

## Examination report

Horse Name: DAISHA  
Date: 18/08/2022

Client is: buyer / seller / owner / breeder /...  
Level of training (according to client): SHOW JUMPING CAT. 5 YEARS OLD  
Proposed use (according to client): breeding / sport  
Location where the exam takes place: clinic / other, namely C.I. CRISTALLO  
TREVISO - ITALY -

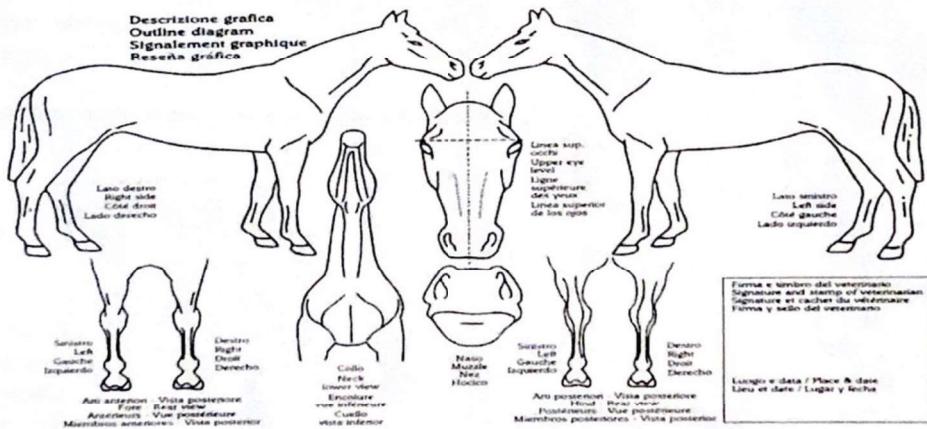
### Signalment

Name: DAISHA  
Breed or type: NRPS  
Studbook no: S28008201400591  
Microchip no: S28210004611961  
Pedigree: DOUGLAS X ANDIAVO X DANCE  
Age: 2014 - 5 YEARS OLD  
Coat colour: BAY

Sex: FEMALE  
Height at withers ±: ✓

### Markings

Head: SEE PASSPORT  
LF: LH:  
RF: RH:  
Other:



Vices declared: Yes  if yes: detail: \_\_\_\_\_  
Evidence seen of possible behavioral vices? Yes  if yes: detail: \_\_\_\_\_

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Ord. Med. Vet. PD 624

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## 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 membrane	<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"/>	
<b>Circulatory system</b>			
heart at rest	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
heart after exercise	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
peripheral circulation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>Respiratory system</b>			
respiration at rest	<input type="checkbox"/>	<input type="checkbox"/>	
type of respiration	<input type="checkbox"/>	<input type="checkbox"/>	
spontaneous coughing	<input type="checkbox"/>	(no)	yes
larynx sensitivity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
respiration after exercise	<input type="checkbox"/>	<input type="checkbox"/>	
abnormal sounds	<input type="checkbox"/>	(no)	yes
laringoscopy performed	<input type="checkbox"/>	(no)	yes
laringoscopy findings	<input type="checkbox"/>	(no)	yes
<b>Digestive system</b>			
external inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>Urogenital system</b>			
external inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>Nervous system</b>			
tail tone	<input type="checkbox"/>	<input type="checkbox"/>	
correction reflexes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
coordination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>Inspection, palpation and eventual percussion</b>			
testa	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
collo	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
spalle	<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 forelimb	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
right forelimb	<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"/>	
<b>Hooves</b>			
horn quality	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
hoof percussion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
hoof shape	<input type="checkbox"/>	even	uneven
shoeing	no	yes	ONLY IN FRONT
type of shoeing	<i>holistic</i>		

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### Dinamic examination

#### Walking on hard surface

	normal	abnormal	
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

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"/>	

#### 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 test (trotting after 1 min. forced flexion)

LF distal limb	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RF distal limb	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LF proximal limb	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RF proximal limb	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LH distal limb	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RH distal limb	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LH proximal limb	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RH proximal limb	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Radiological examination performed:**  yes  no

Number of X rays: 22 VIEWS

### Assessment of radiographs:

#### Grading

Navicular bone	LF <u>2</u>	RF <u>2</u>
Phalangeal joint	LF <u>1</u>	RF <u>1</u>
Fetlock joint	LF <u>1</u>	RF <u>1</u> LH <u>1/2</u> RH <u>1/2</u>
Tarsal joint		LH <u>1/2</u> RH <u>1</u>
Stifle joint		LH <u>1</u> RH <u>1</u>

1=Good

2=Satisfactory

3=Increased risk

4=Not acceptable

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**OCD/Fragments**

		<b>negative</b>	<b>positive</b>	<b>remarks</b>
Fetlock joint	LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Fetlock joint	RF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Fetlock joint	LH	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SMALL DORSAL OCD SIGNS
Fetlock joint	RH	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SMALL DORSAL OCD CHIP FNG.
Tarsal Joint	LH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Tarsal Joint	RH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Stifle Joint	LH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Stifle Joint	RH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**Radiological exam of other parts/ extra findings****Other remarks:**

Blood collected and put into custody by examining veterinary surgeon? Yes  No   
Blood sample tested for prohibited substances at client's request? Yes  No

**CONCLUSION:**

ON THE BASIS OF THE CLINICAL EXAMINATION  
AND THE DIAGNOSTIC TESTS CARRIED OUT, THE  
EXAMINED SUBJECT IS CONSIDERED TO HAVE  
A LOW RISK PROFILE FOR THE REQUIRED  
SPORT ACTIVITY.

Thus examined and reported by me:

Dott. FILIPPO BOESSO  
MEDICO VETERINARIO  
Ord. Med. Vet. di PD n. 624

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

18/08/2022

Signature of examining veterinary surgeon:

FILIPPO BOESSO  
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