

Mark Deuss
 Veterinary Surgeon

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Examination Report

"CHELSEA Z"
 (CARDENTO)

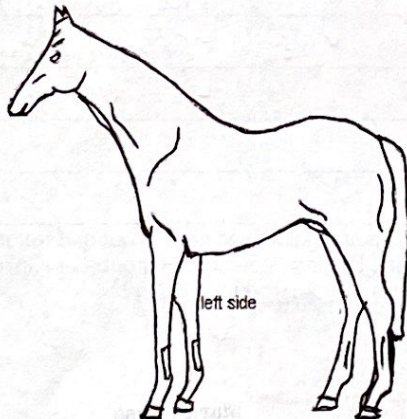
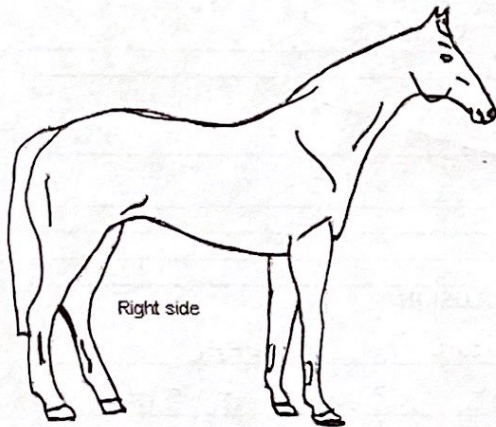
Examination for the purpose of purchase, sale insurance

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

Description
 Race or Type: Z
 Pedigree no.: 056015 Z 55766617
 Age: 13/05/2017
 Sex: FEMALE
 Shoulder height: _____
 Level of training: SPORTS
 Colour: GREY
 Outline: _____

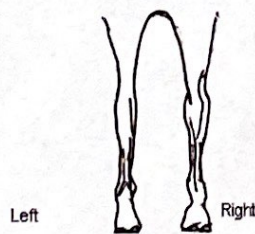
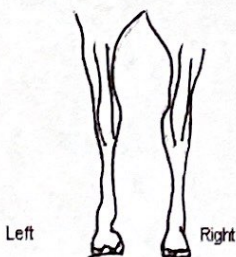
GR. STUBBOOPAPERS!

MICROCHIPNR: 528210004649840



Hind rear view

fore rear view



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"/>

Fronts hoofs equal not equal
 Horn quality
 Hoof percussion
 Hoof visitation

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 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: CHELSEA 2

After the examination no blood was taken to search for illegal practices.

If necessary laboratory results:

STORED

FINAL CONCLUSION

CLINICAL IN GENERAL A
 POSITIVE ADVICE AT THE
 DAY OF THE EXAMINATION
 IE 29/ May / 2020

The examination was carried out and reported by Mark Deuss, Veterinary surgeon at Kinrooi on: (date) 29/ May / 20

(Signature and stamp)
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