisms or sterile) or represent overproduction of synovial fluid or lack of drainage.

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Malodour	Abnormal smell.	Unpleasant or otherwise abnormal smell that may be detected upon entering the room. In case the source is one particular animal, it's a clinical sign.	Indicate the type of malodour, onset and chronicity.	As a general sign, it may be attributed to diarrhoea or renal insufficiency or other diseases. Some lesions involving tissue decay (necrosis) smell as well.
Poor coat condition	Ungroomed hair coat.	Normally, animals will groom by licking, wiping, scratching or allogrooming. Lack of grooming will result in a fur in disarray and lacking natural gloss. It may also look greasy.	Indicate location (or generalized pattern) and chronicity of the condition.	Poor grooming may have many reasons: cold (piloerection), pain, illness, animal too fat to groom, aged animal. Also, moulting may temporarily cause a poor coat condition (excess woolly, dead and detached hair).
Lameness <i>lame</i>	Incapability of normal locomotion. The commonest cause is pain.	The animal does not use one or more limbs fully. Supportive lameness is presented as inability or unwillingness to take full weight on the limb; hanging limb lameness represents lack of power to use the limb.	Indicate the affected limb(s), the severity (by indicating the residual use of the limb) and chronicity.	Lameness may occur from muscle weakness, skeletal/ joint pathology or sore feet. Often, but not always, there is painful condition in the affected limb.
<i>Behavioural signs</i>				
Food or water intake is abnormal	See also: anorexia, oligophagia, polyphagia, oligodipsia, polydipsia.	Abnormal intake of feed or water.	Amounts taken in can be measured. Indicate chronicity.	These are behavioural signs by default, only in case there is no other underlying disease. Incidental observation may have no other significance but the condition may become serious if longer lasting.
Pica	Abnormal appetite for things that are not normally food.	Repetitive eating of non-food items.	Indicate what abnormal things the animal eats.	Pica may reflect a dietary deficiency, pain or a behavioural abnormality. In contrast, the ingestion of droppings (coprophagia) can be physiological.

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Coprophagia	Consumption of faeces.	The animal can be seen to eat its own faeces or those from other animals.	Indicate frequency and circumstances related to this behaviour.	Some coprophagia is normal in rabbits, some rodents and some other mammals. In other animal species it can be associated with nutritional deficiencies or behavioural disorders.
Hyperkinesia, <i>hyperkinetic</i>	Abnormally increased motor function or activity.	Animal is constantly moving around in its cage, pen or other enclosure, in excess of normal level of activity.	Indicate type and frequency of movement and any repetitive pattern or specific avoidance behaviour (e.g. away from another more dominant animal).	Sign of boredom, anxiety, or pain. The sign itself is not pathological but the cause may be. Furthermore, the behaviour may affect the animal negatively, e.g. its breeding performance.
Hypokinesia <i>hypokinetic</i>	Abnormally diminished motor function or activity.	Reduction of spontaneous movements, but conservation of muscular tone and alertness.	Indicate type and frequency of inactivity and any specific pattern, e.g. the place when the animal spends inactive time.	Inactivity may be a sign of pain, disease or boredom. Typically, older animals are less active than young ones and singly housed animals tend to be less active.
Dyskinesia <i>dyskinetic</i>	Impairment of the power of voluntary movement.	The animal shows an intention to move but doesn't succeed properly.	Indicate type and frequency of hampered movement and any specific pattern, e.g. the place where the animal spends inactive time.	Dyskinesia is usually a sign of pain or generalized weakness.
Dysbasia <i>dysbasic</i>	Difficulty in walking.	Abnormal (poorly coordinated) walking pattern.	Indicate what movements are hampered, the frequency and the chronicity.	Dysbasia usually has a neuromuscular origin, or may be a sign of pain or fear.
Aggression <i>aggressive</i>	An angry and destructive behaviour against other animals (e.g., cage mates) or the handler.	It may be manifested by overt attacking or by more passive attitudes of hostility and obstructionism. Antagonistic behaviour may also occur in self-defence.	Indicate against what/whom is the animal aggressive, and under what circumstances.	The capacity for aggressive behaviour is physiological for ranking of animals in a group or for the defence against danger. It may be a sign of fear, related to neurological conditions (e.g., in rabies) or occur because of a painful condition.
Agoraphobia <i>agoraphobic</i>	In animals: reluctance to go outside their cage or pen.	The animal remains in its cage or pen and goes back when it is placed outside.	Describe the behaviour as well as the frequency and conditions of excursions from the hideaway.	The tendency to avoid exposure in open areas or a contrasting background is natural for prey species. Excessive hiding behaviour is usually a sign of fear or may result from the absence of learning experiences.

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Vocalisation	Emission of sounds from the larynx.	Animals will vocalize in social interaction or in response to other stimuli.	The patterns of vocalisation are typical for the species. Excess vocalization must be reported if associated with a pathological condition.	Vocalisation is a behavioural feature that differs between species. Notably, rodents vocalize mostly at ultrasonic frequencies (that we can't hear). Abnormal vocalization may express pain.
Plantigrade walking	Way of locomotion in which animal walks on the entire foot including the carpus (front limb) and/or tarsus (heel, in the hind limb).	The animal walks on its entire foot, like humans and bears. This is physiologic in many species but abnormal in species that normally walk on their toes.	Indicate affected feet and chronicity of the condition.	Abnormal plantigrade support may reflect skeletal and/or muscle weakness which can be a primary condition or secondary to another systemic condition.
Neurological signs				
Apathy, Lethargy, Coma.	See: general signs			These conditions may be of neurological nature but can also be secondary to another general condition.
Epileptic seizures	A series of involuntary contractions of the voluntary muscles.	Repetitive twitching of a limb or all four limbs, with or without falling over, chattering of the jaws and foaming at the mouth. Loss of consciousness may precede and/or accompany the seizures. Epileptic seizures may also be accompanied by involuntary excretion of faeces and/or urine.	Indicate the length and frequency of the epileptic episodes and the state of recovery, as well as the apparent state of (un)consciousness during the seizures.	It is a symptom of a neurologic disorder. The seizures may be caused by an infectious agent, toxin, metabolic disorder, trauma, tumour or degenerative brain disease. In the absence of such causes epileptic seizure is a sign of primary epilepsy.
Spasm, Clonic	Alternate involuntary muscular contraction and relaxation in rapid succession.	The muscular contractions can be generalized or restricted to specific parts of the body.	It must be defined whether it is generalized or focused, the affected areas of the body, frequency of spasms and their duration.	It is a symptom of a neurologic disorder. It may be caused by toxin and metabolic disorders. Clonic spasms can be painful.

