



The horse's master data

Name	Casido	Breed	Holstener	Colour	Grey	Sex	Gelding
Date of birth	16.03.2017	Reg. no	DE421000026017	Chip mark identification	276020000597823		
The identity and markings of the horse are in agreement with its passport: <input checked="" type="checkbox"/>				The horse is chip marked: <input checked="" type="checkbox"/>			

Buyer

Name	
Address	
Phone	
Mail	

Seller

Name	
Address	
Phone	
Mail	

The name of veterinarian producing the x-rays:

Name	Lars Bak
Clinic	Højgård Hestehospital A/S

X-ray evaluation is performed in connection with:

The clinical examination cf, the contractual basis:	<input checked="" type="checkbox"/>
OCD - Examination:	<input type="checkbox"/>
Insurance:	<input type="checkbox"/>
Lameness examination:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

The horse is purchased for (intended use): **Jumping**

With reference to the conditions and limitations of the pre-purchase examination specified in the advance agreement, my conclusions as the examining veterinary surgeon on the day of the examination are as follows:

From a veterinary point of view, there is a low risk that the health status of the horse as of this date will influence the proposed usage of the horse.

From a veterinary point of view, there is a moderate risk that the health status of the horse as of this date will influence the proposed usage of the horse.

From a veterinary point of view, there is a considerable risk that the health status of the horse as of this date will influence the proposed usage of the horse.

Without further supplementary examinations, it remains impossible to draw any conclusions from the performed examination.

2022-01-14

Date

Signature of veterinary surgeon

1. USE OF STANDARD PROJECTIONS OF THE LIMBS

1a	Hoof and fetlock, front legs and hind legs Lateromedial (LM)	RF: No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>
		LF: No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>
		RH: No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>
		LH: No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>
1b	Hoof and fetlock front legs Dorsopalmar (DP)	RF: No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>
		LF: No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>
1c	Tarsus Lateromedial (LM)	RH: No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>
		LH: No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>
1d	Tarsus Plantarolateral (PILDMO)	RH: No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>
		LH: No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>
1e	Tarsus Dorsolateral (DLPIMO)	RH: No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>
		LH: No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>
1f	Stifle caudolateral (CaLCrMO)	RH: No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>
		LH: No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>

2. USE OF ADDITIONAL PROJECTIONS OF THE LIMBS

2a	Hoof and fetlock, front legs and hind legs	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>
	Lateromedial (LM)	RF: No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>
		LF: No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>
		RH: No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>
		LH: No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>
	Dorsopalmar/Dorsoplantar (DP)	RF: No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>
		LF: No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>
		RH: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
		LH: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
	Dorsolateral (DLPMO/DLPIMO)	RF: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
		LF: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
		RH: No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>
		LH: No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>
	Dorsomedial (DMPLMO/PILDMO)	RF: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
		LF: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
		RH: No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>
		LH: No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>
2b	Navicular bone (Projections recommended without shoes)	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>
	Upright pedal view (DPrPDi)	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>
	Skyline: (PPrPDi)	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
	With shoes:	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>
	Hoofs cleaned and packed:	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>
2c	Tarsus	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>
	Dorsoplantar (DPI)	RH: No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>
		LH: No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>
	Lateromedial (LM)	RH: No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>
		LH: No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>
	Dorsolateral (DLPIMO)	RH: No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>
		LH: No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>

Plantarolateral (PILDMO) RH: No Yes
LH: No Yes

2d Stifle No Yes

Caudolateral (CaLCrMO) RH: No Yes
LH: No Yes

Caudocranial (CaCr) RH: No Yes
LH: No Yes

3. NECK PROJECTIONS

3a Laterolateral (LL): No Yes

4. DORSAL SPINOUS PROCESSES

4a Laterolateral (LL): No Yes

5. Hoof

5a Are there fragmentations or remodelling of the extensor process of the distal phalanx? RF: No Yes
LF: No Yes
RH: No Yes
LH: No Yes

5b Are there remodelling or exostosis on the dorsal part of the pastern or the fetlock? RF: No Yes
LF: No Yes
RH: No Yes
LH: No Yes

5c Is there ossification of the hoof cartilage? RF: No Yes
LF: No Yes
RH: No Yes
LH: No Yes

5d Is there any remodelling around the navicular bone? RF: No Yes
LF: No Yes
RH: No Yes
LH: No Yes

