

Examination report

20 MEI 2021

Signalment

Name: "Nilot F"

Breed or type: KWPN

Studbook no: 528003 201 801028

Microchip number: 52821000 4822468

Pedigree: P. Stigaxen Madusa

Age: 02.04.2018 Sex: Stallion ♂

Coat colour: bay Height at withers ±: 1.67m

Client is: buyer (seller) / other, namely _____

Level of training (according to client): No Broke

Proposed use (according to client): breeding / sport (jumping)

Location where the exam takes place: clinic / other, namely _____

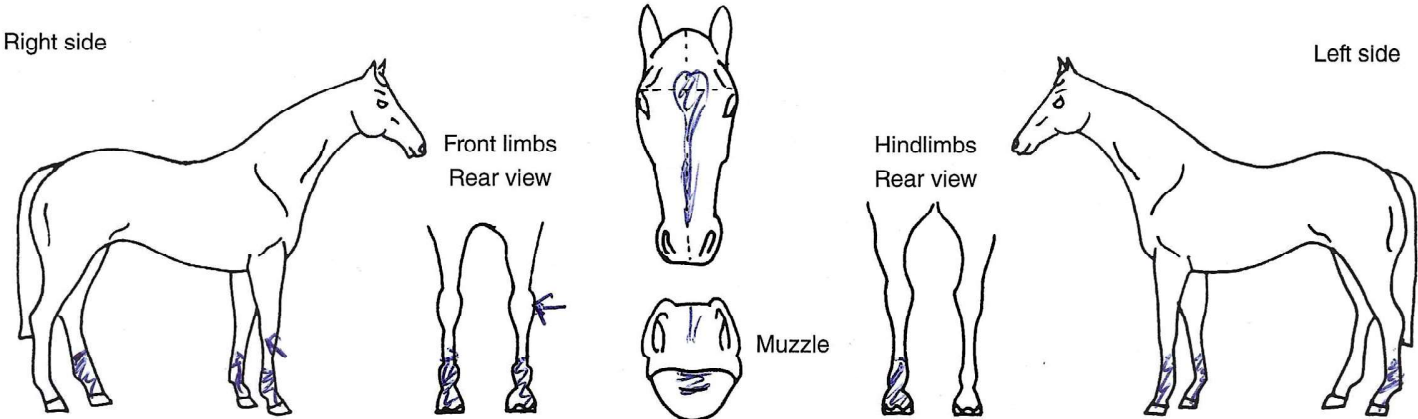
Markings: ds. passport On location of Stable

Head: blaze, white lower lip

LF: white 1/2 cannon LH: white 1/2 cannon

RF: white 1/2 cannon RH: _____

Other: _____



Evidence seen of possible behavioural vices? yes / no (If yes: detail: chr. seller.)

Blood collected and put into custody by the examining veterinary surgeon? yes / no

Blood sample tested for prohibited substances at client's request? yes / no No indication No motive!

Veterinary practice (stamp): Dieren artsen praktijk dr. J.L.L. Mouws

CONCLUSION:

General clinical & RR examination: No Remarks.
Positive advice!

Thus examined and reported by me: dr. J. Mouws DVM
veterinary surgeon in: Kingbeke

This report can relate only to the appearance on the date of examination: 20.05.2021

Signature of Client: _____

Signature of examining veterinary surgeon: _____

Dr. Jan Mouws DVM
M-3 Veterinary Services
+31 653.477.699

1. The examining veterinary surgeon and/or veterinary practice shall not be held liable for loss or damage caused as a result of the performance of the examination or as a result of inaccuracies or shortcomings in their preparation of this report, unless it has been established that this loss or damage is due to malice or negligence on the part of the examining veterinary surgeon.

Examination report

General and clinical examination

	normal	abnormal
conformation and stance	<input checked="" type="checkbox"/>	<input type="checkbox"/>
condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
skin and coat	<input checked="" type="checkbox"/>	<input type="checkbox"/>
mucous membranes	<input checked="" type="checkbox"/>	<input type="checkbox"/>
lymph nodes	<input checked="" type="checkbox"/>	<input type="checkbox"/>
eyes and eyelids	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Respiratory system

respiration at rest	<input checked="" type="checkbox"/>	<input type="checkbox"/>
type of respiration	<input checked="" type="checkbox"/>	<input type="checkbox"/>
spontaneous coughing	<input checked="" type="checkbox"/> no	<input type="checkbox"/> yes
larynx sensitivity	<input checked="" type="checkbox"/>	<input type="checkbox"/>
respiration after exercise	<input checked="" type="checkbox"/>	<input type="checkbox"/>
abnormal sounds	<input checked="" type="checkbox"/> no	<input type="checkbox"/> yes
laryngoscopy performed	<input checked="" type="checkbox"/> no	<input type="checkbox"/> yes
laryngoscopy findings	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Circulatory system

peripheral circulation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
heart at rest	<input checked="" type="checkbox"/>	<input type="checkbox"/>
heart after exercise	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Digest. system (ext. insp.)