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Spasm, Tonic	Continuous involuntary muscular contraction. The muscles are rigid.	The muscular contractions can be generalized or restricted to specific parts of the body.	It must be defined whether it is generalized or focused, indicate the affected areas of the body, and their position.	It is a symptom of a neurologic disorder. It may be generalized or focused. It may be caused by toxin (tetanus) or mineral deficiency (hypomagnesemia). Tonic spasms are painful.
Paralysis <i>paralytic</i>	Loss or impairment of motor function due to neurological or muscular dysfunction.	The animal is unable to use certain muscles normally. It can further be subdivided in flaccid (soft muscles) and spastic (rigid muscles) paralysis.	Indicate the affected body part and indicate muscle tone (flaccid or spastic).	It is a symptom of a neurologic or muscular disorder. It may be caused by an infectious agent, toxin, metabolic disorder, trauma, tumour or degenerative brain disease.
Tetraplegia, <i>tetraplegic</i>	Paralysis affecting all four limbs.	The animal is unable to use its limbs and adopts a lateral recumbent position.	It must be defined if the limbs are in flaccid or in spastic paralysis.	Tetraplegia is typically associated with a generalized condition (neuromuscular, metabolic or toxic).
Hemiplegia, <i>hemiplegic</i>	Paralysis of one side of the body.	The animal is unable to use muscles on one side of the body.	Indicate which side is affected and whether the limbs are in flaccid or in spastic paralysis.	Hemiplegia may result from a lesion on one side of the brain or spinal cord.
Paraplegia <i>paraplegic</i>	Paralysis of the posterior part of the body.	The animal is unable to use the posterior part of the body.	Indicate whether the limbs are in flaccid or in spastic paralysis.	Paraplegia can have different causes, one of them being damage of the spinal cord in the thoracolumbar area.
Paresis <i>paretic</i>	Slight or incomplete paralysis. Muscle weakness.	Animal may be able to purposeful attempt to rise without being able to do so. The muscles are weak.	Indicate which areas of the body are affected. Indicate whether the limbs are in flaccid or in spastic paresis.	The cause may be neurological but also a systemic condition or intoxication.
Tetraparesis <i>tetraparetic</i>	Muscular weakness affecting all four limbs.	All limbs are affected by muscle weakness.	Indicate whether the limbs are in flaccid or in spastic paresis.	The cause may be neurological but also a systemic condition or intoxication.
Hemiparesis <i>hemiparetic</i>	Paresis of one side of the body.	One side of the body is affected by muscle weakness.	Indicate which side is affected and whether the limbs are in flaccid or in spastic paresis.	A condition of brain or spinal cord may cause this.
Paraparesis <i>paraparetic</i>	Paresis of the posterior part of the body.	The posterior part of the body is affected by muscle weakness.	Indicate whether the limbs are in flaccid or in spastic paresis.	Paraplegia can have different causes, one of them being damage of the spinal cord in the thoracolumbar area.
Dysstasia, <i>dysstatic</i>	Difficulty in standing.	Animal unable to stand in its normal posture.	Describe what posture the animal adopts and whether it is able to move itself.	The cause may be neurological, or an intoxication, or another generalized disease resulting in general weakness.

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Hypoaesthesia, <i>hypoaesthetic</i>	Abnormally decreased sensitivity to stimuli.	There is an inadequate response to touch or pain.	Report which body part is affected.	Usually of neurological origin due to lesion at the corresponding nerves.
Hyperaesthesia <i>hyperaesthetic</i>	A state of abnormally increased sensitivity to stimuli.	The animal may appear abnormally sensitive to stimuli, overreact to human presence, or the animal may lick or chew over the sensitive area.	Report which stimuli provoke what response and which body part is affected, as well as any secondary lesions.	The cause may be unknown, but sensory neuropathies or arthritis may be incriminated for the sign.
Anaesthesia <i>anaesthetic</i>	Loss of feeling or sensation.	The animal does not respond to touch or pain stimuli in the affected area.	Report which body part is affected.	Anaesthesia may be the outcome of a neurological disorder or may be intentionally induced by a number of pharmaceutical agents.
Analgesia <i>analgetic</i>	Absence of sensitivity to pain while consciousness may be preserved.	The animal has no response to a specific normally painful stimulus.	Report which body part is affected.	It may be the result of a pathologic insult (e.g., nerve damage) or it may be drug induced.
Hypoalgesia <i>hypoalgetic</i>	Abnormally decreased sensitivity to pain.	The animal has a reduced response to a specific normally painful stimulus.	Report which body part is affected.	This condition may be brought about by the use of effective pain killers. Also, in spinal cord injury, the region of the trauma is hyperalgetic while caudally the region is hypoalgetic.
Hyperalgesia <i>hyperalgetic</i>	A state of abnormally increased sensitivity to pain.	The animal has an increased pain response to a specific stimulus.	Report which body part is affected.	The cause may remain unknown, but sensory neuropathies may play a role as well as previous painful conditions.
Ataxia <i>ataxic</i>	Failure in muscular coordination, irregularity of muscular action.	The animal has a wobbly gait and falls over easily.	Report which body parts (e.g. limbs) lack coordination of movement.	Ataxia may originate from lesions in cerebellum, vestibular apparatus, or spinal cord and disruption of proprioceptive pathways.
Opisthotonos <i>opisthotonic</i>	A muscular spasm in which the head and tail are bent upwards, while the abdomen remains downwards.	This type of spasm will occur intermittently or permanently.	Indicate any change in feeding. Indicate if the crises are induced by noise.	Indicates a lesion in the area of the medulla, pons and midbrain, or a general increase in muscular contraction as in tetanus or hypomagnesaemia.
Atony <i>atonic</i>	Absence or lack of normal muscular tone.	Flaccid muscles in a particular area of the body.	Indicate which areas of the body are affected.	The cause may be neurologic, metabolic, drug induced or result from another generalized disease.

