

Mark Deuss
Veterinary Surgeon

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Examination Report

"NELSON"

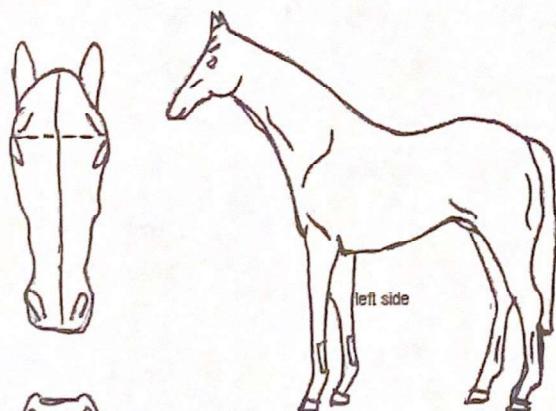
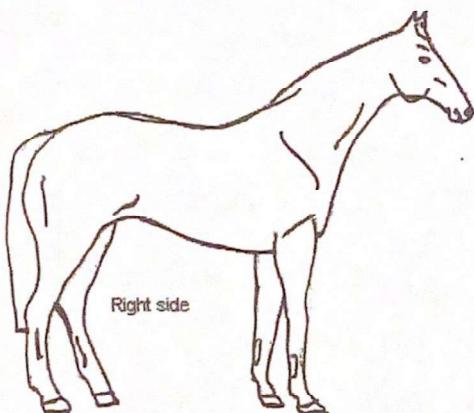
(COTINOR VDL)

Examination for the purpose of purchase, sale insurance
Company: _____
Horse/Pony is used for: SPORTS
Client: _____
Address: _____
Postal code ad town: _____
Buyer Seller Owner: _____
Present Yes/No _____

Description
Race or Type: KWPN
Pedigree no.: 528.003201800864
Age: 04 APRIL 2013
Sex: GELDING
Shoulder height: 150
Level of training: SPORTS
Colour: BAY
Outline:

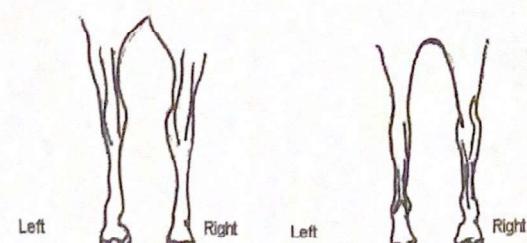
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microchip nr.: 528210004703749



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: 200
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 cornage operation: present/not present: _____

Further clinical examination

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

equal not equal

Walking on hard ground

not deviant	deviant
straight line <input checked="" type="checkbox"/>	<input type="checkbox"/>
Left small volt <input checked="" type="checkbox"/>	<input type="checkbox"/>
Right small volt <input checked="" type="checkbox"/>	<input type="checkbox"/>

Trotting on hard ground

not deviant	deviant
straight line <input checked="" type="checkbox"/>	<input type="checkbox"/>
left small volt <input checked="" type="checkbox"/>	<input type="checkbox"/>
right small volt <input checked="" type="checkbox"/>	<input type="checkbox"/>

Trotting on soft ground

not deviant	deviant
left volt <input checked="" type="checkbox"/>	<input type="checkbox"/>
right volt <input checked="" type="checkbox"/>	<input type="checkbox"/>

Cantering/Galloping on soft ground

not deviant	deviant
left volt <input checked="" type="checkbox"/>	<input type="checkbox"/>
right volt <input checked="" type="checkbox"/>	<input type="checkbox"/>

Bending tests
Tightening of lower foot or leg

Left forefoot	<input checked="" type="checkbox"/>	not sensitive/sensitive
Right forefoot	<input checked="" type="checkbox"/>	not sensitive/sensitive
Left hind leg	<input checked="" type="checkbox"/>	not sensitive/sensitive
Right hind leg	<input checked="" type="checkbox"/>	not sensitive/sensitive

Trotting off after two minutes bending

LF <input checked="" type="checkbox"/>	±	+	++
RF <input checked="" type="checkbox"/>	±	+	++
LH <input checked="" type="checkbox"/>	±	+	++
RH <input checked="" type="checkbox"/>	±	+	++
L <input checked="" type="checkbox"/>	±	+	++
R <input checked="" type="checkbox"/>	±	+	++

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 DD 09/03/2021

	good	fair	bad
Navicular	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1-2
Navicular	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1-2
Fetlock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1-2
Fetlock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1-2
Fetlock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1-2
Fetlock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1-2
Hock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1-2
Hock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1-2
Stifle	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1-2
Stifle	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1

Necessary results of any other x-ray examinations

Number: NELSON

After the examination blood/no blood was taken to search for illegal practices.
If necessary laboratory results:

IN CONSIGNATION

FINAL CONCLUSION

CLINICAL IN GENERAL A
POSITIV ADVICE ON THE DAY
OF THE EXAMINATION
IE 09/03/2021

X-RAYS D.D. 09/03/2021: SEE ABOVE

The examination was carried out and reported by
Mark Deuss, Veterinary surgeon at Kinrooi on:
(date) 09/03/2021

RÖNTGEN CENTRUM GEESTEREN
(Signature and stamp)

Mark Deuss
Veterinary Surgeon
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Tel. 031 9537 587 01

