

Mark Deuss
 Veterinary Surgeon

Steyvershofstraat 37
 3640 Kinrooi (B)
 Tel. 0(031)6 537 537 01
 mark.deuss@hotmail.com

Examination Report

"DICE-k VAN KATTEN HEYE 2"
 (Di Cantero van ter Kullst 2)

Examination for the purpose of purchase, sale insurance

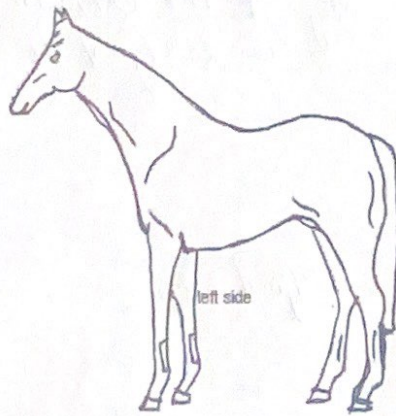
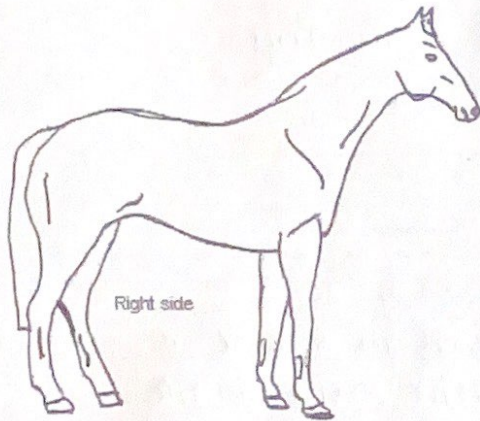
Company: _____
 Horse/Pony is used for: SPORTS
 Client: _____
 Address: _____
 Postal code and town: _____
 Buyer Seller Owner: _____
 Present Yes/No _____

Description

Race or Type: Z
 Pedigree no.: 056015 Z 55 41118
 Age: 17 June 2018
 Sex: GELDING
 Shoulder height: _____
 Level of training: SPORTS
 Colour: Bay
 Outline: _____

gr. STUSS-kopers!

microchipnr: 98110000 4546 452



Hind rear view

fore rear view



Left

Right



Left

Right

General Examination

Build and posture good/deviant
 Feeding condition good/deviant
 Skin and hair good/deviant
 Pulse in condition of rest/possibly after labour: ND
 Respiration in condition of rest/possibly after labour: ND
 Type of respiration normal/deviant
 Mucous membranes normal/deviant
 Lymph glands normal/deviant
 Eyes normal/deviant
 Mouth normal/deviant
 Spontaneous cough present/not present
 Larynx normal/sensitive
 Cicatrice corne operation: present/not present

Further clinical examination

	not deviant	deviant
Respiratory system	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Laryngoscopy if necessary	<input type="checkbox"/>	<input type="checkbox"/>
Circulation system	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Digestion system	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Urogenital system	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Nervous system	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Motion system:		
Inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Palpation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Percussion	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Neck	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Withers	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Back	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Groin	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Left forefoot	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Right forefoot	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Left hind leg	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Right hind leg	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fronts hoofs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Horn quality	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hoof percussion	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hoof visitation	<input checked="" type="checkbox"/>	<input type="checkbox"/>

equal not equal

Walking on hard ground not deviant deviant

straight line
 Left small volt
 Right small volt

Trotting on hard ground
 straight line
 left small volt
 right small volt

Trotting on soft ground
 left volt
 right volt

Cantering/Gallopping on soft ground
 left volt
 right volt

Bending tests
 Tightening of lower foot or leg
 Left forefoot not sensitive/sensitive
 Right forefoot not sensitive/sensitive
 Left hind leg not sensitive/sensitive
 Right hind leg not sensitive/sensitive
 Trotting off after two minutes bending

LF + + + +
 RF + + + +
 LH + + + +
 RH + + + +
 L + + + +
 R + + + +

Hock:
 Fixing the kneecap
 L not possible / possible
 R not possible / possible

Number: DICE-L VAN KATTENHEYE 2

After the examination blood/no-blood was taken to search for illegal practices.
 If necessary laboratory results:

IN CONSIGNATION

FINAL CONCLUSION
CLINICAL IN GENERAL A
POSITIVE ADVICE ON THE
DAY OF THE EXAMINATION
IE 2022/JAN/21

if necessary conductivity anaesthesia in consultation with the owner:

The examination was carried out and reported by
 Mark Deuss, Veterinary surgeon at Kinrooi on:
 (date) 21 JAN 2022

Results of the X-ray examination

	good	fair	bad
Navicular	LF <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Navicular	RF <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fetlock	LF <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fetlock	RF <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fetlock	LH <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fetlock	RH <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hock	L <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hock	R <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stifle	L <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stifle	R <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Signature and stamp)

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Necessary results of any other x-ray examinations

