

A: Rachel Reemer,
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Owner/Veterinarian



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Equine Pre-Purchase Evaluation

DATE OF EXAM: 9/21/16

LOCATION OF EXAM: Myopia Hunt Club, 435 Bay Rd., South Hamilton, MA

BUYER/AGENT INFORMATION:

Name: Amanda Hamilton
Address: 17 Miles River Rd.
South Hamilton, MA 01982

Phone #: (978) 835-8903
E-mail Address: jaham@comcast.net

SELLER INFORMATION:

Name:
Address:

Phone #:
E-mail Address:

INTENDED USE:

What is the buyer intending to use the horse for? *Hunters, up to 3'*

Is the horse to be insured? Yes

HORSE INFORMATION:

Registered name: Vices and Virtuse
Barn Name: Hope
Declared Age: 8 years
Breed: Dutch Warmblood
Sex: Mare
Color: Bay

MARKINGS:

Head: White hairs on forehead, double whirl @ eye level

Body:

LF:

RF: White coronet with ermines

LH: White distal pastern with ermines

RH: White pastern with ermines

Other acquired marks:

GENERAL PHYSICAL EXAM:

Attitude: BAR Temperament: very cooperative, docile

Body Condition Score: 4.5/9

Temperature: 100.8°F (after work) Heart Rate: 30 bpm Respiratory Rate: 12 brpm

Normal Rate and Rhythm: **YES**

Comments: Second degree heart block on auscultation (normal for fit horses)

MM Color: pink MM Character: moist CRT: <2 sec Hydration Status: Normal

Abdominal Auscultation:

| <i>Left Dorsal</i> | <i>Left Ventral</i> | <i>Right Dorsal</i> | <i>Right Ventral</i> | <i>Ventral</i> |
|---|---|---|---|--|
| <input checked="" type="checkbox"/> Normal | <input checked="" type="checkbox"/> Normal | <input checked="" type="checkbox"/> Normal | <input checked="" type="checkbox"/> Normal | <input checked="" type="checkbox"/> Normal |
| <input type="checkbox"/> Increased | <input type="checkbox"/> Increased | <input type="checkbox"/> Increased | <input type="checkbox"/> Increased | <input type="checkbox"/> Increased |
| <input type="checkbox"/> Decreased | <input type="checkbox"/> Decreased | <input type="checkbox"/> Decreased | <input type="checkbox"/> Decreased | <input type="checkbox"/> Decreased |
| <input type="checkbox"/> Fluid <input type="checkbox"/> Gas | <input type="checkbox"/> Fluid <input type="checkbox"/> Gas | <input type="checkbox"/> Fluid <input type="checkbox"/> Gas | <input type="checkbox"/> Fluid <input type="checkbox"/> Gas | <input type="checkbox"/> Sand |

HEAD AND NECK:

Head: Normal Abnormal *Comments:*
 Ears: Normal Abnormal *Comments: No aural plaques*
 Sinuses: Normal Abnormal *Comments:*
 Nasal Symmetry/Discharge: Normal Abnormal *Comments:*
 Oral Mucosa: Normal Abnormal *Comments:*
 Intraoral Exam: Normal Abnormal *Comments: Recently floated, no hooks are abnormalities seen on visible cheek teeth*

Speculum Used: Yes No

Evidence of Cribber: Yes No

Estimated Dental Age: ~8y *Comments:*

Mandible and Maxilla: Normal Abnormal *Comments: TMJ palpates normally and symmetrically*

Cranial Nerves: Normal Abnormal *Comments:*

Lymph, Salivary, Thyroid Glands: Normal Abnormal *Comments:*

Poll: Normal Abnormal *Comments:*

Larynx, Trachea: Normal Abnormal *Comments:*

Crest, Neck: Normal Abnormal *Comments:*

Withers: Normal Abnormal *Comments:*

Left neck: Normal Abnormal *Comments:*

Cervical ROM: Normal Decreased *Comments: Good, reaches to caudal abdomen*

Jugular Vein: Normal Abnormal *Comments: Patent*

Right neck: Normal Abnormal *Comments:*

Cervical ROM: Normal Decreased *Comments: Good, reaches to caudal abdomen*

Jugular Vein: Normal Abnormal *Comments: Patent*

BODY:

Chest: Normal Abnormal *Comments:*

Abdomen (evidence of Sx scar): Normal Abnormal *Comments: No scar palpable*

Scapulas: Normal Abnormal *Comments:*

Sternum: Normal Abnormal *Comments:*
 Back, Croup Palpation: Normal Abnormal *Comments: Mild sensitivity to epaxial muscle palpation in caudal thoracic region, no sensitivity to DSP palpation*

External Genitalia: Normal Abnormal *Comments:*
 Anus & Perineum: Normal Abnormal *Comments:*
 Base of Tail & Lower Tail: Normal Abnormal *Comments:*
 Tail Tone: Normal Abnormal *Comments:*
 Skin & Hair Coat: Normal Abnormal *Comments:*

