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 Veterinary Surgeon

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### Examination Report

"OLIVIA LADY'S"  
 (TWISTER DE LA POMME)

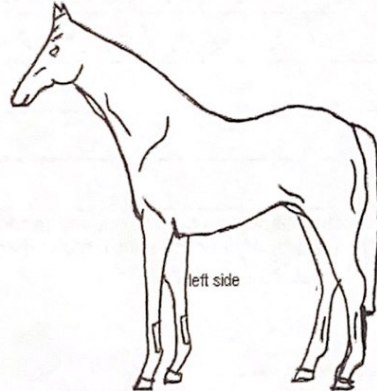
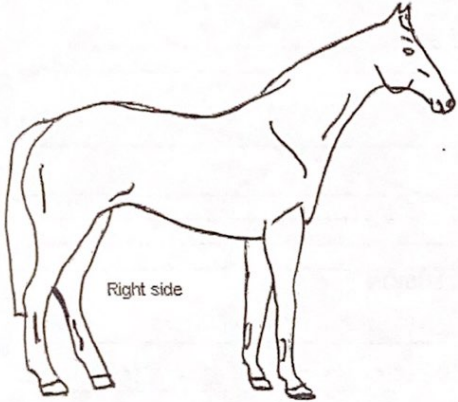
**Examination for the purpose of purchase, sale insurance**

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

**Description**

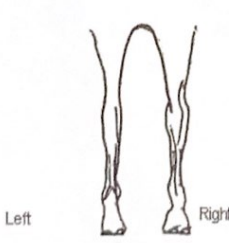
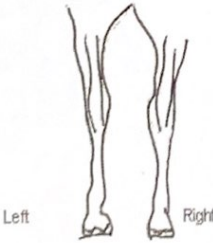
Race or Type: KWPN  
 Pedigree no.: 528 063 2019 05872  
 Age: 2019 MALE 15  
 Sex: FEMALE  
 Shoulder height: \_\_\_\_\_  
 Level of training: SPORTS  
 Colour: BAY  
 Outline: \_\_\_\_\_

Dr. STUBBOLPAPERS  
microchip nr.: 528210006012727



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: 70  
 Respiration in condition of rest/possibly after labour: 20  
 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"/>
<b>Motion system:</b>		
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

	not deviant	deviant
<b>Walking on hard ground</b>		
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"/>
<b>Trotting on hard ground</b>		
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"/>
<b>Trotting on soft ground</b>		
left volt	<input checked="" type="checkbox"/>	<input type="checkbox"/>
right volt	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Cantering/Galloping on soft ground</b>		
left volt	<input checked="" type="checkbox"/>	<input type="checkbox"/>
right volt	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Number: "OLIVIA LASSY'S"

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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 - 1 +/- +/- ++  
 RF - 1 +/- +/- ++  
 LH - 1 +/- +/- ++  
 RH - 1 +/- +/- ++  
 L - 1 +/- +/- ++  
 R - 1 +/- +/- ++

Hock:

Fixing the kneecap

L not possible / possible  
 R not possible / possible

JN CONSIGNATION

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FINAL CONCLUSION**

CLINICAL IN GENERAL A  
POSITIVE ADVICE ON THE  
DAY OF THE EXAMINATION  
IE 2022 / FEB / 12

\_\_\_\_\_

\_\_\_\_\_

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) 12 / FEB / 2022

**Results of the X-ray examination**

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

(Signature and stamp)

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Necessary results of any other x-ray examinations

\_\_\_\_\_

\_\_\_\_\_