

Mark Deuss  
 Veterinary Surgeon

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## Examination Report

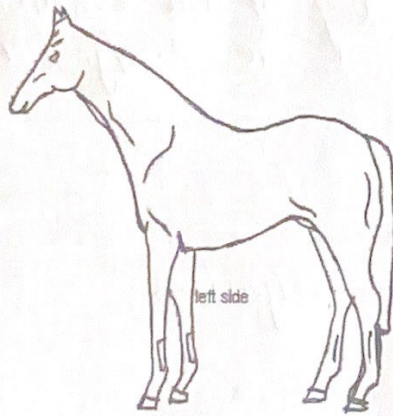
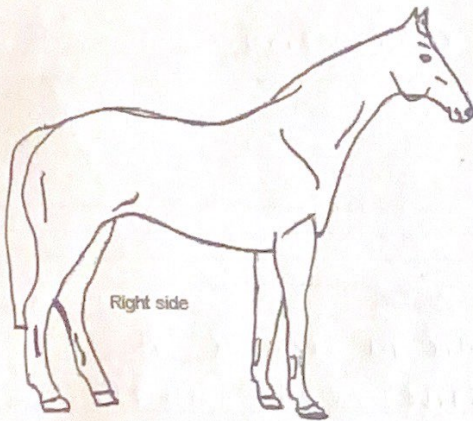
"NIDANTE 2"  
 (CHAPEAU DN)

### 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: WSPA  
 Pedigree no.: 5280032018 03161  
 Age: 2018/MAY 65  
 Sex: FEMALE  
 Shoulder height: \_\_\_\_\_  
 Level of training: SPORTS  
 Colour: BAY  
 Outline: \_\_\_\_\_  
 \_\_\_\_\_  
for snub book PAPERS!  
 \_\_\_\_\_  
microchip nr: 52821 000 4NT 4845



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 corne 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"/>
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    
 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

Number: NIDANTE 2

After the examination blood/no 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  
TE 2022/JAN/21

if necessary conductivity anaesthesia in consultation with the owner:

The examination was carried out and reported by Mark Deuss, Veterinary surgeon at Kinrooi on.  
 (date) 21/JAN/2022

Results of the X-ray examination

	good	fair	bad
Navicular LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Navicular RF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fetlock LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fetlock RF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fetlock LH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fetlock RH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hock L	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hock R	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stifle L	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stifle R	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Signature and stamp)  
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Necessary results of any other x-ray examinations