

Mark Deuss
 Veterinary Surgeon

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

Examination Report

"O'Lilly A.T."

(CAPAROTI)

Examination for the purpose of purchase, sale insurance

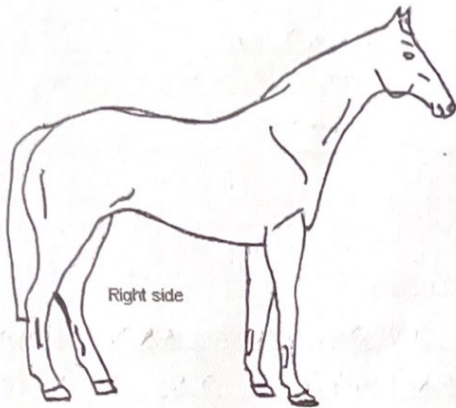
Company: _____
 Horse/Bony is used for: SPORTS
 Client: _____
 Address: _____
 Postal code and town: _____
 Buyer Seller Owner: _____
 Present Yes/No: _____

Description

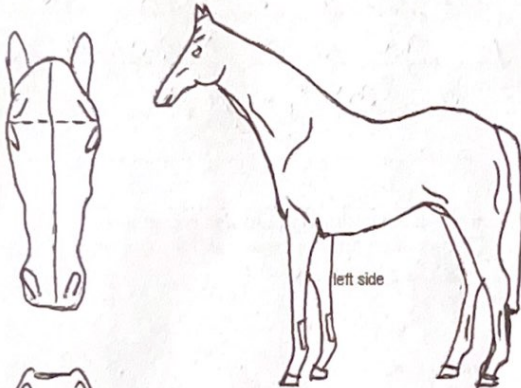
Race or Type: KWAN
 Pedigree no.: 528003209 04181
 Age: 22 APRIL 2009
 Sex: FEMALE
 Shoulder height: _____
 Level of training: SPORTS
 Colour: Bay
 Outline: _____

gr. STUBBOCKPAPERS

microchip nr.: 528110006081504



Right side



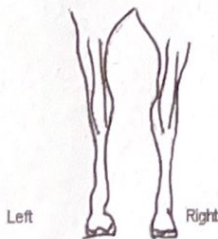
left side



muzzle

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: NO
 Respiration in condition of rest/possibly after labour: NO
 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 checked="" 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
 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/Galloping 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

if necessary conductivity anaesthesia in consultation with the owner:

Results of the X-ray examination

		good	fair	bad
Navicular	LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1-2
Navicular	RF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1-2
Fetlock	LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1-2
Fetlock	RF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 2
Fetlock	LH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 2
Fetlock	RH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 2
Hock	L	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1-2
Hock	R	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1-2
Stifle	L	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1-2
Stifle	R	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1-2

Necessary results of any other x-ray examinations

X-RAYS BACK: NO SIGNIFICANT ABNORMALITIES

Number: "Olilly A.T."

After the examination blood was taken to search for illegal practices.
 If necessary laboratory results:

JN CONSIGNATION

FINAL CONCLUSION

AFTER MY CLINICAL AND RADIOLOGICAL EXAMINATION: THIS HORSE IS USEFUL FOR SPORTS ON THE DAY OF THE EXAMINATION IE 2022/july/14

The examination was carried out and reported by Mark Deuss, Veterinary surgeon at Kinrooi on: (date) 14/july/2022

(Signature and stamp)
 Mark Deuss
 Veterinary Surgeon
 Steyvershofstraat 37
 3640 Kinrooi (B)
 Tel. 0032 6 537 587 01