

Mark Deuss  
 Veterinary Surgeon

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## Examination Report

"Marilyn"  
 (KENNESSY)

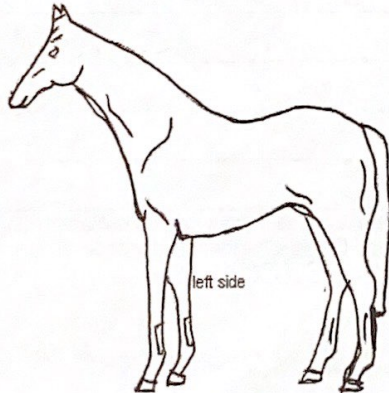
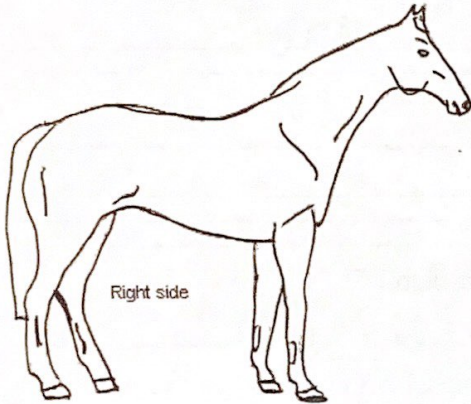
### Examination for the purpose of purchase, sale insurance

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

### Description

Race or Type: KWPN  
 Pedigree no.: 523003201700559  
 Age: 24 MARCH 2017  
 Sex: FEMALE  
 Shoulder height: \_\_\_\_\_  
 Level of training: SPORTS  
 Colour: Bay  
 Outline: \_\_\_\_\_

cf. STUBBOOKPAPERS  
microchipnr.: 523210004648562



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: 70  
 Respiration in condition of rest/possibly after labour: 70  
 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"/>

	equal	not equal
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"/>



Walking on hard ground

	not deviant	deviant
straight line	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Left small volt	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Right small volt	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Trotting on hard ground

straight line	<input checked="" type="checkbox"/>	<input type="checkbox"/>
left small volt	<input checked="" type="checkbox"/>	<input type="checkbox"/>
right small volt	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Trotting on soft ground

left volt	<input checked="" type="checkbox"/>	<input type="checkbox"/>
right volt	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Cantering/Galloping on soft ground

left volt	<input checked="" type="checkbox"/>	<input type="checkbox"/>
right volt	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Bending tests  
Tightening of lower foot or leg

Left forefoot	<input checked="" type="checkbox"/> not sensitive	<input type="checkbox"/> sensitive
Right forefoot	<input checked="" type="checkbox"/> not sensitive	<input type="checkbox"/> sensitive
Left hind leg	<input checked="" type="checkbox"/> not sensitive	<input type="checkbox"/> sensitive
Right hind leg	<input checked="" type="checkbox"/> not sensitive	<input type="checkbox"/> sensitive
Trotting off after two minutes bending		

LF	-	±	+	++
RF	-	±	+	++
LH	-	±	+	++
RH	-	±	+	++
L	-	±	+	++
R	-	±	+	++

Hock:

L	not possible / possible
R	not possible / possible

if necessary conductivity anaesthesia in consultation with the owner:

\_\_\_\_\_

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"/>

Necessary results of any other x-ray examinations

\_\_\_\_\_

\_\_\_\_\_

Number: MARLYN

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 / FEB / 12

The examination was carried out and reported by Mark Deuss, Veterinary surgeon at Kinrooi on: (date) 12 / FEB / 2022

(Signature and stamp)

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