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Hypertony <i>hypertonic</i>	Abnormally increased muscular tone.	Rigid muscles in a particular area of the body.	Indicate which areas of the body are affected.	May be a sign of cerebellar ataxia.
Hypotony <i>hypotonic</i>	Abnormally decreased muscular tone.	Abnormally relaxed muscles in a particular area of the body.	Indicate which areas of the body are affected.	This may be drug induced or caused by a neuromuscular disorder or other generalized disease.
Hyperexcitability <i>hyperexcitable</i>	Excessive mental arousal or physical activity in response to external stimuli.	Animal appears overexcited when responding to a mild stimulus.	Describe the pattern (continuous or intermittent) and what context or event seems to be triggering this behaviour.	May be a sign of neurological origin or indicate an abnormal mental state.
Blindness, <i>blind</i>	Absence of vision.	The animal has no visual cues about its environment. Blindness may occur unilaterally.	Indicate which eye (or both) is blind and the chronicity. Also, indicate any clinical condition of the eye(s).	Blindness may be congenital or acquired; it can be an eye condition or a neurological condition. In the absence of vision, other senses will compensate and blind animals may function quite normally in a familiar context.
Mydriasis <i>mydriatic</i>	Gross dilation of the pupil.	Large, open pupil.	Indicate if it's bilateral or which eye is affected if it's unilateral.	It is a sign of ocular or neurologic disorder, or drug induced.
Miosis <i>miotic</i>	Excessive contraction of the pupil.	Small, pin-point pupils.	Indicate if it's bilateral or which eye is affected if it's unilateral.	It is a sign of ocular or neurologic disorder.
Anisocoria	Unequal size of pupils.	Unequal size of pupils. Usually, only one pupil is pathologically affected (mydriatic or miotic) which can be tested by the response to light.	It must be defined which one is mydriatic or miotic.	It is a sign of ocular or neurologic disorder.
Nystagmus <i>nystagmic</i>	A periodic, rhythmic, involuntary movement of both eyeballs. There is a slow movement in one direction and quick return.	The movement may be vertical, horizontal, or rotatory.	Indicate the direction of the movement, and whether it occurs permanently or intermittently.	Common causes are lesions of the cerebellum, and/or the vestibular apparatus.
Strabismus <i>strabismic</i>	Deviation of the eyeballs from the normal visual axes.	Squint, only obvious in animals with a distinct field of binocular vision.	It may be further subdivided into convergent (cross-eyed) or divergent strabismus.	The condition can be congenital or acquired.
Dysmetria <i>dysmetric</i>	Inability to properly direct or limit motions.	Abnormal gait characterized by the inability to direct or limit foot placement.	Indicate which limbs are affected.	It implies a neurological lesion deriving from cerebellum.

<i>Clinical sign</i>	<i>Definition</i>	<i>Clinical description</i>	<i>Detailed reporting</i>	<i>Background information</i>
Hypermetria <i>hypermetric</i>	Movement overexceeding its intended goal.	The animal shows abnormal foot placement in an exaggerated way.	Indicate which limbs are affected.	It implies a neurological lesion deriving from cerebellum.
Deafness, <i>deaf</i>	Lack of hearing.	Lack of hearing can be total or restricted to certain pitches of sound, it may occur to both ears or just one. Unilateral deafness may be extremely difficult to determine as there is compensation by the other ear.	Indicate any apparent absence of hearing.	Deafness may be congenital or acquired, it can be an ear condition or a neurological condition. In the absence of hearing, other senses will compensate and deaf animals may function quite normally in a familiar context.
Head rotation	Rotation and deviation of the head from the normal axis.	Head tilt. The animal may walk in circles and may have problems of maintaining its balance.	Indicate towards which side the head is rotated and if locomotion is disturbed (and to what extent).	It implies a neurological lesion deriving from vestibular apparatus. The head will tilt to the affected side.
Head intentional tremor	Continuous repetitive trembling of the head which increases as the animal tries to perform a particular function.	A continuous repetitive movement of the head is seen, which may increase when voluntary action is attempted.	Indicate the action the animal attempts to do when the tremor is observed. Indicate continuous or interrupted pattern, frequency, duration, chronicity.	It implies a neurological lesion deriving from cerebellum.
Circling	Locomotion is in circles.	The animal walks in circles in a repetitive manner (to one side only), either continuously or in response to specific stimuli (or the absence thereof).	Describe the locomotion pattern (where it occurs and in what direction) and what triggers it (if known). Include frequency, duration and chronicity as parameters.	Circling can occur in a physiological state but is pathological if it occurs all the time. It can be either a neurological or behavioural disorder (e.g., stereotypic behaviour).
<i>Gastrointestinal signs</i>				
Dysphagia <i>dysphagic</i>	Difficulty in mastication and/or swallowing.	Animal may drop food from the mouth, it may make abnormal head movements during eating, or hold food in its cheeks.	Record what can be seen, whether this is restricted to certain situations or certain types of food, frequency and chronicity.	It may be caused by pain or by a neurological disorder. Stowing food items in the cheek is physiological for animals with cheek pouches (e.g. hamster, Rhesus monkey).

<i>Clinical sign</i>	<i>Definition</i>	<i>Clinical description</i>	<i>Detailed reporting</i>	<i>Background information</i>
Halitosis	Offensive odour of the breath.	The smell may be noted at a distance but needs to be attributed to a specific animal.	Describe the nature of the smell (e.g. sweet, rotting) and onset/chronicity.	It may be a sign of localised condition (e.g. dental condition) or a systemic condition (e.g., metabolic disorder).
Malocclusion	Malposition of the teeth resulting in the faulty meeting of the teeth or jaws.	The upper and lower teeth do not meet normally. Knowledge of normal dentition (for the species and the age of the animal) is necessary to evaluate this.	Indicate which teeth have abnormal size and/or shape and how function is affected.	It may be accompanied by dysphagia and ptyalism and weight loss. It is not uncommon in rodents and rabbits and problematic in these species where the front teeth need to wear on each other. In case of malocclusion, 'elephant teeth' can occur.
Trismus	Motor disturbance of the trigeminal nerve and/or spasm of the masticatory muscles.	The jaw cannot be opened although the animal shows appetite.	Indicate chronicity.	It may be caused by a neurological disorder. It may be a painful condition.
Ptyalism	Excessive secretion of saliva.	Excessive salivation that drips or flows from the mouth.	Indicate pattern (continuous or interrupted) and context (e.g., relative to feeding time).	Excess salivation may occur in anticipation of food. Pathologically, it is an attendant sign of dysphagia or nausea. It may be associated with epilepsy.
Vomit or emesis <i>emetic</i>	Forcible ejection of stomach's content through mouth (and/or nostrils).	The act of vomiting can be observed directly or vomit is found in cage.	The texture and coloration must be defined, as well as frequency and context (e.g. relative to food consumption).	Several species will not vomit, including rabbits and most rodents.
Regurgitation	A passive, retrograde movement of food discarded from oesophagus.	Usually regurgitation happens shortly after the uptake of food without any effort from the animal.	Report regurgitation in case food comes out without an effort of the animal. Describe frequency and circumstances.	A differential diagnosis between vomit and regurgitation must be established. The repetitive regurgitation of boluses of stomach content is physiological in ruminants during rumination.
Haematemesis	Presence of blood in the vomit.	Usually the colour of blood has been changed from bright red to a brownish colour resembling ground coffee.	Describe incidence, amount and colour: bright red or brownish.	Bright red indicates a recent or oesophageal haemorrhage and little contact of the blood to the gastric fluids.