5e Is there any deviation of the position of the pedal bone in the hoof capsule? RF: No Yes
LF: No Yes
RH: No Yes
LH: No Yes

5f Are there cysts in the pedal or pastern bone? RF: No Yes
LF: No Yes
RH: No Yes
LH: No Yes

6. Navicular bone (projections recommended without shoes)

6a Are there synovial invaginations on the distal border of the navicular bone? RF: No Yes
LF: No Yes

6b Are there differences on the distal border when comparing RF/LF? RF: No Yes
LF: No Yes

6c Are there fragments on the distal border of the navicular bone? RF: No Yes
LF: No Yes

6d Are there enthesophytes on the lateral and/or medial border of the navicular bone? RF: No Yes
LF: No Yes

6e Are there cysts in the navicular bone? RF: No Yes
LF: No Yes

6f Is there ossification of the hoof cartilage? RF: No Yes
LF: No Yes

7. Proximal phalanx front leg and hind leg

7a Are there OCD fragments on the sagittal ridge? RF: No Yes
LF: No Yes
RH: No Yes
LH: No Yes

7b Are there OC-contour changes on the sagittal ridge? RF: No Yes
LF: No Yes
RH: No Yes
LH: No Yes

7c Are there any other fragments dorsodistal or dorsoproximal? RF: No Yes
LF: No Yes
RH: No Yes
LH: No Yes

7d Are there any palmar/plantar OCD or ununited palmar/plantar process (UPE)? RF: No Yes
LF: No Yes
RH: No Yes
LH: No Yes

7e Is there a fracture of the proximal sesamoid bone? RF: No Yes
LF: No Yes
RH: No Yes
LH: No Yes

7f Is there any remodelling on or around the proximal sesamoid bone? RF: No Yes
LF: No Yes
RH: No Yes
LH: No Yes

7g Are there any exostosis palmar/plantar on the proximal phalanx? RF: No Yes
LF: No Yes
RH: No Yes
LH: No Yes

7h Are there any cysts in the proximal phalanx or the distal part of the metacarpal/metatarsal bone? RF: No Yes
LF: No Yes
RH: No Yes
LH: No Yes

8. Tarsus

8a Are there OC fragments on the distal intermediate ridge, lateral trochlea or medial malleolus? RH: No Yes
LH: No Yes

8b Are there OC- contour changes on the distal intermediate ridge, lateral trochlea or medial malleolous? RH: No Yes
LH: No Yes

8c Is there an enthesophyte dorsoproximally on the third metatarsal bone? RH: No Yes
LH: No Yes

8d Are there remodelling or osteolysis in or around the tarsal bones? RH: No Yes
LH: No Yes

8e Are there wedge shaped tarsal bones? RH: No Yes
LH: No Yes

8f Are there fragments plantar in the tibiotarsal joint? RH: No Yes
LH: No Yes

8g Are there osteolysis in/or remodelling around sustentaculum tali? RH: No Yes
LH: No Yes

9. Stifle

9a Are there OCD fragments on the lateral trochlea? RH: No Yes
LH: No Yes

9b Are there OC-contour changes on the laterale trochlea? RH: No Yes
LH: No Yes

9c Are there remodelling/fragments distal on patella? RH: No Yes
LH: No Yes

9d Are there fragments or calcifications caudal in the femerotibial joint? RH: No Yes
LH: No Yes

9e Is there remodelling cranial to the intercondylar process? RH: No Yes
LH: No Yes

9f Are there cysts distal in femur or proximal in tibia? RH: No Yes
LH: No Yes

10. Neck

10a Are there irregular bony contours caudal on the cranium? No Yes

Moderate

10b Are there remodelling of the facet joints? No Yes

10c Are there fragments in or around the facet joints? No Yes

10d Are the facet joints enlarged? No Yes

10e Are the position of C2 to C4 abnormal? No Yes

11. Dorsal spinous processes

11a Are there contact between two or more dorsal spinous processes? No Yes

11b Are there sclerosis in the dorsal spinous processes? No Yes

11c Are there osteolysis in the dorsal spinous processes? No Yes

11d Are there enthesiophyts on the dorsal spinous processes? No Yes

11e Are there calcification dorsal on the dorsal spinous processes? No Yes

11f Are there fractures of the dorsal spinous processes? No Yes

12. Other findings

12a Remarks

Minor exostose on the medioproximal part of tibia LH