mouth, teeth, tongue	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Urogen. system (ext. insp.)

	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Nervous system

tail tone	<input checked="" type="checkbox"/>	<input type="checkbox"/>
correction reflexes	<input checked="" type="checkbox"/>	<input type="checkbox"/>
coördination	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Inspection, palpation and eventual percussion

	normal	abnormal
head	<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"/>
croup	<input checked="" type="checkbox"/>	<input type="checkbox"/>
left frontlimb	<input checked="" type="checkbox"/>	<input type="checkbox"/>
right frontlimb	<input checked="" type="checkbox"/>	<input type="checkbox"/>
left hindlimb	<input checked="" type="checkbox"/>	<input type="checkbox"/>
right hindlimb	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Hooves

horn quality	<input checked="" type="checkbox"/>	<input type="checkbox"/>
hoof percussion	<input checked="" type="checkbox"/>	<input type="checkbox"/>
hoof shape	<input checked="" type="checkbox"/> even / uneven	<input type="checkbox"/> higher than
shoeing	<input checked="" type="checkbox"/> no / front / front and hind	<input type="checkbox"/>
type of shoeing	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Walk, trot and canter

Walking on hard surface

straight line	<input checked="" type="checkbox"/>	<input type="checkbox"/>
small circle on the left	<input checked="" type="checkbox"/>	<input type="checkbox"/>
small circle on the right	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Trotting on hard surface

straight line	<input checked="" type="checkbox"/>	<input type="checkbox"/>
small circle on the left	<input checked="" type="checkbox"/>	<input type="checkbox"/>
small circle on the right	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Trotting on soft surface

small circle on the left	<input checked="" type="checkbox"/>	<input type="checkbox"/>
small circle on the right	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Cantering on soft surface

small circle on the left	<input checked="" type="checkbox"/>	<input type="checkbox"/>
small circle on the right	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Flexion tests:

Forced flexion:

LF not sensitive / sensitive	<input checked="" type="checkbox"/> not sensitive
RF not sensitive / sensitive	<input checked="" type="checkbox"/> not sensitive
LH not sensitive / sensitive	<input checked="" type="checkbox"/> not sensitive
RH not sensitive / sensitive	<input checked="" type="checkbox"/> not sensitive

Trotting after 1 min. flexion:

LF	-	±	+	++
RF	-	±	+	++
LH	-	±	+	++
RH	-	±	+	++

Radiological examination performed:

yes no

Number of X rays:

20x

Assessment of radiographs:

Grading

Navicular bone	LF	1-2	RF	1-2
Fetlock joint	LF	1	RF	1
Sesamoid bones	LF	1-2	RF	1-2
Tarsal joint	LH	1	RH	1

Fragments

- +

	-	+	Remarks
Fetlock joint	LF <input checked="" type="checkbox"/>	<input type="checkbox"/>	
Fetlock joint	RF <input checked="" type="checkbox"/>	<input type="checkbox"/>	see
Stifle joint	LH <input checked="" type="checkbox"/>	<input type="checkbox"/>	
Stifle joint	RH <input checked="" type="checkbox"/>	<input type="checkbox"/>	
Tarsal joint	LH <input checked="" type="checkbox"/>	<input type="checkbox"/>	
Tarsal joint	RH <input checked="" type="checkbox"/>	<input type="checkbox"/>	
Fetlock joint	LH <input checked="" type="checkbox"/>	<input type="checkbox"/>	
Fetlock joint	RH <input checked="" type="checkbox"/>	<input type="checkbox"/>	

Radiological exam of other parts / extra findings:

Old scar lateral carpal joint
not painful flexion test: not sensitive

Other remarks:

Small pattern in walk: correct

Dr. Jan Mouton DVM
Vet. Veterinary Services
+31 45 477 499

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