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Diarrhoea <i>diarrhoeic</i>	Abnormal increase in the frequency, fluidity, or volume of faeces.	Abnormally runny stools for the species, often associated with a higher frequency of defecation.	The frequency, faecal texture (watery, loose, semi-solid) Presence of blood (melena or haematochezia) presence or absence of mucus, and tenesmus must be thoroughly recorded.	It may be caused by digestive dysfunction, metabolic, infectious or immunological disorder, or toxin. Physiologically, the quality and amount of faeces will vary depending on the species and the diet.
Constipation	Infrequent or absent passage of faeces characterized by straining to defecate and by retention of hard dry faeces in the colon and rectum.	Straining behaviour seen in the animal during defecation. Reduction of faecal material in the cage.	Indicate the presence of blood or mucus, and the last time faeces were passed.	It may be caused by a condition of the digestive tract (e.g., inflammation of the large intestine), toxin or metabolic disorder. Lack of defecation caused by paucity or absence of intestinal content (acoprosis) is not obstipation.
Tenesmus	Painful straining at defecation or in urination.	Straining behaviour seen in the animal during defecation and/or urination.	Indicate whether it's associated with defecation or urination.	It may be caused by inflammatory disease of the intestine or urinary system (infectious or non-infectious).
Rectal prolapse	Part of the rectal mucosa protrudes from the anal orifice.	Swollen pink rectal tissue protrudes from the anus. The prolapse is sensitive and delicate and easily becomes abraded and haemorrhaged.	Indicate whether the prolapse is recurrent or permanent, and the colour of the prolapsed tissue, and any presence of blood.	It is usually accompanied by diarrhoea and tenesmus.
Melena	Describes black, tarry faeces, the colour resulting from blood being digested.	Black, tarry faeces.	Describe pattern (permanent or intermittent).	The presence of melena suggests large volume haemorrhage from the upper gastrointestinal tract and is a sign of a serious disease.
Haematochezia	Describes the presence of fresh red blood adherent to the faeces.	Fresh blood is present on the faeces.	Describe pattern (permanent or intermittent).	Haematochezia is usually due to large bowel disease.
<i>Respiratory and circulatory signs</i>				
Sneeze or Ptarmus	An involuntary, sudden, violent and audible expulsion of air through nose.	Sneeze.	Indicate frequency and any nasal discharge.	Is usually caused by the irritation of nerve endings in the nasal mucosa initiating a reflex response.

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Rhinorrhoea	The free discharge of thin nasal mucus.	Clear, runny nasal discharge.	Indicate if one or both nostrils release thin mucus, and the amount and pattern over time.	It may be the result of allergies or a mild nasal inflammation.
Nasal discharge	Any exudates that is expelled from the nasal orifice.	Any type of fluid running from one or both nostrils.	Define texture The discharge may be serous, mucous, purulent, or haemorrhagic or a combination of these. It may be bilateral or unilateral (indicate which side).	It may result from nasal inflammation, nasal bleeding, vomiting or a condition of paranasal sinuses.
Epistaxis	Bleeding from the nose.	Bleeding from the nose, from one or both nasal orifices. It may occur incidentally or more habitually.	Indicate whether both or one of the nostrils is affected (indicate which) and the pattern over time.	It may be the result of damaged vessel in the nasal mucosa, due to an increased fragility of capillaries or bleeding tendencies (coagulation disorders, particularly in thrombocytopenia). It may be also the result of severe localized inflammation or cancer. Indirectly, the blood may originate from lesions of the paranasal sinuses.
Cough	Sudden noisy expulsion of air from the lungs.	Cough.	It may be further subdivided into dry if there is no expectoration or productive if there is any discharge associated.	Coughing is a reflex action in response to irritation of the larynx, the trachea and/or the bronchi.
Haemoptysis	Coughing and spitting of blood as a result of bleeding from any part of the respiratory tract.	Coughing up of blood. The sputum is bright red and may contain air bubbles. It must be differentiated from haematemesis.	Indicate the pattern over time and the presence of air bubbles (if any).	The condition results from bleeding of the lungs or the airways.
Tachypnoea <i>tachypnoeic</i>	Very rapid respirations. The rate is fast and the depth is shallow.	Faster than normal respiratory rate.	In larger animals, record the rate per minute.	Can be associated with hyperthermia and is physiological in association with exercise. 'Panting' can be physiological for thermoregulation in some species (e.g. dogs).
Bradypnoea <i>bradypnoeic</i>	Respirations slower in rate than normal.	Slower than normal respiratory rate.	In larger animals, record the rate per minute and compare to normal rates.	Can result from metabolic disorders, such as endocrine disease.

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Tachycardia <i>tachycardiac</i>	Abnormally increase in heart rate.	Faster than normal heart rate.	In larger animals, count the rate per minute.	Can be associated with hyperthermia and is physiological in association with exercise and acute stress (e.g. by handling).
Bradycardia <i>bradycardiac</i>	Abnormally decrease in heart rate.	Slower than normal heart rate.	In larger animals, count the rate per minute.	Can result from metabolic disorders, such as endocrine disease.
Dyspnoea <i>dyspnoeic</i>	Laboured or difficult breathing.	Laboured breathing. The animal tends to adopt a posture to minimize breathing difficulty, elbows are held out, head stretched forward, there is abdominal effort in breathing.	Indicate the pattern of breathing (e.g. abdominal) and whether the respiratory rate is abnormally high or low. Also, indicate any associated signs such as cyanosis.	Is a sign of a variety of disorders but primarily an indication of inadequate ventilation or of insufficient amount of oxygen in the circulating blood.
Urogenital signs				
Anuria <i>anuric</i>	Complete absence of urine production.	No urine in the cage. No urination upon handling for those species that normally do this. Anuria can be hard to detect when animals are group housed or where urine is easily drained or absorbed by the bedding material.	Indicate onset (by first observation) and chronicity.	It is a life threatening sign in acute renal failure or at the end stage of chronic renal failure. It may also be due to obstruction in the urinary tract (urethral obstruction).
Oliguria <i>oliguric</i>	Reduced daily output of urine.	Reduced volume of urine in the cage. Oliguria can be hard to detect when animals are group housed or where urine is easily drained or absorbed by the bedding material.	Indicate dryness of the bedding and water intake.	It may be due to renal insufficiency, urinary obstruction, dehydration, or insufficient access to water.
Polyuria <i>polyuric</i>	Increased volume of the urine formed and excreted daily.	Increased volume of urine in the cage, typically associated with high water content of the food or drinking more.	Indicate wetness of the bedding and water intake.	It may be physiological when associated with a high water content of the food. 'True' polyuria is a sign of a pathological condition such as an endocrine or renal disorder.