UPPER AIRWAY EXAM:

| Air Flow | | Nasal Discharge | | Sinus Percussion |
|----------|-------------------------------------|-------------------------------------|---|--|
| | L Nostril | R Nostril | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | <input checked="" type="checkbox"/> Normal |
| Good | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> Unilateral | <input type="checkbox"/> Dull |
| Fair | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Bilateral | Affected Sinus: L R |
| Poor | <input type="checkbox"/> | <input type="checkbox"/> | Consistency: | |

RESPIRATORY AUSCULTATION AT REST:

| Left Cranioventral | Left Dorsal | Right Cranioventral | Right Dorsal | Trachea |
|--|--|--|--|--|
| <input checked="" type="checkbox"/> Normal | <input checked="" type="checkbox"/> Normal | <input checked="" type="checkbox"/> Normal | <input checked="" type="checkbox"/> Normal | <input checked="" type="checkbox"/> Normal |
| <input type="checkbox"/> Quiet | <input type="checkbox"/> Quiet | <input type="checkbox"/> Quiet | <input type="checkbox"/> Quiet | <input type="checkbox"/> Harsh |
| <input type="checkbox"/> Harsh | <input type="checkbox"/> Harsh | <input type="checkbox"/> Harsh | <input type="checkbox"/> Harsh | <input type="checkbox"/> Fluid |
| <input type="checkbox"/> Crackles | <input type="checkbox"/> Crackles | <input type="checkbox"/> Crackles | <input type="checkbox"/> Crackles | |
| <input type="checkbox"/> Wheezes | <input type="checkbox"/> Wheezes | <input type="checkbox"/> Wheezes | <input type="checkbox"/> Wheezes | |

OPHTHALMIC EXAM:

Eyelids, Conjunctiva: Normal Abnormal *Comments:*
 Cornea, Sclera: Normal Abnormal *Comments:*
 Iris, Lens: Normal Abnormal *Comments:*
 Menace Response: Normal Abnormal *Comments:*
 Pupillary Light Reflex: Normal Abnormal *Comments:*
 Fundus: Normal Abnormal *Comments:*
 Pupils dilated: Yes No

LOCOMOTOR SYSTEM AT REST:

Gross Conformational Abnormalities/Comments: *Slightly less well developed musculature on left hindquarters*

Shoeing: *Simple steel shoes on all four feet, no pads; front shoes short at the heel*

Palpation Findings:

Left Forelimb: Normal Abnormal
 Increased DP: YES NO

Comments: Mild flexor tendon sheath effusion, mild fetlock joint effusion, mild coffin joint effusion

Right Forelimb: Normal Abnormal
 Increased DP: YES NO

Comments: Mild flexor tendon sheath effusion

Left Hindlimb: Normal Abnormal
 Increased DP: YES NO

Comments: Mild flexor tendon sheath effusion, mild fetlock joint effusion

Right Hindlimb: Normal Abnormal
 Increased DP: YES NO

Comments: Mild flexor tendon sheath effusion, mild fetlock joint effusion; possible mild shivers in right hind – holds leg up for an extended period when asked to lift foot

Hooves and Hoof Tester Sensitivity:

| Left Forelimb | Right Forelimb | Left Hindlimb | Right Hindlimb |
|--|---|---|---|
| <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Positive + Location: <i>Medial quarter & heel</i> Abnormalities | <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive + Location: Abnormalities | <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive + Location: Abnormalities | <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive + Location: Abnormalities |

*Seller's trainer reported that Hope was trimmed and shod just before being shipped on trial a few days ago

IN-HAND EVALUATION:

Surface: Hard (asphalt/Concrete) Packed Dirt Grass Soft (Sand/Arena)
 Straight Line – Walk 0 1 2 3 4 5 LF RF LH RH

Comments:

Straight Line – Trot 0 1 2 3 4 5 LF RF LH RH

Comments: Tracks up well bilaterally

Left Circle 0 1 2 3 4 5 LF RF LH RH

Comments: Sand footing

Right Circle 0 1 2 3 4 5 LF RF LH RH

Comments: Sand footing

Additional lameness notes/findings: Picked up leads well in each direction

FLEXION TESTS:

Surface: Hard (asphalt/Concrete) Packed Dirt Grass Soft (Sand/Arena)

| | LEFT | RIGHT |
|-------------------|---|--|
| Distal Forelimb | <input type="checkbox"/> + <input checked="" type="checkbox"/> - <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 | <input type="checkbox"/> + <input checked="" type="checkbox"/> - <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 |
| Proximal Forelimb | <input type="checkbox"/> + <input checked="" type="checkbox"/> - <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 | <input type="checkbox"/> + <input checked="" type="checkbox"/> - <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 |
| Distal Hindlimb | <input type="checkbox"/> + <input checked="" type="checkbox"/> - <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 | <input type="checkbox"/> + <input checked="" type="checkbox"/> - <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 |
| Hock/Stifle | <input checked="" type="checkbox"/> + <input type="checkbox"/> - <input type="checkbox"/> 0 <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 | <input checked="" type="checkbox"/> + <input type="checkbox"/> - <input type="checkbox"/> 0 <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 |

Comments:

Comments:

Comments:

Comments:

Other

OBSERVATION UNDER TACK:

Comments: Nice movement, tracks up very well bilaterally behind; very mildly off LF in both directions at the trot under saddle (0.5/5); positive to LF flexion with weight on back; canter very nice to the left, appears somewhat less comfortable with a 4-beat canter to the right; clean flying changes in both directions.

