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 Veterinary Surgeon

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### Examination Report

"RIENKE VAN DE KOOE Dyken"  
 (Dylon)

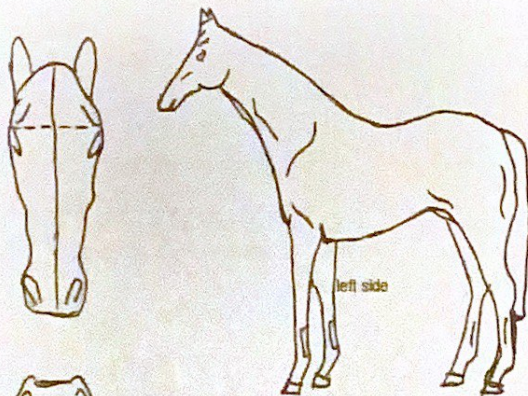
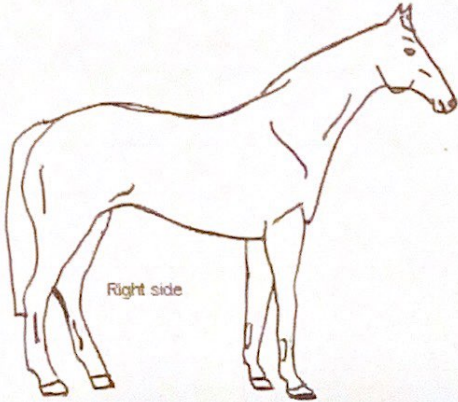
**Examination for the purpose of purchase sale insurance**

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

**Description**

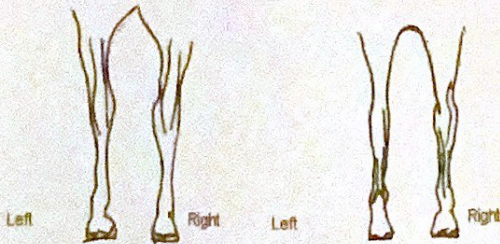
Race or Type: BWP  
 Pedigree no.: 056-002-200317473  
 Age: 19 July 2017  
 Sex: FEMALE  
 Shoulder height: \_\_\_\_\_  
 Level of training: SPORTS  
 Colour: CHESTNUT PIEBALD  
 Outline: \_\_\_\_\_

de studbook papers!  
microchip nr: 96700009752317



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: 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 checked="" 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



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**

	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"/>

Necessary results of any other x-ray examinations

\_\_\_\_\_

\_\_\_\_\_

Number: 'RIENKE VAN DE HEGE Dijken'

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 IE 2021 (DEC 17)*

\_\_\_\_\_

\_\_\_\_\_

The examination was carried out and reported by Mark Deuss, Veterinary surgeon at Kinrooi on: (date) *17 DEC 2021*

(Signature and stamp)

*Mark Deuss*

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