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Pollakiuria	Abnormally increased frequency of urination.	Increased frequency of urinating (miction) can be observed while it happens. Typically, only small amounts of urine are produced each time.	Indicate the behavioural feature and any abnormal aspect of the urine.	It is a physiological behavioural feature when used for scent marking or in the context of sexual behaviour. It may, when pathological, indicate an inflammation of the urinary tract. Urinalysis is then part of a further diagnosis.
Dysuria <i>dysuric</i>	Painful or difficult urination.	Straining during urination.	Indicate the behavioural feature and any abnormal aspect of the urine.	It may be the sign of an inflammation of the urinary tract or partial blockage.
Chromaturia	Abnormal coloration of the urine.	Abnormal more intense or darker colouration of urine for that species.	Indicate the colour and the transparency of the urine.	Darker urine may result from a pathological condition or urinary excretion of a coloured compound (e.g. dietary or drug derived). Some species show great diversity in urine colour and transparency, such as opaque urine in rabbits.
Erythruria	The discharge of urine coloured red or reddish.	The urine may be slightly or grossly red or brown in colour. It may accompany the urination or it may occur independent of the time of urination. In some cases, the urine is normal in colour upon voiding but darkens to a red-brown colour after exposure to light.	The intensity of the coloration must be recorded as well as the timing of the coloured discharge relative to urination.	In case blood is excreted, this indicates a trauma or severe pathology of the urogenital system. Urinalysis is indicated. Coloration in response to exposure to light indicates the presence of porphyrin. Porphyrin in the blood will be excreted by the kidney and is not necessarily a primary renal condition.
Stranguria	Slow and painful urination. The urine is excreted in drops.	Stranguria is usually related to dysuria.	Indicate this observation and any change in colour of the urine.	It may be the sign of urinary infection or obstruction.
Atocia	Absence of pregnancy.	Female doesn't get or remain pregnant after copulation.	Indicate current and historical dates of matings and parturitions. The sign may also point to subfertility of the male (to be recorded as well).	It may be the sign of an infectious disease, sterility of the female or the male, early embryonic death or abortion. The condition may be primary or due to environmental factors. (nutrition etc).

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Dystocia	Abnormal labour or parturition.	Abnormally slow or strenuous progression of labour. The female may or may not be showing contractions.	Indicate when the signs of labour started and report to veterinarian without delay.	It may be further subdivided into foetal (due to shape, size or position of the foetus), maternal (due to some disorder of the mother), placental (due to difficult delivery of the placenta).
Agalactia	Non-physiological partial or complete absence of milk flow.	Lack of milk flow from the mammary glands in a situation where milk flow should occur, often recognized by abnormally hungry offspring.	Report the observation as well as recent history (was milk produced just prior to this event?).	It may be due to the presence of an infectious disease affecting or not affecting the mammary gland, or an endocrine disorder. It may also occur in case of under-nutrition.
Abortion	Premature expulsion of foetuses from the uterus.	Early termination of pregnancy by expulsion of the foetuses, before the foetuses are viable. In some species, the foetuses may be eaten by the mother and not be retrievable.	Indicate if placentas were also expelled or not and external aspect of the premature foetuses. Indicate any milk production by the dam.	It may be due to trauma, infectious disease, endocrine disorders, embryo/foetus abnormalities, abnormality of the uterus or environmental factors (nutritional, toxins, etc).
Congenital malformation	Abnormally developed body structure at birth.	External malformations will be easily observed as different from normal.	Describe the malformation in clinical terms on the day first observed, indicate chronicity (expected to be permanent in this context).	Malformations may occur 'spontaneously', may be caused by a genetic predisposition or by external influences during a critical phase of embryonic/ foetal development. A malformation may or may not have implications for health or welfare.
Mastitis	Inflammation of the mammary gland.	One or more mammary glands may appear swollen, painful, hot and oedematous. Abnormality of the milk may appear, either as clots or flakes, or watery.	Indicate the affected glands and describe the exudates if present.	It may be due to lack of suckling offspring or to infection. Inflammation may also accompany neoplasia.
Vaginal discharge	Any exudates that are expelled from the vaginal orifice.	Fluid (of liquid to thick consistency) coming out from the vaginal opening. The smell may be neutral or more repulsive.	Describe if the discharge is serous, mucous, purulent, or haemorrhagic in texture or a combination of these. Indicate any significant smell.	It may be either physiological (according to the phase of the oestrous cycle or immediately following parturition) or due to an infection.