An abaxial nerve block was performed on the left front at the end of the exam to determine if the lameness was localized to the foot. By this time the baseline lameness was very minimal. 10 minutes after the block the lameness was not as apparent, but it was unclear whether this was her working out of the lameness or due to the block. Repeat front distal limb flexions under saddle were negative.

VITAL SIGNS POST-EXERCISE:

Pulse: 60bpm Recovery: Normal Abnormal Comments:
Respiratory Rate: 30brpm Recovery: Normal Abnormal Comments:
Auscultation of Heart & Lungs: Normal Abnormal Comments:

NEUROLOGIC EVALUATION:

Cranial Nerves: Normal
Backing: Mild hyperflexion in right hindlimb for first few steps, otherwise normal
Tight Turns: Normal
Other: Normal gait with head elevated
Comments: Mild hyperflexion of right hindlimb may be consistent with mild case of shivers

IMAGING:

Radiography

Left Forelimb

Foot Fetlock Metacarpus Carpus Elbow Shoulder Other

Comments: Low (zero degree) palmar angle, adequate sole depth (1.6cm), mild medial-lateral imbalance, no boney abnormalities noted in fetlock, pastern and coffin joints

Right Forelimb

Foot Fetlock Metacarpus Carpus Elbow Shoulder Other

Comments: Slightly thin sole depth (1.4cm), good palmar angle

Left Hindlimb

Foot Fetlock Metatarsus Hock Stifle Other

Comments: Arthritis changes in dorsal and dorsolateral aspect of tarsometatarsal joint, narrowing of both the distal metatarsal and tarsometatarsal joints

Right Hindlimb

Foot Fetlock Metatarsus Hock Stifle Other

Comments: Narrowing of distal intertarsal and tarsometatarsal joints

Ultrasound:

Region(s):

Comments:

LABORATORY TESTS PERFORMED:

- | | |
|--|--|
| <input type="checkbox"/> Coggins | <input type="checkbox"/> Lyme Titer (Multiplex) |
| <input type="checkbox"/> CBC | <input type="checkbox"/> Drug Screen (Level:) |
| <input type="checkbox"/> Blood Chemistry | <input type="checkbox"/> EPM Titer |
| <input type="checkbox"/> Fecal Egg Count | <input checked="" type="checkbox"/> Other: Serum saved and frozen for future drug testing if requested |
| <input type="checkbox"/> Urinalysis | |

OTHER ADDITIONAL EXAMINATIONS/TESTS: N/A

CONCLUDING REMARKS:

Hope was very cooperative and well behaved for the entire pre-purchase exam. She appears to be in excellent general health and has lovely movement under saddle.

The most notable findings on the exam were evidence of hock arthritis (left worse than right) and a mild left front lameness. Radiographs show narrowing of the distal hock joints and some boney changes on the left. The hock arthritis could also be the cause of the apparent discomfort on the right lead at the canter and the slightly less developed left hindquarter musculature. Hope will likely require periodic hock joint maintenance (joint injections) in the future to help maintain her joint comfort. She will also likely benefit from injectable or oral joint supplementation.

The very mild left front lameness may be related to the sole/heel sensitivity found with hoof testers. This may be a simple foot bruise or related to recent trimming and shoeing, which will likely resolve with some shoeing changes and time. However, a soft tissue issue cannot be entirely ruled out. Shoeing recommendations include raising the left front heel slightly to improve the palmar angle and using a full pad to provide protection to the sole. Her front shoes are currently quite short at the heels - larger shoes are recommended to provide better heel support.

Hope also showed signs of mild shivers in the right hindlimb (hyperflexing the leg when asked to pick it up and when backing). Shivers can be progressive in horses and there is no cure for the condition. However, unless it becomes very severe, the condition does not usually affect athletic performance and many horses with the condition are shown at elite levels.

DISCLAIMER:

I have performed a physical examination on the above-described horse on this day and find no significant clinical signs of disease, injury or physical abnormalities other than those recorded. This examination may or may not include special procedures such as radiographs or other imaging modalities, laboratory tests, including but not limited to Coggins testing, rectal examination, oral examination with or without a full speculum, or nerve blocks unless specifically indicated.

If the purchaser wishes to obtain warranty of such matters as exact height/age, freedom from vices, the non-administration of drugs prior to examination, the horse's breeding performance, and/or record of the horse's continued soundness; the purchaser is advised to seek such warranty from the seller as these matters are not the responsibility of the veterinarian. This exam does not guarantee future health or the athletic performance of the horse.

Veterinary Examiner Signature:


A. Rachel Roemer, DVM

Date: 9/21/16