

X-ray examination

J. No.

GB

05442

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|---|------------------------------------|------------------------------------|-----------------------------|
| Name of the horse FALENTINO M | Breed CROSS BREED | Colour DARK BROWN | Sex MALE NEUTERED |
| Year of birth 27/6 2013 | Reg. no. 208333201304010 | Chip no. 208213990107430 | |

Purchaser: _____

Location of examination: **RYNKEBY HESTEKLINIK**

- Routine examination
 Examination due to clinical symptoms, ref. point _____ on prepurchase examination form
 With clinical examination: **J. NO. 3267** Without clinical examination
 Contemplated use of the horse: **HORSE JUMPING**

REGIONS AND PROJECTIONS:

Feet:

1. LF: dorsopalmar: **NO RADIOLOGICAL FOUND** lateromedial: **A SMALL PERIARTICULAR OSEOPHYTON DORSOPROXIMAL ASPECT** others: _____

Navicular bone:

 shod unshod packing grid DPr-PaDiO PaPr-PaDiO lateromedial5. LF: **NO RADIOLOGICAL FOUND**2. RF: dorsopalmar: **NO RADIOLOGICAL FOUND** lateromedial: **NO RADIOLOGICAL FOUND** others: _____6. RF: **NO RADIOLOGICAL FOUND**3. LH: dorsoplantar: _____ lateromedial: **A SMALL PERIARTICULAR OSEOPHYTON DORSOPROXIMAL ASPECT** others: _____

Stifles:

9. LH: caudolateral-craniomedial oblique: _____**NO RADIOLOGICAL FOUND** others: _____4. RH: dorsoplantar: **NO RADIOLOGICAL FOUND** lateromedial: **NO RADIOLOGICAL FOUND** others: _____10. RH: caudolateral-craniomedial oblique: _____**NO RADIOLOGICAL FOUND** others: _____