

Examination report

Number: E 85229

(Formulated by the Netherlands Equine Veterinary Association of the Royal Netherlands Veterinary Association. The pre-purchase examination was performed using the handbook "De veterinaire keuring van het paard" issue 2007 as a guidance).

Client: J. Weir
 Address: Baywood Canyon Rd 59
 Zip code / City: CA 94930 Fairfax
 Client is present at the exam: yes / no
 Client is: buyer / seller / other, namely
 Level of training (according to client):
 Proposed use (according to client): breeding / sport
 Location where the exam takes place: clinic / other, namely Jeth 5, Britswend

Signalment
 Name: Sjirk van't Kempe
 Breed or type: Friesian
 Studbook no: 13.00560
 Microchip number: 52821002804601
 Pedigree: Pries x Jalub
 Age: 10/04/2013 Sex: ♂
 Coat colour: Black Height at withers ±: 1.65

Markings

Head: * superficial wound on head
 LF: _____ LH: _____
 RF: _____ RH: _____
 Other: _____

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General and clinical examination

Flexion tests:

Forced flexion: Trotting after 1 min. flexion:
 LF not sensitive / sensitive LF ⊖ ± + ++
 RF not sensitive / sensitive RF ⊖ ± + ++
 LH not sensitive / sensitive LH ⊖ ± + ++
 RH not sensitive / sensitive RH ⊖ ± + ++

Radiological examination performed: yes no
 Number of X rays: _____

Assessment of radiographs:

Grading

	LF	RF
Navicular bone		
Fetlock joint		
Sesamoid bones		
Tarsal joint	LH	RH

	Fragments		Remarks	
	-	+		
Fetlock joint	LF	<input type="checkbox"/>	<input type="checkbox"/>	
Fetlock joint	RF	<input type="checkbox"/>	<input type="checkbox"/>	
Stifle joint	LH	<input type="checkbox"/>	<input type="checkbox"/>	
Stifle joint	RH	<input type="checkbox"/>	<input type="checkbox"/>	
Tarsal joint	LH	<input type="checkbox"/>	<input type="checkbox"/>	
Tarsal joint	RH	<input type="checkbox"/>	<input type="checkbox"/>	
Fetlock joint	LH	<input type="checkbox"/>	<input type="checkbox"/>	
Fetlock joint	RH	<input type="checkbox"/>	<input type="checkbox"/>	

Radiological exam of other parts (extremities):

	normal	abnormal
conformation and stance	<input checked="" type="checkbox"/>	<input type="checkbox"/>
condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
skin and coat	<input checked="" type="checkbox"/>	<input type="checkbox"/> <u>see markings</u>
mucous membranes	<input checked="" type="checkbox"/>	<input type="checkbox"/>
lymph nodes	<input checked="" type="checkbox"/>	<input type="checkbox"/>
eyes and eyelids	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Respiratory system		
respiration at rest	<input checked="" type="checkbox"/>	<input type="checkbox"/>
type of respiration	<input checked="" type="checkbox"/>	<input type="checkbox"/>
spontaneous coughing	<input checked="" type="checkbox"/> <u>no</u>	<input type="checkbox"/> yes
larynx sensitivity	<input checked="" type="checkbox"/>	<input type="checkbox"/>
respiration after exercise	<input checked="" type="checkbox"/>	<input type="checkbox"/>
abnormal sounds	<input checked="" type="checkbox"/> <u>no</u>	<input type="checkbox"/> yes
laryngoscopy performed	<input checked="" type="checkbox"/> <u>no</u>	<input type="checkbox"/> yes
laryngoscopy findings	<input type="checkbox"/>	<input type="checkbox"/>
Circulatory system		
peripheral circulation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
heart at rest	<input checked="" type="checkbox"/>	<input type="checkbox"/>
heart after exercise	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Digest. system (ext. insp.)		
mouth, teeth, tongue	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Urogen. system (ext. insp.)		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Nervous system		
tail tone	<input checked="" type="checkbox"/>	<input type="checkbox"/>
correction reflexes	<input checked="" type="checkbox"/>	<input type="checkbox"/>
coordination	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Inspection, palpation and eventual percussion

	normal	abnormal
head	<input checked="" type="checkbox"/>	<input type="checkbox"/>
neck	<input checked="" type="checkbox"/>	<input type="checkbox"/>
withers	<input checked="" type="checkbox"/>	<input type="checkbox"/>