

Examination report

(Formulated by the Netherlands Equine Veterinary Association of the Royal Netherlands Veterinary Association.
The pre-purchase examination was performed using the handbook "De veterinaire keuring van het paard" issue 2007 as a guidance).

Number: E 110336

Level of training (according to client): Saddle - broeken

Proposed use (according to client): breeding / sport

Location where the exam takes place: clinic other, namely

Signalment

Name: Oprah

Breed or type: KWPN

Studbook no: 528003201909475

Microchip number: 528210006080486

Pedigree: Polter de Mariposa x Laroche

Age: 21-05-2019

Sex: Mare

Coat colour: Brown

Height at withers ±: 164

Markings

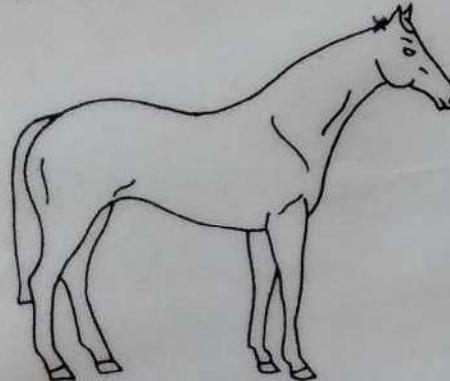
Head: Small star

LF: -

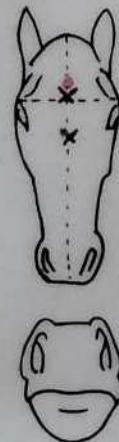
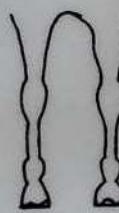
RF: -

Other:

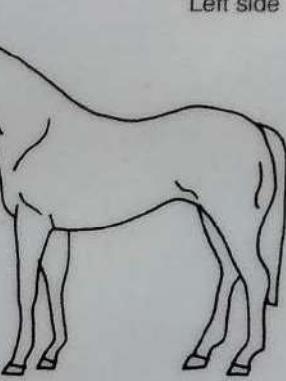
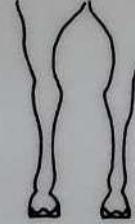
Right side



Front limbs
Rear view



Hindlimbs
Rear view



Left side

Evidence seen of possible behavioural vices? yes / no (If yes: detail: _____)

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

Veterinary practice (stamp):

DK Hellendoorn Nijverdal
Ommerweg 54
7447 RG Hellendoorn

CONCLUSION:

Clinical exam is

acceptable

Thus examined and reported by me:

J. Steijvers
veterinary surgeon in:
Veterinary clinic Hellendoorn

This report can relate only to the appearance on the date of
examination: 21/7/22

Signature of examining veterinary surgeon:

Signature of Client:

General and clinical examination

	normal	abnormal
conformation and stance 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"/>	<input type="checkbox"/>
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"/>	<input type="checkbox"/>
laryngoscopy performed	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
mouth, teeth, tongue	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Urogen. system (ext. insp.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Nervous system		
tail tone	<input checked="" type="checkbox"/>	<input type="checkbox"/>
correction reflexes	<input checked="" type="checkbox"/>	<input type="checkbox"/>
coordination	<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		even / uneven higher than no / front / front and hind n.v.t.
shoeing		
type of shoeing		

Walk, trot and canter

	normal	abnormal
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
RF not sensitive / sensitive
LH not sensitive / sensitive
RH not sensitive / sensitive

Trotting after 1 min. flexion:
LF ± + ++
RF ± + ++
LH ± + ++
RH ± + ++

Radiological examination performed: yes no

Number of X rays: 20

Assessment of radiographs:

Grading

Navicular bone	LF	RF
Fetlock joint	LF	RF
Sesamoid bones	LF	RF
Tarsal joint	LH	RH

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

Radiological exam of other parts / extra findings:

Other remarks:

- Small periosteal new bone formation
medial splint bone Lf
- Small periosteal new bone formation
lateral canon bone L.H
- Subchondral edema around fetlocks
in both hind legs