

Mark Deuss
Veterinary Surgeon

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Examination Report

"OHLITHA"

(kitt SB)

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.: 583 003 2019 08 51

Age: 22/MAY/2019

Sex: FEMALE

Shoulder height:

Level of training:

Colour: GREY

Outline:

cf. studbook papers!

microchipnr.: 5282100603972

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 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

Withers	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Back	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Groin	<input checked="" type="checkbox"/>	<input type="checkbox"/>

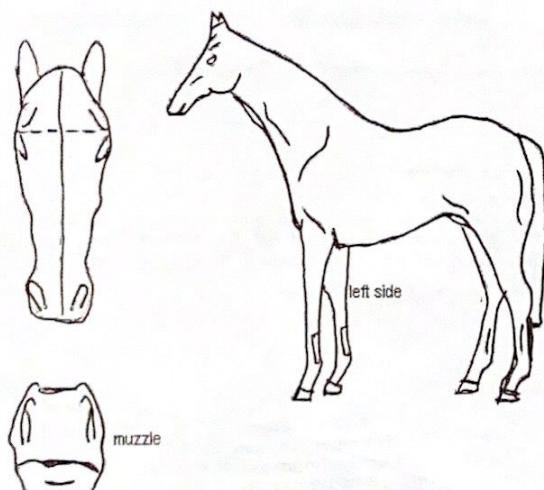
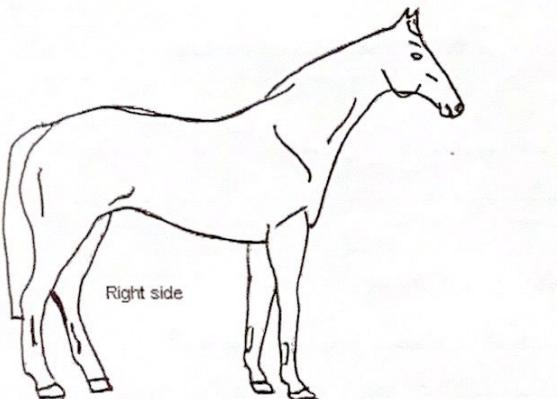
Left forefoot

Right forefoot	<input type="checkbox"/>
Left hind leg	<input checked="" type="checkbox"/>
Right hind leg	<input type="checkbox"/>

Fronts hoofs

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



Hind rear view

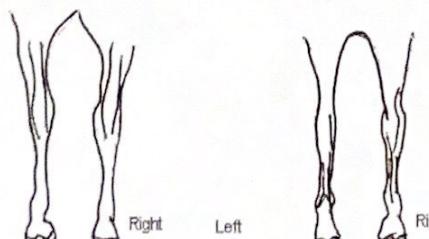
fore rear view

Left

Right

Left

Right



	not deviant	deviant
Walking on hard ground		
straight line	<input type="checkbox"/>	
Left small volt	<input checked="" type="checkbox"/>	
Right small volt	<input checked="" type="checkbox"/>	
Trotting on hard ground		
straight line	<input checked="" type="checkbox"/>	
left small volt	<input checked="" type="checkbox"/>	
right small volt	<input checked="" type="checkbox"/>	
Trotting on soft ground		
left volt	<input checked="" type="checkbox"/>	
right volt	<input checked="" type="checkbox"/>	
Cantering/Galloping on soft ground		
left volt	<input checked="" type="checkbox"/>	
right volt	<input checked="" type="checkbox"/>	

Bending tests	
Tightening of lower foot or leg	
Left forefoot	<input type="checkbox"/> not sensitive / sensitive
Right forefoot	<input type="checkbox"/> not sensitive / sensitive
Left hind leg	<input type="checkbox"/> not sensitive / sensitive
Right hind leg	<input type="checkbox"/> not sensitive / sensitive
Trotting off after two minutes bending	

Hock:	<input checked="" type="checkbox"/> 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
Fixing the kneecap	

if necessary conductivity anaesthesia in consultation with the owner:

Number: "OHLITHA"

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
POSITIVE ADVICE ON THE
DAY OF THE EXAMINATION
IT 2022 / FEB/22*

The examination was carried out and reported by
Mark Deuss, Veterinary surgeon at Kinroo on:
(date) *24/FEB/22*

Results of the X-ray examination

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

Necessary results of any other x-ray examinations

(Signature and stamp)

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