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Vaginal prolapse	Part of the vaginal mucosa protrudes from the vaginal orifice.	Swollen vaginal tissue protrudes from the vaginal orifice. The tissue is delicate and easily abraded.	Indicate the size of the prolapsed tissue and the colour, as well as the condition to be permanent or transient/recurrent.	It may appear as a consequence of giving birth. The content of the pelvic canal will maintain a reflex to expel. Mild transient vaginal prolapse may occur physiologically in different stages of the oestrous cycle (usually on oestrous or proestrous) in some species.
Preputial discharge	Any exudates that are expelled from the preputial orifice.	Fluid (of liquid to thick consistency) coming out from the preputial opening. The smell may be neutral or more repulsive.	Describe if the discharge is serous, mucous, purulent, or haemorrhagic in texture or a combination of these. Indicate any significant smell.	It may be a sign of urogenital pathology (urinary bladder, prostate gland, urethra, etc). In male rodents such may be physiological (secretions from accessory glands that can give vaginal plugs).
Ophthalmic signs				
Blepharoptosis <i>blepharoptotic</i>	Drooping of the upper eyelid.	The eye seems closed. It must be differentiated from blepharospasm where the eyelids are spastic.	Indicate if it is unilateral or bilateral.	It may be due to trauma, neurological disorder, metabolic disease (e.g., diabetes), brain tumour or toxins.
Blepharospasm <i>blepharospasmic</i>	Uncontrolled spasm of the orbicular muscle of the eyelid.	The eye is held shut tightly..	Indicate if it is unilateral or bilateral.	It may be due to trauma, stress, or acute withdrawal from benzodiazepine treatment.
Lagophthalmos	Incomplete or defective closure of the eyelids.	The animal is not able to close its eyelids completely.	Indicate if it is unilateral or bilateral.	It may be due to malformation of the eyelid, trauma or to a neurological disorder.
Distichiasis	The presence of double row of eyelashes which may turn against the eyeball.	Presence of eyelashes that have wrong direction and touch the eyeball.	Indicate if it is unilateral or bilateral.	If they irritate the eye they may cause tearing, squinting, inflammation, corneal ulcers and scarring.
Entropion	Inversion of the margin of the eyelid.	The eyelid folds inward and as a consequence the row of eyelashes is inverted towards the eyeball.	Indicate if it is unilateral or bilateral.	It may be acquired or congenital, spastic or cicatricial. It may cause eye irritation, blepharospasm, and/or keratitis.

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Ectropion	Eversion or turning outward, of the margin of the eyelid.	The eyelid folds outward and as a consequence a row of eyelashes is everted. Tears may flow from the eye.	Indicate if it is unilateral or bilateral.	It may be acquired (due to trauma or nerve damage), congenital or cicatricial. It may cause tearing and conjunctivitis.
Ankyloblepharon	Fusion of the eyelids.	It can be seen where the upper and lower eyelids fuse, but there is no opening.	Indicate if it is unilateral or bilateral.	It is physiological in newborns of some animal species. However, it is an abnormality and a handicap if it persists beyond certain age.
Exophthalmos	An abnormal protrusion of the eyeball.	The eyeball protrudes out of the orbit, with or without enlargement of the eyeball.	Indicate if it is painful or not, unilateral or bilateral and if the ocular globes are enlarged.	It may be the result of a retrobulbar occupying lesion (neoplasia, abscess, cellulitis) or it may be traumatic. The eye may be normal in size but it protrudes from its normal position.
Enophthalmos	A backward displacement of the eyeball into the orbit.	Recession of the eyeball within the orbit.	Indicate if it is painful or not and if it is unilateral or bilateral. In case it is bilateral: check the hydration and the nutritional status of the animal.	It may be congenital, traumatic or due to dehydration or cachexia. The eyeball may be normal in size but recessed into the orbit.
Buphthalmos <i>buphthalmic</i>	Acquired enlargement of the globe.	The eyeball is abnormally enlarged, and may or may not protrude from the orbit (exophthalmos).	Indicate if it is unilateral or bilateral. It must be differentiated from exophthalmos.	The condition may be due to glaucoma (excess fluid in the globe), inflammation or neoplasia.
Microphthalmos <i>michrophthalmic</i>	An abnormally small ocular globe.	The ocular globe is small in size and is sunken within the orbit. It may be impossible to discriminate any eyeball.	Indicate if it is unilateral or bilateral.	Microphthalmos is a congenital disorder while an irreversibly damaged and shrunken eyeball, as an acquired disorder, is called phthisis bulbi.
Coloboma <i>colobomatous</i>	An apparent absence or defect of some ocular tissue.	An absence or defect in one of the structures of the eye, including the eyelids.	Indicate if it is unilateral or bilateral.	It is a congenital condition. It can be classified according to the affected tissue: coloboma palpebrale (eyelids), iridis (iris) and lentis (lens).
Phthisis bulbi	An abnormally small eyeball as a consequence of pre-existing acquired disorder.	Shrunken non-functional eye that is sunken within the orbit.	Indicate if it is unilateral or bilateral.	It may be due to severe ocular disease, inflammation or trauma of the eye.

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Epiphora	An abnormal overflow of tears down to face.	Excessive ocular discharge usually as a result from an irritation of the eye. The hair at the medial canthus may appear dyschromic.	Indicate if it is unilateral or bilateral, and the pattern of occurrence.	It may be due to ocular irritation or inflammation (conjunctivitis, keratitis), or to obstruction of the tear outflow tract to the nasal cavity (due to infection, rhinitis, or failure to open in neonates).
Photophobia <i>photophobic</i>	Abnormal visual intolerance of light.	Excessive sensitivity to light and aversion to sunlight or well-lit places. In reaction to light, the eyelids are compressed.	Difficult to differentiate from blepharospasm. Indicate if it's bilateral or unilateral (which eye).	It may be due to ocular problems or neurological disorders. It can be physiological in albino animals.
Ocular hyperaemia or Red eye	A general term suggesting an inflammation of the eye.	Red eye is acquired and can affect one or both eyes.	Indicate if it's bilateral or unilateral (which eye). Try to differentiate which structures are inflamed and to use the terms: blepharitis, conjunctivitis, keratitis, keratoconjunctivitis or glaucoma.	It may be due to trauma, allergy, systemic disorder (hypertension), or infection (local or systemic). Any anatomical part of the eye can be affected or the entire eye is congested (glaucoma).
Ophthalmorrhage <i>ophthalmorrhagic</i>	Haemorrhage from the eye.	Bleeding from the eye.	Indicate if it is unilateral (which eye) or bilateral.	It may be the result of trauma. Must be differentiated from porphyria (chromodacryorrhea) in rats.
Chromodacryorrhea	A reddish discharge around the eyes. It is the result of porphyrin secretion from lacrimal glands.	Red-brown discharge from one or both eyes.	Indicate if it is unilateral (which eye) or bilateral.	Its occurrence is species-dependent and must be differentiated from ophthalmorrhage. It's related to stress or lack of grooming in rats.
Xerophthalmia <i>xerophthalmic</i>	Abnormal dryness of the eye.	Dry eyes, loss of shininess of the eye and, secondary, thickening of the conjunctiva and sclera.	Indicate if it is unilateral (which eye) or bilateral.	Usually reflects a Vitamin A deficiency but it can result from all causes of impaired tear production.
Hyphaema <i>hyphaemic</i>	Haemorrhage into the anterior chamber of the eye.	Blood can be seen in the anterior chamber of the eye.	Indicate if it is unilateral (which eye) or bilateral.	It may be the result of a localized trauma or inflammation, or may accompany a systemic disease such as clotting disorders or hypertension.
Hypopyon	White blood cells in the anterior chamber of the eye.	Pus can be seen in the anterior chamber of the eye.	Indicate if it is unilateral (which eye) or bilateral.	May be due to trauma, foreign body, infection or primary inflammation.
Corneal cellular infiltration	A white/grey opacity in the corneal stroma.	Opacity of the cornea, like a scar.	Indicate if it is unilateral (which eye) or bilateral.	It may be due to chronic inflammation or trauma.

