

Mark Deuss
Veterinary Surgeon

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Examination Report

"DOMINARD"
(OGANO SITTE)

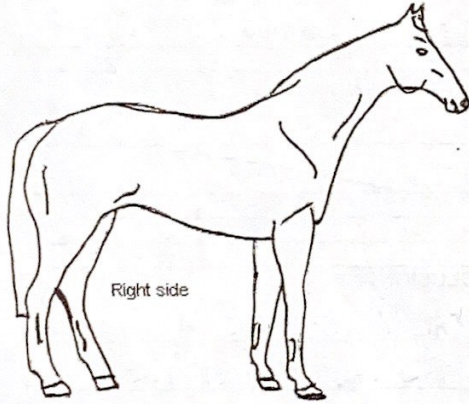
Examination for the purpose of purchase, sale insurance

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

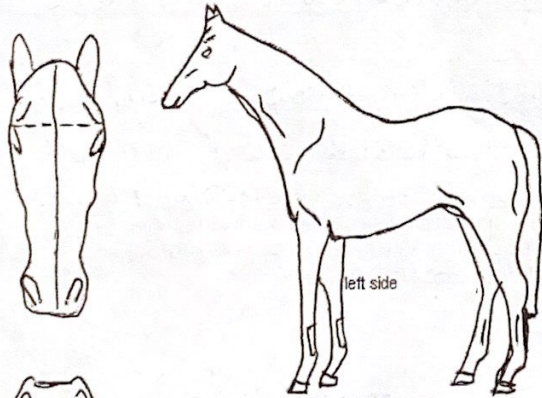
Description

Race or Type: JOS
Pedigree no.: 056007000D47295
Age: 21 APRIL 2009
Sex: GELBINGE
Shoulder height: _____
Level of training: SPORTS
Colour: CHESTNUT
Outline: _____

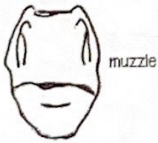
JE SIT UD BOOKPAPER 8
MICROCHIPNR.: 96700009106050



Right side



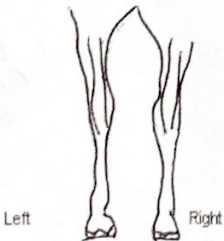
left side



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 corage operation: present/not present: _____

Further clinical examination

	not deviant	deviant
Respiratory system	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Laryngoscopy if necessary	<input 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"/>

not deviant deviant
Walking on hard ground

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 D.D 22/july/2021

	good	fair	bad
Navicular LF	<input checked="" type="checkbox"/> till	<input type="checkbox"/>	<input type="checkbox"/> 2+-(3)
Navicular RF	<input checked="" type="checkbox"/> till	<input type="checkbox"/>	<input type="checkbox"/> 2+
Fetlock LF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1-2
Fetlock RF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 2
Fetlock LH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1-2
Fetlock RH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1-2
Hock L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1-2
Hock R	<input checked="" type="checkbox"/> till	<input type="checkbox"/>	<input type="checkbox"/> 2
Stifle L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1-2
Stifle R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1-2

Necessary results of any other x-ray examinations

SMALL OSSIFICATION OF THE CARTILAGE OF THE HOOF BONE LEFT + RIGHT
SMALL SPUR PASTERNU JOINT LF + RF
 DORSAL P₂ LF IRREGULAR REACTION
 DORSAL P₂ RF IRREGULAR REACTION
 Hock R: PROXIMO-PLANTAR METATARSIUS CALCINOSIS

Number: DOMINARD

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

JN CONSIGNATION

FINAL CONCLUSION

CLINICAL IN GENERAL A POSITIVE
ADVICE ON THE DAY OF THE
EXAMINATION IE 20/21/AUG/20

RADIOLOGICAL D.D 22/july/2021:
SOME REMARKS, BUT CLINICAL

SOUND HORSE (REGARDING THE AGE
 The examination was carried out and reported by ACCEPTABLE
 Mark Deuss, Veterinary surgeon at Kinrooi on:
 (date) 20/AUG/2021

(Signature and stamp)
 Mark Deuss
 Veterinary Surgeon
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