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Corneal oedema	A white/blue opacity in the corneal stroma.	Diffuse opacity of the cornea disrupting the normal structure and causing loss of transparency.	Indicate if it is unilateral (which eye) or bilateral.	It may be due to trauma, or an early stage of inflammation.
Corneal pigmentation	A black opacity resulting from melanin deposition on the corneal epithelium.	Black discolouration of parts of the cornea.	Indicate if it is unilateral (which eye) or bilateral.	It results from chronic inflammation.
Corneal scarring	A blue/ grey opacity usually spotted on the corneal surface.	Localized, often multiple foci of opacity of the cornea.	Indicate if it is unilateral (which eye) or bilateral.	It is sequel to corneal ulcer.
Corneal vascularization	Red opacities on the corneal epithelium.	Small blood vessels can be seen on parts of the cornea.	Indicate if it is unilateral (which eye) or bilateral.	A sequel to corneal inflammation. New vessels growing from the sclera penetrate the corneal surface.
Corneal ulcer	A deficit in the corneal epithelium.	There is a corneal defect with possibly some damage to the underlying stroma. The eye is very painful and held shut, the eye is red and there may be excessive tearing.	Indicate if it is accompanied by blepharospasm, ocular pain, epiphora, and photophobia. Indicate if it is unilateral (which eye) or bilateral.	It may be caused by trauma, distichiasis, entropion or infectious agents.
Synechiae	Adhesion of the iris to the cornea (anterior) or to the lens (posterior).	This condition by itself may not be obvious. Motion of the iris to change the width of the pupil is hampered and this may affect the shape of the iris.	Indicate if it is unilateral (which eye) or bilateral.	It is congenital or the result of local inflammation.
Aphacia <i>aphacic</i>	Absence of the lens of the eye.		Indicate if it is unilateral (which eye) or bilateral.	It may be congenital or it may be the result of trauma.
Mydriasis <i>mydriatic</i>	Gross dilation of the pupil.	Large, open pupil.	Indicate if it is unilateral (which eye) or bilateral.	Physiologically, the pupil dilates in the dark. Pathologically, it is a sign of ocular or neurologic disorder. Some drugs can cause mydriasis.
Miosis <i>miotic</i>	Excessive contraction of the pupil.	Small, pin-point pupillary opening.	Indicate if it is unilateral (which eye) or bilateral.	Physiologically, the pupil narrows in strong light. Pathologically, it is a sign of ocular or neurologic disorder.
Anisocoria	Unequal size of pupils.	Unequal size of pupils	Indicate which one is the affected pupil, and if it is miotic or mydriatic.	Usually only one pupil is pathologically affected (mydriatic or miotic) it must be defined which one.

<i>Clinical sign</i>	<i>Definition</i>	<i>Clinical description</i>	<i>Detailed reporting</i>	<i>Background information</i>
Leukocoria	Abnormal white reflection from the retina of the eye.	White pupil.	Unilateral or bilateral.	Leukocoria may be due to cataract, foreign body, neoplasia and other disorders.
<i>Integumentary signs</i>				
Alopecia <i>alopecic</i>	Absence of hair in some areas of the body.	Absence of hair in some areas of the body. It may be physiological and should be evaluated against normality (most species have typical hairless areas of the body).	Describe the size, location, whether the lesion is symmetrical or not. Also, indicate any lesion of the exposed skin.	Alopecia can be due to failure of the hair to grow or to loss of hair after growth. Causes may be excess (allo) grooming, scratching, but also systemic disease such as endocrine disorders. Replacement of hair is normal and obvious during seasonal moulting. Symmetrical scarceness or absence of hair on particular body parts may be normal in some species or strains. Normally, the foot pads are not covered with fur.
Hypotrichosis <i>hypotrichotic</i>	Presence of less than normal amount of hair.	Less hair is present than normal for the species or strain of animal.	Describe the size, location, whether the lesion is symmetrical or not. Also, indicate any lesion of the skin.	In case it is a lesser form of alopecia, all the above applies.
Xeroderma	Abnormal dryness of the skin.	Dry skin, the skin appears rough and scaly.	Generalised or localised. Describe the size, location, whether the lesion is symmetrical or not.	Can be environmental or pathological. Normally, the secretions of skin glands provide some type of skin conditioner.
Pruritus	Itching.	Itching is a sense resulting in focused licking, scratching or rubbing against objects.	Indicate the affected body part and any damage to fur or skin.	It is a common sign in many dermatologic disorders especially in allergic or other inflammatory conditions and parasitic infestations.
Hair dyschromia	Any disorder of pigmentation of the hair.	Abnormal discolouration of the hair to be evaluated in comparison with normality for the species, strain or individual animal. Most conditions will result in loss of pigmentation.	Describe the region and the colour.	Dyschromias may be due to altered deposition of melanin in the hair e.g. scars. Any discharge from any orifice may also produce such a discoloration. Dyschromia may also be the result of a dermatologic disease, aging, or be drug induced.

<i>Clinical sign</i>	<i>Definition</i>	<i>Clinical description</i>	<i>Detailed reporting</i>	<i>Background information</i>
Unkempt hair	Lack of grooming of the hair coat.	Unkempt coat (generalized), in disarray and lacking a normal gloss.	Indicate disarray and/or lack of gloss when it's generalized.	Lack of grooming can reflect any disease or is a sign of fear, pain or discomfort.
Pachyderma <i>pachydermatous</i>	Abnormal thickening of the skin.	Thickened skin as compared to normal.	Generalised or localised, indicate the site and the size of the affected area, as well as any symmetry.	Skin thickness normally varies according to the part of the body. Pachyderma may be an isolated skin condition or secondary to another condition.
Hyperkeratosis <i>hyperkeratotic</i>	Hypertrophy of the horny layer of the skin.	The skin appears covered with white/yellowish flakes.	Generalised or localised, indicate the site and the size of the affected area, as well as any symmetry.	It may be a congenital disorder or it may be due to environmental, nutritional or inflammatory conditions.
Macule	A circumscribed spot characterized by change in the colour of the skin.	A circumscribed spot where the colour of the skin is changed in the absence of a change of texture.	Size, colour and location must be recorded.	It is a general term embracing terms such as erythema, petechia, ecchymosis, and dyspigmentation.
Erythema <i>erythematous</i>	Redness of the skin.	Redness of the skin by the presence of excess blood (congestion) of the small cutaneous blood vessels. It will disappear temporarily when gentle pressure is applied.	Generalised or localised (where?), symmetrical?	Caused by congestion of the capillaries. Primary causes may be trauma, infection, and/or inflammation.
Petechia <i>petechial</i>	A pinpoint non-raised red spot caused by intradermal or submucous haemorrhage.	Typically, multiple small red pinpoints (petechiae) are manifest on areas of the skin or mucous membranes.	Location must be recorded, as well as any symmetry.	It may be the result of trauma or viral infection but usually it originates from clotting disorder.
Ecchymosis <i>ecchymotic</i>	A haemorrhagic spot larger than petechia in the skin or mucous membrane.	Red spot on the skin or mucous membranes. Can be single or multiple.	Size and location must be recorded, as well as any symmetry.	It may be the result of trauma or infection but usually it originates from clotting disorder.
Dyspigmentation	Any abnormality of pigmentation of the skin.	Discolouration of the skin, either lack of or excess pigmentation. Normal colour patterns are to be considered here.	Size and location must be recorded, as well as any symmetry.	Skin pigments may be produced in abnormal amounts. Pigments may also be produced by certain micro-organisms.
Papule	A small solid elevation of the skin.	Pink or red swellings on the skin that can be palpated as a solid mass.	Size and location must be recorded.	Papules are brought about by tissue infiltration of inflammatory cells.

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Vesicle	A sharply circumscribed elevation filled with clear fluid.	Vesicles in the skin are rarely observed in animals because vesicles are fragile and transient, leaving an erosion after rupture. Vesicles may also occur in mucosa.	Size, single or multiple occurrence and location must be recorded.	Vesicles may typically occur in specific viral or immune mediated diseases or may be caused by irritants or dermatoses.
Pustule	A small circumscribed elevation of the epidermis filled with pus.	Pustule can appear singly or be multiple.	Size, single or multiple occurrence, and location must be recorded.	It may be infectious, parasitic, endocrine or immune-mediated in origin.
Tumour	A substantial mass located in the skin or the subcutaneous tissue.	Abnormal mass that can be seen or palpated. The consistency can be hard or soft. The mass can be intact or ulcerated.	Size, location and colour must be recorded.	Its origin is usually neoplastic (cancerous) or hyperplastic (excess growth of normal cells) or granulomatous (solid inflammation).
Scab	An accumulation of loose fragments of the horny layer of the skin.	The fragments appear as white/yellowish flakes.	Size and location of the affected area must be recorded, as well as the aspect of the scabs (colour, size, tendency to detach).	Scabs can be a primary condition (e.g., dandruff) or secondary to another skin condition, e.g. dermatitis.
Crust	Crusts are formed when dried exudates such as serum, pus, blood cells, and scales adhere to the skin.	Crusts on the skin may be just adherent to normal skin or cover a lesion such as a wound.	Colour, texture, size and location of the crust must be recorded.	Crusts will typically form to seal a skin wound but may cover normal skin as well. In case they are in proximity of a body orifice they may originate from the corresponding system.
Erosion	A shallow epidermal deficit of skin.	Shallow erosion in the skin. The skin is typically not disrupted to show underlying tissue.	Size and location must be recorded.	It may be the result of epidermal disease or mild trauma (can be self-inflicted).
Ulcer	A deeper deficit of the skin with exposure of the underlying dermis.	A deep erosion of the skin exposing the underlying dermis or even more underlying tissues.	Size, location structure of its edges as well as depth and texture of the exudates in the crater must be recorded.	An ulcer can be a wound of a certain depth that will heal normally, or it may occur or be maintained because normal healing is disturbed, e.g., an ulcerating tumour.
Scar	An area of skin-covered fibrous tissue that has replaced the damaged normal cutaneous tissue.	Scars are alopecic, atrophic and usually hypopigmented.	Size and location must be recorded. It is expected to be chronic, although the relative size may diminish over time.	Any larger skin trauma, or degenerative condition, may leave a scar.

<i>Clinical sign</i>	<i>Definition</i>	<i>Clinical description</i>	<i>Detailed reporting</i>	<i>Background information</i>
Hyperpigmentation	Abnormally increased accumulation of melanin in the skin and/or hair.	Abnormal darkening of the colour of the skin and/or hair.	The size, location and pattern must be noted.	It may be post-inflammatory or endocrine in origin. The condition is typically chronic but not necessarily permanent.
Hypopigmentation	Abnormally decreased accumulation of melanin in the skin and/or hair.	Abnormal lightening of the colour of the skin and/or hair.	The size location and pattern must be noted.	It may be idiopathic or post-inflammatory in origin.
Leukoderma	This is a general term for white skin.	Unpigmented skin which can be normal and may be covered by white or pigmented hair.	Report in case it's acquired (has developed over time).	Patterns of unpigmented skin are typically genetic and then permanent.
Leukotrichia	Lack of any pigment in hair.	White hair which can be normal. It can grow from pigmented skin.	When congenital, it's just the colour of the animal (white fur).	Re-growth of hair on a scar can be white, this is the background of freeze-marking.
Otitis (externa)	Inflammation of the ear.	Otitis is noticed because the animal shakes its head, scratches the ear and/or tilts its head. Otitis is usually accompanied by an inflammatory discharge.	Record if the lesion is unilateral or bilateral and describe the amount, colour, consistency and smell of the discharge.	The condition is usually caused by parasites or bacteria that prefer the conditions in the external ear.
Onychopathy	Any disease of the nails.	Any inflammation or deformity of one or more nails, claws or hooves.	Location (affected nails) and aspect must be recorded, as well as any signs of pain.	When generalized, it can be caused by systemic disease. It can occur localized by trauma, infection, immune or endocrine disorders..
Wound	Any focal disruption of the integrity of the skin.	Typically, a wound disrupting the full thickness of the skin will expose underlying tissues that may be affected as well.	Must be differentiated from erosion or ulcer. The edge of the skin may be smooth or serrated. Indicate location and size.	A wound may be the outcome of different types of events, such as fighting or other trauma, surgical or even self-inflicted. Depending on size and involvement of other tissues it may need treatment or even indicate euthanasia of the animal.